

Developing social work guidelines for community gardens for persons with disabilities in Limpopo Province: A social development approach

by

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DEDICATION

I, Brian Tigere, dedicate this research project to my parents, who always supported and encouraged me. May they continue to rest in eternal peace.

The study is also dedicated to all persons who live with disabilities and who work in community gardens in Limpopo Province. Keep up the good work. You are not alone in the journey.

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I am eternally grateful to you all.

DECLARATION

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I declare that the thesis hereby submitted to the University of Pretoria has not previously been submitted by me for a degree at this or any other university, that it is my work in design and execution, and that all material contained herein has been duly acknowledged.



Date: 31 October 2024

TITLE OF THESIS:

Developing social work guidelines for community gardens for persons with disabilities in Limpopo Province: A social development approach

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ABSTRACT

In South Africa's Limpopo province, community gardens registered under the Non-Profit Act provide welfare services to persons with disabilities. These gardens follow a welfarist approach and can significantly contribute to social development services. Persons with disabilities are often excluded from economic and social services, especially in rural areas. The study aimed to develop guidelines for social workers and community gardens to improve the socio-economic conditions of persons with disabilities. The empirical research occurred in community gardens across five districts in Limpopo, South Africa: Capricorn, Waterberg, Sekhukhune, Mopani, and Vhembe. The study consisted of two phases: the first employed a qualitative approach, and the second utilised a quantitative approach. A mixed-method approach (qualitative and quantitative) was used in the study. In the first phase, 50 persons with disabilities were selected from five community gardens, one from each of the five districts. Additionally, ten social workers from the five districts participated in the study. Five community garden managers were included in the first phase. Lastly, five agricultural extension officers from the Department of Agricultural provincial office in Polokwane, Capricorn district, participated in the study. Seventy participants took part in the first phase of the study. In the second phase, 20 social workers received training on using and implementing the guidelines. A pre-experimental design with a one-group pre-test and post-test was used based on the intervention research approach. The same group of 20 participants took a post-test to compare and interpret the impact of the guideline training. The study's first phase and literature helped create guidelines for community gardens for persons with disabilities meant for social workers. Findings showed that

social workers' developmental social work services in these gardens failed due to a lack of guidelines, resulting in inconsistent service delivery. Additionally, social workers lacked knowledge and skills for working effectively with persons with disabilities. The guideline resulted from the findings of the first phase of the study. Key findings indicate that community gardens offer economic and social benefits for persons with disabilities, contributing to poverty alleviation and improved livelihoods. Additionally, these gardens are crucial for the social and emotional well-being of individuals with disabilities and can serve as sites for delivering social developmental services. Quantitative results show that the guideline is novel to social workers. It serves as a starting point and is usable but requires refinement. Post-test scores improved understanding of the guidelines compared to pre-test scores, indicating participant capacity-building. The results suggest that the guideline can empower social workers to provide developmental social work services to persons with disabilities within community gardens. This guideline can be employed to mainstream and standardise the provision of social services in community gardens for persons with disabilities.

Keywords: Person with disability, Disability, Physical disability, Paraplegia, Community garden, Guideline, Social work, Developmental social work, Protective workshop, Community development

LIST OF ACRONYMS/ABBREVIATIONS

ABCD: Asset-Based Community Development

CDW: Community Developmental Workers

CGPwDS: Community gardens for persons with disabilities

DG: Disability grant

DSD: Department of Social Development

EEA: Employment Equity Act

NDP: National Development Plan

NGO: Non-Governmental Organisation

NPO: Non-profit organisation

PwDs: Persons with disabilities

RDP: Reconstruction and Development Plan

SAHRC: South African Human Rights Commission

SASSA: South African Social Security Act

SDG: Sustainable development goal

SPSS: Statistical Package for Social Science

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

UNDSD: United Nations Declaration on Social Development

WHO: World Health Organisation

WPRPD: White Paper on the Rights of Persons with Disabilities

WPSW: White Paper on Social Welfare

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CHAPTER 1: BACKGROUND OF THE STUDY

1.1 INTRODUCTION

Approximately 15% of the world's population has some form of disability, of which at least 80% of the population is estimated to live in poverty (Watson & Vehmas, 2019:41). Disability is present in all communities; therefore, the impact of disability on social development is more likely to become significant (Rohwerder, 2014:4). Persons with disabilities living in poverty are often the last to benefit from the social and community development programmes designed to reduce poverty (Banks, Kuper & Polack, 2017:27). For a long time, this problem has been largely invisible in mainstream social work discourse and practice. When persons with disabilities are not included in development efforts, they can fall increasingly behind their peers without disabilities (Higashida, 2017:271).

Visagie, Scheffler and Schneider (2013:3) pointed out that "traditionally, in most African societies, persons with disabilities are viewed as being 'cursed', and this has led to them being isolated from the rest of society, either intentionally or unintentionally". Persons with disabilities living in rural areas have been affected the most since they have limited resources, coupled with rampant underdevelopment in their communities (Tigere & Makhubele, 2019:3). Post-apartheid South Africa has seen the formulation of policies that aim to uplift and recognise the previously disadvantaged groups of people; notably persons with disabilities (Tigere & Moyo, 2019:35).

In South Africa, there are roughly 57 million people, and of these, 7.5% are said to have a disability (Statistics SA, 2016). The White Paper on the Rights of Persons with Disabilities of 2015 advocates for both the social and economic development of persons with disabilities. The Department of Social Development (2015:16) notes that the advent of democracy ushered in a new developmental approach to providing social services to all vulnerable groups of society, including persons with disabilities. Tigere and Moyo (2019:66) see that the National Development Plan 2030 provides a framework to ensure that persons with disabilities are included in all social and economic developmental activities.

Since 1994, Social Welfare Service Delivery has been moulded through the lens of the Reconstruction Development Plan (RDP) of 1994. Lombard (2008:155) notes that South Africa is one of the few countries that have embraced a developmental social welfare approach internationally. In support, Midgley (2013:21) highlights that social development, also referred to as the developmental approach to social work, started in the 1960s but was rejuvenated in 1995 by the United Nations through the World Summit on Social Development, held in Copenhagen. The resolutions were also followed by the South African government and formed the basis of the White Paper for Social Welfare of 1997. Lombard (2015:485) emphasises that social development is a shift from traditional methods in that it fuses both social and economic aspects for poverty alleviation and human development.

The White Paper for Social Welfare of 1997 also emphasises the uplifting of lives for disadvantaged groups in society through community development work. Community development work has been seen as a tool for social change in South Africa since it was introduced by the then President of South Africa, Mr. Thabo Mbeki, through the Community Development Work Programme (CDWP) in 2003. Mokoena and Moeti (2017:1) note that in 2003, the South African government introduced the community development workers (CDWs) system, administered on the provincial level but operating in municipalities according to the geographic demarcation of their wards. Westoby (2014:77) views community development work as concerned with the advancement and empowerment of communities by facilitating the active participation of marginalised groups in addressing issues that affect them collectively. In support, Higashida (2017:271) views community development as a tool for equalising opportunities and social inclusion for persons with disabilities. Persons with disabilities could thus be empowered economically through participating in community development projects, such as community gardening.

Based on these local and international policy frameworks, it came to the attention of the researcher that persons with disabilities, especially in rural areas of Limpopo province, are marginalised in social developmental strategies and programmes. Hence, the present study is desired to develop a framework of guidelines that developmental social workers can use for persons with disabilities. The study developed social work guidelines for community gardens to be utilised by social workers when working with persons with disabilities. The chapter outlines the

background of the study, rationale and problem statement, goal and objectives, a brief overview of the research methodology and a preview of the chapters.

1.2 BACKGROUND

In the early 1980s, the World Health Organisation (WHO) introduced guidelines for persons with disabilities, which were implemented by United Nations member states. This marked the beginning of developing such guidelines, with first-world countries leading the way (Yates, Dickinson & West, 2024:2). Member states did not fully implement the guidelines as they were more structured for the developed world rather than third-world countries such as South Africa, where the study was conducted. This was mainly due to the financial prowess that these countries possessed.

In the United Kingdom, the National Disability Strategy of 2021 outlines guidelines for persons with disabilities across eight areas: rights and perceptions, housing, transport, jobs, education, shopping, leisure, and public services (National Disability Strategy, 2021:3). The strategy aims to remove barriers for full participation of persons with disabilities in society (Lawson & Beckett, 2021:354). Local councils are responsible for implementing these guidelines through social services, which support children and adults with disabilities.

Most of the councils do have disabilities teams that social workers head, and they also have nurses and care attendants (Chapman, Lacey & Jervis, 2018:34). The role of the social workers is to conduct thorough assessments of the needs of persons with disabilities against resources that the councils can offer. During the assessments, the issues that were examined included housing, food and dietary requirements, care needs, and stimulation. Placement of persons with disabilities in residential facilities is seen as the last option, or, in times of distress, using situations known as respite care (Malik et al., 2017:26). This phenomenon involves a family or a carer needing a break for instance, during holidays, persons with disabilities in their care are placed in temporary care of the councils' homes. This alludes specifically to the social model of disability, which highlights the need for persons with disabilities to stay in their communities and their families. Support provided by the council in the United Kingdom includes financial support in the form of grants paid monthly, depending on the nature of the disability. The UK guidelines provide a classic example of how social work services are provided to persons with disabilities.

In Africa, literature has shown quite distant formulation and implementation of guidelines for persons with disabilities. Rwanda has been at the forefront of Africa in developing guidelines to uplift the living standards of persons with disabilities. In Rwanda, many guidelines exist for service provision to persons with disabilities. The most crucial guideline for persons with disabilities in Rwanda is health. There is health insurance for persons with disabilities, which aims to provide accessible health for this disadvantaged group in Rwandan society (Kumurenzi *et al.*, 2022:1006). Fewer persons with disabilities have access to healthcare in Rwanda. In support of health insurance, other policies have been put in place, which include the non-communicable disease policy, injury and disability policy, as well as a national strategic plan for the prevention of avoidable blindness (Mukabera & Umutoni, 2020:294).

South Sudan's guidelines for persons with disabilities, based on the CRPD signed on February 24, 2023, aim to provide humanitarian relief (Funke, 2023:375). The country has faced prolonged conflict and famine, making poverty eradication and humanitarian aid to persons with disabilities crucial (Mgijima & Konopi, 2019:13). Guidelines for persons with disabilities are advocated by organisations for persons with disabilities (Whitaker & Wood, 2022:16). The current objective of the organisations is to lobby support from the government and effectively position well-packed guidelines and programmes that can emancipate persons with disabilities in South Sudan (Moshoeu, 2022:47). In brief, the guidelines in Sudan are focused on humanitarian relief due to years of war and famine.

In South Africa, guidelines for persons with disabilities are anchored by various legislation and policy frameworks. The Republic of South Africa (1996) Constitution protects the rights and dignity of persons with disabilities. It promotes and supports their full integration into society (South Africa Human Rights Commission, 2017:7). The country is also party to the UN CRPD as well as the Optional Protocol to the Convention on the Rights of Persons with Disabilities, signed on 30 March 2007 and ratified on 30 November 2007 (SIDA, 2015:13). The White Paper on the Rights of Persons with Disabilities (WPRPD) of 2015 is another example of how the country is domesticating CRPD. Its vision is for a free and just society, including all persons with disabilities as equal citizens. It also advocates that all policies and legislation across the public and private sectors should have a positive effect on the lives of persons living with disabilities (WPRPD, 2015:35). South Africa has one of the best legislative

and policy frameworks which support the inclusion of persons with disabilities in every aspect of life (Patel & Weber, 2015:21). Despite strong policies, South Africa lacks effective implementation plans and tailored guidelines for rural areas to meet the needs of persons with disabilities.

The International Federation of Social Work (IFSW) and International Association of Schools of Social Work (IASSW) (2014) formulated a global definition of social work as an academic discipline and practice-based profession that concerns itself with individuals, families, groups, communities and society as a whole. In the South African context, Mansvelt (2018:133) defines social work as a profession that promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. On the same note, van Breda (2018:1) believes that social work seeks to meet basic needs and enhance social functioning, self-determination, collective responsibility and overall well-being. From the above definitions and for the study's purposes, it can be urged that social work is to help any individual or group of people who suffer from any disability to enable them to develop fully in social, economic and political spheres following their abilities. In the study context, the guidelines for persons with disabilities implemented by social workers are crucial in improving their livelihoods.

In the UK, social work involves the implementation of guidelines, with professionals playing a leading role. In contrast, Africa lacks clear guidelines for persons with disabilities, and the role of social workers is not explicitly defined. The study is intended to create guidelines for social workers on community gardens for people with disabilities.

The development of the guideline was informed by qualitative findings from the first phase of the study, as well as insights drawn from Chapters 3, 4, and 5. The guideline integrated human, social, and economic dimensions to advance the development of persons with disabilities. Rooted in the social model of disability, it emphasised the necessity of modifying environmental factors and enhancing economic participation to promote the social inclusion and overall well-being of individuals with disabilities.

1.3 KEY CONCEPTS OF THE STUDY

1.3.1 Social development

Midgley (2013:14) defines social development as a process of planned social change designed to promote the well-being of a population as a whole within the context of a dynamic developmental process. van Breda (2018:66) sees social development as a broad-based approach to the promotion of the well-being of a nation through aligning human and economic aspects of development. Pawar (2014:4) views social development as the collective definition of the whole entity, growing, advancing, maturing step by step or stage by stage in a unified way and comprehensively covering all aspects and dimensions of such entities in a society. Lombard (2014:44) suggests that social development is a strategy and end goal for developmental social work. In the context of the study, it can thus be noted that social development encompasses aspects of the linkage between social and economic development.

1.3.2 Community development work

Community development work is a process by which efforts of the people at the grassroots level are united with those of the government to improve the socio-economic and cultural conditions of the community (Han & Huang, 2019:391). Green and Haines (2015:34) view community development as a process, a method, a programme and a movement aimed at enabling and encouraging communities to become involved with the necessary support from the private and government sectors to improve and manage their living conditions in all areas of development. Swanepoel and De Beer (2012:23) describe community development as a social transformation that involves changes in individuals' awareness, motivation and behaviour and the relations between individuals and groups within society. These changes must come from within the individuals and groups and cannot be imposed from the outside. Sharma (2013:183) views community development as "a process by which the efforts of the people at the grassroots level are united with those of government to improve the economic, social and cultural conditions of the community". From the above definitions, it can be noted that community development aims to expand and enhance people's livelihoods by including them in the development process. In the study context, community development creates economic and social transformation

conditions within a community, especially marginalised people, like persons with disabilities.

1.3.3 Community gardens

A community garden may be defined as an integrated system that comprises different agricultural activities and programmes in a small-scale area of land (Maroyi, 2009:1). Community gardens are predominantly small-scale subsistence agricultural systems. Maroyi (2009:2) views community gardens as an essential social and economic unit of rural households, from which a diverse and stable supply of economic products and benefits are derived. These community gardens are created and maintained by community members living there. In the present study, community gardens can be defined as agricultural spaces for persons with disabilities engaging in gardening activities to improve their economic and social well-being.

1.3.4 Disability

The World Health Organisation (2011:4) defines disability as an umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors). Levitt (2017:592) alluded to the fact that "disability should be defined from a social model perspective as it is caused by the interaction between persons with impairments, conditions or illnesses and the environmental and attitudinal barriers they face". The Social Assistance Act No. 13 of 2004 of South Africa understands a person with a disability to mean a person who is, owing to a physical or mental disability, unfit to obtain by virtue of any service, employment, or profession, the means needed to enable him or her to provide for his or her maintenance (Government Gazette, 2004). Disability exists due to society's failure to remove social, economic and environmental barriers. For the purposes of the study, disability can be defined as society's failure to remove social and economic barriers for persons with disabilities and to participate fully in social and community development initiatives.

1.3.5 Protective workshop community gardens

By definition, a protective workshop is a safe, disability-friendly environment providing opportunities for persons with disabilities from the local community to develop and improve their skills and to earn an income through the products that they make to

supplement their disability grants (Martin, 2001:71). Work is the main focus of sheltered workshops, with a preference for relatively simple work activities such as assembling, packing, garden farming, woodworking, manufacturing and sewing. Crops grown include various vegetables, such as cabbage, spinach, beetroot, maize, sorghum, onions and butternuts. Protective workshops and community gardens are used for income generation and food-producing activities (Filkobski & Rofè 2016:151). Persons with disabilities maintain this garden through a fully functional management committee. In South Africa, protective workshop gardens are registered by the Department of Social Development as a Non-Profit Organization (NPO). Literature on protective workshops is readily available; the present study could bring new information to this field.

1.3.6 Persons with disabilities

Persons with disabilities have different conditions and call for different responses. Masarira (2017:13) is of the view that persons with disabilities experience a combination of practical barriers, medical and mental hardships within and social hurdles and stigma imposed from the outside, from other people and social practices and systems. Mitra (2017:46) shares the sentiments that persons with disabilities are more likely to experience adverse socio-economic outcomes, such as lack of economic opportunities, social exclusion, higher poverty rates as well as unemployment. Barriers to social and economic inclusion of persons with disabilities include inaccessible physical environments, the unavailability of assistive devices and technologies and discriminatory prejudice and stigma in society (Graham, Moodley & Selipsky, 2013:326). In the study context, persons with disabilities are viewed as individuals with unique abilities, which they use to their full potential.

1.3.7 Social work

Payne (2014:16) sees social work as a dynamic profession that promotes social change, problem-solving in human relationships, and the empowerment and liberation of people to enhance well-being. Garrett (2017:13) views social work as a vocation carried out by trained personnel to alleviate the conditions of those in a community suffering from social deprivation. The researcher views social work as actions taken to improve the socio-economic conditions of disadvantaged groups, such as persons

with disabilities. This is achieved mainly through different methods of social work, such as casework, group work, community development work, and research.

Patel (2015:16) argues that social work enhances social development through casework and group work. Teater (2019:37) suggests casework focuses on individuals and systems, while group work involves sharing experiences in a group to improve social functioning. The researcher sees casework puts an individual at the centre of social change, whilst group work dwells on individuals coming together to solve their problems.

1.3.8 Community garden guidelines

Community garden guidelines are principles and regulations established to ensure the compelling and harmonious operation of gardening spaces occupied by persons with disabilities (Choto, Iwu & Tengeh, 2020:695). The goal of the guideline is to create inclusive community gardens for persons with disabilities that endeavour to provide social support services, skills development and training, and economic empowerment towards the development of persons with disabilities (Heather, 2012:21). Creating an inclusive environment is essential for the success of community gardens for persons with disabilities. The establishment of the guidelines is a powerful initiative that offers numerous benefits, including social support, skills development, and economic empowerment (Kennedy, 2021:23). By following these guidelines; social workers can create a rehabilitative, restorative, and developmental environment that supports the growth and well-being of persons with disabilities.

1.4 PROBLEM STATEMENT AND RATIONALE

Work has been done on persons with disabilities in general. Still, no work has been done on guidelines or a practice framework for social work practitioners (Rothman, 2018:34). There has mainly been a lack of a tool or guidelines that can be used by social workers when working with persons with disabilities in community gardens, which is typically in a rural setting. The researcher has also noticed the absence of a best method practice for social workers to use when implementing social developmental services to persons with disabilities. In support, Mitra (2017:33) highlighted that persons with disabilities are left in all social developmental efforts, either intentionally or unintentionally. The lack of guidelines and a practice model for social workers led the researcher to conduct the study to fill the gap. The literature

mainly focused on persons with disabilities and HIV/AIDS, rehabilitation and the challenges they face daily. Some of the articles that the researcher consulted are:

- Abimanyi-Ochom, J., Mannan, H., Groce, N.E. & McVeigh, J. 2017. HIV/AIDS knowledge, attitudes and behaviour of persons with and without disabilities from the Uganda Demographic and Health Survey 2011: Differential access to HIV/AIDS information and services.
- Abera, M. 2022. Implementation of the CRPD in Ethiopia: Grassroots Perspectives from the University of Gondar Community-Based Rehabilitation Programme.
- El Refaei, A.A. 2016. Challenges of social service delivery to persons with disabilities in Egypt: A stakeholders' analysis.

The above articles mainly focus on health, rights, and the international policy framework for persons with disabilities.

In South Africa, there is a lack of literature relating to guidelines and a practice model for social workers when delivering services to persons with disabilities. Humphrey, (2016:31) saw that disability remains an underrepresented issue in social work policy and practice in South Africa and the whole world. The lack of a legislative and policy framework for persons with disabilities has also exacerbated it. Tigere and Moyo (2019:16) saw that the lack of legislation provisions in the South African disability sector affects persons with disabilities' inclusion in social and economic development.

The researcher did notice that there is a problem in everyday practice when working with persons with disabilities. During the day, persons with disabilities are institutionalised at the community gardens. This calls for social development services to be present at the community gardens, which are tailor-made to their needs. There is also a lack of specialised social workers to work with persons with disabilities. It has resulted in generic social workers delivering services to persons with disabilities based on insufficient training and knowledge. Literature on the role of social workers engaging with persons with disabilities is scarce, and this results in persons with disabilities having poor service delivery. Some articles authored in respect of social work and disabilities are:

- Towards a critical theory of disability in social work (Hiranandani, 2005)

- Integrating critical disability studies into social work education and practice: An Australian perspective (Meekosha & Dowse, 2007)
- Social work across disability (Rothman, 2018)

The above articles have been written from an international perspective. No articles were written from a South African perspective or a rural setting. These articles focus on social work education as well as disability rights. Lombard (2015:492) highlighted that in South Africa, social development in academic circles has widely been studied and discussed from a feminist and youth perspective, whereby women and youth exclusion in developmental processes have been scrutinised. This indicates that disability is not necessarily taught in social work academia. The researcher noticed this gap and undertook to complete this study. His work also inspired the researcher's interest in undertaking the present study in rural Limpopo as a social worker for a non-governmental organisation rendering services to persons with disabilities. He was concerned about the lack of a social work framework or guidelines for delivering social development services to persons with disabilities in community gardens. Throughout the researcher's employment, he struggled to find best practice methods for social workers when delivering services to persons with disabilities. There was a lack of policy framework that guided social workers' interventions. The generic interventions available were not suitable for persons with disabilities due to their exceptional and additional needs.

The above information has highlighted a clear gap in the literature about guidelines for social workers when delivering services to persons with disabilities in rural areas. Services are delivered generically as social workers lack the skills, knowledge, and training. Are social workers trained in disabilities, and do they know the guidelines for working with persons with disabilities in community gardens? Therefore, the researcher believes that if the guideline for social workers is developed, it might assist them in practice. The guideline might fill the gap in service provision to persons with disabilities in rural areas. It will also fill the gap in social work practice when working with persons with disabilities. Social work experiences in the field of disability can be ascertained if the study is published. The study will also add value to the available literature on guidelines for social workers when working with persons with disabilities.

1.5 RESEARCH QUESTION

A research question is a clear, concise and open-ended question that guides a research project (Creswell & Hirose, 2019:34). It can, therefore, be said that the research question is a question that a study – through its thesis statement – aims to answer.

The research question that the study sought to answer is as follows:

- Will the social workers trained in the guidelines be able to render social work services to persons with disabilities in the community gardens?

The study's sub-research questions were as follows:

- How do community gardens contribute to addressing poverty and improving the livelihoods of persons with disabilities?
- What role do community gardens play in enhancing economic and social well-being for persons with disabilities?
- What are community gardens' economic and social benefits for persons with disabilities?
- What is the role of social workers in community gardens for persons with disabilities in the context of social development?
- What social work services are available for persons with disabilities in rural South Africa?
- How do social workers utilise existing guidelines in community gardens to support persons with disabilities?

1.6 HYPOTHESIS OF THE STUDY

1.6.1 Hypothesis

If social workers participate in the guideline training for community gardens meant for persons with disabilities developed in the present study, they will have the necessary skills when working with persons with disabilities and the community gardens to improve the services they render in rural areas of South Africa.

1.6.2 Sub-hypothesis

A guideline for social workers will increase their knowledge in rendering social work services to persons with disabilities in community gardens in the rural Limpopo province of South Africa.

1.7 AIM AND OBJECTIVES OF THE STUDY

1.7.1 Aim

The present study aimed to develop and implement social work guidelines for community gardens for persons with disabilities.

1.7.2 Objectives

Phase 1:

- To explore the inclusion of persons with disabilities in community gardens within the international and local contexts.
- To ascertain community gardens' economic and social benefits for persons with disabilities.
- To investigate and analyse the contributions made by community gardens in addressing poverty and uplifting the livelihoods of persons with disabilities.
- To examine the role played by social workers in community gardens for persons with disabilities with respect to social development.
- To propose a social work framework of guidelines for community gardens for persons with disabilities.

Phase 2:

- To design a guideline for social workers to be utilised in community gardens for persons with disabilities.
- To conduct a pre-test measurement with the social workers regarding their knowledge of persons with disabilities
- To implement the guideline in community gardens for persons with disabilities
- To conduct a post-test measurement with the social workers on their knowledge of persons with disabilities and the community gardens' guideline.

1.8 RESEARCH METHODOLOGY

Table 1.1 shows a summary of the research methodology of the study.

Table 1.1: Research methodology

	Qualitative	Quantitative
Approach	-First phase -Explorative	-Second phase -Analytical

	Qualitative	Quantitative
	-Problem analysis	
Design	Case study (community gardens for persons with disabilities)	One-group pre-test post-test
Type of Research	Intervention	Intervention
Sampling approach	Non-probability	Non-Probability
Sampling method	Purposive	Purposive
Data collection	Structured interviews, Semi-structured interviews, Focus groups	Group-administered questionnaire
Data collection instrument	Interview guide	Questionnaire
Data analysis	Manual thematic analysis	Descriptive statistical analysis
Data presentation	Themes and sub-themes were used to present the data Narratives were utilised to present the data.	Tables, graphs, pie charts, whisker plots

Adapted from: Bila (2017:14)

The researcher used a mixed-methods approach, using both interpretivist and positivist paradigms. Avali and Habek (2016:62) define a mixed-methods research approach as a method that includes at least one quantitative method designed to collect numbers and one qualitative method designed to collect words. The reason for choosing a mixed methods research approach lies in the fact that this study sought to obtain an in-depth understanding of social work guidelines that are to be used by developmental social workers in addressing social development initiatives of persons with disabilities, their families and the community at large.

The applied research approach, with a focus on intervention research, was used, as the study's goal was to develop a guideline that would be used by social workers when

working with persons with disabilities in the rural Limpopo province of South Africa. Quaglione, Muscio and Vallanti (2015:662) define applied research as a scientific study and research that seeks to solve practical problems that impact life, work and people's overall well-being. Park and Chae (2017:13) note that intervention research examines the effect of an intervention on an outcome of interest.

The researcher employed an exploratory sequential mixed methods research design in the study. An exploratory sequential design entails that the results of the first method (qualitative) will help develop or inform the second method, which is quantitative.

A descriptive research design was implemented for the quantitative part of the study. Ivankova (2018:979) opines that “a descriptive research design is a non-experimental research method that allows researchers to gather standardised data on participants’ attitudes, opinions and experiences without influencing their behaviour in any way”. Since one of the objectives is to ascertain the economic and social benefits of community gardens for persons with disabilities, a descriptive research design was seen as ideal, as it seeks to describe the phenomenon (community gardens for persons with disabilities) and its characteristics in detail.

The sample size for the qualitative phase (first phase) comprised seventy (70) participants. First, fifty (50) participants were persons with disabilities and enrolled at five community gardens for persons with disabilities in the Limpopo Province. The inclusion criteria for the persons with disability participants were based on physically disabled persons (paraplegics, hemiplegics) of all genders. Second, a total of ten (10) social workers – five (5) from the Department of Social Development district offices who are disability co-ordinators and five (5) from a disability non-governmental organisation (NGO) were part of the sample. Five (5) community gardens for persons with disabilities managers were part of the study. Lastly, five (5) agricultural extension officers from the Department of Agriculture participated in the study. Non-probability purposive sampling was used to select the participants in the first phase. In the quantitative phase (second phase), probability simple random sampling was used to select twenty (20) social workers who participated in the study. The 20 social workers participated in a one-day training in Polokwane, a central and accessible location. They completed the pre-and post-test questionnaires. Trustworthiness in the qualitative study and validity and reliability were ensured in the quantitative phase.

The sample for the quantitative study was drawn from the same population as the qualitative study but was a new sample of participants to bring fresh data and avoid duplication. The sample will comprise persons with disabilities (50), social workers from the Department of Social Development and non-governmental organisations (10), and management for the community gardens (10). The sample size for the quantitative phase, therefore, would be a total of 70 participants. A detailed research methodology is in Chapter 5 of this research report.

1.9 CONTENTS OF THE RESEARCH REPORT

Table 1.2: Contents of the research report

Chapter	Contents
Chapter 1	General orientation to the study. The problem statement and rationale are given
Chapter 2	Theoretical framework of the study
Chapter 3	Discussion on global, regional and national perspectives of disabilities
Chapter 4	Focuses on global, regional and national perspectives of social work
Chapter 5	Theoretical and policy framework for social development in South Africa
Chapter 6	Research methodology looking at both qualitative and quantitative methods
Chapter 7	Empirical findings for the qualitative phase of the study
Chapter 8	Social work guidelines for community gardens for persons with disabilities
Chapter 9	Empirical findings of the quantitative phase

Chapter 10	Summary, conclusions as well as recommendations

1.10 SUMMARY

Literature has shown that persons with disabilities are marginalised in social developmental strategies and programmes; hence, the researcher's desire to conduct the study was to develop a framework of guidelines that developmental social workers can use for persons with disabilities. The chapter has outlined the background of the study, rationale and problem statement, goal and objectives, a brief overview of the research methodology and a preview of the chapters. The study aimed to develop and implement social work guidelines for community gardens for persons with disabilities. The study hypothesises that if social workers participated in the guideline training for community gardens for persons with disabilities developed in the present study, they would have the necessary skills when working with persons with disabilities and the community gardens to improve the services they render in rural areas of South Africa. The next chapter focuses on the theoretical framework which informed the study.

CHAPTER 2: THEORETICAL FRAMEWORK

2.1 INTRODUCTION

The previous chapter provided an introduction and background to the study. In this chapter, the Asset-Based Community Development (ABCD) approach and the capability approach will be discussed in detail because they are the theoretical approaches that underpin the study. They will also be discussed in relation to their applicability to social work and the current study.

2.2 ASSET-BASED COMMUNITY DEVELOPMENT THEORY (ABCD APPROACH)

In Africa, the Asset-Based Approach Community Development theory (ABCD), or citizen-driven development, originated particularly during the apartheid years in Sub-Saharan African countries (Nel, 2018:4). Communities had been mobilising assets during these years, focusing on what they had in an attempt to build a livelihood for themselves (Zal, 2016:338). As social development is a participatory effort, the ABCD approach is key, since it advocates for the mobilisation of community assets that increase the capacity of people to improve their quality of life. MacLeod and Emejulu (2014:449) saw that “as an approach to community-based social development, it rests on the principle that the recognition of strengths, gifts, talents and assets of individuals and communities is more likely to inspire positive action for change than an exclusive focus on needs and problems”. Nel (2018:5) highlighted that the ABCD approach recognises that the capabilities of the local people and their associations build better communities. Recognising these capacities begins with constructing a new lens through which communities can assemble their strengths into new combinations, structures of opportunity, new sources of income and control and new possibilities for agricultural production”. Elements of the ABCD approach are asset-based, relationship-oriented, place-based and community-driven. The elements are discussed below.

2.2.1 Elements of the ABCD approach

2.2.1.1 *Asset-based*

Assets can be defined as the gifts, skills and capacities of individuals, associations and institutions within a community (Green & Haines, 2015:33). An asset is a special kind of resource that an individual, organisation, or entire community can use to reduce or prevent poverty and injustice (Kennedy, 2021:19). The ABCD approach emphasises building an asset base in households and communities that is transferable across generations. An asset is usually a stock that can be drawn upon, built upon or developed, as well as a resource that can be shared or transferred across generations (Garcia, 2020:68). Recognising that many such assets already exist to some degree in the community, the emphasis is on promoting opportunities for building assets and eliminating structures that limit such opportunities (Nel, 2018:6). As the poor gain access to assets, they are more likely to take control of important aspects of their life. They may also plan for their future and deal with economic uncertainty, support their children's educational achievements and work to ensure that the lives of the next generations are better than their own (Green & Haines, 2015:34). Persons with disabilities have access to the community gardens, which they can utilise to conduct agricultural activities that will help towards improving their social development and uplifting their livelihoods.

The ABCD approach focuses on the strengths and capacities that communities and individuals already have and builds on from there (Nel 2018:4). It guides community members in developing new eyes about themselves and their surroundings. As for the professionals, the ABCD approach shifts the conversation from thinking of citizens as objects to fix to assets to obtain (Kennedy, 2021:19). It means that for the social work professionals, their intervention strategies will be based on the strengths of persons with disabilities, who have the ability to participate in agricultural activities that would uplift their livelihoods.

A community asset map is essential for social development to be successful, and this details available resources. A community asset map comprises individuals, associations, institutions, land and the physical environment, exchange and cultural stories (Nel, 2020:265). Kennedy (2021:18) pointed out that "asset mapping is a process of learning about the resources available in a community and building

strategies that leverage these resources to achieve local goals”. Asset mapping, as advocated by Green and Haines (2015:42), involves:

- The identification of economic development opportunities through the mapping of available skills and work experience. In the case of the study, skill mapping of persons with disabilities is critical; as such, they are utilised where they are wanted most to increase agricultural production.
- The documentation of natural resource assets that may promote economic development, which will result in improved livelihoods. In the study, the community gardens for persons with disabilities have agricultural land, an essential natural resource asset.
- The development of a community resources inventory to identify the experiences of community members in providing services. In the study, the associations of community gardens, such as those of the government and private sectors, are essential to providing services.

The ABCD theory emphasises common interests and can serve as an excellent basis for mobilising residents to address critical issues affecting community members (Green & Haines, 2015:39). The approach seeks to overcome racial, gender and class differences frequently constrain social development projects.

The asset-based community development approach (ABCD) has become necessary because of the changes brought about by the globalised world economy. This is exacerbated by the weakening of the role of government as a provider of solutions to community problems, an emphasis on the rights and entitlements of state and global citizenship, and the challenge to create and seize opportunities for sustainable development (Garcia, 2020:69). Green and Haines (2015:71) are of the view that the ABCD approach is an example of a shift from a deficiency, needs and problem-based orientation to strengths and assets approach in working with communities. It encourages appreciation and mobilisation of positive assets and strengths in communities. The intention is to uncover these hidden gifts through appreciative inquiry and to cultivate a positive vision for the future.

The ABCD approach usually focuses primarily on social assets, such as individual assets (gifts, skills, talents and capacities of all citizens), the quality of relationships within the community, local associations and networks (Kennedy, 2021:23).

Swanepoel and De Beer (2011:44) are of the view that the asset-based approach to community development makes use of community assets at their disposal. It covers natural assets, such as soil and water. Infrastructural assets, such as roads, electricity and buildings, are of paramount importance. The most important asset is that human beings have the ability to organise (Swanepoel & De Beer 2011:44).

Weyers (2011:12) is of the opinion that the asset-based community development approach utilises local individual and collective assets mobilisation as the primary building blocks in a community-driven development effort. Community economic development and strengthening of civil society are enhanced by exploiting the talents and skills of local residents, the power of local associations and the supportive functions of local institutions (Weyers, 2011:12).

The ABCD approach was relevant to the study as people with disabilities possess social assets within themselves, such as skills and capabilities to conduct gardening activities. Therefore, no matter their disabilities, these individuals can conduct gardening activities according to their abilities. Since the goal of the study was to develop guidelines for community gardens for people with disabilities, the ABCD approach proved critical, since it gives emphasis on the locally available materials.

2.2.1.2 Place-based

Small local places are the stage on which a good, sustainable and satisfying life unfolds (Garcia, 2020:67). Seeing the neighbourhood as the primary unit of change is a powerful strategy for addressing some of our most intractable social and economic development challenges (Yamashita, 2023:14). In the study, the community gardens are based in the localities, which is accessible to persons with disabilities where they are used as centres for economic and social development. Erasmus and Bloem (2024:661) highlight that neighbourhoods, small towns, villages and estates are where local residents believe they can make an impact. A small local place also provides a location where the multiplicity of helping agencies can agree on a common ground that automatically takes them beyond their administrative boundaries to work for the benefit of the people (Nel, 2018:3). In the study; the community gardens are small-scale agricultural entities in communities that have governmental and private institutions who assist them in different ways.

2.2.1.3 *Relationship oriented*

While ABCD considers every person to have irreplaceable gifts, skills and passions, as an approach, it goes beyond individuals and their capacities to tap into relational power (Yamashita, 2023:16). In support, Ward (2023:209) saw that relational power presents an incredible and often untapped force for good and continues to be the primary energy source for social movements throughout the world, which promote segregated groups for economic and social development. When persons with disabilities are at the community gardens, they create a sense of belonging, connect amongst themselves and create relationships that they use to advance their social and economic lives.

Yamashita (2023:19) states that “relational power enables the consensual grouping up of behaviours to amplify as well as multiply the capacities of individuals, ensuring the societal whole is greater than the sum of its parts”. Therefore, the coming together of persons with disabilities in community gardens creates essential relationships to improve their livelihoods.

2.2.1.4 *Citizen-led*

Groups of a community are responsible for their development. It is upon them to be initiators and implementors of developmental initiatives with the help of outside institutions (Garcia, 2020:69). In the study, the community gardens are for persons with disabilities who saw a need to start agricultural activities to improve their livelihoods. The ABCD approach is focused on how a disadvantaged group of people, in association with one another and the assets around them, can achieve (Nel, Mansvelt & Shugu, 2023:231). Citizen-led development focuses on what a particular group can do together by looking at their assets, skills and environmental factors. In the study, a skills audit on persons with disabilities is essential, as it will impact agricultural production.

2.2.2 Application of the ABCD approach to the current study

Persons with disabilities have assets that they can use for their social and economic development. The assets they have include agricultural skills that are based on their abilities as persons with disabilities. To support the above, Nel (2018:5) highlights that every community member possesses assets, and professionals must unpack them.

The present study had a sample of persons who mostly had physical disabilities, namely, paraplegic and hemiplegic. They can do gardening based on their disabilities.

The community gardens also have an essential asset: Land for agricultural activities to take place. The land is an important asset that can be utilised by a group in a community as a means of production and development (Yamashita, 2023:23). The community gardens for persons with disabilities are also important assets in that they are centres of learning. Agricultural training is provided by associations such as the Department of Agriculture extension officers.

2.2.3 ABCD approach and social work

The community gardens are centres of social development practice since social workers initiate intervention strategies for persons with disabilities there. The community gardens are, therefore, essential assets since they act as sites of social work services to persons with disabilities. Erasmus and Bloem (2024:665) have seen that developmental social work empowers individuals and communities to improve their livelihoods. In this regard, developmental workers' duty through the ABCD approach is to unlock persons with disabilities' assets (skills) in agricultural production in the community gardens. This will affect economic development and livelihoods, and the end product is improved social development.

Lightfoot, McCleary and Lum (2014:61) stipulate that community practitioners have a role to play by linking communities to associations, which can aid their development, as the ABCD approach proposes. In the present study, social work practitioners are a key asset to the community gardens, as they provide different services, such as funding, social work services, and monitoring and evaluation. This makes persons with disabilities participate in the gardening activities of the community gardens even more, which is critical to their social and economic development.

There are also different associations to which the community gardens for persons with disabilities are affiliated. The Department of Social Development is critical in funding, monitoring and evaluating social services. A non-governmental organisation also provides assistive devices, disability technical support, and social work services. The Department of Agriculture also provides extension services. These associations positively affect persons with disabilities at the community centres.

The ABCD theory is a practical approach to economic and social development. It is a strategy for social development that focuses on creating and maintaining outside associations to benefit the social and economic development of community gardens. Associations can be in the form of social workers (Department of Social Development and NGOs). In the study, the Department of Agriculture, through extension officers, is another association that benefits the community gardens for persons with disabilities.

The diagram below shows the researcher's own conceptualisation of the ABCD approach in relation to the study. It also links community gardens and improves the social and economic development of persons with disabilities.

Table 2.1 ABCD approach

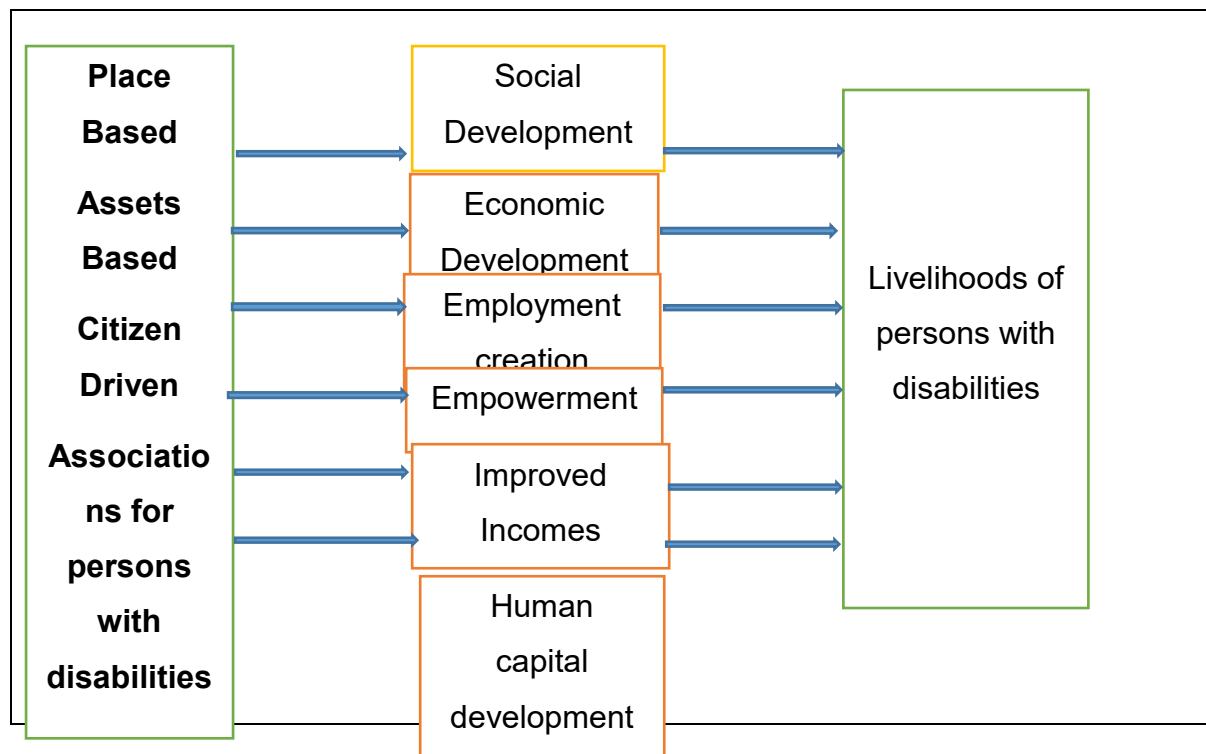


Figure 2.1: Author's conceptualisation based on the ABCD approach

The ABCD approach is shown in the above diagram through the author's understanding of the study. The community gardens for persons with disabilities are asset-based, place-based, and citizen-driven and have associations. There is development in the community gardens for persons with disabilities, which includes social and economic development, employment creation, human capital and

empowerment. All these contribute to the improved livelihoods of persons with disabilities.

2.3 CAPABILITY APPROACH

Sen (1990:41) defines the capability approach as a normative approach to human welfare that concentrates on the actual capability of persons to achieve their well-being rather than on their mere right or freedom to do so. Robeyns (2017:13) shares the same sentiments in that “the capabilities approach is a theoretical framework that entails two claims: one, that the freedom to achieve well-being is of primary moral importance and two, that well-being should be understood in terms of people’s capabilities and functioning”. The capabilities approach is based on human well-being, social justice, and the idea that individuals have different values in life. Humans are thus seen to have a plurality of valued beings and doings and are embedded in societies with a plurality of equalities and inequalities. Kjellberg and Jansson (2022:3) argue that the capabilities approach is a theory of justice based on fairness that must be deeply and directly concerned with the actual freedoms enjoyed by different persons. People with disabilities should be understood as unique beings capable of improving their livelihoods through community gardens. This is in line with the goal of the study. This is to develop social work guidelines for community gardens for persons with disabilities, and their capabilities should be well understood.

Watene (2016:288) highlights that capabilities can be defined as actual or substantive freedom that people can achieve certain doings and beings. The capability approach mainly offers diversity and is favoured in developmental issues (economic and social) by marginalised groups in society. This includes people with disabilities, feminists and other segregated ethnic communities (Pinilla-Roncancio & Alkire, 2017:31). For instance, people with disabilities usually are at a disadvantage to their able-bodied peers. They are excluded primarily on social development issues.

2.3.1 Elements of the capabilities approach

Yerkes, Hoogenboom and Javornick (2020:519) saw that the approach rests on three key elements, which are:

2.3.1.1 *Functionings*

Functionings are the various aspects of life that people value through action. According to Conradie (2013), functionings can be anything an individual can or does.

They are the various doings and beings that humans have reason to value. The concept runs across many activities and situations, which people consider essential (Kjellberg & Jansson, 2022:5). Expanding the opportunity for these doings and beings is essentially the focus of the capability approach.

Functionings are the various aspects of life that people value, and they are interrelated activities done by an individual to attain a better livelihood (Ikebuaku, 2021:79). Functions are, therefore, what a group of people or individuals are capable of or what they should be capable of. In the present study, persons with disabilities value doing agricultural activities at the community gardens to attain a better livelihood. The community gardens of persons with disabilities can also create a conducive environment for social and economic development that is to be achieved for persons with disabilities.

2.3.1.2 Capabilities

Sen (1990:39) asserts that “a capability is a set of vectors of functionings that reflect a person’s freedom to lead one type of life or another”. It refers to a person’s or a group of persons’ freedom to achieve or promote valuable functions. Thus, capability reflects the genuine opportunities one has and can use in one way or another. Capabilities are the alternate combinations of functions that are feasible for an individual to achieve (Ikebuaku, 2021:75). Joshi (2021:784) is of the view that capabilities denote a person’s opportunity and ability to generate valuable outcomes, taking into consideration relevant personal characteristics and external factors. Capabilities are guided by a person’s abilities and the nature of options available from the environment (Clark, Biggeri & Frediani, 2019:64). Internal capabilities include personal abilities, which persons with disabilities have and can utilise in community gardens. There are also combined capabilities that consider social, economic and political conditions.

For individuals or groups to achieve capabilities, five central freedoms must be met. These five freedoms are political freedom, social opportunities, economic facilities, protective security and transparency guarantees (Nussbaum, 2015:6). They complement one another. All contribute to a person’s general capability to live freely (Ikebuaku, 2021:78). In the present study, there were primarily social and economic aspects for persons with disabilities to pursue in the community gardens to improve their livelihoods.

2.3.1.3 *Agency*

Agency relates to the freedom one has to set and pursue one's interests and goals (Sen, 1990:13). It can go beyond the pursuit of one's well-being to include values like furthering the well-being of others. Agency refers to the capacity to act on behalf of the phenomena one values, or in line with one's concept of what is correct. Clark, Biggeri and Frediani, (2019:71) saw that a person's agency refers to what the person is free to do and achieve in pursuit of whatever goals or values he or she regards as essential. Persons with disabilities have economic and social goals they want to achieve at the community gardens. The community gardens are to be seen as sites that promote agency between persons with disabilities.

Kjellberg and Jansson (2022:231) believe that "an agent is someone who acts and brings about change and whose achievement can be evaluated in terms of his or her own values". Agency depends on the ability to choose the functionings one personally values personally. Agency, therefore, primarily refers to a person's role in a community, which includes the ability to participate in economic, social, and political actions (Gupta, 2017:451). Agency goes together with the expansion of freedom and value. For individuals to be agents of their lives, they need to acquire skills and participate in issues that affect their livelihoods (Den Braber, 2013:64). For persons with disabilities, acquiring agricultural skills is key so that they are agents of their lives.

Agency refers to an individual's ability to make choices through a mutually constitutive process of perceiving, interpreting and responding to one's situation (Watene, 2016:291). People with disabilities have inherent abilities to utilise in the community gardens for a better livelihood.

2.4 CAPABILITIES APPROACH AND SOCIAL WORK

Kjellberg and Jansson (2022:224) highlight that "the capability approach is linked to social work as it is a tool for social workers in practice to explore the subjective sense of well-being, to address social inequalities on a structural level and as a way of evaluating social practices". In support, Slabbert (2018:867) saw that the capability approach was congruent with the aims of social work and as a call for action for social workers to promote social justice, human dignity and well-being. In agreement, Gupta (2017:449) highlights that the capabilities approach is a normative approach to human welfare that concentrates on the actual capabilities of persons to achieve value in their

lives. This can be said in line with the developmental social work that is practised in South Africa, which aims to facilitate the entire social and economic integration of marginalised groups in communities, such as persons with disabilities.

The capability approach is, therefore, practical in that it provides a theoretical framework for the marginalisation of people with disabilities and could also help provide practice-based guidelines for developmental social workers. Agency, in terms of the capabilities approach, calls for the empowerment of people by social workers. In the study, social workers empower persons with disabilities with information and skills to participate fully in community gardens. Kjellberg and Jansson (2022:224) highlight that “the capability approach was congruent with the aims of social work, and it is seen as a call for action for social workers to promote social justice, human dignity and well-being”. In the present study, social workers promote social justice for persons with disabilities, as they are included in social development services at the community gardens.

2.5 APPLICATION OF THE CAPABILITIES APPROACH IN THE STUDY

The capabilities approach has been utilised in several ways in the study. Firstly, the functioning of persons with disabilities in the community gardens has been explored. Functioning has been defined as the interrelated activities done by an individual to attain a better livelihood (Gupta, 2017:451). Persons with disabilities are involved in different agricultural activities such that they can improve their livelihoods.

The capabilities approach also emphasises agency, which has been described by Den Braber (2013:61) as a person’s role in a community to participate in economic, social and political actions. Persons with disabilities have participated in community garden activities as they participate in social and economic activities. The economic activities include agricultural activities in the community gardens.

The capabilities approach has also been explored in the study through capabilities, which have been defined by Sen (1990:6) as “an individual’s opportunity and ability to generate valuable outcomes, taking into consideration relevant personal characteristics and external factors”. Persons with disabilities in the study have inherent skills they use for agricultural production. In support of the community gardens, there are different governmental and private entities. These include the

Social Development and Agriculture departments, which provide different services, from social and financial services to extension services.

2.6 SUMMARY

Theoretical approaches have been documented. The Asset-Based Approach to community development was discussed. An asset is a special kind of resource that an individual, organisation or entire community can use to reduce or prevent poverty and injustice (Green & Haines, 2015:33). The ABCD approach informed the study, as it places persons with disabilities at the centre of social and economic developmental initiatives.

The capabilities approach, on the other hand, focuses on social injustices and inequalities against disadvantaged groups in society, such as persons with disabilities. It was a critical theoretical approach in the study since it advocates for the social inclusion of people with disabilities in developmental initiatives.

The next chapter focuses on persons with disabilities in South Africa and provides an overview of development needs and challenges.

CHAPTER 3: PERSONS WITH DISABILITIES IN SOUTH AFRICA: OVERVIEW OF DEVELOPMENT NEEDS AND CHALLENGES

3.1 INTRODUCTION

South Africans with disabilities constitute a sizeable proportion of the population. Their status on socio-economic aspects of life is varied in a developing nation with widespread inequality and a history of segregation that was perpetuated by the apartheid system (Tigere & Moyo, 2019:2). The past apartheid administration also contributed to inequalities of persons with disabilities that they are now constantly facing. Hence, it can be urged that disability freedom is also a fight against policies which were enacted by the previous oppressive regime and which affected the social development of persons with disabilities.

The preceding chapter discussed the theoretical framework of the study. This chapter will discuss in detail disability as a phenomenon in South Africa. Disability definitions will also be discussed in detail with regard to their classifications. Different models of disability, such as the medical, social and systems models, will be elaborated further, as well as their relevance to the current study. The causes and legislative and policy framework of disability in South Africa will conclude this chapter.

3.2 DEFINITION AND CLASSIFICATION OF DISABILITY

Mitra, Yap, Hervé and Chen (2021:14) state that there is no consensus on a definition and measurement of the controversial and complex phenomenon of disability. There are different conceptual models have been developed for definitional purposes, including charity, medical, economic and social models". Green and Loseke (2019:31) are of the view that "the charity model views persons with disabilities as people to pity and therefore to be helped by welfare approaches. On the other hand, the medical model considers disability as a problem of the individual directly caused by a disease, an injury, or some health condition and which requires medical care in the form of treatment and rehabilitation". Green and Loseke (2019:69) believe that individuals with any impairment are considered disabled, where 'impairment' is used for their condition, irrespective of whether they experience limitations in their activities. Mitra et al. (2021:33) highlight that "the medical model is often opposed to the social model, which

views disability purely as a social construct where the problems of the disabled are either caused or exacerbated by the society in which they live”. Various authors and institutions have often defined this phenomenon based on the context and purpose for which the definition is meant.

According to the World Health Organisation (2021:51), disability covers impairments, activity limitations and participation restrictions. Lambert (2022:33) states that “an impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual involved in life situations”. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between the features of a person’s body and the features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers. WHO (2021:67) highlights that an impairment is lacking part or all of a limb or having a defective limb, organism or mechanism of the body. Lambert (2022:71) shares the same sentiments in that disability is the disadvantage or restriction of activity caused by the contemporary organisation, which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities.

The Social Assistance Act No. 13 of 2004 of South Africa understands a person with a disability to mean a person who is, owing to a physical or mental disability, unfit to obtain by virtue of any service, employment, or profession the means needed to enable him or her to provide for his or her maintenance (Government Gazette, 2004).

Disability can be summarised as a number of different functional limitations occurring in any population worldwide. People may be disabled by physical, intellectual, or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

The most accepted definition of disability in South Africa by the government and other organisations comes from the Convention on the Rights of Persons with Disabilities (CRPD), which the South African government ratified in 2007. The Convention states that persons with disabilities include those with long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. In support, Carey,

Fannon and Ostrove (2020:41) also define disability as the result of a relationship between an individual's health condition and personal factors and external factors due to the circumstances in which the individual lives.

3.3 TYPES OF DISABILITY: GLOBAL CONTEXT

An estimated 1.3 billion people experience significant disability, and this represents 16% of the world's population or one in six people. Some persons with disabilities die up to 20 years earlier than those without disabilities (World Health Organization, 2021:3). Withers (2020:49) saw that "around 785 million (15.6%) persons, 15 years and older, live with a disability". Of these, 110 million people (2.2%) have very significant difficulties in functioning, while 190 million (3.8%) have severe disability, the equivalent of disability inferred for conditions such as quadriplegia, severe depression, or blindness. Only the Global Burden of Disease measures childhood disabilities (0-14 years), which is estimated to be 95 million (5.1%) children, of whom 13 million (0.7%) have a severe disability (Vos *et al.*, 2015:1553).

Pinilla-Roncancio and Alkire (2017:34) highlight that "disability prevalence globally is influenced by factors that vary across countries, including trends in health conditions, environmental factors and other variables such as road traffic crashes, natural disasters, conflict, diet and substance abuse". People who have a low income, are out of work or have low educational qualifications are at an increased risk of disability. George, Sukumaran and Bhat (2021:29) saw that low- and middle-income countries have higher disability prevalence than high-income countries.

Prynn and Kuper (2019:3488) saw that research has shown that the prevalence of specific disabilities, such as hearing loss, decreases exponentially as income increases. On the other hand, Humphrey (2016:29) viewed that most people who are blind or visually impaired live in Asia, and the age-standardised prevalence of blindness is highest in Africa and Asia. Disability prevalence is known to be increasing due to a global increase in chronic health conditions. Such conditions are estimated to account for 66.5% of all years lived with disability in low-income and middle-income countries (George, Sukumaran & Bhat 2021:31). The global increase in diabetes, cardiovascular diseases, mental disorders, cancer and respiratory illnesses do have a profound effect on disability. Large increases in non-communicable disease-related disabilities are projected for developing regions caused by population ageing,

reduction in infectious conditions, lower fertility and changing lifestyles related to tobacco, alcohol, diet and physical activity (Banks, Kuper & Polack 2017:0189997).

3.4 TYPES OF DISABILITY: AFRICAN CONTEXT

More than 80 million Africans are disabled, according to the United Nations, including those with mental health conditions as well as birth defects and other physical impairments (Fernandez, Rutka, & Aldersey, 2017:7). Sida (2015:8) maintains that about 40% of Africa's population consists of people with disabilities. This section will discuss disability prevalence, legislation, and policies in Rwanda, South Sudan, and South Africa. A detailed discussion of disabilities in the study area of Limpopo province in South Africa will also be completed.

3.4.1 Rwanda

National Institute of Statistics of Rwanda (2016:1) reported that "overall, 446,453 persons with disabilities aged five and above are living in Rwanda, according to the 2012 Census, out of which 221,150 are male and 225,303 are female". The Rwandan genocide in 1994 contributed significantly to the prevalence of disability (Njelesani, Siegal & Ullrich, 2018:8). Karangwa, Miles and Lewis (2010:267) are of the view that "the genocide also contributed to an increase in impairments not only as a direct result of the violence but also because of the breakdown of health, vaccination and rehabilitation services, as well as ongoing mental health conditions".

Rwanda has been at the forefront of developmental policies in Africa to uplift the living standards of persons with disabilities. The country is also a signatory of the UN CRPD since 2008. Rwanda has also tried to domesticate the convention (Njelesani *et al.*, 2018:5). For example, the Constitution of 2003, as revised in 2015, stipulates equality between all Rwandans and prohibits any discrimination based on disability. Njelesani *et al* (2018:2) saw that "in particular, Article 51 (2) of the Constitution provides that the State has the duty within its means to undertake special actions aimed at the welfare of persons with disabilities".

3.4.2 Sierra Leone

As a result of the civil war over the period 1991-2002, the prevalence of disability in Sierra Leone is much higher than most countries in Africa. Statistics Sierra Leone (2017:2) explains that "11 years of civil war left approximately 40 000 people dead, 2 million people displaced and thousands of individuals amputated and injured. In 2017,

the agency estimated that there were 93,129 persons with disabilities, representing about 1.3% of the population”. Of these, 54% are male and 46% female. It also states that persons with disabilities are subjected to many challenges (Statistics Sierra Leone, 2017:4).

The World Bank (2009:25) also observes that “persons with disabilities in Sierra Leone continue to be subjected to most of the above abuses. They also lack access to services such as education and health”. Furthermore, they mostly live on social welfare due to discrimination from labour markets.

Government responses include the 2011 ratification of CRPD and the introduction of a Disability Act to promote inclusive education of PWDs. However, critics have pointed out that the Act does not explicitly prohibit discrimination (Adeola, 2015:231). The Act has several key provisions that could improve the lives of people with disabilities. For example, this includes free medical services in public health institutions, free education in tertiary institutions and protection from expulsion within an educational institution on the grounds of disability (Adeola, 2015:143). The 1991 Constitution also makes provisions to deal with disability.

The above information has highlighted that persons with disabilities in the two African countries are mainly caused by war, and a more significant majority are physically disabled. The two countries have a legislative and policy framework that tries to uplift the socio-economic status of persons with disabilities. The present study draws similarities to South Africa, as legislation and policy frameworks try to improve the livelihoods of persons with disabilities.

3.4.3 South Africa

Out of South Africa’s population of 64 million, at least 7.5% are regarded as living with a disability (Dlamini & Mbonigaba, 2024:43). The highest number of persons with disabilities was found in the Free State at 11.1%, Northern Cape at 11%, North West at 10%, Eastern Cape at 9.6%, KwaZulu Natal at 8.4%, Mpumalanga at 7%, Limpopo at 6%, Western Cape at 5.4% and Gauteng with the lowest at 5.3% (Dlamini & Mbonigaba, 2024:46). It should also be noted that the majority of the population which is disabled is living in rural areas, such as the study area itself (Limpopo province). It can also be concluded that the population of persons with disabilities is growing; hence, community gardens can significantly uplift their livelihoods.

Tigere and Moyo (2019:3) highlight that, in South Africa, persons with disabilities are categorised under the following disability groups: namely, physical, sensory, intellectual, communication, neurological and visual. Some persons with disabilities are affected by more than one type of grouping, where either only one or both impairments can be considered as disabling. The present study was undertaken in rural Limpopo, which predominantly has a larger population of persons with disabilities. The largest population has physical disabilities, as evidenced by the study sample and as discussed in Chapter 6 of the research methodology.

3.5 TYPES OF DISABILITIES FOUND IN LIMPOPO PROVINCE

From the previous section on disability definitions, it can be concluded that disability is any restriction or lack of ability to perform an activity in the manner or within the normal range for a human being. Disability can be caused or aggravated by the economic and social environment. These two factors are evident in the study area which is Limpopo Province. The study area has a total of 68 280 persons with disabilities (Dlamini & Mbonigaba, 2024:48). The disabilities found in the study area (Limpopo province) vary from communication, concentration, hearing and seeing to walking (physically). The different types of disabilities found in the study area will be briefly defined, and their relevance to the current study will be explained.

3.5.1 Communication disabilities

Communication disability refers to an individual's ability to generate and emit messages and receive and understand them (World Health Organisation, 2021:156). This includes losing or restricting the ability to understand the meaning of verbal messages. Disability in talking includes loss or restriction of the ability to produce audible verbal messages and to convey meaning through speech (Oliver, Sapey & Thomas, 2012:31). Nario and Redmond (2019:39) defined a communication disorder as an "impairment in the ability to receive, send, process and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in hearing, language and or speech". Communication disabilities, thus, are disorders that affect a person's ability to apply verbal speech in order to engage with others.

In the study, communication disabilities involve people who cannot hear or transmit verbal messages, restricting them from employment in mainstream working

environments. Due to the nature of their communication disabilities, they find themselves in community gardens for persons with disabilities, hence the need for them to be accommodated in accordance with their needs. Since the study's objective is to develop guidelines for community gardens, it would also be necessary to develop standards covering persons with communication disabilities.

3.5.2 Seeing disabilities/Visual impairment

Seeing disabilities and visual impairment include loss or reduced ability to execute tasks requiring adequate visual acuity, such as reading, recognition of faces, writing and visual manipulation (World Health Organisation, 2021:157). The decreased ability to see to a degree causes problems that are not fixable by the usual means, such as glasses or medication (Mitra et al., 2021:12). It can be said that seeing disability is the total or partial loss of sight.

In South Africa, the prevalence of moderate and severe visual impairments is reported to be 2.0%, which roughly translates to 662 472 of 55 million (Mashige & Ramklass, 2020:1). The frequency of visual impairments and blindness increases among older persons in South Africa, some of whom reside in old age homes (Marmamula et al., 2021:32). The health, social and economic implications of visual impairments and blindness for both the sufferers and their families can be huge. For instance, visual impairments are associated with poor quality of life and lack of independence and mobility (Mitra et al., 2021:15). Visual impairments have been linked to worsened status in social function and employment.

The literature indicates no studies have been conducted concerning persons with visual disabilities in community gardens. The study notes that seeing disabilities affects individuals who cannot perceive their surroundings, limiting their work capabilities. From this context, the study population comprised people with visual impairments. Hence, there is a need to develop guidelines within the community gardens, which can act as standards for their full participation in the activities.

3.5.3 Physical disabilities/Locomotor disabilities

Physical disabilities or locomotor disabilities refer to an individual's ability to execute distant activities associated with moving both himself as well as objects from one place to another (World Health Organisation, 2021:6). Physical disabilities include

restrictions in walking, traversing, climbing stairs and standing (Shakespeare 2013:44). Thus, physical disability is a limitation on a person's physical functioning.

There are two main types of physical disabilities, namely, spina bifida and spinal cord injury. Riddell and Watson (2014:91) saw that spina bifida is the incomplete spine and spinal cord formation in utero. It can cause the spinal cord and nerves to be exposed on the surface of the back instead of being inside a canal of bone surrounded by muscle. Sadiki and Kibirige (2022:909) highlighted the fact that people with spina bifida experience a range of mild to severe physical disabilities, including paralysis or weakness in the legs and learning difficulties.

The spinal cord can become injured if too much pressure is applied or the blood and oxygen supply to the spinal cord is cut (Kett, Heydt & Davey, 2022:294). When the spinal cord has been damaged, it leads to a loss of function such as mobility or feeling (Bailey & Mobley, 2019:22). For some people, a spinal cord injury results in paraplegia (loss of function below the chest), for others it leads to quadriplegia (loss of function below the neck). Most people with spinal cord injuries utilise assistive devices such as wheelchairs, crutches and walking frames.

The information on physical disabilities is relevant to the study in that the majority of the study population has physical disabilities. The present study aimed to provide guidelines for persons with physical disabilities when working in the community gardens, as laid out by one of the objectives. This would guide how persons with disabilities, using wheelchairs and other assistive devices, could manoeuvre and productively do work.

3.5.4 Concentration/Intellectual disability

Concentration or intellectual disability includes impairment of intelligence, memory and thought. It refers to disturbances in the rate and degree of development of cognitive functions, such as perception, attention, memory and thinking (World Health Organization 2021:160). Concentration disability covers profound, moderate and severe intellectual disability. Green and Loseke (2019:17) define intellectual disability as "when a person has certain limitations in mental functioning and in skills, such as taking care of himself or herself as well as social skills". Intellectual disability can be defined as problems involved with mental functioning. The study, therefore, defines

intellectual disabilities as conditions where individuals struggle to complete work tasks due to impaired cognitive abilities.

There is currently an estimation that one in every four people has an Intellectual disability (Constantino, Campbell & Simpson, 2022:106200). Most people with intellectual disabilities live in poverty-income households, mostly in rural areas, such as Limpopo province. People living with intellectual disability (ID) are excluded from any legislative framework, such as the Mental Health Act of 2002, which does not recognise those with mild to moderate intellectual disabilities as falling under the act (Cieza *et al.*, 2018:19). Most of the persons living with intellectual disabilities are found in community gardens, since that is their only option for a livelihood (Tigere & Moyo, 2019:6). Therefore, there is currently no literature available in terms of intellectual disabilities in relation to community gardens. The study included individuals with intellectual disabilities to assess how guidelines affect their livelihoods.

The types of disabilities discussed above are found in the study area and form part of the study population. Persons living with physical disabilities are the majority, and their effect on community gardens is significant. Overall, the different types of disabilities discussed above portray a picture of community garden participants and the guidelines that need to be formulated regarding their specific disabilities at the end of the study.

3.6 THE LEGISLATIVE AND POLICY CONTEXT FOR PERSONS LIVING WITH DISABILITIES

It should be highlighted that South Africa is one of the few countries in the world to have ratified the United Nations Convention on the Rights of Persons with Disabilities without a disability act. Tigere and Moyo (2019:2) saw that South Africa only thrives on disability policies that are not implemented to address challenges faced by people living with disabilities. In Zimbabwe, for instance, there is the Disabled Persons Act of 2013, which aims to protect the rights of people living with disabilities. This section will discuss different acts and policies that try to protect persons living with disabilities in South Africa. Comparisons will be made with Zimbabwe and Tunisia's disability legislative and policy frameworks, which can be used as best practice models for South Africa.

3.6.1 Constitution of the Republic of South Africa

Section 9 of the South African Constitution prohibits unfair discrimination due to disability. Discrimination on this basis is seen as unfair (Humphrey 2016:13). The national constitution's chapter two on the Bill of Rights explicitly prohibits unfair discrimination against people based on disability or health status (Susuman, Blignaut & Lougue 2014:563). The Constitution of the Republic of South Africa states that everyone is equal before the law and has the right to equal protection and to benefit from the law. It thus guarantees the right of persons with disabilities to equality, non-discrimination and human dignity (White Paper on the Rights of Persons with Disabilities, 2015).

Since South Africa ratified the United Nations Conventions on the Rights of Persons with Disabilities in 2007, the norms and principles have found their way into the Constitution of the Republic of South Africa at a snail's pace (Centre for Human Rights, 2021:3). Legislation and policies in regards to persons with disabilities remain at the periphery of the Constitution. They are fragmented (Vanderschuren & Nnene, 2021:6) due to the lack of a stand-alone act/legislation on disability. It should also be noted that the South African government acknowledged in its report to the United Nations Conventions on the Rights of Persons with Disabilities committee that there is a weakness in the governance machinery of the state compounded with capacity constraints and lack of coordination as the main reasons for having disability legislation (Centre for Human Rights Report, 2021:3). It can therefore be said that the Constitution through the Bill of Rights tries to protect persons with disabilities; however, the lack of mainstream disability legislation has cast much doubt on the ability of the current Constitution to protect the needs and rights of persons with disabilities.

Zimbabwe does have a specific Disability Act, and South Africa can learn from it. In Zimbabwe, individuals with disabilities are recognised in the national objectives stipulated in Section 22 of the Constitution of Zimbabwe 2013. This asserts that the State and all institutions and agencies of government at each level should recognise the rights of people with mental or physical disabilities, precisely their right to be treated with respect and dignity. The constitution of the Republic of Zimbabwe further states that the State and all institutions and agencies of government at each level must, within the limits of resources accessible to them, help people with mental or

physical disabilities to accomplish their full potential and to minimise the shortcomings suffered by them, that is in their social, economic and political lives. Therefore, it can be ascertained that the Zimbabwean constitution clearly protects the rights of persons with disabilities.

Tunisia also does have a specific disability act which can be tapped by South Africa as a model of good practise. Article 48 of Tunisia's constitution has provisions for the state to protect people with disabilities from all forms of discrimination (Tigere & Moyo, 2019:16). To implement the provision, Tunisian Law 83 of 2005, on the advancement and protection of persons with disabilities, was promulgated. The law guarantees equal opportunities for persons with disabilities and protects them from all kinds of discrimination (Zobairi et al., 2018:20). Tigere and Moyo (2019:16) noted that, "other orders that were introduced to fully realise the constitutional provisions for people with disabilities include: (i) -. Order 3029 (2005), which created a Higher Council for Persons with Disabilities; (ii) -. Order No 3086 (2005) and amended by Order No 1859 in 2006, which defines disability and explains the process to obtain a disability card. The card is processed by the Ministry of Social Affairs; (iii) -. Order No 3087 (2005), which is about the employment of people with disabilities". It can therefore be concluded that Tunisia has made strides legislatively to protect the lives and livelihoods of persons with disabilities.

It can be summarised that South Africa does not have specific legislation that provides for the inclusion of persons with disabilities in socio-economic activities, unlike Zimbabwe and Tunisia. It is from this background that persons with disabilities in South Africa continue to be excluded from economic opportunities since there is a lack of legislation to promote their inclusion in mainstream society.

3.6.2 Social Assistance Act 13 of 2004

The South African Social Security Act is another vital legislation supporting PwDs. The Social Assistance Act No 13 of 2004 provides financial provisions to persons with disabilities through a disability grant. Centre for Human Rights (2021:379) highlights that the Social Assistance Act of 2004, which repealed the Social Assistance Act of 1992, is the key legislative intervention that gives effect to the right to social assistance guaranteed in Sec 27(1) (b) of the South African Constitution. The act provides for rendering social assistance and the mechanism for proffering such assistance.

Susuman, Blignaut and Lougue (2014:565) saw that “the Act provides that individuals are eligible for a disability grant if they pass a means test and if, as a result of mental or physical disability, they are unable to provide for themselves through employment or professional activity”. The Social Assistance Act legislates that persons with disabilities between the ages of 18 and 59 are eligible for a disability grant because of their physical or mental disability, and they are unable to enter the open labour market or find any other means of providing for themselves (Centre for Human Rights, 2021:379). As of 1 April 2023, the disability grant stood at R2000. In the study, all the participants are recipients of the disability grant and cannot work in the open labour market; hence, they reside at the community gardens.

The Social Assistance Act has received condemnation from some sections of society due to its one-size-fits-all syndrome. For instance, a person with a severe physical disability who needs more care receives the same amount of care as that with mild physical disabilities. Susuman, Blignaut and Lougue (2014:565) summarise this by highlighting that financial benefits should be based on the severity and care needs of the person with a disability rather than the one-size-fits-all syndrome. Tigere and Moyo (2019:17) highlight that the challenge in South Africa is that the Social Assistance Act funding model to address persons with disabilities’ financial needs is still welfarist. The SASSA Act of 2004 established an agency to distribute social grants, which include disability grants. While it alleviates poverty among people with disabilities, it is not a sustainable solution, as it creates and perpetuates dependency. As for the community gardens under study, most of their programmes are funded by the Department of Social Development through a welfarist social security or subsidy system.

3.6.3 Employment Equity Act of 1998

The Employment Equity Act (EEA), No 55 of 1998, protects people with disabilities from unfair employment discrimination in public and private organisations. McKinney and Swartz (2021:2299) highlighted that “the EEA is a disability-specific piece of legislation; specific emphasis is placed on equity and the right to equal protection and benefit of the law of people with disabilities as a designated group”. The EEA constitutes a key legislative and policy intervention that gives effect to the provisions relating to removing policies and practices, which may result in inequalities. The act states that at least 3% of the workforce should be people with disabilities (Schloemer-Jarvis, Bader & Böhm 2022:45). Unfair discrimination based on disability in the

workplace includes setting employment criteria that exclude disabled people from work, keeping disabled employees in lower-status jobs, inaccessible workplaces, lack of appropriate technical workplace support, bias and stigma (Humphrey 2016:13).

The EEA strives to promote equal opportunity and fair employment treatment by eliminating unfair discrimination for disabilities. The EEA also specifies reasonable accommodation. Webster and Francis (2019:13) define reasonable accommodation as “any modification or adjustment to a job or the working environment that will enable a person from a designated group to have reasonable access to, participate, or advance in employment”. This is the case with the community gardens under study, which have to provide reasonable accommodation to persons with disabilities to conduct their gardening activities without any hindrances. Since one of the study's objectives was to analyse any economic benefits of community gardens, employment opportunities can be created for persons with disabilities within the community gardens.

The EEA should be accepted with reservations since it does have some shortcomings. There is a lack of implementation, especially from the government side, who are custodians of the legislation. It was noted that many government departments are failing to reach the three per cent threshold for employing persons with disabilities. Those lucky to be employed lack reasonable accommodation or tools to conduct their work better.

3.7 DISABILITY POLICIES

In South Africa, there have been several policies that have been put in place to try and protect people with disabilities since the dawn of democracy. The Integrated National Disability Strategy (INDS) of 1997 set out a policy on disability in the country. It aimed for an equal society whereby the needs of the people constitute the basis for planning and policy, and general systems and institutions of society are accessible to all. Eide and Ingstad (2013:3) pointed out that “the INDS sought to achieve disability coherence throughout government processes, particularly in an attempt to address the social, economic and political inequalities that persons with disabilities experience due to disability”. The strategy was aimed at mainstreaming disability and curbing marginalisation on the grounds of disability. The INDS created a platform for formulating the Department of Social Development Policy to mainstream social welfare

services for persons with disabilities. The policy was specific to social services provision for persons with disabilities.

The Department of Social Development Policy on Disability of 2002 was developed to provide strategic guidelines on delivering social services that comply with departmental mandates and legislation within the social development context. According to the Department of Social Development (2016:1), “the policy is intended to guide and inform the department on the mainstreaming and integrating disability within social development practices. It also aims to facilitate the transformation shifts aligned with the current policy framework to promote inclusion for People with Disabilities. It outlines a broad agenda for the department to address disability issues”.

The White Paper on the Rights of Persons with Disabilities (WPRPD) was approved by the South African cabinet on 9 December 2015. Its vision is for a free and just society inclusive of all persons with disabilities as equal citizens. It also advocates that all policies and legislations across the public and private sectors positively affect the lives of persons with disabilities (WPRPD, 2015).

Kamga (2016:573) saw that WPRPD is a practical policy framework in theory but lacks implementation. Disability issues lie in the Ministry of Social Development in South Africa. The implementation is slow due to a lack of capacity within the department at the national, provincial, district and local levels (Kout, Pilusa & Masuku, 2022:6). They further noted that some sections of government believe it is the mandate of the Offices of the Premier Disability units responsible for the implementation of the policy. However, these units are understaffed and under-resourced to implement such a big project. As of April 2023, no other policies are available to advance the lives of persons with disabilities. It can, therefore, be concluded that the WPRPD is a good disability policy framework, but it lacks implementation like the other policies available.

3.8 INTERNATIONAL POLICIES

International policies, to which South Africa is a signatory, include the United Nations Convention on the Rights of Persons with Disabilities (CRDP), which came into effect in 2008. The Convention on the Rights of Persons with Disabilities is an international treaty by the United Nations aimed at protecting the rights and dignity of persons with disabilities (Palmer, 2012:215). It requires parties to promote, protect, and ensure full

human rights and equality under the law for persons with disabilities. South Africa is a signatory since 2008.

For the purpose of the present study, Article 27 of the CRPD will be discussed briefly as it focuses on the employment of persons with disabilities. The article requires that States Parties acknowledge the right of persons with disabilities to work equally with others. This includes the right to have the opportunity to earn a living by work that is freely chosen or accepted in a labour market and work environment that is open, inclusive, and accessible to persons with disabilities Kamga (2016:576). Persons with disabilities in the study area have a right to work and earn a living through community gardening activities.

To conform with the CPRD, South Africa has domesticated it by formulating the WPRPD in 2015. It advocates for a free and just society that includes all persons with disabilities as equal citizens. The WPRPD highlights the importance of government institutions to mainstream their services in accordance with the needs of persons with disabilities (Tigere & Moyo, 2022:7). For the provision of social welfare services, the WPRPD does advocate for the development of disability-specific intervention plans which will aid to the social development of persons with disabilities. One such intervention is the guidelines developed in this study to aid social workers when providing services to persons with disabilities. The Employment Equity Act is a piece of legislation that domesticates the CPRD in South Africa. It focuses on unfair discrimination based on disability in the workplace. It encompasses various practices, such as establishing employment criteria that exclude individuals with disabilities from job opportunities, relegating disabled employees to lower-status positions, maintaining inaccessible workplaces, failing to provide appropriate technical support, and perpetuating bias and stigma (Humphrey, 2016:13). In the present study, the development of guidelines provided a framework to which accessibility issues and technical support could be provided for persons with disabilities in the community gardens.

The South African government departments responsible for legislation have a low implementation rate. Legislation and policies such as the Employment Equity Act and the WPRPD continue to gather dust as there are no effective implementation mechanisms Eide and Ingstad (2013:11). The WPRPD, for instance, has to be implemented by the provincial government, which usually does not have the capacity

to reach grassroots level. The implementation approach is fragmented as there is no coherence. Most provincial government offices lack the capacity to implement due to staffing challenges. Implementation challenges have negatively affected the livelihoods of persons with disabilities.

3.9 SUSTAINABLE DEVELOPMENT GOALS AND DISABILITY

Tardi and Njelesani (2015:1496) define the Sustainable Development Goals (SDGs) as “a collection of 17 interlinked objectives designed to serve as a shared blueprint for peace and prosperity for people and the planet, now and into the future”. Brolan (2016:22) notes that “disability is referenced in various parts of the SDGs and specifically in parts related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring”.

Sadabadi and Mirzamani (2021:6) view that “Goal 4 on inclusive and equitable quality education and promotion of life-long learning opportunities for all, focuses on eliminating gender disparities in education and ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities”. In addition, the proposal calls for building and upgrading education facilities that are child-, disability- and gender-sensitive and provide safe, non-violent, inclusive and effective learning environments for all (Tardi & Njelesani, 2015:1496). In the case of community gardens, they can be transformed into spaces of inclusive training stations for persons with disabilities. It can be said that education and skill development for persons with disabilities are critical criteria for uplifting their livelihoods.

Madans, Loeb and Eide (2017:39) believe that “Goal 8 of the SDGs seeks to promote inclusive and sustainable economic growth, productive employment and decent work for all, including persons with disabilities”. Community gardens for persons with disabilities can be transformed into employment centres to aid sustainable economic growth. To achieve this, empowerment and promotion of the social, economic and political inclusion of all persons, including persons with disabilities, is vital for sustainable economic growth (Brolan, 2016:26). It can, therefore, be concluded that it is the duty of state parties to foresee that persons with disabilities are included in sustainable development.

3.10 CHALLENGES FACED BY PERSONS WITH DISABILITIES

The challenges that persons with disabilities face range from physical (structural), emotional, economic, psychological, educational, cultural and health/medical (Edmos (2017:39). South Africa's colonial and apartheid legacy manifested in a system of social relations driven by notions of superiority and inferiority based on inherent characteristics, such as race, gender and disability (South African Human Rights Commission, 2017). People with disabilities have faced economic, social, segregation and even political challenges.

3.10.1 Discrimination

Edmos (2017:39) highlights that social diversity, though a valued element of all democratic and advanced societies, poses a dilemma for individuals with disabilities in Zimbabwe. This social group is being discriminated against from the economic, political, and social avenues of power. This perception is further supported by Lang and Charowa (2007:16), who opine that persons with disabilities are met with a large number of attitudinal, environmental and institutional barriers that militate against their effective inclusion in Zimbabwean society. It is well-known in Zimbabwe that persons with disabilities are inactive and economically unproductive and thus constitute a burden upon society. However, Edmos (2017:42) states that individuals with disabilities in Zimbabwe and the world over have ambitions and desires similar to those of persons without disabilities. They have similar rights to others to belong to a society free from discrimination and prejudice and of equal chances and social justice. However, an examination of the political, economic, social and administrative structures of Zimbabwean society illustrates that institutional discrimination is a significant source of segregation and discrimination experienced by persons with disabilities (Edmos, 2017:44).

Individuals with disabilities are still being observed from a medical and welfare context, which sees them as sick, different from their peers without disabilities and in need of care (Mugumbate & Nyoni, 2013:35). This observation is supported by WHO (2011:16), which states that this often leads to neglect. Only two per cent of persons with disabilities had jobs in the public sector, and less than seven per cent of individuals with disabilities in Zimbabwe were in formal employment (Mugumbate &

Nyoni, 2013:36). The above statements are a straightforward consequence of direct and indirect indiscrimination of persons with disabilities.

Green and Loseke (2020:39) are of the view that disability discrimination is when a person with a disability is treated less favourably than a person without the disability in the same or similar circumstances. Marumoagae (2012:344) believes that “South Africa has been characterised by many discriminatory practices in the past, which are still prevalent today”. A considerable amount of attention has been given to discrimination relating to race, religion and gender, but not much has been done to disability discrimination, particularly in the workplace (South African Human Rights Commission, 2017). Persons with disabilities have generally had difficulties in exercising their fundamental social, political and economic rights (Marumoagae, 2012:344). Discrimination at the workplace of PwDs as a result of negative attitudes and lack of knowledge and awareness is very rife since people without disabilities usually have negative impressions of people with disabilities, viewing them as inferior (Maja, Mann, Sing, Steyn & Naidoo, 2011:25). These impressions can foster discrimination within the workplace. They can contribute to unemployment and poor working conditions. Inaccessible physical environments, such as the infrastructure, equipment and machinery, are significant barriers to employment of persons living with disabilities (Maja et al., 2011:25).

Sory et al. (2022:66) highlight the fact that “discrimination against people with disabilities is one of the worst social stigmas that society has been unable to overcome. Women, men and children with disabilities are too often amongst the most marginalised in all societies and face unique challenges in the enjoyment of their human rights”. Trani et al. (2020:113449) further state that “social, physical and other barriers continue to prevent persons with disabilities in South Africa from enjoying their constitutional rights to equality, freedom and human dignity”. It can be argued that most persons with disabilities can live independent and productive lives, particularly if they have access to opportunities, resources, environments and technical aids that allow them independence, dignity, self-sufficiency and responsibility (Trani et al., 2020:113452). It is from this view that community gardens can be made accessible and more accommodating to persons with disabilities so that they are non-discriminatory in the gardening activities that they conduct.

3.10.2 Poverty

People living with disabilities experience higher levels of poverty than the mainstream society. People with disabilities and households with a member that has a disability experience a higher rate of deprivation, including food insecurity, poor housing, lack of access to safe water and sanitation and inadequate access to health care, than persons and households without a disability (WHO, 2011). Higher costs of medical, transport and assistive devices make people with disabilities and their households poorer than non-disabled people with similar incomes (WHO, 2011).

The relationship between poverty and disability continues to be debated since there is a symbiotic relationship that goes both ways (Humphrey, 2016:8). Disability can, therefore, be concluded as both a cause and a consequence of poverty. It is a cause of poverty in the sense that it can lead to employment loss intentionally or unintentionally, which leads to reduced earnings. Disability can lead to significant health expenses and challenges that lead to economic hardships. Disability is a consequence of poverty. Poverty can limit access to health care and preventative services and increase the likelihood that a person lives and works in an environment that may adversely affect their health. Debates about the relationship between poverty and disability continue and are essential in that they contribute to policies regarding how best to address the needs of people with disabilities living in conditions of poverty (Graham, Moodley & Selipsky, 2013:324). People living in poverty often go hungry and have limited access to safe drinking water, adequate sanitation and healthcare services. They are more likely to live in hazardous environments with low-quality housing, areas prone to natural disasters and dangerous and higher rates of conflict. People living in poverty are also more likely to undertake high-risk work such as mining. All these conditions of poverty significantly increase one's chances of being disabled by malnutrition, diseases, or injuries (Humphrey, 2016:9).

People with disabilities are more likely to stay trapped in poverty as they face multiple barriers to securing a livelihood and fully participating in society. Discrimination limits education, training, employment and income-generation opportunities. Even in a household that may live above the poverty line, stigma can keep disabled family members in a situation of poverty if they are denied an education or participation in decision-making. Moreover, people with disability have a higher cost of living owing to medical care and adjustment costs.

Mitra, Posarac and Vick (2013:39) highlight that people with disabilities and their families have been recognised as a high-risk population and are particularly likely to be poor and deprived. Although the number of studies analysing the levels of poverty of this group has increased in the last decade, there is still a lack of empirical evidence that establishes whether and how people with disabilities are significantly poorer (Groce, Kembhavi *et al.*, 2011:19).

People with disabilities around the world share similar characteristics. Although information on disability is scarce in Latin America, some studies have described this group and produced findings that people with disabilities usually share similar characteristics between developing countries (Pinilla-Roncancio, 2015:33). People with disabilities in Latin America are often poor, have low levels of education, live in marginalised regions, have low access to healthcare services and are unemployed or working, but not earning a salary (Pinilla-Roncancio & Alkire, 2017:17).

It can be noted that empirical evidence in Latin America suggests that the situation of people with disabilities is not different than in other developing regions. Indeed, the levels of income and multidimensional poverty of this group are higher compared with non-disabled individuals (Parey, 2022:1103). People with disabilities have higher levels of deprivation associated with extra health care costs and employment (Tiwari, Savastano, Winters & Improtta, 2022:326). Despite the high prevalence of disabilities and evidence that persons with disabilities are marginalised in rural areas of developing countries, little is known about their economic lives (Pinilla-Roncancio, 2015:36).

Tiwari, Savastano, Winters and Improtta (2022:329) highlight that, from 1996 to 2005, there was a significant decline in Zimbabwe's social and economic conditions. This resulted in poverty being evident among persons with disabilities. In 2019, a Zimbabwe Vulnerability Assessment Committee reported that more than 1.2 million disabled persons needed humanitarian assistance, confirming that the relationship between poverty and disability, was very significant in the country (Parey, 2020:1127). Pinilla-Roncancio and Alkire (2017:21) pointed out that people with disabilities are often unable to contribute to certain aspects of their social and economic lives, resulting in higher levels of poverty in Zimbabwe. Excluding people with disabilities population from social services causes them to become more prone to malnutrition

and diseases. This exclusion stems from the discrimination of people with disabilities and adds to their poverty (Parey, 2020:1279).

The above information has highlighted that most people living with disabilities are poor and fail to meet basic needs. From this background, community gardens can play a role in poverty alleviation amongst persons with disabilities. In relation to one of the study's objectives, community gardens for persons with disabilities can play a significant role in alleviating poverty.

3.10.3 Economic challenges

Persons living with disabilities face economic deprivation. Due to their disability, they cannot participate fully and equally with able-bodied people in income-generating activities (Rugoho & Siziba, 2014:53). They face a host of economic challenges. These challenges mainly arise due to various discriminatory practices available in society, ranging from family, community and institutional levels. Mostly, people with disabilities are not educated at all or have limited skills; hence, their employability is reduced. Their participation in the economic field is thus further stagnated. Nath (2017:575) is of the opinion that persons with disabilities are unlikely to be given the usual economic chances that the general population enjoys. Henceforth, it can be said that they have limited access to financial resources. Furthermore, due to restrained financial resources, they cannot meet their medical expenses (Masarira, 2017:3). Economic hardships also result in people with disabilities not acquiring specialised assistive devices, like electronic wheelchairs. Less economic participation of people living with disabilities means that they are more likely to be unemployed and generally earn less even when employed (WHO, 2011).

Persons with disabilities still face a myriad of prejudices in different commonplace experiences, fuelling their exclusion in activities that are of economic value (Quarmby 2018:13). Nuwagaba (2016:6) laments and exposes the inaccessibility of microfinance services by persons with disabilities in Uganda owing to policy and practice discrepancies. The failure to access microfinance services perpetuates the exclusion of persons with disabilities from main economic activities. In developing countries, such as Uganda, 80-90% of persons with disabilities do not have a formal job, so most turn to self-employment (Ruffin, Chindimba & Zimano, 2020:2). One of the main obstacles facing the self-employed is access to capital, either in the form of loans, or

accumulated savings. In Uganda, since most persons with disabilities tend to be excluded from mainstream microfinance services, their economic activities tend to remain small (Ololajulo & Omotoso, 2023:6). Persons with disabilities are a low-priority and ill-treated target group when it comes to socio-economic integration (Onyoto, 2022:16). Considering the general misunderstanding within society that persons with disabilities are destitute and without the knowledge, skills and opportunities to operate businesses successfully, it is no wonder that microfinance institutions practising their sustainable business model shy away from clients with disabilities (Higenyi & Guzu, 2022:412).

Since one of the study's objectives was to ascertain the economic and social benefits of community gardens for people with disabilities, the study also focused on economic benefits that could be derived from participating in community gardens. For instance, persons with disabilities are deprived of open labour-work opportunities due to some reasons, such as lack of education; hence, community gardens can play an essential role in advancing economic emancipation for persons with disabilities.

3.10.4 Physical challenges

Gopalakrishnan (2013:487) believes that “people with disabilities sometimes have difficulty executing actions that others may take for granted, such as travelling in public transport, climbing stairs, or even using some household appliances”. Masarira (2017:4) shares the same sentiments in that persons with physical disabilities have difficulty in accessibility, which can be defined as the movement of persons with disabilities freely, without any stumbling blocks in society. Srivastava and Kumar (2015:193) pointed out that “persons with disabilities cannot easily move around within their environment due to the inaccessible nature of buildings, pavements, roads and transport systems”. Toilets in the majority of buildings do not cater for persons with disabilities. Most public transport is not accessible at all to persons with disabilities. Furthermore, most public transport operators do not allow disabled persons with wheelchairs to enter the vehicle since they claim they take up a lot of space. Specifications in the design of public transport also discriminate against people with disabilities.

Carey, Ostrove and Fannon (2020:13) highlight that communities also have physical challenges in their natural environment, which become problematic for persons with

disabilities. These challenges include uneven terrain for those utilising assistive devices, such as wheelchairs and walking aids, such as crutches and walking frames. Physical challenges also go beyond work, leisure and social stations, where the design of social stations gives challenges to persons with disabilities (Egner, 2019:126).

Persons living with disabilities in Tanzania still face several challenges, which have remained unattended for quite some time with no proper mechanism to curb them (Ndyamukama, Dillip & Chipwaza, 2022:14). The most significant challenge includes lack of universal access to the structural buildings (De Serres, Lafontaine & Labbe, 2023:13). Lameck (2020:22) asserts that there are stairs in hospitals and most public and private buildings have inaccessible toilets, open rainwater and narrow pathways, which makes it impossible for wheelchair users to manoeuvre freely. Dark and high structural elements at receptions, where the window is situated high so that a person with a disability cannot easily access it, as well as dangerous road crossing signs, which are not respected by road users in general, are some of the physical hindrances that persons with disabilities face (Ndyamukama, Dillip & Chipwaza, 2022:36).

As is the case with the present study, community gardens also have physical challenges that prohibit persons with disabilities from working in an accessible way and which foster their full participation in their gardening activities, regardless of their disabilities. As such, the inaccessible nature of any environment makes it really difficult for persons with disabilities to go about their daily activities.

3.10.5 Socio-Psychological challenges

Masarira (2017:4) saw that “societal attitudes towards persons with disabilities lead to people with these disabilities facing psychological and emotional challenges”. The general public usually rebukes and mocks persons with disabilities, calling them derogatory names (Srivastava & Ksumar, 2015:196). This leads to emotional strain on PwDs. Traditional beliefs are still common that disability and witchcraft are associated with each other. Persons living with disabilities have long been influenced by discriminatory attitudes and ableism, which has effects on psychological tensions. Kafer (2013:55) is of the opinion that able-bodied mindedness and the marking of those not able-bodied as deviant results in negative attitudes.

Masarira (2014:6) saw that persons with disabilities suffer from socio-psychological challenges due to the way society views them. People usually pass comments and

remarks that are insensitive. Generally, people even use derogatory words when referring to persons with disabilities, such as 'crippled'. These societal attitudes are found at all levels from the family, community, government and international. Superstitious beliefs also affect persons with disabilities (Kafer, 2013:59). For instance, during employment in the open labour market, some companies are mocked for hiring persons living with disabilities. However, this seems to change through applying the Employment Equity Act. Although the act is in place, persons with disabilities still fail to be adequately hired (Srivastava & Ksumar, 2015:198). The lack of employment has opened doors for persons with disabilities to partake in community gardens as a source of employment and social activities. This shows the socio-psychological challenges that persons with disabilities face.

3.10.6 Education

It has been widely reported that at the school level, children with disabilities face serious barriers to accessing education (Masarira, 2017:5). The institutional barriers of segregation of disabled people, in general, have led to PwDs not having equal opportunities in the education sector. In South Africa, special schools have been built to accommodate children with disabilities. These schools are few and far between, which results in more children being out of school; hence, they miss an opportunity to be educated. Mainstream schools (for non-disabled children) are not accessible at all to persons with disabilities; hence, they do not enrol them. Mutanga and Walker (2017:2) believe that "South Africa has many anti-discriminatory legislative provisions. However, few people with disabilities participate in higher education and the small number that do get access to schooling face many challenges". This is due to the fact that there is no clear-cut national policy on education for persons living with disabilities. People with disabilities are less likely to be educated since they are discriminated against at an early age. Children with disabilities are less likely to start schooling in comparison to their peers without disabilities (WHO, 2011).

Kamga (2016:573) believes that persons with disabilities lack equal basic and higher education opportunities. Discriminatory educational systematic practices on persons with disabilities have led to this problem. There is a lack of a formal structure in the education system that a person with a disability can follow from childhood to adulthood (Mutanga & Walker, 2017:4). Non-disabled people are given priority in attaining education. Persons with disabilities are on the periphery of the mainstream education

system. The effects of this are a non-educated person-with-disabilities population which fails to make it into the formal labour market; hence, they will resort to other avenues of making livelihoods, such as community gardens (Srivastava & Kumar, 2015:201). Most educational facilities are not accessible to persons with disabilities and are also not equipped with personnel and adequate materials. There are special schools for persons with disabilities, which are few in comparison to the overall need. All these factors lead to a population of persons with disabilities that lacks formal education and skills; hence, forming community gardens can play a role in skills development and training.

The education of persons with disabilities is a basis for concern in Zimbabwe (Lang & Charowa, 2007). There is a massive inconsistency between policy, intentions and actual practice. For many years now, there has been a lot of under-representation and inadequate guidance for people with disabilities on where and what is in place for them. There is also too much 'lip service' in contrast to a practical approach to the education of persons with disabilities. Apathetic attitudes perpetuate some of the obstacles in the education of people with disabilities. They also result from social constructions from societal beliefs and norms, which can be corrected if issues are raised through advocacy (Lang & Charowa, 2007). Education for scholars with disabilities in Zimbabwe has experienced a massive revolution since 1980. The inclusion of pupils with disabilities has not been prioritised in Zimbabwe. For instance, the Education Act (1987), which was modified more than six times, is quiet about the schooling of scholars with disabilities. However, even with this lack of seriousness in Zimbabwe's judicial system, pupils with disabilities have always faced barriers to accessing higher and tertiary education in Zimbabwe (Lang & Charowa, 2007).

3.10.7 Health

Rugoho and Maphosa (2017:6) highlight that "persons with disabilities have also been left out of health matters, as they have little access to reproductive health education and general health information". They usually lack general family planning information and access. Access to health facilities is also a challenge since they are mostly far away in rural areas. Accessibility to health facilities is also a significant concern. The HIV/AIDS pandemic has also affected people with disabilities, as they have been excluded from special education on the disease in areas such as prevention, management and treatment (Abimanyi-Ochom, Mannan, Groce & McVeigh, 2017:5).

People living with disabilities are usually at a greater risk of health problems that can be prevented (Holness, 2013:36). Having a disability such as spinal cord injury can result in other physical or mental health conditions known as secondary disabilities (WHO, 2011). People with disabilities have been mainly unrecognised as a population for public health attention (Krahn, Walker & Correa De Araujo, 2015:198). Increasing evidence suggests that people with disabilities experience poorer levels of health than the general public in that they are at greater risk of preventable secondary conditions (WHO, 2011). Effects of poor rehabilitation services result in poor outcomes for people with disabilities, including deterioration in health, limitation in activities, participation restrictions and reduced quality of life (WHO, 2011).

Rugoho and Maphosa (2020:185) highlighted that “in Zimbabwe, sexual and reproductive health matters came to the attention in 2006 when the government formulated the National Reproductive Health Policy”. Rusinga (2012:273) saw that “the policy offers services such as maternal health, family planning, treatment for sexually transmitted diseases, including HIV and AIDS and adolescent reproductive health”. Surprisingly, the policy offered few involvements towards women with disabilities. One of the main reasons for this oversight is that disability matters are still observed as charity issues; hence, funding for the sexual reproductive health of women with disabilities is still a challenge (Rugoho & Maphosa, 2017:3). Very few studies have been done in Zimbabwe on sexual and reproductive health among women with disabilities; hence, very little is known about the problems that they face in accessing sexual and reproductive health. Much research on sexual and reproductive health has focused on youth and people with HIV and AIDS (Rugoho & Maphosa, 2020:189). In Zimbabwe, some non-government organisations such as Leonard Cheshire Disability Zimbabwe, Disability, HIV and AIDS Trust and Deaf Zimbabwe Trust are working with women with disabilities to help them access sexual and reproductive health (Casebolt, 2020:100487). However, they are limited to advocacy and awareness-raising issues.

3.11 CAUSES OF DISABILITIES

Disability is caused by many factors, including health, political, economic and social factors. A lot of literature is available to try and explain the causes of disabilities, locally and internationally. George, Sukumaran and Bhat (2021:31) saw that “the causes of disabilities as varying across countries and that the structure of disability in developing

countries is different markedly from that in the developed world”. Altman (2014:16) states that “the proportion of disability caused by communicable, maternal and prenatal diseases in developing countries is much higher than in developed countries”. All these causes can be eradicated with an improvement in the health system as well as making the health system accessible to all (Rohwerder, 2018:36). This section is going to discuss in detail the causes of disabilities such as armed conflicts, poverty, malnutrition as well as HIV/AIDS.

3.11.1 Politics – Armed conflicts

Rohwerder (2018:39) believes that “the world spends over 839 billion dollars annually on conflicts, arms and equipping armies. Landmines and random explosions result in the largest number of disabilities that are caused by wars and armed conflicts”. Carey, Ostrove and Fannon (2020:69) pointed out that, “the Lebanese army reports from June 2005, put the number of landmine victims since 1970 at 1835 deaths and 2140 injured with permanent disabilities”. Landmines and random explosions constitute the main threat to Iraq civilians, causing, to date, between 15,000 and 20,000 disabilities a year. Politics has played a more significant role in disabilities in Japan and Vietnam. In Japan, the United States of America dropped an atomic bomb on the 6th of August 1945. The effect of this bomb was the birth of children in Japan with defects as well as those with Spina bifida (physical disabilities). One of the most conspicuous signs of the horror is the children whose mothers were hit while carrying them. Most of them perished before birth, but of those who survived, some were born with heads abnormally small and were severely mentally retarded (Carey, Fannon & Ostrove, 2020:71).

British Broadcasting Corporation (2004) reported that miscarriages were common in women who were within the vicinity as well as carrying a baby to full term and then when they were born, realising that they literally had no brain. These were the after-effects of the atomic bomb on children. Nusselder *et al.* (2020:36) highlighted that “in Vietnam, the US Army employed an operation called “Agent Orange” to clear the dense forests of Vietnam where their opponents, the National Liberation Front fighters, were based. Agent Orange had harmful chemicals which had effects on unborn babies”. Most children born in this era had birth defects, brain damage and physical disabilities. The US army, in the 1956 to 1975 Vietnamese war, dropped small sweet-

like bombs, which attracted children. These bombs denoted and caused scars on children's hands, thus causing physical disabilities.

The British Broadcasting Corporation (BBC) 2004 reported that Angola is among the worst land-mine-affected countries in the world. The Angolan Civil War between 1976 to 2002 led to the planting of landmines, which some estimate to be around 2 million in total. Nobody knows how many landmines lurk beneath the soil of Angola. Some experts say it may be somewhere between five hundred thousand and one million, others say there may be as many as six million. The worst affected province in Angola is Bie, which bore the brunt of nearly 30 years of conflict between Angolan government forces and the Jonas Savimbi-led Unita rebels. Half of the land in Angola is considered too dangerous to walk on. The effects of these land mines were the maiming of innocent children who lost legs or hands, thus acquiring a disability. Some of the children became deaf due to the deafening noises of the landmines (BBC, 2004).

The recent Russian invasion of Ukraine, since the beginning of 2022, has caused widespread maiming of civilians through the shelling of rockets. This has increased the population of persons with disabilities in Ukraine. Some of the disabilities have been a result of secondary issues caused by the conflict, such as lack of medical care.

Rohwerder (2018:2) states that Africa's total population affected by conflicts, instability and transition alone is estimated to reach 550 million from 33 countries. Ayazi, Lien and Eide (2013:2) postulated that, in addition to massive displacement of the population, Africa also contains the most significant proportion of landmines; of the 110 million scattered in 70 countries (worldwide), about 45 million are buried in 11 countries in Africa. Causes of disability in Africa are both directly and indirectly due to armed conflicts.

Karangwa, Miles and Lewis (2010:267) note that "the Rwandan 1994 genocide contributed greatly to the prevalence of disability. Njelesani et al. (2018:8) also highlighted that "the genocide also contributed to an increase in impairments not only as a direct result of the violence but also because of the breakdown of health, vaccination and rehabilitation services as well as ongoing mental health conditions". Disabilities in Rwanda were, therefore, a result of the armed conflict.

Rohwerder (2018:3) saw that the civil war and South Sudan's long history of conflict between the Sudanese army and the Southern Sudan People's Liberation

Movement/Army (SPLM/A) of 2013 had caused disabilities among large numbers of civilians, with maiming and amputations, damaged or destroyed sight and hearing, or other impairments. Ayazi, Lien, and Eide (2013:4) highlight that decades of conflict in South Sudan, pre- and post-independence in 2011, poverty and poor access to services have increased the rate of disability and rendered people with disabilities more marginalised and excluded. This results from the numerous attitudinal, environmental and institutional barriers they face and the lack of concerted efforts to include them. Lado (2011:36) believes that conflict is estimated by the South Sudanese National Disability Assessment to cause 21% of impairments in South Sudan, which is likely to be higher due to issues around underreporting.

Physical disabilities are also caused by armed conflict. The Angolan Civil War also involved mercenaries and armies from different countries, including South Africa. Therefore, some persons with disabilities in South Africa are a result of the Angolan Civil War to a lesser extent. Political violence, especially towards elections in South Africa, also leaves a lot of people with physical disabilities. The study area is no exception to political violence; hence, the study population might include victims of political violence and armed conflicts.

3.11.2 Poverty

Mitra, Posarac and Vick (2013:6) argued that disability and poverty are two dynamic, interlinked concepts widely seen by academics, researchers and activists. Pinilla-Roncancio and Alkire (2017:16) saw that “disability leads to poverty through several exclusion processes, while poverty is a threat to daily life activities, social participation and health and consequently creates disabling conditions and disability”. It is a vicious circle. Mitra, Posarac and Vick (2013:7) highlight that “while people with disabilities in poor contexts are and have been, deprived of basic services, the inclusion of individuals with disabilities will, in many instances, be a challenge due to a lack of education, experience and not least, due to weak organisations. The world’s poor are significantly more likely to have or incur a disability within their lifetime compared to more financially privileged populations. The rate of disability within impoverished nations and communities is notably higher than that found in more developed countries”. Eide and Ingstad (2013:16) highlight that “physical, cognitive, mental, emotional, sensory, or developmental impairments, independently with one another,

may increase one's likelihood of becoming impoverished". It can be summed up that living in poverty may increase a person's vulnerability to acquiring a disability.

Poverty almost necessarily leads to insufficient nutrition, sub-standard or crowded housing and inadequate physical and mental healthcare. These factors alone, or in combination, lead to an increased risk of impairment, which in turn leads to disability. This notion is supported by Pinilla-Roncancio and Alkire (2021:209), who states that "disability is both a cause and consequence of poverty. Disability increases risks of poverty, while poverty creates conditions for increased risks of disability".

Mays, Fisher and Saunders (2019:239) saw that "there is a link of disability to poverty because most of the immediate causes of disability relate to people's well-being and can be or have been eradicated by improving their living conditions, especially through advances in economic growth and human development". Pinilla-Roncancio and Alkire (2021:209) highlight that "poverty causes disabilities and can furthermore lead to secondary disabilities for those individuals, who are already disabled". In conclusion, disability is a result of poor living conditions, health-endangering employment, malnutrition and poor access to health care and education opportunities. It can, therefore, be said that people growing up in poverty are at higher risk for malnutrition, diseases and exposure to environmental health hazards and often receive inadequate health care. To support the above claims, Eide *et al.* (2017:3) saw that these factors increase the risk of physical and intellectual disability. Also, people in disadvantaged areas or communities with disabilities may be deprived of many common cultural, economic and educational experiences.

Mitra, Posarac and Vick (2013:39) highlight that "people with disabilities and their families have been recognised as a high-risk population and are particularly likely to be poor and deprived". Although the number of studies analysing the levels of poverty of this group has increased in the last decade, there is still a lack of empirical evidence that establishes whether and how people with disabilities are significantly poorer (Groce, Kumbhavi *et al.*, 2011:19).

People with disabilities around the world share similar characteristics. Although information on disability is scarce in Latin America, some studies have described this group and produced findings that people with disabilities usually share similar characteristics between developing countries (Pinilla-Roncancio, 2015:33). People

with disabilities in Latin America are often poor, have low levels of education, live in marginalised regions, have low access to healthcare services and are unemployed or working, but not earning a salary (Pinilla-Roncancio & Alkire, 2017:17).

It can be noted that empirical evidence in Latin America suggests that the situation of people with disabilities is not different than in other developing regions. Indeed, the levels of income and multidimensional poverty of this group are higher compared with non-disabled individuals (Parey, 2022:1103). People with disabilities have higher levels of deprivation associated with extra healthcare costs and employment (Tiwari, Savastano, Winters & Improt, 2022:326). Despite the high prevalence of disabilities and evidence that persons with disabilities are marginalised in the rural areas of developing countries, little is known about their economic lives (Pinilla-Roncancio, 2015:36).

Tiwari, Savastano, Winters and Improt (2022:329) highlighted that, from 1996 to 2005, there was a significant decline in Zimbabwe's social and economic conditions. This resulted in poverty being evident among persons with disabilities. In 2019, a Zimbabwe Vulnerability Assessment Committee reported that more than 1.2 million disabled persons needed humanitarian assistance, confirming the relationship between poverty and disability was very significant in the country (Parey, 2020:1127). Pinilla-Roncancio and Alkire (2017:21) pointed out that people with disabilities are often unable to contribute to certain aspects of their social and economic lives, resulting in higher levels of poverty in Zimbabwe. By excluding the disabled population from social services, they become more prone to malnutrition and diseases. This exclusion stems from the discrimination of people with disabilities and adds to their poverty (Parey, 2020:1279).

People living in rural areas, such as the study area, the Limpopo Province of South Africa, experience high poverty levels. Persons with disabilities are mainly affected by poverty, and it is one of the objectives of the study to investigate the role played by community gardens in alleviating poverty among persons with disabilities and their families.

3.11.3 Problems at birth

Prematurity and low birth weight result in serious problems more often than any other conditions causing disabilities. Difficulties in the birth process, such as temporary

oxygen deprivation or birth injuries, usually cause intellectual disabilities (WHO, 2011). This is a significant cause of cerebral palsy. Afterbirth diseases, such as whooping cough, chicken pox and measles, may lead to meningitis and encephalitis, which can damage the brain and, thus, intellectual disability.

Cieza, Sabariego and Bickenbach (2018:2) believe that “difficulty in delivery can cause temporary stoppage of oxygen supply to the baby's brain. It damages nervous tissues of the brain or spinal cord, and this effect is permanent. The nervous tissue damage can cause a mental deficiency in the baby”. Nario-Redmond (2019:13) opined that “sometimes the baby becomes physically disabled. Doctors use various equipment during the delivery; for example, in forceps delivery, the brain or nerve is pressed by the forceps. If the doctor or nurse is not well trained, they can cause damage to the baby”. It is always advisable that delivery should be done at a nursing home or hospital under the guidance of a doctor or trained nurses.

Cieza, Sabariego and Bickenbach (2018:1) saw that, in Africa, congenital disorders could contribute to long-term disability, which takes a significant toll on individuals, families, healthcare systems and societies. It is estimated that nine of ten children born with a severe congenital disorder are in Africa (Nario & Redmond, 2019:15). The most common severe congenital disorders are heart defects, neural tube defects and Down Syndrome. Although congenital disorders may result from one or more genetic, infectious, nutritional or environmental factors, it is often difficult to identify the exact causes (Cieza, Sabariego & Bickenbach, 2018:4). Some congenital disorders can be prevented. Vaccination, adequate intake of folic acid or iodine through fortification of staple foods or supplementation and proper care before and during pregnancy are examples of prevention methods (Nario & Redmond, 2019:6). However, these are primarily absent in sub-Saharan Africa since health accessibility is a significant challenge.

Problems at birth cause physical disabilities throughout the lifespan of persons with disabilities, which limits their ability to move and restricts work opportunities. The unavailability of work opportunities which are non-discriminatory and accessible leads persons with disabilities to partake in community gardens as a source of livelihood and income. Spina bifida and cerebral palsy are physical disabilities caused by problems at birth, and the population of the study also has these two categories of disabilities.

3.11.4 Malnutrition

In third-world countries, the significant causes of disability are inadequate nutrition of mothers and children, including vitamin deficiencies, abnormal pre-natal and or perinatal events, infectious diseases, accidents, environmental pollution and impairment of unknown origin (World Health Organisation, 2011). Smythe, Adelson and Polack (2020:47) highlighted that “nutritional deficiency was found to be the most influential cause of disability in third-world countries. Malnutrition has been seen as influential in causing disabilities”. Moreover, malnutrition is linked to impaired intellectual development (Nusselder et al., 2020:89). In infancy and early childhood, iron deficiency and anaemia can delay psychomotor development and impair cognitive development in people. Malnourished children have lifetime disabilities, including impaired capacity for learning. Mays, Fisher and Saunders (2019:241) believe that “in young people, the effects of malnutrition impair mental and cognitive development, thus reducing their interaction with their surrounding environment and caregivers”.

Nusselder *et al.* (2020:94) point out that malnutrition and undernutrition in older adults can increase the likelihood of brittle bones, leading to limited physical mobility and the ability to conduct daily tasks and activities. Whitburn and Thomas (2021:106) highlighted that malnutrition and disability are closely linked and have points of convergence. The relationship is two-way. On one hand, many types of disabilities are caused by malnutrition through the lack of micronutrients or exposure to antinutrients. On the other hand, disability can lead to malnutrition due to decreased nutrient intake. In South Africa, 27% of children have stunted growth, meaning that they will reach adulthood without reaching their full developmental potential because of irreversible physical damage caused by persistent nutritional deprivation (Smythe, Adelson & Polack, 2020:51). Nutritional deprivation is rife in rural areas, such as the study area, which is the Limpopo Province of South Africa.

3.11.5 HIV/AIDS

Zandam and Mundis (2022:31) point out that “Human Immunodeficiency Virus (HIV) is a virus that causes progressive failure of the immune system. The failure of the immune system can lead to life-threatening opportunistic infections as well as disability. In almost all cases, HIV will develop into Autoimmune Deficiency Syndrome (AIDS)”. HIV/AIDS has become a cause of disabilities. UNAIDS (2020) estimates

that:5) reported that “more than 33 million people, including two million children, are infected with HIV/AIDS worldwide, a proportion of whom are suffering from varying degrees of disability”. Kuper, Heydt and Davey (2022:41) saw that “the growing relationship between HIV/AIDS and disability is an emerging issue and cause for concern, as persons with disabilities are at a higher risk of exposure to HIV”. Furthermore, there is a growing understanding that persons living with HIV or AIDS are also at risk of becoming disabled on a permanent or episodic basis as a result of their condition (Ward, Hanass-Hancock & Amon, 2022:116). In South Africa, the relationship between HIV and disability is on the rise.

People with disabilities are at an increased risk of exposure to HIV (Kuper, Heydt & Davey, 2022), and people living with HIV are at risk of developing impairments that can lead to disability as a result of their illness or their treatment. The toxicity and associated adverse reactions and sometimes poor absorption of ARTs can lead to disability (Ward, Hanass-Hancock & Amon, 2022:39).

On the one hand, people with disabilities are seen as an at-risk population because they are exposed to well-known HIV risk factors, such as poverty, inadequate sex education, poor access to health services, risk of sexual abuse and partner fluctuation, which women and girls with disabilities are particularly vulnerable (UNAIDS, 2020).

Banks, Zuurmond and Kuper (2015:413) pointed out that the “with Disabilities Act (ADA) of 1990 is a civil rights law in America that protects people with disabilities from discrimination. The ADA considers HIV and AIDS to be disabilities that substantially hinder one or more life activities, regardless of whether or not a person has symptoms”. The ADA defines disability as a condition that substantially interferes with one or more life activities (Federici, Bracalenti & Meloni, 2017:2348). Examples of people’s life activities may include visible tasks, such as caring for themselves and working. Therefore, from an American perspective, HIV/AIDS is a disability.

HIV is widespread in sub-Saharan Africa, and the evidence suggests that it is linked to disabilities, affecting a range of body structures and functions (Banks, Zuurmond & Kuper, 2015:424). The link between HIV and disability is thought to be due to the direct action of HIV, its secondary conditions and the side effects of medications used for treatment. This may lead to impairments in many areas, such as cognition, vision,

hearing, mental health and musculoskeletal functioning (Federici, Bracalenti & Meloni, 2017:2324). Many persons living with HIV/AIDS then encounter activity limitations and participation restrictions due to these impairments, especially when combined with modifiers, such as poor access to care and rehabilitation and stigmatisation.

Research from high-income countries (HICs) explored the link between HIV and disability. A Canadian survey showed that 80% of participants reported disablement within the first five months, which they attributed to their HIV status (Soltani, Khosravi & Salehiniya, 2015:1438). In another US-based study, people living with HIV/AIDS had higher levels of physical disability than matched HIV-negative controls (Federici, Bracalenti & Meloni, 2017:2348). The epicentre of the HIV pandemic is in sub-Saharan Africa, which is home to slightly over 10% of the world's population (Banks, Zuurmond & Kuper, 2015:424). The absolute numbers and prevalence of people living with HIV/AIDS and disability are far higher in Africa than in other parts of the world. Furthermore, compounding factors often encountered by people living with HIV/AIDS in this region further increase the risk and severity of disablement.

HIV/AIDS's link to disability in South Africa is well documented. HIV/AIDS leads to physical disabilities, such as limitations in movement and work. This results in restrictive mobility for HIV/AIDS persons who would need reasonable accommodation devices to work. According to the study, persons with disabilities caused by HIV/AIDS also need to be accommodated in the community gardens, both psychosocially and technically. Psychosocially, this could involve starting groups for them to discuss and empower themselves in a group setting.

3.12 CAUSES OF DISABILITIES IN SOUTH AFRICA

Sadiki and Kabirike (2022:907) believe that "there is no reliable data on the causes of disability in South Africa. Clinic derived reports suggest that several causes of disability in South Africa have a similar prevalence to that of developed countries". In South Africa, several probable, known causes of disability include HIV/AIDS, tuberculosis, foetal alcohol spectrum disorders, violence as well as motor vehicle accidents.

3.12.1 HIV/AIDS

Ward, Hanass-Hancock and Amon (2022:116) highlighted that “South Africa is severely affected by the HIV/AIDS epidemic, with both the highest reported prevalence of HIV/AIDS per capita and the world’s largest population (over 15% of the population aged 15-49 years and 280 000 children 0-14 years old) living with HIV”. The Joint United Nations Programme on HIV/AIDS estimated that in 2015, the total number of persons living with HIV in South Africa was 5.7 million (UNAIDS, 2020). Prynne and Cooper (2019:3488) are of the view that “people in South Africa, who survive without early treatment, have a high prevalence of cognitive disability and visual-spatial and motor deficits, which lead to physical disabilities as well as neurological impairment, seizures and encephalopathy”. It can therefore be concluded that HIV/AIDS is a leading cause of disabilities in South Africa.

3.12.2 Tuberculosis

Nario-Redmond (2019:37) saw that Tuberculosis (TB) is a disease that causes visible and invisible disabilities. It is a disease whose treatment can cause disability and a disease that disproportionately affects persons with disabilities. Persons with tuberculosis may lack access to vital information on the causes and presentation of the disease. There is a high incidence of tuberculosis in most provinces of South Africa, with the highest in the Western Cape region of South Africa. Spinal TB is estimated at 8-16 cases per 100,000 people in South Africa (Alene *et al.*, 2021:6). Tuberculosis is associated with high morbidity and mortality rates, especially in adults. People from poor backgrounds develop severe neurological and multiple disabilities related to tuberculosis (Prynne & Cooper, 2019:3489). HIV infection increases the risk of developing tuberculosis with a higher rate of complications. Tuberculosis is a significant cause of moderate and severe intellectual disability in adult South Africans.

Alene *et al.* (2021:3) are of the view that, while not well reported in the literature, tuberculosis (TB) can result in either temporary or permanent physical disabilities. Tuberculosis can result in paraparesis and quadriparesis due to spinal deformity and damage of the neural structures, often leading to permanent physical disabilities. Nario-Redmond (2019:37) supports the above sentiments by highlighting that TB of the nervous system, which affects the spinal cord, can cause severe, irreversible

disability. This hampers the affected people's ability to work in the open labour market. This will result in them opting to attend community gardens to get a livelihood for themselves and their families. Plata-Casas, Gutierrez-Lesmes and Cala-Vitery (2022:251) saw that the literature on the relationship between tuberculosis and disability is minimal, and more research needs to be done.

3.12.3 Foetal alcohol spectrum disorders

Admans (2017:108) is of the view that "the burden of mental and physical disease associated with high levels of alcohol abuse in South Africa has major implications for intellectual and physical disabilities". Foetal Alcohol Spectrum Disorder (FASD) is a result of pre-natal alcohol exposure owing to excessive maternal drinking. Adebisi, Mukumbang and Erasmus (2019:2246) saw that, "FASD is a major public health problem in South Africa and places a burden on several systems, including health, education, social services, labour and criminal justice, at both fiscal and societal cost". Alcohol is known to be the leading cause of intellectual disability.

People who are born on farms where their parents are poorly paid live in appalling housing and grow up in abject poverty (Adebisi, Mukumbang & Beytell, 2019:3). Common on these farms is the practice of the 'dop' system of payment whereby wages are paid in part with wine (Adebisi, Mukumbang & Beytell, 2021:726). This practice results in high levels of alcoholism, with foetal alcohol syndrome as a significant problem. In the Western Cape Province of South Africa, there has been an incidence of 6% of children suffering from foetal alcohol syndrome, the highest in South Africa and the whole world (Democratic Alliance Report, 2015). The impact of foetal alcohol syndrome on the development of people with FASD is profound. The intelligence of the babies is significantly affected. The babies have distinct facial features, exhibit life-long behavioural problems and remain very small in stature (Adebisi, Mukumbang & Beytell, 2019:7).

Admans (2017:112) saw that although the 'dop' system has now been officially banned, there is evidence that it continues on many farms in South Africa, including in Limpopo Province. The combined effect of the 'dop' system and the poverty of farm workers continue to raise significant barriers to the healthy development of farm people. Adults on commercial farms have relatively the highest prevalence of stunted

growth. Adebisi, Mukumbang, and Erasmus (2019:2246) shared the sentiment that there is evidence that the wine used in payment of the workers is shared amongst the family, thus perpetuating the risk of high levels of alcoholism. Inadequate nutrition, unhygienic living conditions, overcrowding, exposure to pesticide poisoning, accidents and violence all contribute to high levels of disability.

Admans (2017:116) is of the view that one of the causes of physical disabilities is foetal alcohol syndrome in both children and adults. To support this, Prynne and Kuper (2019:3291) highlighted the fact that foetal alcohol syndrome can affect children born with physical disabilities, which can have lifelong effects, such as the ability to work in the open labour market. Ward, Hanass, Hancock and Amon (2022:118) confirm the above statement by pointing out that foetal alcohol syndrome can lead to permanent poorly developed bones, limbs and fingers, which will make it difficult for the people affected to work without assistive devices and supervision. Foetal alcohol syndrome is relevant to the study since the majority of the study participants are persons living with physical disabilities, which the syndrome might have caused. This will also help in formulating specific guidelines and is tailor-made for the people whose physical disabilities are a result of foetal alcohol syndrome.

3.12.4 Violence, road accidents and injury

In South Africa, violence and injury carry a high burden of disability and mortality (James et al., 2020:47). Traumatic brain injury contributes significantly to this burden. WHO (2021) highlighted that traumatic brain injury is an important preventable cause of intellectual and physical disabilities in people across the developmental span and also of cognitive impairments in older adolescents and adults. The road traffic death rate is among the world's highest, at 33.2 per 100,000 population (WHO, 2021). The morbidity for survivors of road traffic accidents is estimated at 20-fold higher than the rate of fatality, suggesting a high burden of disability (Adeloye *et al.*, 2016:512). In a report of 37,610 people with head injuries treated at a tertiary hospital in Cape Town, between 1996 and 2006, over one-third of the people were injured in road traffic accidents and physical assaults (Kett, Cole & Turner, 2020, 589). Alcohol plays a significant role in accidents, both in children and adults, who may be victims of violence and motor vehicle accidents.

Worldwide, violence and injury are among the leading causes of disabilities (James *et al.*, 2020:52). Many of those who survive violence and injuries incur temporary or permanent disabilities. Disabilities resulting from these and other causes affect the lives of an estimated 650 million people worldwide. The vast majority are in low-income and middle-income countries (WHO, 2021:46). According to the WHO (2021:16), car crashes and injuries are the main reason behind death and disability for ages between three and 35 years. Traffic injuries and road collisions are one of the main reasons behind the disability and hospitalisation of people, causing tremendous economic and social pressures. An increase in motor vehicle sales has increased the risk of car crashes and disabilities (Adeloye *et al.*, 2016:514). This is worse in developing countries, with poor road networks, safety measures, and unroadworthy cars (Kett, Cole & Turner, 2020:592). Various factors, such as the increasing number of vehicles, increasing population, poor infrastructure, and road safety defects, affect the number of road crashes.

3.13 MODELS OF DISABILITY

Beaundry (2016:210) is of the view that, “models of disability are tools for defining disability and, ultimately, for providing a basis upon which government and society, can devise strategies for meeting the needs of people with disabilities. They are a useful framework in which to gain an understanding of disability issues and also of the perspective that is held by those creating and applying the models”. Models of disability are, therefore, a yardstick for defining disabilities.

Constantino, Campbell and Simpson (2022:43) saw that “two fundamental philosophies mainly influence models of disabilities. The first sees people with disabilities as dependent upon society. This can result in paternalism, segregation and discrimination. The second perceives people with disabilities as customers of what society offers”. This leads to choice, empowerment, human rights equality and integration into their respective communities (Barclay, 2018:39). Models change as society changes. The disability models aim to empower people who have disabilities, giving them full and equal rights alongside their fellow citizens. The present study examined the systems, charity, cultural, medical and social models of disability.

3.13.1 The Systems Model

Riddell and Watson (2014:38) highlight that “the environment plays a major role in disabling individuals. Understanding how the environment affects people living with disabilities requires one to go beyond simply thinking about the physical environment”. Barclay (2018:41) pointed out that “it is important also to consider how social systems and dominant discourses shape disability and how a person living with a disability operates in the social environment”. Toro, Kiverstein and Rietveld (2020:1163), put forward the point that, “a systems model understanding of disability enables one to understand that a person living with a disability enters into particular systems in society, already at a disadvantage, because of how the systems, or organisations, use labels to organise people to operate coercively. By doing so, the abilities of a person living with a disability are overlooked, in favour of focusing on the disability, since it is the disability that challenges the system”. In line with one of the study's objectives, community gardens are not disability friendly; hence, they inhibit people with disabilities from achieving full participation.

Riddell and Watson (2014:39) highlighted that “the systems model points out that a person with a disability must overcome entering such a system at a disadvantage. But it is important to note that systems do not exist in isolation but rather interact with the broader environment”. Lawson and Beckett (2021:349) highlighted that “a systems approach to disability encourages consideration of the dynamics that can drive and accelerate the course of development by examining the influence of the characteristics of a person and the environment. The systems model encourages assessing the broader environment surrounding a person with a disability”. The systems model, therefore, describes how the environment plays a significant role in disabling persons with disabilities.

3.13.2 Charity Model

The Charity Model sees people with disabilities as victims of their impairment. It depicts disabled people as victims of circumstances who deserve pity (Lawson & Beckett, 2021:349). Depending on the disability, persons with disabilities cannot walk, talk, see, learn, or work. Disability is seen as a deficit. Persons with disabilities are not able to help themselves and lead an independent life. People with disabilities are seen

as tragic victims who need care. They cannot look after themselves or manage their own affairs, and they need charity to survive.

Withers (2020:19) opines that “persons with disabilities’ situation is tragic and they suffer. Society’s responsibility is to meet their needs. Consequently, they need special services and special institutions, such as special schools, residential facilities, or homes, because they are different. People with disabilities are to be pitied and need our help, sympathy, charity and welfare to be looked after. Sometimes, people with disabilities themselves adopt this concept, in which case they usually feel unable to do things and have a low sense of self-esteem”. This can explain why some persons with disabilities are seen begging at street corners or road intersections in South Africa.

Berghs, Atkin and Hatton (2021:107) saw that “the charity model emphasises the role of community organisations, such as churches, government departments and non-governmental organisations to assist people with disabilities”. Traditionally, the model was used by charities in the competitive business of fundraising. The charity model can be said to be disempowering, which is the leading cause of much discrimination.

3.13.3 The Medical Model

Egner (2019:128) opines that “the medical model came about with modern medicine, which began to develop in the 19th century, along with the enhanced role of the physician in society”. The medical model also maintains that disability results from a person’s physical or mental limitations and is largely unconnected to social or geographical environments. Under this model, the problems associated with disability are deemed to reside within the individual (Bailey & Mobley, 2019:23). In other words, if the individual is cured, these problems will not exist.

The medical model considers people with disabilities as persons with physical problems that need to be cured (Egner, 2019:128). Since many disabilities have medical origins, people with disabilities were expected to benefit from the medical profession. The individual with a disability is in the sick role under the medical model. When people are sick, they are excused from the normal obligations of society, for example, going to school, getting a job and taking on family responsibilities. They are also expected to come under the medical profession’s authority to get better. This pushes people with disabilities into the passive role of patients. A medical approach

aims to make people with disabilities 'normal', which, of course, implies that people with disabilities are in some way 'abnormal'.

The issue of disability is limited to the individual in question. In the case of disability, the disabled person has to be changed, not society or the surrounding environment. Thus, society has no underlying responsibility to make a place for persons with disabilities since they live in an outsider role waiting to be cured. Withers (2020:66) stated that, in simple terms, the medical model assumes that the first step solution is to find a cure to make disabled people more 'normal'.

Whitburn and Thomas (2021:105) highlighted that "persons with disabilities need special services, such as special transport systems and welfare social services". Lawson and Beckett (2021:30) saw that "there are special institutions that exist, which include hospitals, special schools, residential facilities and sheltered employment (community gardens) where professionals such as social workers, medical professionals, therapists and special education teachers decide upon and provide special treatment, education and occupations to persons with disabilities". It usually fails because persons with disabilities are not sick and cannot be improved by such remedial action.

According to Mitra, Posarac and Vick (2013:6), "in the medical model, professionals follow a process of identifying the disability and its limitations and taking the necessary action to improve the person's position". This has tended to produce a system in which an authoritarian, over-active service provider prescribes and acts for a passive client. Banks, Kuper and Polack (2017:19) are of the notion that "this relationship has been described as that of "fixer" (the professional) and "fixee" (the person with a disability) and clearly contains an inequality that limits collaboration".

Moodley and Graham (2015:40) highlight that "the medical model has dominated the formulation of disability policy for years. It should, however, be pointed out that the medical model's therapeutic aspects should not be rejected, which may lessen the physical or mental condition of many people with disabilities". Tigere and Makhubele (2018:4) opine that the medical model does not offer a realistic perspective from the viewpoint of persons with disabilities themselves. Most people with disabilities would reject the concept of being abnormal or sick. These statements are viewed as abusive.

The only remaining solution is to accept people with disabilities and provide the necessary care to support the incurable disabled person. Policymakers are, therefore, limited to a range of options based upon a rehabilitation programme, vocational training for employment, income maintenance programmes, building residential facilities and providing aids and equipment. This has led to the formulation of the social model of disabilities, which will be discussed in detail below.

3.13.4 The Social Model

The social model of disability regards disability as a result of how society is organised. Constantino, Campbell and Simpson (2022:61) note that “the social model of disability sees the issue of disability as a socially created problem and a matter of the full integration of individuals into society”. In support, Beaudry (2016:212) believes that “in this model, disability is not an attribute of an individual, but rather is a complex collection of conditions, many of which are created by the social environment. Hence, managing the disability requires social action and is the collective responsibility of society to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life”.

Egner (2019:126) opines that “shortcomings in the way society is organised mean that people with disabilities face discrimination and barriers to participation. Discrimination can be in the form of environmental barriers. Barnes (2019:16) supports the above by pointing out that “this results in physical inaccessibility affecting all aspects of life; for example, shops, public buildings, places of worship as well as transport. Discrimination is also seen through institutional settings”. That is when persons with disabilities are excluded from certain rights, such as not being allowed to marry, have children, or attend school (Lawson & Beckett, 2021:352). These types of barriers make people with disabilities unable to take control of their own lives. Beaudry (2016:35) saw that “a disability not only depends on the individual but also the environment, which can be disabling or enabling in various ways. In the study, the community gardens are not disability friendly and accessible; hence, they can be seen as discriminatory working environments”.

Barnes (2019:14) states that “in the broadest sense, the social model of disability is about nothing more complicated than a clear focus on the social, economic, environmental and cultural barriers people encounter. Others view these people as

having some form of impairment, whether physical, sensory or intellectual”. Berghs, Atkin and Hattons (2019:1035) highlight that “the social model of disability was developed in the 1970s within the disability movement in the United Kingdom. It offers a radical alternative to the individualised medical conception of disability by asserting that disabled people are disadvantaged not because of their impairments. Still, as a result of the limitations imposed on them by social, cultural, economic and environmental barriers”. Constantino, Campbell and Simpson (2022:106200) point out that “disability, according to this formulation, is not about health or pathology, but about discrimination and social exclusion. The issue of disability is thus viewed as requiring individual, community and large-scale social change”. In the study, community gardens need to be changed to accommodate persons with disabilities.

Sadiki and Kibirige (2022:911) note that “from a social model perspective, disability is a socio-political issue. This, in turn, leads to fundamentally different policy priorities and choices, mainly around the removal of disabling barriers, as well as a clear emphasis on human and civil rights”. In support, Barnes (2019:16) asserts that “unlike medical model assumptions of individual abnormality and sickness, the social model, acknowledges the normality of impairment”. Therefore, community gardens have to be made accessible to persons with disabilities so that they can reach their full potential in social development.

The social model also views disability through the concept of “nothing about us without us”. It puts disabled people into a leading role in defining and controlling their lives. Riddell and Watson (2014:42) agree that “the social model offers a powerful device for the liberation of those who remain the poorest of the poor in all developed and developing countries”. Constantino, Campbell and Simpson (2022:106200) saw that “the model is so powerful, as it illuminates that the roots of poverty and powerlessness do not reside in biology, but in society at large”. In the case of the study at hand, the community garden environment is a disabling factor in the lives of persons with disabilities.

The social model of disability represents a challenge to traditional thinking about disability. If applied in the social development context, it can transform policies and practices and the lives of persons with disabilities. It can inform social development practitioners, such as social workers, on practice guidelines while working with persons with disabilities.

3.13.5 Role of the social model in the study

The social model has been developed and applied to understand the experiences of persons with disabilities in relation to their environment, which includes the respective communities in which they live (Duma, Tshabalala & Mji, 2021:13). The social model with regard to disabilities regards the community environment as playing an essential role in providing and advocating, for the inclusion of persons with a disability in everyday life, outside the family (Brown, Goodman & Kupper, 2014). For instance, a person with a physical disability who uses a wheelchair has to have a disability– a wheelchair-friendly environment within the community, which includes the socio-economic aspects, such as community gardens. It is the role of the community as a whole to change the negative attitudes of people towards persons with disabilities. Since charity begins at home, the immediate community is responsible for making all accessibility aspects (socio-economic aspects) of persons with disabilities available. Barclay (2018:17) believes that the social model approach can be used to identify the inequalities experienced by persons with disabilities in their communities, such as community gardens.

Toro, Kiverstein and Rietveld (2020:1162) highlight that “the social model of disability is about a clear focus on the social, economic, environmental and cultural barriers encountered by people who are viewed by others as having some form of disability. The barriers that disabled people encounter include inaccessible education systems and working environments, inadequate disability benefits and discriminatory health and social support services”. These include the leave of social development practitioners who are well-versed in disability issues.

From the above sentiments, the social model of disability can importantly be used to understand the community dynamics in relation to persons living with disabilities. In the social development arena, social work services should be accessible to persons with different types of disabilities. Community gardens for persons with disabilities should be disability friendly and universally designed to suit different disabilities. Social development offices and governmental and non-governmental organisations should be physically and technically accessible to persons with various disabilities. Physical aspects include the building infrastructure, which should make the movement (accessible) of people with disabilities much more straightforward. Technical factors

include the ability of social welfare personnel (social development workers) to handle and understand persons with different disabilities.

Though the social model of disability is becoming widely accepted and more services are being put into place for persons with disabilities, its application remains a challenge. This issue is further confused by fragmented social structures and a lack of standardisation. Governmental departments also do not provide holistic services to persons with disabilities. Services for persons with disabilities depend on where they live, not on what they need. Rural areas, such as the study area (Limpopo province), experience poor services for persons living with disabilities, as pointed out by Tigere and Makhubele (2019:6). The community gardens lack technical aspects, such as universal access to persons with disabilities hence the study provides guidelines to be utilised by social development practitioners.

3.14 SUMMARY

Disability in South Africa is usually defined using the Social Model, which views disability as a socially created problem and a matter for the full integration of individuals into society. Nevertheless, there are varying definitions of disability emanating from different authorities, such as the medical, social, and charity models. Other legislation, such as the Constitution of the Republic of South Africa, the Social Assistance Act, and the Employment Equity Act, try to provide rights to persons with disabilities. In particular, the Employment Equity Act identifies the need to provide reasonable accommodation for people with disabilities in the workplace so that they complete their activities more efficiently. The chapter also discussed different types of disabilities found in the study, such as physical, intellectual and visual disabilities. The causes of disabilities in South Africa were also discussed in detail. These include, among others, violence, road accidents, HIV/AIDS as well as tuberculosis. The next chapter focuses on social development for persons with disabilities in South Africa.

CHAPTER FOUR: PERSPECTIVES ON SOCIAL DEVELOPMENT FOR PERSONS WITH DISABILITIES

4.1 INTRODUCTION

Social development is a concept explicitly utilised in the field of social work around the world. It is used to develop individuals, groups and communities at large. The researcher outlines the concept, starting with its definition from various scholars, its history globally and locally, and its application to communities, specifically to persons with disabilities.

4.2 SOCIAL DEVELOPMENT

Midgley (2013:14) defines social development as “a process of planned social change, designed to promote the well-being of a population, as a whole, within the context of a dynamic developmental process”. On the other hand, van Breda (2018:66) defines social development as a broad-based approach to the promotion of the well-being of a nation through aligning human and economic aspects of development. Pawar (2014:4) defines social development as the collective definitions of the whole entity, growing, advancing, maturing step by step or stage by stage, in a unified way and comprehensively covering all aspects and dimensions of such entities as a society. Lombard (2014:44) believes that “social development is a strategy and end goal for developmental social work”. It can thus be concluded that social development encompasses the linkage between social and economic development for the betterment of an individual, group, community, or nation.

4.3 APPROACHES TO SOCIAL DEVELOPMENT

There are different approaches to social development, which will be discussed in detail, namely, the residual and institutional approaches.

4.3.1 The Residual Approach

The Residual Approach of social development suggests that social welfare institutions will come into play only when the typical supply structures, such as the family and the market, break down (Lombard, 2014:46). It sees the government's intervention for

people's well-being as a last resort. This model sees public assistance and services catering mainly to low-income groups (Plagerson *et al.*, 2019:5). Therefore, the residual model is more of 'charity'. Jayasooria (2016:22) notes that the approach deals with the need as it arises. The basic assumption is that markets and families are the natural channels to fulfil citizens' personal welfare needs only when these do not function temporarily. In support, Midgley (2017:27) summarises the residual approach by pointing out that interventions are aimed at performing a secondary safety net function and targeting public resources in the most vulnerable sections of the community.

The residual model thus favours limited state interventions, a high degree of personal responsibility, the extensive use of non-profit organisations and full utilisation of the market forces. For the present study, it can be said that the welfare needs of persons living with disabilities align with charity interventions. Here, non-profit organisations provide for immediate needs rather than sustainable development services. The residual approach to social development can, therefore, safely be said that it is not an option for the development of persons living with disabilities since it restricts them to welfarism.

Characteristics of the residual model based on the above definitions are;

- Help is only provided when needs are unmet by other institutions such as the family, church, or other government entities.
- Viewed basically as a safety net.
- Stigma attached to the services provided
- Views people with low incomes as incompetent second-class citizens who need to be helped.

4.3.2 Institutional approach

Hirvilammi (2020:391) believes that the Institutional Approach sees that each person deserves support from the community or the government, even when there is no apparent direct request for help so that each person can become self-sufficient. An advantage of the Institutional Model is that it gives each person an equal opportunity to be supported, whatever their circumstances. Government-funded social services are the best examples of the institutional approach to social development. Olsen and O'Connor (2018:69) note that the institutional model characterises interventions that

lead to treating social provisions as a regular, integral part of society. In agreement, Cheng and Ngok (2020:71) view that the institutional model favours large-scale state interventions, collective involvement from different stakeholders and long-term provisions. In light of persons with disabilities and from the study's context, it can be concluded that institutional support proffers better aid and service provisions.

Characteristics of the institutional approach based on the above definitions are;

- Social welfare is considered as a first-line defence of modern industrialised society.
- Seen as a standard and accepted way of fulfilling social needs.
- No stigma attached. It is preventative.
- Recognises the need for various social services to maintain a good standard of living.
- Social problems are rooted in social structure and hence planned social change.

4.4 MOBILISING RESOURCES AS A STRATEGY FOR SOCIAL DEVELOPMENT

Social development is achieved mainly through the involvement of different factors, both public and private institutions. At the governmental level, social development lies under the auspices of the Department of Social Development. Services are decentralised from the national office to the provincial, district and local levels. Every year, the Minister of Social Development (Lindiwe Zulu as of June 30, 2022) goes to Parliament for the annual budget, which is the crux of financial resources for social development activities in the country.

Other state departments also play a pivotal role in implementing social development activities. For instance, the Department of Economic Development funds income-generation activities for disadvantaged groups, such as persons with disabilities and the youth. There is also the Department of Women, Children and Persons with Disabilities, which also provides resources for these marginalised groups that help their social development. Through corporate social investment initiatives (CSI), the private sector provides welfare services to persons with disabilities. Corporate social investment refers to the voluntary involvement or investment of businesses in social projects that help to improve the community in which they operate (Jongman, 2020:39). CSI is encouraged through Broad-Based Black Economic Empowerment

(B-BBEE) legislation, incentivised through tax deductions and supported by good business practice codes. There are also non-governmental organisations (NGOs)/non-profit organisations (NPOs) partnering with the Department of Social Development, which provides social development services to society. Most of these NPOs are funded by the Department of Social Development through a subsidy system.

4.5 SOCIAL INVESTMENT AS A STRATEGY FOR SOCIAL DEVELOPMENT

Social investment is a distinctive strategy in social development (Higashida, 2017:105). Social investment can be defined as allocations to social development initiatives to produce returns for citizens that promote their growth. Jongman (2020:41) believes that “social investment aims to mobilise human and social capital, facilitate employment and self-employment, promote self-accumulation and significantly improve the material welfare of individuals, families and communities”. In the case of this study, it is therefore critical for people with disabilities to partake in income-generating activities, such as gardening, to promote and sustain their well-being. Different government and private sector stakeholders should come together to provide material, financial and technical resources to achieve this.

4.6 DEVELOPMENTAL SOCIAL WORK

The background of developmental social work has its roots in the persistence of poverty in some regions globally, especially in sub-Saharan Africa (Patel & Hochfeld, 2013:691). Developmental social work can, therefore, be described as empowering individuals, families, groups and communities to participate actively in the developmental process. Higashida (2018:106) is of the view that “marginalised communities and groups, such as persons with disabilities, benefit from developmental social work”. Developmental social work can be said to be responsible for addressing poverty and inequalities which persons with disabilities face while promoting socioeconomic participation in inclusive community development. From the beginning, it should be elucidated that social development and developmental social work are interrelated concepts. To achieve social development, developmental social work has to be applied.

Muleya (2020:475) sees developmental social work as “the practical and appropriate application of social development knowledge, skills and values to social work processes”. This enhances the well-being of individuals, families, households, groups,

organisations and communities in their social context. Manyama (2018:44) views developmental social work as a process of planned social change designed to promote the population's well-being within the context of a dynamic, multi-faceted developmental process. Higashida (2017:105) states that “developmental social work is a holistic and pragmatic approach based on human rights and social justice principles that address poverty and inequalities at the individual, household, community and policy levels”.

From the above definition, it can be summarised that developmental social work is people-centred and aims to improve the population's welfare and economic development. It seeks to achieve social and economic justice by strengthening people's and communities' livelihood capabilities. In line with the topic of the study, persons with disability are deprived of developmental inclusion in the economic sphere, which is tantamount to their social development.

4.7 LEGISLATIVE AND POLICY FRAMEWORK OF SOCIAL DEVELOPMENT FOR PERSONS WITH DISABILITIES

Local and international legislation has been promulgated to protect the rights of people with disabilities in the social development arena. The legislation and policies include, amongst others, the Constitution of the Republic of South Africa, the White Paper on Social Welfare of 1997, and the Copenhagen Summit.

4.7.1 South African Constitution of 1996

Van Breda (2018:3) believes that the Constitution of the Republic of South Africa gives citizens fundamental rights to be provided with social welfare services. In particular, he notes that the Bill of Rights offers the right to essential services, such as housing, education and healthcare. The Bill of Rights is also specific to persons with disabilities in that it gives provisions for social welfare services, regardless of race, gender and disability. He provides professional social workers the mandate to respond to the plight of poor citizens (Noyoo, 2021:176). The Constitution of the Republic of South Africa facilitates the improvement of the quality of life of all South Africans through equal access to rights, privileges and benefits, thus guaranteeing social and economic rights for all (Mbecke, 2016:486).

Koma (2012:32) believes that the Constitution commits the South African government to take reasonable measures, within its available resources, to ensure that all South

Africans have access to adequate housing, healthcare, education, food, water and social security. The government must, therefore, develop legislation to ensure that fundamental human rights are achieved. The Constitution aims to maintain human dignity.

The Constitution of the Republic of South Africa is an essential legislation out of which all other laws are framed. Travis *et al.* (1999:176) suggested that chapter two of the Constitution states that all citizens in the country have socio-economic rights, which the State should protect. Socio-economic rights include access to housing, healthcare, food, water, social security and education.

Chapter three of the Constitution provides an environment that allows the local government to enhance the living standards of communities (Dassah & Ngatse-Ipangui, 2019:2). This involves embarking on community development initiatives for marginalised groups in society. Section 152 of the Constitution mandates or requires local government to encourage the involvement of communities and community organisations in matters of development that affect them. It also prioritises the basic needs of communities by promoting social and economic development. Koma (2012:33) saw that the Constitution makes it the primary duty of the State to create an environment in which people can gain access to social and economic rights through their efforts and initiatives for social development. Therefore, the state must remove barriers standing in the way of people who gain access to these rights. It can be concluded that the Constitution of the Republic of South Africa gives adequate legislative provisions for promoting the social development of persons with disabilities.

4.7.2 Reconstruction Development Plan (RDP) of 1994

It was the first macroeconomic policy advanced by the post-apartheid government that aimed at eradicating poverty through a person-centred approach and responding to various developmental deficits in the country (Noyoo, 2021:175). It also focuses on the inclusion of development (economic and social), concentrating on historically disadvantaged groups of people, especially persons with disabilities. This also includes neglected communities, such as townships and rural areas (Mbecke, 2016:5). The RDP spoke for primarily discriminated sections of society, such as persons with disabilities, for their inclusion in economic development, which would, in turn, aid their social development.

The Reconstruction and Development Programme (RDP) is a plan to address the social and economic problems that people face within South Africa. Koma (2012:29) observed that the RDP document aims to address the alleviation of poverty, to address the imbalances of the past and to revive the human dignity from which the African people were stripped of by colonialism.

According to Ndlela (2021:26), the RDP is an integrated, coherent, socio-economic policy framework developed into an effective programme of the government to address poverty and deprivation, with the following aims:

- Empowering people to become self-reliant in the long run.
- Building local capacity through development support.
- Initiating development programmes and projects on a participatory basis.
- Addressing the injustices of both colonialism and apartheid.

From the above aims, it can be highlighted that the RDP sought to develop communities through participatory development programmes. The RDP, therefore, was a people-driven initiative based on people's participation to define their needs and contribute towards their satisfaction. That is to say, local people needed to address community development. Mubangizi (2009:340) viewed the RDP as democratising society politically and economically through facilitating free political participation and encouraging equitable distribution of development benefits to previously disadvantaged groups, including persons with disabilities. Though the implementation of the RDP failed at the policy level, the objectives are still challenging and need to be embraced at a societal level.

4.7.3 White Paper on Social Welfare of 1997

Lombard (2008) highlights, "South Africa is one of the few countries that embraced the developmental social welfare approach, based on the scourge of poverty levels cutting across the whole country". This was mainly in rural areas and disadvantaged groups, such as persons living with disabilities. Mbecke (2016:6) saw that "developmental social work was introduced in South Africa through the White Paper on Social Welfare (WPSW) of 1997". The WPSW believes that developmental social welfare harmonises economic and social policies to provide critical services to citizens, including disadvantaged groups, such as persons with disabilities.

According to Engelbrecht (2019:313), the WPSW emphasises that South Africans are called upon to participate in developing an equitable, person-centred, democratic and appropriate social welfare. The Ministry of Welfare and Population Development (1997) further highlighted that the goal of developmental social welfare is a humane, peaceful, just and caring society which will uphold welfare rights so that people can participate fully in social, economic and political life. Patel and Hochfield (2013:692) pointed out that “in line with the Constitution of the Republic of South Africa, the WPSW is considered the social partner closest to marginalised groups of people, such as persons with disabilities with regard to social and economic development”. It can be safely concluded that the WPSW is a yardstick for the implementation of developmental social work for previously marginalised groups in society, such as persons living with disabilities. Since the WPSW emphasised economic activities as the basis for social development, gardening activities by persons with disabilities can be of higher importance.

According to Hart (2012), the community development approach by the democratic South African government has the following characteristics:

- Is focused on human development;
- Is institutionalised at all levels of government;
- Is linked to a full-time and paid employee, the community development practitioner, who facilitates and co-ordinates the process of community development;
- Has the potential to decentralise decision-making to the community;
- Re-enforces both the feeling of involvement and the possibility of dialogue;
- Ensures an indigenous knowledge base of how to deal with social challenges.

It promotes the values and principles enshrined in authoritative international and national policy documents, namely, the United Nations Declaration on Social Development, Human Rights conventions and declarations, the Millennium Development Goals and the Constitution of the Republic of South Africa (Mbecke, 2016:8).

The White Paper on Local Development is critical in localised community development at the grassroots level since it encourages the participation of previously discriminated

groups in society (Thani, 2020:82). The White Paper gave birth to Integrated Development Plans (IDPs), which focused on five-yearly plans on community development and which was spearheaded by community participation (Kgobe, Mabeba & Mamokhere, 2023:1776). The local economic development offices (LED) in district municipalities were also a product of the white paper. Thani (2020:83) highlighted that the LED directorates are responsible for assisting the economic activities of disadvantaged groups, such as the youth, the elderly, women and people with disabilities and for assisting in community development initiatives.

4.7.4 Copenhagen declaration/summit on social development

Gray (2020:153) believes that the Copenhagen Declaration of Social Development in 1996 was a yardstick international policy that led to the South African government formulating the White Paper on Social Welfare in 1997. The Copenhagen Declaration was a United Nations initiative under the United Nations Economic and Social Council (UNESCO). Midgley (2017:24) saw that it pledged to eradicate poverty, create full employment and foster social integration. The Copenhagen Declaration further notes that social and economic development can only be achieved through the full participation of historically disadvantaged groups in society, such as women as well as persons with disabilities (Pawar, 2017:47). The Copenhagen Declaration (1996:5) highlights the following commitments to be taken by states:

- Create an economic, political, social, cultural and legal environment that will enable people to achieve social development. This declaration can directly be attributed to the formulation of the White Paper on Social Welfare in South Africa.
- Eradicate absolute poverty. This could be achieved through economic activities amongst disadvantaged groups in the community.
- Support employment as a basic policy
- Promote social integration based on the enhancement and protection of all human rights
- Achieve equality and equity between women and men
- Attain universal and equitable access to education and primary health care
- Accelerate the development of Africa and the least developed countries

- Ensure that structural adjustment programmes include social development goals
- Increase resources allocated to social development
- Strengthen cooperation for social development through the United Nations

Therefore, the Copenhagen Declaration on Social Development can be summarised as a policy framework that led to localised policies in South Africa, such as the WPSW of 1996. It gave insight into how economic development can be utilised to reduce poverty amongst disadvantaged groups, such as persons with disabilities, eventually leading to their social development.

4.8 SOCIAL DEVELOPMENT AND PERSONS LIVING WITH DISABILITIES IN SOUTH AFRICA

Howell, Lorenzo and Sompeta-Gcaza (2019:1721) highlight that people with disabilities are a neglected and vulnerable group, especially in rural areas. These have remained poor and backwards, as they lack governmental services of professionals, including therapists and developmental social workers. Strydom (2015:379) saw that various organisations and professions in South Africa render services to persons with disabilities, primarily NGOs.

Ned and Lorenzo (2016:2) saw that services are usually provided by non-governmental organisations that always struggle to maintain services due to funding constraints. From this background, the researcher saw that, in South Africa, there is no readily available literature on the relationship between persons living with disabilities and their access to social development services. It is also one objective that the study seeks to find. Through the Department of Social Development, the government established a directorate/unit called services to persons with disabilities. This directorate is also responsible for the elderly. The responsibility is monitoring services to persons with disabilities at institutional levels in residential facilities, stimulation day centres, and protective workshops. This study hopes to fill this gap in the literature.

4.9 CHARACTERISTICS OF DEVELOPMENTAL SOCIAL WORK

4.9.1 Poverty alleviation and social inclusion

Poverty is usually very rife among persons with disabilities, especially those who are in rural areas. There is a symbiosis relationship between poverty and disability in that

disability causes poverty and the other way around. The negative economic consequences of disability affect individuals and their families. Pinilla, Roncancio and Alkire (2021:207) saw that factors that lead to poverty for PwDs include land ownership, low education levels, and lack of employment opportunities. Social exclusion plays a vital role in the relationship between poverty and disability. Exclusion from access to health care, education and employment contributes to the creation of a vicious cycle between disability and poverty (Pinilla, Roncancio & Alkire, 2017). From this background, developmental social work is essential in mitigating poverty amongst persons with disabilities through economic development initiatives.

4.9.2 Strength-based perspective

Todd and Drolet (2020:11) believe that the strength perspective is based on the idea that people are always resourceful, have a passion, and are energetic and creative. This is the basis for people's strengths. To achieve social development, the strength-based perspective denotes that developmental social workers facilitate the removal of obstacles that affect clients' growth (Yadav, 2019:51). These obstacles are usually within the mindset of the clients, lack of faith in their abilities as well as lack of faith in policies and institutions. Therefore, the role of developmental social workers is to transform people's visions and dreams into reality. From a disability point of view, the strength of persons with disabilities is invested in them and needs to be tapped so that they reach their full social functioning and potential.

4.9.3 Asset-based

Gray (2020:311) is of the view that asset-based community development (ABCD) is a strength-based approach, which begins with a process of community engagement, where the developmental social worker is a partner and facilitator in helping the community unleash its collective potential. Nel (2018:4) highlights that developmental social work focuses on a participatory effort to mobilise community assets that increase the capacity of people to improve their quality of life. An asset is a special resource that an individual, organisation, or entire community can use to reduce or prevent poverty and injustice. For persons with disabilities, their assets are their abilities and skills to participate in economic activities. In the context of this study, the ability of persons with disabilities to uniquely complete gardening tasks in relationship to their disabilities acts as an essential asset.

4.9.4 Political participation

Gray (2020:314) believes that political activities of developmental social work focus on improving social policies and changing practice in the field. On a policy level (policy dimension), developmental social workers implement, analyse and influence policy formulation as well as its implementation on the social development of people (Yadav, 2019:47). Regarding persons living with disabilities, developmental social workers' role is to implement disability policies on inclusive social development in society. There are national and international policies that need to be implemented and interpreted correctly at the grassroots level, including the White Paper on the Rights of Persons with Disabilities of 2015 and the United Nations Convention on the Rights of Persons with Disabilities. These policies will be discussed later in detail with regard to how they affect persons with disabilities in social development.

4.9.5 Inductive approach to policy practice

The inductive approach in social and community development works from the bottom-up perspective. People whose developmental needs have to be assisted and their voices need to be heard (Todd & Drolet, 2020:6). That is to say, the inductive approach is person-centred, as it listens to people's strengths and reliance as the basis for their development. Persons with disabilities need to be consulted first on their views on policies, which affect their development, rather than assuming their needs. Based on their strengths, their developmental needs should, therefore, be based on their inherent needs, grounded in their participation.

4.9.6 Consultation

Consultation can be defined as a facilitative, empowerment process consistent with the changing role of developmental social work in society. Its professional image and status (Midgley, 2010:14). Developmental social work, therefore, emphasises consultations with people and organisations, both public and private, at local and international levels to promote the social development of people. Consultation, therefore, emphasises the ecosystems approach in that the environment plays a crucial role in the development of people (Hugman, 2015:31). Consultation hence means persons living with disabilities need support from stakeholders from the environment who might include, amongst others, governmental departments, as well as NGOs, for persons with disabilities.

4.9.7 Casework and group work

Patel (2015:16) believes developmental social work is key to enhancing social development through casework and group work. Teater (2019:37) highlights that casework focuses on the individual and the system, whereas groupwork dwells on the experiences of an individual through a group. The members of a group who have similar problems and experiences share this intention to improve their social functions. Persons with disabilities also have similar experiences; hence, group work brings them together so that they can share how to overcome their challenges to fulfil their social development needs.

4.9.8 Social entrepreneurship

Dassah and Ngatse-Ipangui (2019:4) believe that self-employment is now a road to social development in local communities and historically disadvantaged people, such as persons with disabilities. Kalinganire and Rutikananga (2015:31) note that high employment rates, mostly in rural areas and persons with disabilities, which is a direct result of government failure, have resulted in small-scale businesses in different sectors of the economy acting as employment opportunities. Social entrepreneurship has reshaped the economic landscape to facilitate social and community development. For persons with disabilities, social entrepreneurship in income-generating activities forms part of initiatives critical for their economic development and leads to their social development. Since they have been chiefly segregated from mainstream economic activities, social entrepreneurship is the answer for many.

4.9.9 Partnership development and maintenance

Lombard and Twikirize (2014:46) believe that developmental social work emphasises building partnerships, which involves identifying, locating and building on the assets and skills already existing in a given situation. Jongman (2020:41) highlights that partnerships generally mean exchanging, sharing and dialogue by which people learn from one another to tackle local and common challenges. Developmental social work therefore opens and creates platforms for constructing relationships between the government and non-governmental organisation sectors in social development service provision (Kalinganire & Rutikananga, 2015:36). The corporate sector has also recently joined in the partnerships for the uplifting of people's livelihoods through programmes, such as corporate social responsibility activities (Jongman, 2020:45).

Persons with disabilities need both private and governmental sectors to come together for fulfilment of their social developmental needs. The government usually provides the legislative and policy framework, while the private sector offers technical and financial support.

4.9.10 Participatory Action Research

Gray *et al.* (2018:982) note that developmental social work is anchored by participatory action research of clients for their welfare. Participatory action research is based on the premise that clients know what is needed to prosper socially and have the ability and talents to find their own solutions (Cheng & Ngok, 2020:682). Policies for practice in social development are always guided by research.

The involvement of persons with disabilities in research, which affects their livelihoods, is critical towards their social development. Research thus provides a basis in which developmental social work can be applied for the betterment of persons with disabilities (Gray *et al.*, 2018:984). It can safely be concluded that participatory action research is an advocacy tool for a grassroots, bottom-up approach to community development that purposefully incorporates participation from disenfranchised or marginalised groups in society, such as people with low incomes, older people or persons with disabilities.

4.10 THEMES OF SOCIAL DEVELOPMENTAL WORK SERVICES

Developmental social work is divided into four themes, which are shown in Figure 4.1.

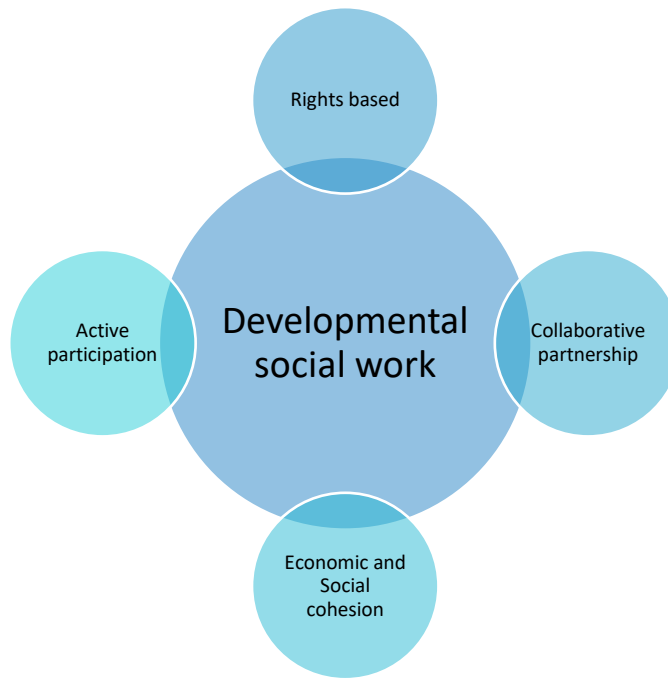


Figure 4.1: Themes of developmental social work

4.10.1 Rights-based

Developmental social work is rights-based, as enshrined by the constitution of the Republic of South Africa. Chavalala (2016:29) believes that social justice is, therefore, at the forefront of developmental services to disadvantaged groups in society, such as persons living with disabilities as well as those in marginalised areas. This includes apartheid-era so-called homelands, which are now predominantly rural areas. Ntjana (2014:26) agrees by pointing out that human rights, as spelt in the constitution, include services to every citizen, regardless of colour and social standing, creed, race, religion or disability. It is, therefore, a right for every citizen to have social welfare and social security assistance.

As defined by the SASSA Act of 2004, everyone has a right to assert social security to mitigate the impacts of poverty and exclusion. The rights-based framework also emphasises socio-economic rights, giving people access to basic necessities and resources necessary for a dignified life. Therefore, inaccessible essential social services to historically disadvantaged people, such as people with disabilities, support the violation of human rights, which developmental social workers must also try to address and protect.

4.10.2 Active participation

Christens (2019:32) saw that structural barriers to participation by people at the grassroots level are key for developmental social work to be successful. Toomey (2011:186) highlights that policies and strategies are therefore developed to co-operate with the participation of previously marginalised groups and communities in developmental social work services. It is, thus, the role of developmental social workers to advocate for the removal of institutional barriers and the discrimination of people to realise their full potential.

To complement the developmental social workers when fighting barriers against participation, Chavalala (2016:29) asserts that people should be actively involved to avoid dependency syndrome. People and communities actively participate in their developments; hence, their voices should be heard and considered. This also signifies within the disability movement the concept of: “nothing for us without us”. It simply means that people with disabilities should be consulted and able to participate actively in development that affects them. Active participation can, therefore, be linked to the social work principle of ‘self-determination’, where people/clients with disabilities are given ample space to decide on their social developmental needs.

4.10.3 Welfare pluralism/collaborative partnership

For developmental social work to be successful, there should be a systematic involvement of different stakeholders from the environment with the same end goal (Chavalala, 2016:26). Therefore, collaborative partnerships should come from the government departments, primarily the Department of Social Development, as per the case in South Africa, the private sector, the corporate world, non-governmental organisations, the communities, political leadership, as well as traditional leadership in the case of rural areas, for which this study is primed (Ntjana, 2014:25). In the case of the study area, which is Limpopo province, there should be engagements with the Department of Social Development (directorate for persons with disabilities), NGOs, especially those focusing on people with disabilities, district municipalities local municipalities, ward councillors, the faith-based organisation as well as section 9 institutions.

4.10.4 Economic and social cohesion

Patel (2015:88) believes that developmental social work is achievable through the fusion of economic and social development. Economic and social development processes are in a symbiotic relationship, in harmony with each other and inseparable. Integrating social and economic development in developmental social work is key to simultaneously dealing with social and economic problems. In line with the study objectives, it is therefore critical for persons with disabilities to be involved in economic activities, such as gardening, to reach full social development. Chavalala (2016:23) notes that “to improve the welfare of people within a community, economic growth should contribute to social development in key social sectors, such as social welfare, social security, health and education”.

Todd and Drolet (2020:9) opined that social investments in education and health, for instance, are essential for social and economic development. They result in a healthy and educated society, which can contribute to the economy. Developmental social workers, therefore, have the enormous task of implementing human capital initiatives. Westoby, Lathouras and Shevellar (2019:2209) saw that human capital generally refers to people's capacity to be involved in economic development initiatives, which could result in social development. In this regard, developmental social workers need to aid persons with disabilities and other marginalised groups with skills and means to participate fully in economic development processes, such as community gardening. Social capital is also key to formulating economic development, leading to social development.

Forde and Lynch (2017:66) believe that, generally, social capital refers to closely knit social networks, which are formed within communities or by a particular group that shares the exact needs. In the study's instance, social capital could be formed around people with disabilities who want to improve their livelihoods. Stokvels and savings clubs are social networks that can contribute meaningfully to economic development. People with disabilities, therefore, represent social capital in that they are a network with shared norms, values and understanding that facilitate the creation of community gardens to contribute economically and aid their social development.

4.11 SKILLS UTILISED BY DEVELOPMENTAL SOCIAL WORKERS WHEN WORKING WITH PERSONS WITH DISABILITIES

Berg-Weger (2019:41) saw that developmental social work is a demanding and varied field requiring practitioners to be versatile to implement change successfully. Different skills need to be applied by developmental social workers, especially when working together with people with disabilities. This is mainly because they represent a segregated community whereby caution should be taken; the skills are applied interchangeably to people with disabilities, which can be seen in Figure 4.2.

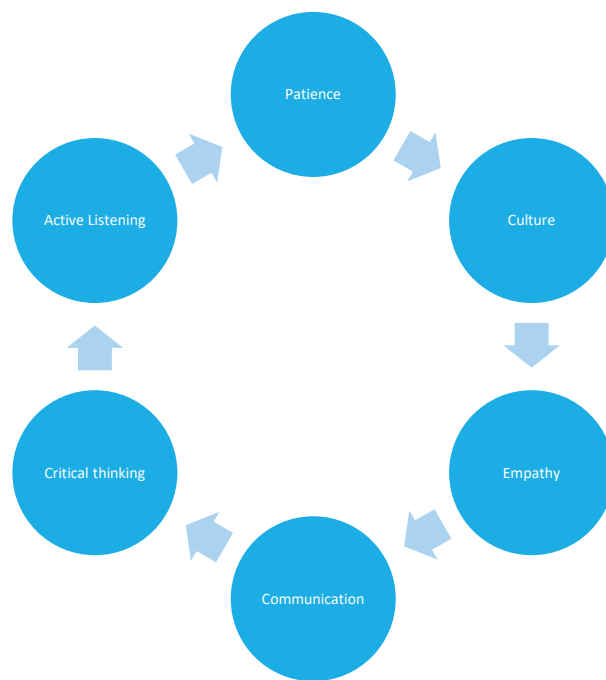


Figure 4.2: Skills utilised by developmental social workers

4.11.1 Patience

Developmental social workers encounter various circumstances and individuals in their work. Karpētis (2018:599) believes that having the patience to work through complex cases with clients who need more extended periods to make progress is essential. O'Hare (2019:13) highlights that this empowers developmental social workers to understand the client's situation and avoid hasty decision-making and frustration that can lead to costly errors and poor outcomes for the client. Clients with disabilities need developmental social workers to be calm and patient since they generally feel segregated and discriminated against in social development processes.

From this background, it is therefore critical for developmental social workers to understand the circumstances from which people with disabilities come.

4.11.2 Cultural competence

Berg-Weger (2019:49) opines that working effectively with clients from diverse backgrounds requires social workers to be respectful and responsive to cultural beliefs and practices. People with a disability can be said to belong to a distinct culture in that they possess specific characteristics with which the developmental social worker needs to be well-versed. Developmental social workers must be knowledgeable and respectful of their clients' cultural backgrounds. O'Hare (2019:31) sees that they should, therefore, seek out the necessary knowledge, skills and values to enhance service delivery to people with varying cultural experiences associated with their race, ethnicity, gender, class, sexual orientation, religion or disability. In the case of people with disabilities, it should be pointed out that the concept is multifaceted and needs proper understanding. Karpetis (2018:601) believes that possessing a non-judgemental attitude, an appreciation for diversity, and the value of individual differences enables the developmental social worker to provide clients with what they need.

4.11.3 Empathy

O'Hare (2019:39) describes empathy as the ability to identify with and understand another person's experience and point of view. Karpetis (2018:603) saw it as perceiving, understanding, experiencing and responding to another person's emotional state and ideas. Empathy is, therefore, stepping into someone else's shoes and recognising that experiences, perceptions, and worldviews are unique to each individual. This enables developmental social workers to understand better and build stronger relationships with clients.

Berg-Weger (2019:31) opines that a vital skill helps developmental social workers determine a client's needs based on their unique experiences to provide services efficiently. Developmental social workers need to intellectually and emotionally understand people with disabilities' experiences and determine how to help them. Since people with disabilities usually face discrimination, developmental social workers need to empathise with them and understand their feelings, which will be crucial in social development.

4.11.4 Communication

Koprowska (2020:22) opines that verbal and non-verbal communication is a vital skill for developmental social workers. Communicating clearly with a wide range of people is essential, and developmental social workers must advocate for their clients. Maidment and Egan (2020:16) further postulated that developmental social workers must understand the client's needs for this to be successful. In the case of people with disabilities, the developmental social worker needs to be aware of their needs as well as their unique communication needs since some might have impairments in this regard. For people with disabilities, the developmental social worker must be cognisant of body language and other non-verbal cues, which they might present as a way of expressing themselves.

4.11.5 Critical thinking

Costello (2020:122) describes critical thinking as analysing information from unbiased observation and communication. Koprowska (2020:57) agrees by saying that critical thinking is the ability to investigate what underlies a concept and examine how power operates in society. Developmental social workers must be able to objectively evaluate each case by collecting information through observation, interview and research. In the case of people with disabilities, thinking critically and without prejudice enables developmental social workers to make informed decisions in the social development process, identify the best resources of assistance from the environment and formulate the best plan.

4.11.6 Active listening

McCafferty (2018:39) opined that active listening is necessary for developmental social workers to understand and identify a client's needs. O'Hare (2019:61) believes that listening carefully, concentrating, asking the right questions and utilising techniques, such as paraphrasing and summarising, also help establish trust with clients. Karpetis (2018:604) saw that developmental social workers who listen, stay engaged and can recall information could establish trust with clients and build a therapeutic relationship with them. Active listening helps clients, especially those with disabilities, feel understood and helps social workers gain insight into the client's situation and perspective.

4.12 SUMMARY

The chapter about perspectives on social development for persons with disabilities discussed the concept of social development in detail. Approaches to social development, such as the residual approach and the institutional approach, were examined with respect to people with disabilities. Developmental social work was also tackled by looking at its history. The legislative and policy framework regarding social development was deliberated. This includes the Constitution of the Republic of South Africa, the White Paper on Social Welfare, the Copenhagen Declaration, and the reconstruction development plan. Characteristics of developmental social work were argued, such as poverty alleviation, social inclusion, strength, and political participation. The next chapter focuses on community development as a developmental social worker's strategy when working with persons with disabilities.

CHAPTER FIVE: PERSPECTIVES ON COMMUNITY DEVELOPMENT AS A STRATEGY OF DEVELOPMENTAL SOCIAL WORK FOR PERSONS WITH DISABILITIES

5.1 INTRODUCTION

People with disabilities have been neglected in the mainstream community development agenda. Tigere and Moyo (2019:7) saw that legislation for people with disabilities is left out of the developmental agenda due to institutional arrangements that act as a barrier. The chapter will highlight, amongst others, the definitions of community development in detail, community development processes, and the roles played by developmental social workers in working with people with disabilities.

It should be noted from the beginning that there is an academic debate on community development's role in social development. Mendes (2009:248) points out that community development is generally a core component of social development practice. Clarke (2018:18) shared the same sentiments: developmental social workers implement community development actions to generate community improvement programmes and development projects, allowing local citizens to contribute to their community's development plans. Sithole (2017:305) opined that social workers in South Africa, from both governments (Department of Social Development) as well as NPOs and NGOs, are mainly utilising community development techniques because social workers are trained to practise community development. From this brief background, community development is a strategy that developmental social workers can use when working with community gardens for persons with disabilities.

5.2 CONCEPTUAL FRAMEWORK: COMMUNITY DEVELOPMENT AND LIVELIHOODS WITH SPECIAL FOCUS ON PERSONS LIVING WITH DISABILITIES (PWDS)

5.2.1 Community Development

Green and Haines (2015:1) saw that “community development can be defined as a planned effort to build assets that increase the capacity of residents to improve their quality of life. These assets may include several forms of capital: physical, human, social, financial, environmental, political and cultural”. Therefore, community

development can be defined in a variety of ways, including economic development, political empowerment of disadvantaged groups, service provision and job training (Green & Haines 2015:1). Community development has a diverse set of objectives, which include solving local problems, such as unemployment and poverty, addressing inequalities of wealth, as well as power relations (Green & Haines, 2015:2).

Sharma (2013:183) views community development as “a process by which efforts of the people at grassroots level are united with those of government to improve the economic, social and cultural conditions of the community”. It can, therefore, be concluded that community development is a process by which efforts of the people at the grassroots level are positioned together with the government to improve the socio-economic and cultural conditions of the community. Weyers and Geyer (2011:37) share the same sentiments by defining community development as an umbrella concept, which refers to conscious efforts of change agents to bring about transition within the broad economic, psychosocial, technological, spiritual-cultural, educational and other spheres of community life. From the above definitions, it can be noted that the aim of community development can be said to be uplifting people's livelihoods by including them in the development process.

Swanepoel and De Beer (2012:23) describe community development as “a social transformation that involves changes in the awareness, motivation and behaviour of individuals and relations between individuals and groups within the society. These changes must come from within the individuals and groups and cannot be imposed outside of them”. Thus, community development is a process by which efforts of the people at the grassroots level are united with those of the government to improve the socio-economic and cultural conditions of the community. This definition aligns with one of the objectives that the study sought to achieve: describing the social benefits of community gardens for persons with disabilities.

Community development can also be defined from development as a freedom-approach concept. Sen (2014:528) believes that development should include political freedoms, economic freedoms, social opportunities, transparency guarantees and protective security. Protective security includes institutional arrangements that provide a social safety net for preventing the affected population from being reduced to abject misery. Economic freedoms are the resources different groups use to produce and consume in the marketplace. Social opportunities are the societal arrangements for

the conditions mentioned to improve quality of life, such as health care and education. Transparency involves the level of trust between the people of a community and their government (Green & Haines, 2015:13). It can thus be concluded that community development is the progression of a community in development initiatives through the bottom-up approach to uplift the lives of people socially and economically within the locality.

5.3 HISTORY OF COMMUNITY DEVELOPMENT

Christenson (2019:266) is of the notion that the history of community development provides the trends for different key themes and approaches that formed the main points around which the idea of community development evolved. Many scholars trace the origins of community development to the post-World War Two reconstruction efforts to improve less-developed countries. Phillips and Pittman (2014:3) opined that community development has been practised over the past century for as long as there have been communities in most African and Western European countries.

Kenny, McGrath and Phillips (2017:31) also saw that “community development can be traced back to the early civilisations when mankind initiated actions from which groups or part of groups benefited in some ways”. In the 1870s, the United States initiated community development and agricultural extension programmes (Cavaye & Ross, 2019:186). The primary aim of agricultural extension was to transfer knowledge on agricultural practices and techniques and promote self-help projects in rural areas. Community organisation was encouraged to promote better living, farming, education, happiness, and citizenship.

Kenny, McGrath and Phillips (2017:18) saw that in India, the Institute for Rural Development was established in 1921 to provide a realistic starting point for explaining the origins of community development. The institute was aimed at bringing back life in all its completeness, making villagers self-reliant and self-respectful, acquainted with the cultural tradition of their own country and competent to make effective use of local modern resources for the most entire development of their physical, social, economic and intellectual conditions (Flora, Flora & Gasteyer, 2018:36).

Green and Haines (2015:44) believe that “community development became popular during the 1950s and 1960s. The period of Cold War, more than 60 countries implemented community development programmes”. In most cases, these

programmes were part of the country's national development efforts (macro-level approach). Due to its nature as a macro-level rather than a micro-level approach, the results of the early community development approach were disappointing.

Christenson (2019:265) opined that in the 1970s, a second variation on the theme of community development occurred when the Basic Needs Approach (BNA) was developed by the World Bank and the International Labour Organization (ILO). It was a radical change from basic methods to concrete objectives (eradicating poverty, including low-income, education, water, sanitation and decent shelter). Phillips and Pittman (2018:33) saw that the BNA focused on 'what' (basic needs) and never really developed a methodology of 'how' to satisfy the basic needs. Since the 1980s, the debate on community development has shifted from mobilising community resources, community organisations, and involvement in pre-planned projects to powerlessness, decision-making, and empowerment issues.

Westoby (2021:376) highlights that the early method of community development emphasised methods to bring change, especially using change agents, such as Community Development Workers (CDW). CDW aims to encourage the participation of the community in development projects (Cavaye & Ross, 2019:184). Primarily, the government or NGOs designed and decided upon such projects, not the community. Community development at an early age was considered a method and tool to bring about desired changes by outsiders.

Therefore, it can be summarised that community development evolved to address social and economic problems facing most communities, particularly in first- and third-world countries. Community development has developed a much broader focus than the focus on poverty. As a result, community development has expanded to include local issues such as education, health care and the environment (Phillips, Trevan & Kraeger, 2020:6). Thus, it is a field composed of many disciplines, such as anthropology, business, education, economics, geography, sociology or social work.

5.4 COMMUNITY DEVELOPMENT PRACTICE IN SOUTH AFRICA

5.4.1 Pre-1994

In South Africa in 1962, the then Minister of Community Development, P.W. Botha, claimed that: “South Africa was actually the vanguard of the global community development movement, as it was actively creating the necessary machinery for its implementation by referring to the Group Areas Act, claiming that it was essential to resettle people in their own areas if development was to be achieved. He added that adherence to group areas and the resultant protection afforded to all racial groups would lead to a situation where South Africa will eventually give the world an example of community development and good race relations” (Van Heerden, 1988:23).

Jeppe (1985:16) alluded to the fact that “the history of community development in South Africa shows that its origins are closely tied to the ideological and theoretical position of the apartheid government”. The approach was adopted to bolster the political ideology of apartheid. The apartheid government of South Africa used the approach to argue in favour of the Nationalist Party’s ideology of separate development of different racial groupings (Van Heerden, 1988:24).

Community development was not popular in South Africa during its international heyday. This was mainly due to the scepticism and mistrust in the government about its potential for political change (Wlokas, Westoby & Soal, 2017:36). However, community development moved from unpopular during the apartheid era to attempts in the post-apartheid era to gain recognition thereof as a profession. The 1970s saw the emergence of a community-based development movement in South Africa. The community-based development movement only made headway in evangelical missionary circles and the Black Consciousness Movement (BCM) by Steve Biko (Maistry, 2012:33).

The actions of BCM were of a political nature and were tied to the struggle against apartheid. Non-governmental organisations (NGOs) and community-based organisations (CBOs) have filled the gap left by the previous government in areas of education, law, nutrition, health and security (Swanepoel & De Beer, 2012:6). The notable NGOs, which played a significant role in socio-economic community development, include grassroots education in Cape Town, the Transvaal rural action committee, the Surplus people’s project, as well as the Soweto crisis committee (Van

Heerden, 1988:25). A summary of some of the community development initiatives are detailed below.

5.4.2 Pre-1994 Community Development Initiatives

Some attempts were made in some of the former homelands (also called Bantustans at the time). The prime cases of local self-help groups include:

5.4.2.1 *The primary healthcare groups*

Van Heerden (1988:24) believes this initiative took place in the former Gazankulu area (Limpopo province) by voluntary care groups in 1976. This community development initiative undertook activities including raising hygiene standards, establishing vegetable gardening, introducing mud stoves, building toilets and introducing cheap and nutritious food making.

5.4.2.2 *The Zenzele Women Associations*

Jeppe (1985:33) saw that the Zenzele Women Associations initiative took place in the former Nguni-speaking areas of KwaZulu Natal, Eastern Cape and Mpumalanga. The association spread knowledge of home economics, such as sewing, knitting, gardening and homemaking, among its members to improve their standard of living.

5.4.2.3 *The Black Consciousness Movement (BCM)*

Maistry (2012:33) saw that the Black Consciousness Movement (BCM) was the most important exponent of radical community development (empowerment) in South Africa. Its actions are very much tied to the struggle against apartheid. Steve Biko provided the philosophy and guiding principles of the movement. The philosophy of Black Consciousness expresses group pride and the determination of the black to rise and attain the envisaged self (Luka & Maistry, 2012:17). Freedom is the ability to define oneself with one's possibilities held back, not by the power of other people over one but only by one's relationship to God and natural surroundings. The BCMs followed an empowerment approach, but unfortunately, not much of their work is available in documented form.

Wlokas, Westoby and Soal (2017:41) saw that post-1994, NGOs' roles in community development were reduced and changed, leading to most of them collapsing and others struggling for survival. Most donors, after 1994, channelled their funding towards the Reconstruction and Development Plan (RDP). Maistry (2012) opines that

the funding crisis was investigated in 1997 through the Advisory Committee appointed by the office of the Presidency, which proposed the National Development Agency that was established in 2000 (Swanepoel & De Beer, 2012:7). In 2012, The National Development Agency funded about 100 civil society organisations (CSO) that implemented development projects. Currently, South Africa is in the process of professionalising community development.

Although various projects and efforts are identified, it should be borne in mind that these were undertaken on a relatively small scale. In none of the former homelands was community development adopted at a larger scale. Westoby (2019:36) saw that the apartheid government attempted to introduce guidelines for implementing community development through the then Department of Co-operation and Development. In the mid-1980s, other departments, such as the Department of Constitutional Development and Planning, the Department of Planning and Provincial Affairs and the Chief Directorate of Population Development, gave some attention to it. From 1993, the Department of National Health and Population Development played an increasingly important role in giving advice on community development as well as its organisation on a country-wide basis (Swanepoel & De Beer, 2012:4). It can therefore be concluded that community development pre-apartheid was discriminatory, as it was founded in colonialism thinking and based on segregation with its basis on the Group areas act of 1950. Community development was therefore divided along racial lines where the white areas received the best developmental strategies, whereas the black communities were severely neglected. Marginalised groups in society, such as persons with disabilities, suffered the most since no one thought of them in this discriminative community development initiative. Post1994, the new government came up with legislative and policy frameworks which aimed to improve community development not only for the black majority but also for disadvantaged groups, such as persons living with disabilities.

5.5 CONCEPTUAL APPROACH: ASSESSING THE IMPACT OF COMMUNITY GARDENS ON PERSONS WITH DISABILITIES

Based on the literature review, the Asset-Based Community Development (ABCD) approach and the capabilities approach proved to be the most appropriate theoretical frameworks for analysing the impact of community gardens on the livelihoods of persons with disabilities. This is mainly because the ABCD approach emphasises the person's development by utilising resources at their disposal, with societal institutions, such as government departments and private organisations, coming to help. The ABCD approach thus fuses what the persons with disabilities have, such as skills and resources, with societal institutions, which can offer financial support and skill training to aid their development and empowerment.

The diagram shows the link between community gardens and the livelihoods of persons with disabilities.

Table 5.5. The link between community gardens and livelihoods

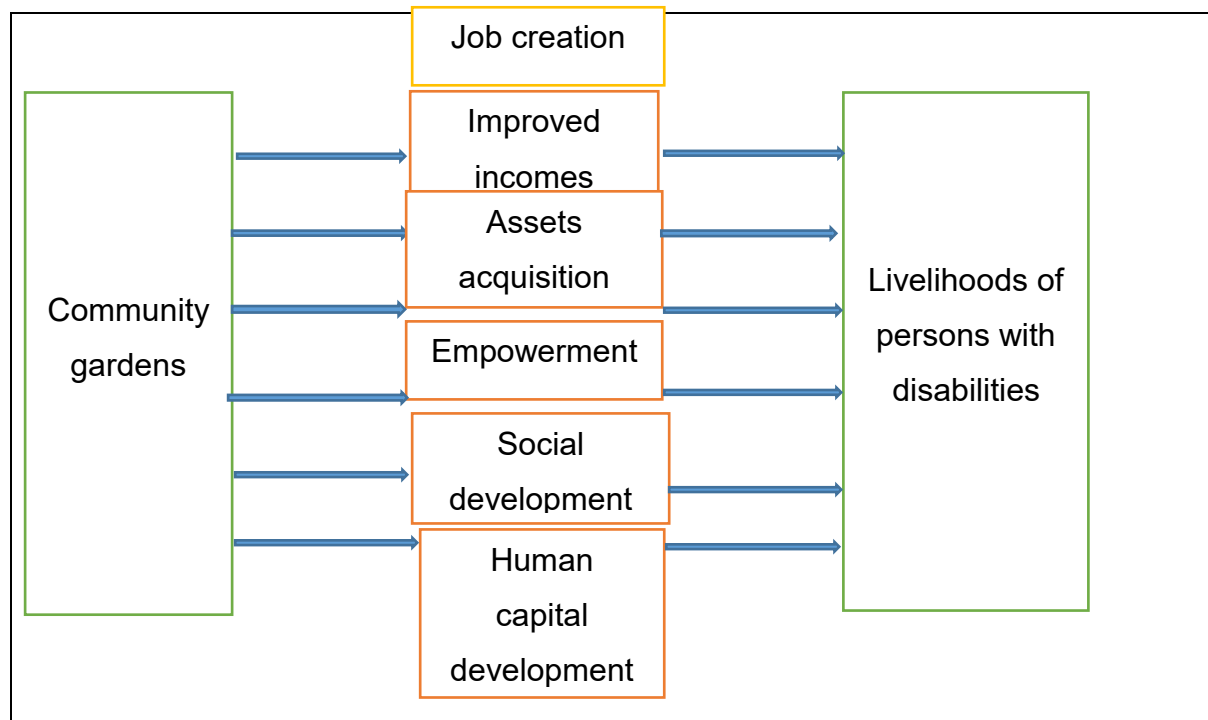


Figure 5.1: Author's conceptualisation of community gardens and persons with disabilities

Figure 5.1 portrays community gardens as improving the livelihoods of persons with disabilities. The community gardens create jobs, which will lead to improved incomes. Skills gained in the community gardens will lead to human capital development. The community gardens also act as sites of social development.

5.6 CONCEPTUALISING COMMUNITY DEVELOPMENT PROCESS WITH A SPECIAL FOCUS ON PERSONS WITH DISABILITIES

The community developmental process encompasses different stages, which go hand in hand. Different authors have given them different names. Weyers (2011:89) saw them as a type of situational analysis, identifying and analysing impediments, formulating a plan of action, implementing the plan and, lastly, evaluating. For the purposes of this study, the researcher saw it fit to have the following stages, which are shown diagrammatically:

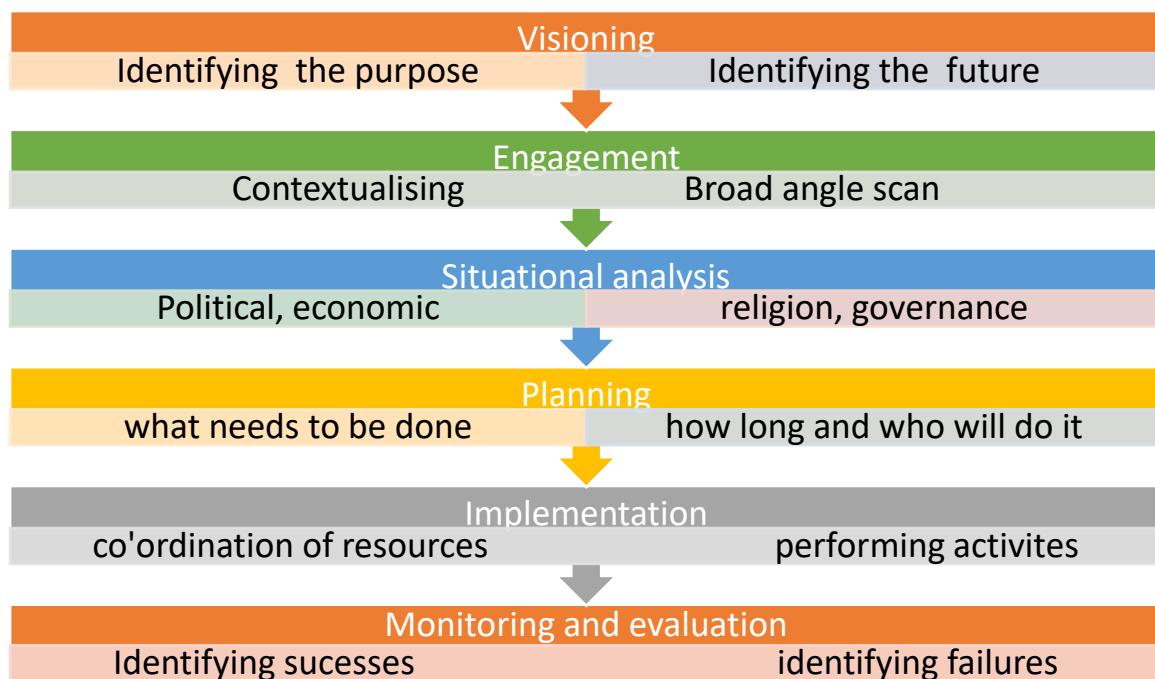


Figure 5.2: Conceptualising the community development process

5.6.1 Visioning

Warden (2017:3) opined that community visioning is a broad public participation movement in the future direction a community should move towards. A community vision originates from a group process that arrives at a consensus about the future of a place. Green and Haines (2015:69) saw that visioning is a process by which a group

of people who share the same traits, envisions the future that they want and plans how to achieve it. Through the group's involvement, communities identify their purpose, core values and vision of the future, which are then transformed into a manageable and feasible set of community goals and action plan. It involves one person needing to change one aspect, and a way of people working together to solve a concern. Gentilcore (2021:31) shares the same sentiments whereby community visioning is a process in which community members discuss past and present community issues, determine positive qualities and assets, identify future goals, design a plan for the community, carry out a series of actions and evaluate the outcomes. In the case of the study, people with disabilities come together and discuss their livelihood challenges and share their dreams of establishing community gardens.

5.6.2 Engagement

Community engagement can be defined as a dynamic relational process that facilitates communication, interaction, involvement and exchange between a developmental social worker and a community or an interest group for a range of social developmental outcomes to be achieved (O'Neill, 2020:17). Community engagement enables a more contextualised understanding of a community and the interest group perceptions and facilitates stronger relations between the community members and the developmental social worker (Alaimo & Carman, 2021:217). It is a process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations. It is the first step developmental social workers take to know better their community and interest group and, most importantly, build relationships.

During engagement, the developmental social worker does what is known as a broad-angle scan (Alaimo & Carman, 2021:218). This involves a walkabout in the community to understand its assets (natural and man-made) resources as well as its cultural diversity. Engagement is done through gatekeepers who include politicians, the local councillor, teachers, and residents (O'Neill, 2020:17). In rural areas and mostly in South Africa, engagement can be sought through traditional leaders, who might include Indunas.

5.6.3 Situational analysis

Swanepoel and De Beer (2011:91) believe that situational analysis is a process that progressively focuses on understanding the community according to the local problem being addressed. Mulu and Pineteh (2016:8) note that situational analysis helps developmental social workers identify internal and external opportunities and challenges. In completing a situational analysis, the developmental social workers had to look at political, economic, educational, religious, and welfare structures within the community. Most importantly, these aspects have to be linked in accordance with how they affect the development of the interest group, which is persons living with disabilities in this instance. For a better understanding of situational analysis in a community, the diagram below gives an illustration:

Table 5.1: Situational analysis

Aspect	Characteristic
Political	The political leadership is in the form of the local councillor, ward committee, mayor and the ruling party in the community.
Religion	Religious and spiritual affiliations within the community include Christianity, Moslem, or traditional.
Economic	Economic activities include investments, mines, industrial areas local economy, employment opportunities and small business. Land and water availability for agricultural purposes. Also, it includes persons with disabilities in economic activities. People receive social grants.
Demographics	Population dynamics characteristics include PwDs, the elderly, youth and children.
Welfare	Availability of welfare organisations within the community, both governmental and non-governmental. Services include social development, health, access to water and sanitation. Services to persons with disabilities.
Governance	Governance structures within the community. Issues such as local governance from the municipal level. Government institutions are available in the community.

Table 5.1 provides a framework for what developmental social workers have to achieve to establish community gardens for people with disabilities to be successful. They will have an insight into the available resources within the community, which is essential for the planning to establish the community gardens.

5.6.4 Planning

Masuku and Molope (2020:448) saw that planning is a process where a group or community decides what to do, describes activities, assigns a person responsible and decides when such activities are to be done to reach certain objectives. Ntjana (2014:31) also saw that planning can provide direction and act as a process that guides activities during the implementation of community development projects. Heagney (2016:14) shares the same view by acknowledging that “planning involves determining what needs to be done, how it will be done, who will perform it, how long it will take, how much it will cost and what the risks are”. Thus, it can safely be concluded that a project plan arranges the phases, activities and tasks needed to deliver a community developmental project. Planning community development initiatives involves different aspects, which include resource planning as well as financial planning. Resource planning in community development for people with disabilities involves bringing materials that will be useful, including, in the case of community gardens, gardening tools as well as agricultural implements. Financial planning involves the overall budget for the community development project.

5.6.5 Implementation

Bimha (2019:47) notes that implementation in community development is usually regarded as the greatest test of planning. This implies that the project implements the most agreed upon plan with the guidance of the developmental social worker. Heagney (2016:19) highlights that implementation cannot be regarded as the mechanical execution of a plan, but it informs the plan and makes it necessary to revert. If implementation fails, it will mean that the plan was incorrectly implemented. Lock (2017:85) believes that “implementation involves coordinating people and resources, as well as integrating and performing the project activities in accordance with the plan. The project implementation phase is usually the longest phase in the community development cycle and typically consumes the most energy and resources”. It can, therefore, be said that the implementation phase of the community

development process takes what has been done during planning and puts it into motion. In the case of community gardens, all human resources (people with disabilities), financial plans, and other resources are put into motion for successful implementation.

5.6.6 Monitoring and Evaluation

Maithya (2014:36) saw that monitoring entails the ardent observation of the progress of the community development project guided by the initial plan. Kariuki (2014:23) is of the view that evaluation serves to identify the successes and failures of a community development initiative. Identification and analysis of mistakes assists the project in making future efforts more effective. Evaluation actually takes place through the entire lifespan of the community development process. Kabonga (2018:3) highlighted that monitoring also takes place throughout the community development process to ensure objectives that are set in the planning phase, are met at different intervals. Evaluation is usually done at specific intervals. For instance, in South Africa, it is done according to the standards of the Department of Social Development intervals, namely, monthly, quarterly, six monthly and annually. Monitoring and evaluation are critical in that they function as a consolidated source of showcasing progress in the community development process. Monitoring and evaluation provide a platform for understanding thereby contributing to its success. The community gardens for people with disabilities establish monitoring mechanisms with the assistance of the developmental social worker in order for community development to be a success.

5.7 PRINCIPLES OF COMMUNITY DEVELOPMENT

The principles of community development are highlighted diagrammatically in Figure 5.3.



Figure 5.3: Principles of Community Development

Adapted from: Ani et al. (2018)

5.7.1 Empowerment

Silverman (2018:31) is of the view that communities and interest groups engage more effectively with decision-making bodies by enhancing their skills, knowledge, confidence and organisational capacity. Ani *et al.* (2018:3) saw that empowerment is achieved through learning and collective action at the grassroots level. Empowerment requires assistance from external bodies in terms of skills and organisational training, credit, income generation schemes, appropriate technology as well as education. Christens (2019:23) saw that empowerment in community development refers to the process of enabling communities to increase control over their lives. It implies community ownership and action that explicitly aims at social and political change. Empowerment can, therefore, be said to expand the capabilities of people with disabilities to undertake future self-help programmes through the concept of participation. It provides a sense of ownership to people with disabilities.

5.7.2 Participation

Swanepoel and De Beer (2011:78) are of the view that, “participation is a process and implies the collective activity of interested or concerned people to jointly achieve a determined goal”. In support of the above, Nel (2015:514) saw that “real participation is where community members share fully and have an equal voice in all decision-making and efforts directed towards change”. Thus, persons with disabilities need to participate fully in developmental activities to reach their goals. Participation is of key importance in community development in the sense that it identifies issues affecting people and ways to overcome them and also as a way of developing social networks. Participation in community development is illustrated in Table 5.2.

Table 5.2: Participation in community development

Citizen control	Degrees of citizen power
Delegated Power	
Partnership	
Placation	Degrees of tokenism
Consultation	
Informing	
Therapy	No power
Manipulation	

Adapted from: Toomey (2011)

The two lower rungs are non-participatory and are called therapy and manipulation. These two rungs can be exemplified by community advisory committees that have no authority or power to control community development initiatives. Christens (2019:31) also noted that that is usually the top-down approach that constitutes the lowest form of participation. The middle rungs illustrate degrees of tokenism. Participation in community development processes is not fully achieved. Participation is minimal. Methods of participation are simple, such as posters and public announcements. Toomey (2011:183) opined that it is also known as consultative participation whereby decision-making is shared between stakeholders.

The final three rungs represent degrees of citizen power whereby people with disabilities participate towards their development. Munoz, Steiner and Farmer

(2015:481) also saw that it is also known as substantive participation, whereby the beneficiaries control the entire decision process. It is the highest level of participation, as the community or interest group assumes full responsibility for their development. An example could be the participation of persons with disabilities in community developmental activities, such as gardening projects.

5.7.3 Ownership

Twelvetreets (2017:158) saw that ownership in community development refers to ownership undertaken by the community in partnership with external organisations or corporations to empower individuals or interest groups of people. This is by providing skills that they need to induce change in their own communities. Community ownership is, therefore, the process of developing active and sustainable communities based on social justice and mutual respect. Ownership refers to the ability of people to act as the main role players in a community development initiative, with all other stakeholders, such as NGOs and public sector institutions, playing a supporting role (Lachapelle & Rios, 2019:33). Community gardening development projects for people with disabilities cannot be considered participatory unless people take ownership of their own development. That is to say, development should be people-driven and, in this case, by people with disabilities.

5.7.4 Sustainability

Franco and Tracy (2019:13) saw that sustainability is the interconnection between the local economic conditions, social systems and the environment. There should be harmony between the three spheres. Green and Haines (2015:81) viewed that community development efforts need to work locally and find the most appropriate strategy that provides social, economic and environmental benefits to all in the community. There should also be community development practices that promote economic development with a sense of sustainability to guide the future of marginalised groups in society, such as people with disabilities (Atisa, Zemrani & Weiss, 2021:3351). Therefore, sustainable community development emphasises the importance of striking a balance between environmental concerns and developmental objectives while simultaneously enhancing local, social relationships. Thus, a sustainable community is economically, environmentally and socially healthy and resilient. Community development sustainability is shown in Table 5.3 in various areas.

Table 5.3: Community development sustainability

Term	Description
Finance	Financial resources to implement community development activities
Healthcare	The well-being of marginalised groups, such as people with disabilities such that they partake fully in developmental activities
Water	Availability of sustainable water resources for economic activities such as agriculture
Natural Resources	The land is an important factor and crucial means of production
Politics and governance	Sustainable politics and governance with the inclusion of minority groups, such as persons with disabilities, in key institutions

5.8 LEGISLATION AND POLICY FRAMEWORK WHICH GUIDE COMMUNITY DEVELOPMENT PRACTICE IN SOUTH AFRICA

Phillips and Pittman (2014:32) opine that South Africa's policy reform and development largely occurred during 1993-2000, at the advent of the new democracy. It was through this process that the citizens of the country were chiefly involved in shaping the mounting prices of legislation, proclamations, white papers, and by-laws tabled for action, mostly between 1994 and 1999. Smyth (2004:421) observed that since 1994, South Africa has shown greater commitment towards community development and policy and operational documents, are clear with regards to the promotion of social and economic development.

5.8.1 Handbook and toolkit on Community development in South Africa

In 2003, a new phenomenon of Community Development Workers (CDWs) was developed, and hundreds of people were trained to serve at the local government level as Community Development Workers (CWDs). Hart (2012:56) notes that CDWs are public servants, trained to enable them to enter communities and households, engage with citizens and determine which services are needed, in order to ensure that these services are made available. Westoby and Van Blerk (2012:1086) also observed that CDWs work with communities in a close relationship with councillors and are linked to local councils and the national government. Van Rooyen (2007:3) opines that the rationale for CDWs was due to factors such as skills shortage at the local government

level, strengthening of integration and coordination, inadequate information dissemination, human resource and management challenges, as well as lack of an organised voice for the poor, between elections. The handbook on community development focuses on the processes that CDWs had to go through for successful community development. These processes included encouraging grassroots participation, working with different stakeholders such as councillors and ward committees as well as involvement of stakeholders in development.

In practice, community development is situated in the Department of Social Development. Westoby and Van Blerk (2012:1086) note that the Department adopted a service integration model, which seeks to integrate three broad programmes of the department; namely, social security, social services and community development. The community development programme advocates for the use of the Asset-Based Community Approach (ABCD) and developed a toolkit for community development practitioners in 2009. Hart (2012:62) opines that the Asset-Based Community Approach (ABCD) has been adopted as a framework for promoting self-reliance and developing the potential of the poor and marginalised people in the country. The toolkit is aimed at capacitating community development practitioners with practical tools to facilitate community development.

5.8.2 National Development Plan

Drimie (2016:47) is of the view that “The National Development Plan (NDP) was published in 2012 and aims to eliminate income poverty by 2030”. According to Hendriks and Olivier (2015:563), “ensuring quality access to basic services, health care, education and food security, which includes both household food and nutrition security, are key issues to be addressed in building an integrated and inclusive rural economy. In this regard, the plan proposes a reduction in the cost of living for low-income and working-class households, including a reduction in the cost of food”. Hendriks (2014:18) states that “the National Development Plan proposes a commitment to household food and nutrition security, involving both public and private sector action to achieve broader social security coverage”. According to the Plan, the ability to access food determines household food security. As such, job creation, agricultural productivity, as well as the provision of assistance to poor households to cope with increases in food prices are important. In addition, public works programmes should be utilised and expanded for rural infrastructure development, and access to

social grants for eligible households should be provided”. Drimie (2016:38) is of the notion that “the NDP also stresses that any food security strategy should ensure that increased agricultural employment and rural incomes translate into improved nutrition”. Hendricks (2014:4) posits that agriculture plays an important role, not only as a food source, but also sustains rural livelihoods and creates employment throughout the supply chain. That is to say, industries that rely on agricultural goods also tend to create employment; hence, it sustains people’s livelihoods. It can, therefore, be concluded that community development through agricultural activities for disadvantaged groups, such as persons living with disabilities, plays a key role in achieving the aims and objectives of the NDP.

5.8.3 District Development Model

Cogsta (2020:2) points out that the district development model consists of a process by which joint and collaborative planning is undertaken in local, district and metropolitan areas by all three spheres of governance. All three spheres of government co-ordinate and integrate development plans and budgets and mobilise the development process through service delivery and economic development, including job creation (Cogsta, 2020:2). It was established by the president of the Republic of South Africa, Cyril Ramaphosa, to complement the White Paper on local government of 1998. Most importantly, the district development model has certain characteristics to maximise social development and economic growth, integrating and co-ordinating and democratising development, as well as leading learning. The objectives of the District Development Model are to:

- Co-ordinate a government response to challenges of poverty, unemployment and inequality, particularly amongst disadvantaged groups in society, such as women, youth and people with disabilities.
- Ensure inclusivity by gender budgeting, based on the needs and aspirations of people and communities at a local level.
- Foster a practical inter-governmental relations mechanism to plan, budget and implement jointly to provide coherent governance
- Strengthen monitoring and evaluation at district and local levels and implement a balanced approach towards development between urban and rural areas.

- Exercise oversight over budgets and projects in an accountable and transparent manner (Cogsta, 2020:4)

It can be concluded that the district development model targets individuals and groups of people who are at the periphery of society to be included in community development initiatives. People with disabilities, therefore, benefit from inclusive development through the co-ordination of government departments.

5.9 ROLES OF DEVELOPMENTAL SOCIAL WORKERS IN COMMUNITY DEVELOPMENT

Within community development, there has been a variety of roles that have been played by developmental social workers. For the purpose of this study, these roles will be classified as historical and modern, as indicated in Figure 5.4.

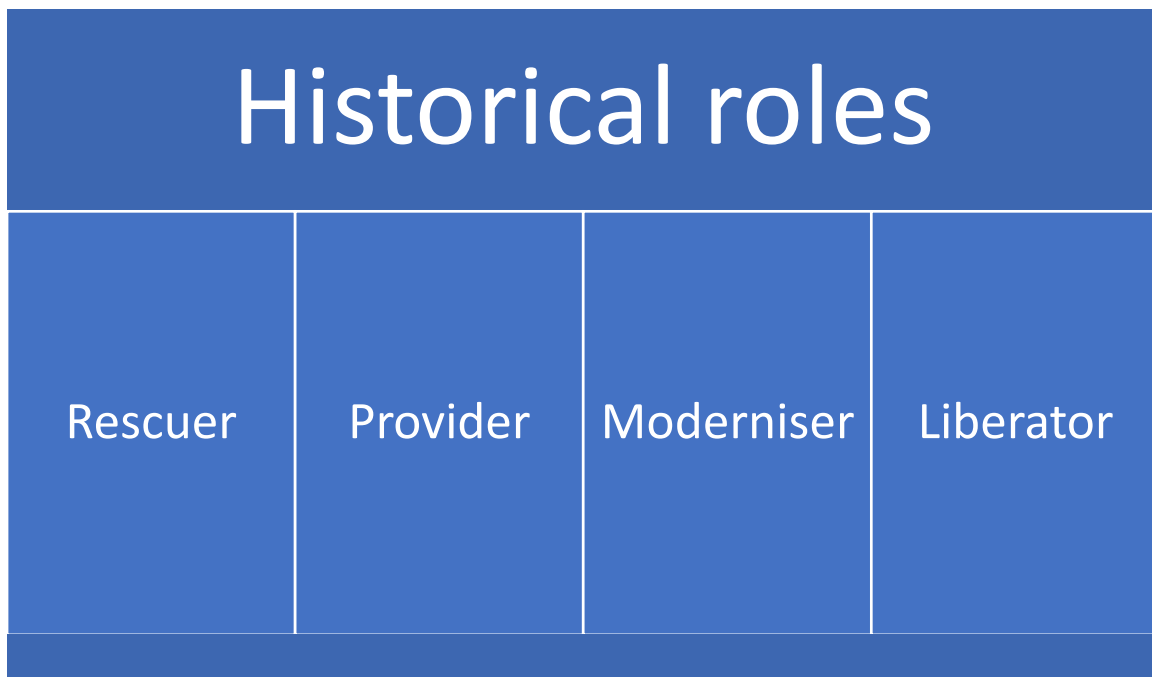


Figure 5.4: Roles of developmental social workers in community development

5.9.1 Rescuer

The role of rescuer came into effect after World War 2, throughout the Marshal Plan of 1947 (Toomey, 2011:186). In brief, the Marshal plan aimed to foster development, specifically in Europe after the effects of World War 2. The role of rescuer is usually applicable when people in a community are unable to help themselves due to severe physical limitations, such as persons with disabilities. The developmental social

worker, in this instance, provides the affected people with adequate nourishment and appropriate medicine, without which they might not be able to survive (Todd & Drolet, 2020:13). In the case of people with disabilities, the role of the rescuer is important since they are not able to fend for themselves due to their disabilities. Developmental social workers who work for NGOs which assist people with disabilities in South Africa usually play this role actively when they provide them with assistive devices, such as wheelchairs, walking frames and crutches.

The rescuer can also provide food parcels to people with disabilities to avert hunger and food security issues. However, the role of rescuer has to be accepted with caution, since it has some shortcomings. The role is disempowering when applied to people who do not need to be rescued (Mendis & Binns, 2017:441). For instance, only giving people with disabilities food parcels can be disempowering in that they will not be taught the means to fend for themselves and be involved in community development projects, such as food production. This creates a dependence syndrome, which is difficult to break. The role of rescuer shortcomings can be summarised as contributing to the passivity of the poor where they become dependent receivers without participating in the development process. This may lead to negative attitudes, unwillingness to participate, a lack of trust and resistance to change.

5.9.2 Provider

Toomey (2011:185) asserts that “as a provider, the developmental social workers give the ‘gift’ of charity to the less fortunate in society such as people with disabilities”. Developmental social workers and their respective organisations, who utilise this role, tend to measure their impact by tangible outcomes provided by donations of material resources (Jayasooria, 2016:22). Examples of the role of provider include building schools or churches in the community, centres for persons with disabilities as well as child sponsorship programmes, in which gifts of money and materials are sent to the needy (Forde & Lynch, 2017:28).

Though the role of provider is achieved through many different methods and projects, with or without the participation of local people, the unifying factor is that such projects are in large part generated and partly paid for by people whose lives will not be directly impacted by the project (Forde & Lynch, 2015:2084). In South Africa, the role of provider has been played by developmental social workers orchestrated by

organisations, such as the Japanese International Co-operation Agency (JICA), which provides funding for infrastructure projects for people with disabilities in community-based organisations (Mendis & Binns, 2017:439). Some organisations, through corporate social investment initiatives, also take the role of provider by contributing material and infrastructure development initiatives (Jayasooria, 2016:24). A good example is the National Lotteries Commission in South Africa, which provides infrastructure funding to small community-based organisations, such as the community gardens for persons with disabilities within the study.

5.9.3 Moderniser

Toomey (2011:187) is of the view that the role of moderniser is taken from the modernisation theory of the 1950s whereby the trickle-down approach was proposed so that economic development in richer core areas should reach the poorer periphery communities. Dhawaleshwar (2016:62) also added that the role of modernisation revolves around technological transfer, mechanisation as well as agricultural extension. The developmental social workers, therefore, have to take this role in order to improve the living circumstances of rural people and disadvantaged groups, such as people with disabilities, through income-generating initiatives, such as agriculture.

The moderniser role can be linked to the Green Revolution, which happened in Asian countries where rural communities' agricultural production was increased to foster community development (Toomey, 2011:187). The developmental social worker, therefore, is responsible for aiding the communities towards sustainable agriculture production, which, in turn, improves their incomes through local economic development. In the end, modernity is achieved when disadvantaged groups, such as people with disabilities, improve their livelihoods.

5.9.4 Liberator

Toomey (2011:185) opines that the liberator role is premised on the concept of liberation of the oppressed from the bounds of their oppression, which include poverty, social injustice and inequality. The developmental social worker's role, therefore, is to stand up for people with disabilities who are historically disadvantaged, in order to reach their full potential. Mendis and Binns (2017:441) feel that the liberator role is cemented by aspects, such as education of the disadvantaged groups, political activism and solidarity with the poor. Since there is a general conception that people

with disabilities are not educated due to segregation in the education system, the developmental social worker's role as a liberator is to raise those responsible for liberalising them to the world of community development while discovering the world.

The liberator role also focuses on the rights of persons with disabilities in society at large. Therefore, educating people with disabilities on their rights to both economic and social justice, as enshrined in the Constitution, is of paramount importance. It is key for the developmental social worker to work alongside people with disabilities and be well-versed with their concerns in order to achieve the liberator role. The people with disabilities must trust you and feel that you know them.

There are also modern roles that are taken by developmental social workers when working with community gardens for persons with disabilities. These are shown in Figure 5.5.

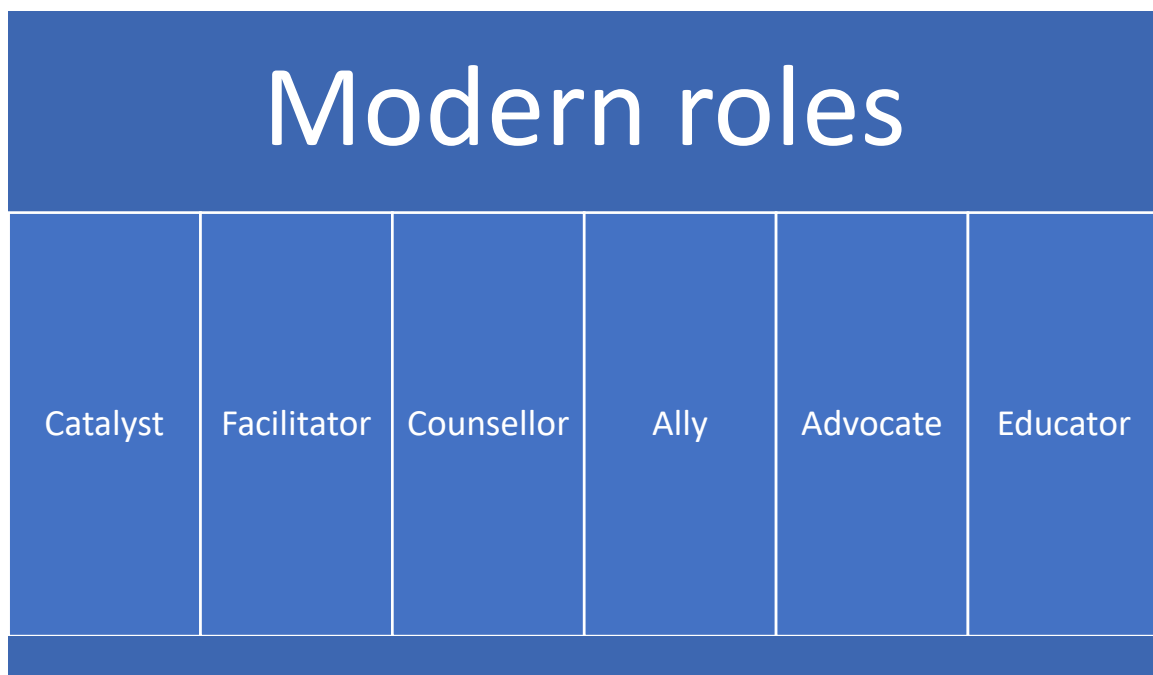


Figure 5.5: Modern roles of developmental social workers

5.9.5 Catalyst

Mokoena and Moeti (2017:6) assert that as an agent of change, a developmental social worker's objective is to spark a new idea or action with the hope or expectation that it will lead to a change in a given direction. Shevellar and Westoby (2018:2211)

opined that a catalyst, therefore, aims to help communities build their own capacities for identifying and solving problems, emphasising autonomous action and self-reliance. Catalyst developmental social workers tend to work in indirect ways as their role is to commence the process but not to undertake the responsibility of keeping it going. Exchanges of experiences educationally, for instance, by persons living with disabilities in income-generating activities, can be utilised as a catalyst for development. The developmental social worker, therefore, has to be responsible for transferring the knowledge to other groups in different communities, hence aiding with community development. Toomey (2011:189) notes that the simple opportunity of hearing new ideas and presenting one's own ideas has a catalysing effect, by planting seeds of possible change in people's minds. It can be concluded that as a catalyst, the development of the social worker precipitates community development.

5.9.6 Facilitator

Lai and Ruan (2020:15) posit that the facilitation role is primarily played for the sake of bringing groups of people together to foster community development. In the case of this study, it is about bringing people with disabilities together, which is considered a segregated group, such that they can be involved in community development initiatives. Toomey (2011:186) concludes that the facilitation role is key as it incorporates acting as an objective observer, whose impartial eye can bring to light power imbalances that might have been ignored. The role is of paramount importance to marginalised groups in communities such as people with disabilities, who are not always involved in decision-making and the implementation of community development projects. The facilitation role is critical since it assists the community or interest group in areas such as decision-making processes, resource mobilisation, management, communication, as well as conflict resolution. All these aspects are played by the developmental social worker, as a facilitator for community development to be achieved.

Dhawaleshwar (2016:61) is of the view that the role of the facilitator is also vital in order to get the community thinking similarly by providing spaces in which people can meet and by guiding people through brainstorming activities in which new ideas or solutions to community problems can arise. Put simply, as a facilitator, it is not about working for the community but working with the community (Mokoena & Moeti, 2017:3). Community development can become successful if the community or action

group invests in a certain direction. Todd and Drolet (2020:9) opined that as a facilitator, the developmental social worker is there to revitalise and mobilise their own strengths and resources to aid community development. Therefore, it can be said that the developmental social worker performs a supporting and empowering function. It assists the community in finding coping strengths within themselves. The developmental social worker helps the community to use their own skills and remove stumbling blocks from reaching their full potential.

5.9.7 Ally

Toomey (2011:188) is of the notion that an ally in community development is when the developmental social worker is a friend and supporter to groups of people who are marginalised, such as people with disabilities in need of economic, social and political emancipation. Dhawaleshwar (2016:62) saw that allies can act in many different ways to support and empower communities, such as legal representatives, intermediaries, interpreters, educators and spokesmen. Mendes and Binns (2017:445) also highlight that one of the most important words for an ally is solidarity: a willingness to engage in a collective effort to sustain a caring society. Solidarity is vital for the developmental social worker in the sense that it encompasses the spirit of compassion, respect, unity and collective action in the community.

Developmental social workers are able to assist the community, especially disadvantaged groups, such as people with disabilities, in addressing issues that are paramount to them. That is to say, the development of social workers as allies also guides the community in establishing income-generating projects, such as community vegetable gardens for people with disabilities. Mokoena and Moeti (2017:7) saw that, as an ally, the developmental social worker takes a backward role; hence ownership of the process lies with the community members. Further, they have the sole task of aiding the community to look for and utilise resources hence the need to know the existing community resources. This is achieved by conducting a broad-angle scan. Therefore, in carrying out this role, the developmental social worker should have an extensive knowledge of resources and their functioning. It is critical, therefore, to apply the ecosystem approach, since it will be a guide on the availability of all stakeholders in the community for effective community development.

5.9.8 Advocate

Mokoena and Moeti (2017:8) summarise that the advocate plays more of a politically active role in community development. In this role, the developmental social worker is more concerned with the political exclusion of disadvantaged groups in society, such as people with disabilities. When working with people with disabilities, the developmental social workers act as a rights advocate and defender. Toomey (2011:191) saw that the advocates usually tend to be supporters of contentious politics and seek to support oppressed people in their struggles. This is through involvement in social movements, through advocacy as well as spreading propaganda. In the case of people with disabilities, who are at the centre of this study, developmental social workers would be responsible for fighting for the rights of people with disabilities in social and economic inclusion, in their respective communities.

Forde and Lynch saw that an advocate also offers expert knowledge and skills on a developmental matter, but does not spoon-feed or prescribe. The developmental social worker, due to his knowledge of community resources, can act as an advocate in the diagnosis and analysis of community issues and should be able to evaluate and interpret the process. As advocates, developmental social workers supply the community with information and direct advice.

5.9.9 Educator

Mokoena and Moeti (2017:7) are of the view that the educator's role involves the giving of information and the transferring of skills to the clients and community members, who are involved in developmental activities. The developmental social worker has to provide support to the income-generating projects without creating dependence. This is to equip the community, or action group, to become effective when carrying out their tasks and to become able role players in the journey of community development.

Dhawaleshwar (2016:62) is of the notion that the developmental social worker has to be a critical evaluator of community decisions and provide leadership capacity when it is necessary for the role of educator to be played successfully. The developmental social worker has to be a good communicator in such a way that information is clearly conveyed and understood by the community. For instance, people with disabilities might find it difficult to understand concepts of community development, such as planning, budgeting, financial management and implementation. In such cases, the

developmental worker has to take the role of educator in order to teach the people with disabilities about skills of project implementation on their income generation projects.

5.9.10 Counsellor

Dhawaleshwar (2016:61) saw that every individual in society has a unique character, therefore individualising the person. Similarly, fulfilling their needs is the biggest task before developmental social workers. Mendes and Binns (2017:446) also saw that meaningful and scientific interaction between the developmental social worker and every individual of the interest group within the community is expected in the notion of counselling. This provides a solution to address the issues of community members who are in the interest group. Community development is facilitated through counselling since it provides a framework for consolidating the needs of the people. People with disabilities are therefore provided counselling individually by developmental social workers to ascertain their unique challenges, which will lead to the creation of community projects, such as gardening.

5.10 SUMMARY

The chapter highlighted the history of community development in South Africa pre- and post-democracy. Sewing and home economics projects formed part of community development in the former rural homelands. Policies and legislation that shape community development have been discussed, such as the Constitution of the Republic of South Africa, the National Development Plan, the Reconstruction Development Plan as well as the recent district development plan. The process of community development has also been discussed in detail. Different roles that developmental social workers can play towards community projects for people with disabilities were included in this chapter. The next chapter focuses on the research methodology.

CHAPTER 6: RESEARCH METHODOLOGY

6.1 INTRODUCTION

The previous chapter considered the literature review on community development as a strategy for social development for persons with disabilities in community gardens. The chapter also highlighted, in general, the history of community development in South Africa and the roles taken by social workers to implement the strategy. The legislative and policy framework that underpins community development in South Africa, were also discussed.

This chapter presents the methodology that was used in this study. The research methodology necessitates a reflection on the planning, structuring and execution of the research in order to comply with the demands of truth, objectivity and validity (Brynard, Hanekom & Brynard 2015:38). Rubin and Babbie (2011:31) are of view that, “research methodology encompasses the methods and techniques by which data are collected, where and from whom this data is collected as well as the sample size used”. Kothari (2004:8) shares the same sentiments in that research methodology is a way to systematically solve the research problem. It is a science to study how research is carried out in an objective, rigorous and credible manner.

De Klerk and Harmse (2020:34) shared the sentiments that, “research methodology therefore covers research design, population, sampling procedures, data collection instruments, data analysis procedures and ethical issues of the research”. In support of the above, Cresswell and Hirose (2019:13) noted that “research methodology encompasses a set of analytical procedures and techniques used to collect and analyse information that is appropriate for evaluation of a particular project or activity”. This chapter, therefore, outlines the research methodology used in the present study. The chapter further describes the population, sample, sampling method, measuring instruments and the methodology used to gather data for this study.

In the present study, the word methodology refers to how the research was done and its logical sequence. The main focus of the study was to develop a guideline for community gardens representing persons with disabilities.

6.2 RESEARCH APPROACH

The study has undertaken a mixed-method research approach in that the interpretivist and positivist paradigms were utilised. Avali and Habek (2016:62) define a mixed-method research approach as a method that includes at least one quantitative study designed to collect numbers and one qualitative study designed to collect words, where neither type of method is inherently linked to any particular inquiry paradigm. Harrison, Reilly and Creswell (2020:479) assert that “mixed methods research is the type of research in which a researcher or team of researchers combine elements of qualitative and quantitative research approaches from data collection to analysis for the purposes of breadth and depth of understanding and corroboration”. It can, therefore, be said that the mixed-method research approach is in which the investigator collects and analyses data and draws conclusions, using both qualitative and quantitative approaches in a single study.

The reason for choosing a mixed-method research approach lies in that the study sought to develop a guideline to be used by developmental social workers in addressing social development initiatives of persons with disabilities, their families and the community at large. Combining statistical and thematic data strengthens the research findings through triangulation and adds value to softcore experiences, collected through interviews to hard data generated by questionnaires (Bowen, Rose & Pilkington, 2017:16). At the end of the study, a guideline was created to be used by social workers when working with persons with disabilities in community gardens.

6.3 TYPE OF RESEARCH

The study utilised the applied research approach. Abeysekera (2019:46) defines applied research as an original investigation undertaken in order to acquire new knowledge and it is directed primarily towards a specific practical aim or objective. Quaglione, Muscio and Vallanti (2015:662) define applied research as a scientific study and research that seeks to solve practical problems, which have an impact on life, work and the overall well-being of people. The study sought to develop a guideline that can be utilised by social development practitioners while working with persons with disabilities in community gardens. Cadotte, Jones and Newton (2020:13) are also in agreement by highlighting that, the applied research approach is much more helpful, as it strives to find information that will directly influence practice. In the study, the

findings sought to give guidance to social development practitioners when working with persons with disabilities in general and those mainly in community gardens, by developing a guideline. It can, therefore, be said that applied research answers specific questions aimed at solving practical problems. It seeks to provide innovative solutions to issues affecting an individual, group, or society and in this study, those of persons with disabilities and social development practitioners.

The study focused on the intervention research. Park and Chae (2017:13) note that intervention research examines the effect of an intervention on an outcome of interest. The study was of a community intervention approach in which the goal was to develop a guideline that primarily focused on persons with disabilities and the whole community at large. Intervention research is utilised when one needs to develop new strategies or enhance existing ones. In support of the above, Robinson, David and Hill (2016:274) highlight that intervention research involves creative as well as evaluative processes and usually results in two processes, that is a detailed description of a new product or service and an evaluation of the effectiveness of a programme or service. In the study, the former was followed since a new guideline for persons with disabilities was developed, as seen in chapter seven. Therefore, intervention research can be seen as purposive action; that is, it intends to reduce risks and improve outcomes for subjects that are under study. In the case of the study, a guideline was developed that would improve the livelihoods of persons with disabilities.

Fraser and Galinsky (2010:461) view it as, “the systematic study of purposive change strategies, as it focuses on the design and development of interventions”. It can be concluded that the process of intervention research includes specifying social problems in such a way that research can inform practice activities. Intervention research is guided by different steps, which will be discussed briefly, as this guided the study. The steps in intervention research that were followed were:

6.3.1 Development of problem and programme

Robinson, David and Hill (2016:274) are of the view that the first step involves defining the problem and developing a programme theory. Researchers should first examine the literature with regard to the topic at hand as well as key features and agents of the intervention need to be highlighted (Park & Chae, 2017:12). In the context of the study, the researcher engaged with literature extensively on community gardens in general,

and disability in particular, to have a better understanding of how the guideline could be developed. The guidelines are available in chapter seven of this research report.

6.3.2 Specification of programme structures and processes

Step 2 encompasses the design and specification of the intervention. Park and Chae (2017:13) see that the specification and intervention are guided by the results derived from the research participants. Fraser and Galinsky (2010:464) note that available literature can, therefore, be utilised to reinforce the core content. In the study, once the draft manual of the guideline was developed, it was reviewed by the study participants, who were social workers.

6.3.3 Pilot test and refining of the programme

Robinson, David and Hill (2016:276) highlight that pilot tests are usually small experiments in which researchers maintain high control of the intervention to a group of participants. In this step, different components of the intervention are tested and the manual is refined through a series of studies (Fraser & Galinsky, 2010:464). The outcomes of the pilot test determined the strengthening of some intervention components or the elimination of others. In the study, some research participants were utilised to fine-tune the guidelines that are to be utilised in the community gardens for persons with disabilities. Social workers who were part of the study were used to pilot-test the guidelines. This was done through organising a training workshop for the social workers, such that the guideline is ready for implementation. A pre-and post-test questionnaire was adopted.

In line with the goal of the study, which was to develop guidelines for community gardens for persons with disabilities within a social development approach, applied research was seen to be ideal, since it resulted in the acquisition of new information that was used in the development of new strategies when working with persons with disabilities.

Quaglione, Muscio and Vallanti (2015:662) define applied research as a scientific study and research that seeks to solve practical problems that have an impact on life, work and the overall well-being of people. Park and Chae (2017:13) note that intervention research examines the effect of an intervention on an outcome of interest.

An exploratory sequential mixed methods research design was employed by the researcher in the study. An exploratory sequential design entails that the results of the first method (qualitative) will help develop or inform the second method, which is quantitative.

A descriptive research design was implemented for the quantitative part of the study. Ivankova (2018:979) opines that “a descriptive research design is a non-experimental research method that allows researchers to gather standardised data on participants’ attitudes, opinions and experiences without influencing their behaviour in any way”. Since one of the objectives was to ascertain the economic and social benefits of community gardens for persons with disabilities, a descriptive research design was seen as ideal, as it seeks to describe the phenomenon (community gardens for persons with disabilities) and its characteristics in detail.

Community gardens for persons with disabilities were investigated to ascertain their contribution to economic and social development. One of the study's objectives was to analyse the contributions made by community gardens for persons with disabilities. The objective was achieved; hence new knowledge in the field of disability and social development was generated, as reported in chapters six and seven of this research report. It can, therefore, be concluded that applied research is universal in nature since its findings can be utilised in different contexts as well as providing solutions to specific problems. In the case of the study, the findings generated after using applied research provided a guideline to be adopted in community gardens for persons with disabilities.

6.4 RESEARCH DESIGN

De Klerk and Harmse (2020:31) define a research design as, “an integrated statement and justification of the more technical decisions involved in planning a research project”. An exploratory sequential mixed methods research design was employed in the study. An exploratory sequential design is that the results of the first method (qualitative) helped to develop or inform the second method, which is quantitative. This method is best suited for a new phenomenon that is relatively unknown. In line with the goal of the study, which sought to develop social work guidelines for persons with disabilities, it was seen as ideal to use this particular research design. The design began with qualitative data that was used to explore a phenomenon and then it built to a second quantitative phase. Commencing with qualitative methods in the first

phase of the study, allowed the researcher to unearth the social and economic challenges faced by persons with disabilities at the community gardens, which were later measured in the quantitative study (second phase).

Since it was a mixed-method research design, the quantitative design was also utilised in the study to generate numerical data. Harrison, Reilly and Creswell (2020:475) highlight that quantitative research methods emphasise objective measurement and the statistical or numerical analysis of data collected through questionnaires or surveys, using computational techniques. Creswell and Hirose (2019:14) opine that quantitative research involves the collection of data where information is quantified and subjected to statistical treatment in order to support or refute alternate knowledge claims. The quantitative design in the study generated numerical data on statements of objective facts on the economic and social aspects of community gardens for persons with disabilities. The outcomes were used to develop the guideline. A descriptive research design was implemented for the quantitative phase of the study. Schoonenboom (2018:999) is of the view that descriptive research designs seek to describe the current status of an identified variable. These research projects are designed to provide systematic information about a phenomenon. Ivankova and Wingo (2018:979) opined that “a descriptive research design is a non-experimental research method that allows researchers to gather standardised data on participants’ attitudes, opinions and experiences without influencing their behaviour in any way”. Training was conducted with the social workers on the guidelines. A pre-and post-test questionnaire was used to measure their responses in relation to the training that they had received.

6.5 RESEARCH METHODS

Research methods are the strategies, processes or techniques utilised in the collection of data or evidence for analysis in order to uncover new information or create a better understanding of a topic (Padgett, 2016:39). Since the study was of mixed-method research in nature, both qualitative and quantitative methods were employed in different phases of the study to sample, collect data, as well as analyse. The methods which were employed in the study are detailed below:

6.5.1 Study population

Padgett (2016:74) defines population as the identifiable objects or elements of interest to the researcher and pertinent to the information problem. Creswell and Creswell

(2017:32) are of the same view that a population is the totality of all subjects that conform to a set of specifications, comprising the entire group of persons that are of interest to the researcher and to whom the research results can be generalised. The population is a term that sets boundaries on the study units and it refers to individuals who possess specific characteristics.

The population of the first phase of the study consisted of all persons with disabilities, who are attending community gardens in Limpopo Province. According to the Department of Social Development, Limpopo provincial office, as of April 2022, there are fourteen (14) community gardens located in the five districts of the province with a total of 380 people who have different types of disabilities. The population also consisted of social workers from the district offices of Social Development social work offices, since they are responsible for implementing social development programmes through protective workshop activities. Social workers from Non-Governmental Organisations (NGOs) were part of the population, since they provide social development services to the community gardens for people with disabilities. The management of the community gardens also formed part of the population in the qualitative phase. Agricultural extension officers from the Department of Agriculture formed part of the population. The second phase of the study, which was a quantitative population, was of social workers both from the Department of Social Development and nongovernmental organisations.

6.5.2 Mixed methods sampling procedures

A sample can simply be defined as the subset elements of the population that will participate in the intended study. The smaller group that the studies observe is called their sample (De Klerk and Harmse 2020:36). In support of the above definition, Holloway and Gavin (2016:55) saw that, “a sample comprises elements or a subset of the population considered for actual inclusion in the study, or it can be viewed as a subset of measurements drawn from a population in which one is interested”. Creswell and Creswell (2017:36) opined that, “a sample should not only be selected to be representative of the population from which it is drawn, but it should be large enough so that the investigator can be reasonably sure that if a different sample had been drawn, using the same procedure, similar results would be obtained”. A sample can, therefore, be summarised as the actual participants in a study.

The sampling procedure refers to the method used by the researcher in the selection of cases to observe (Padgett, 2016:85). There are two types of sampling procedures, namely, probability and non-probability that a researcher can use. The researcher employed both probability and non-probability sampling methods since the study was mixed-method research.

Non-probability sampling is defined by Hammarberg, Kirkman and De Lacey (2016:499) as, “a sampling procedure where the odds of selecting a particular individual are not known because the researcher does not know the population size or the members of the population”. In the study, the researcher employed purposive sampling in the qualitative phase to select the participants, as they had already been identified. Padgett (2016:91) highlights that in probability sampling all units in the population have an equal chance to be selected for inclusion in the study. Qualitative and quantitative sampling procedures for the study will be discussed in detail below.

6.6 THE SAMPLING METHODS IN THE QUALITATIVE PHASE OF THE STUDY

The researcher selected the participants of the first phase of the study (qualitative) through purposive sampling. Padgett (2016:88) defines purposive sampling as a non-probability sampling method that does not give all the individuals in the population equal chances of being selected or participating in a research project. Hammarberg, Kirkman and De Lacey (2016:501) are of the same view that, “purposive sampling is based entirely on the judgement of the researcher, in that, a sample is composed of elements that contain the most characteristics, representative or typical attributes of the population that serve the purpose of the study”. Holloway and Gavin (2016:55) shared the sentiments that, “purposive sampling is based entirely on the judgement of the researcher, in that, a sample is composed of elements that contain the most characteristics and representative attributes of the population that serve the purpose of the study the most”. In short, purposive sampling is based on the judgement of the researcher and the purpose of the study. Since the researcher was knowledgeable of the population (persons with disabilities and social workers), purposive sampling was seen as ideal.

The sample comprised persons with physical disabilities from five community gardens for persons with disabilities in the Limpopo Province. The sample size consisted of fifty (50) participants who are persons with disabilities. This size was seen by the

researcher as sufficient to collect the desired data. The inclusion criteria were based on physically disabled persons (paraplegics, hemiplegics) of all genders. Five (5) social workers from the Department of Social Development district offices who are disability coordinators were included in the sample. Five (5) social workers from a disability non-governmental organisation formed part of the sample. Five (5) agricultural extension officers from the Department of Agriculture were part of the study. Lastly, the management of the gardens and the garden managers were also part of the study. There were five (5) in total. Therefore, the sample had a total of seventy (70) participants. In summary, the inclusion criteria of the qualitative phase were based on:

Fifty (50) persons with disabilities as participants:

- Persons with physical disabilities (paraplegia or hemiplegia).
- Participating in gardening activities.
- Diversity of gender.

Ten (10) social workers as participants:

- At least one year of experience working with community projects (NPOs).
- Diversity of gender.
- District disability coordinators (Department of Social Development).
- Disability non-governmental organisations.

Five (5) community gardens managers

- At least two years of experience managing a community garden for persons with disabilities.
- Diversity of gender.
- Either project manager/director/administrator.

Five (5) agricultural extension officers

- At least two years of experience working with agricultural projects
- Diversity of gender

6.7 THE SAMPLING METHODS IN THE QUANTITATIVE PHASE OF THE STUDY

The sample for the second phase (quantitative) was selected from a population of social workers working for the Department of Social Development, Limpopo Province and social workers from a non-governmental organisation rendering services to persons with disabilities in the Limpopo Province. The social workers were from the five districts of Limpopo province, namely, Capricorn, Waterberg, Mopani, Vhembe and Sekhukhune. Since a few social workers are working with the community gardens for persons with disabilities, purposive sampling was utilised, as it was more appropriate based on the population. The researcher had to use his expertise to choose the specific participants to fulfil the goal of the study.

6.8 DATA COLLECTION

Since the study utilised a mixed-method approach, qualitative and quantitative data collection methods were adopted. They will be explained separately.

6.8.1 Data collection methods in the qualitative phase

For the qualitative phase, data was collected using in-depth interviews as well as focus groups. The interview is a social relationship designed to exchange information between the participant and the researcher (Creswell & Creswell, 2017:61). Since the study intended to develop social work guidelines for persons with disabilities in community gardens, information such as the improvement of their livelihoods, both personal and within the family systems, were obtained. Face-to-face interviews with all the selected study participants through purposive sampling (persons with disabilities, social workers, agricultural extension officers and community garden managers) enabled the researcher to gather and collect first-hand information on the subject. Thus, interviews allowed the research participants to respond freely to the questions. Padgett (2016:43) highlights that interviews are also important in that the researcher will observe non-verbal cues or communication from the participants. Focus group interviews are utilised to collect data from a group of participants who share the same experiences (Bryan, 2016:598). A focus group is a group discussion on a particular topic organised for research purposes (Holloway & Gavin, 2016:62). In this regard, focus groups were also used when interviewing persons with disabilities on their experiences in community gardening as a way of getting their collective views.

A semi-structured interview guide or interview schedule was used in the intended study. Halloway and Galvin (2016:31) view an interview guide as having a better response rate since people who cannot read or write can be accommodated and also non-verbal cues can be noted. The researcher used semi-structured interviews, mainly because some questions can be triggered by the responses from the participants. Thus, follow-up questions were completed. The interview schedule was made up of a set of open-ended questions and will be constructed using the research objectives as the guideline. A group interview guide was utilised for the focus groups of persons with disabilities. Padgett (2016:121) is of the view that a focus group guide offers a chance for an in-depth understanding of the participants' attitudes and beliefs from a group setting. A digital recorder was also used to record the interviews with the consent of the participants.

The use of interviews (individual and focus groups) in the study helped to achieve data saturation. By definition, data saturation refers to the point in the research process when no new information is discovered in data analysis and this redundantly signals to researchers that data collection may cease (Schoonenboom, 2018:1013). Both the individual and focus group interviews drive research through openness, which is about receiving single and multiple perspectives about the meaning of truth in situations where the observer cannot be separated from the phenomenon (Rahi, 2017:4). By utilising these data collection methods in the study, data saturation was achieved.

6.8.2 Data collection methods in the quantitative phase

Bryman (2017:57) highlights that data collection methods in quantitative studies rely on structured data collection instruments that fit diverse experiences into predetermined response categories. Survey questionnaires were utilised to gather information. A questionnaire was formulated in this regard, guided by the empirical findings of the first phase of the study (quantitative). Goertzen (2017:14) is of the notion that, "questionnaires provide a structured means for participants to self-report their attitudes, beliefs and other attributes related to the topic under study".

Before data collection in the quantitative phase, the following two tasks were performed:

- Pre-test and post-test questionnaires were designed.

- The questionnaires were discussed and fine-tuned with the help of an expert social worker knowledgeable of the disability field.

The following steps were undertaken during data collection procedures:

- All the participants were provided with a letter of consent as an ethical principle.
- Permission to conduct the study from the Department of Social Development, Limpopo province and the non-governmental organisations was made available.
- An ethical clearance letter from the University of Pretoria Ethics Committee was shown to the social work participants.
- Participants signed the consent letters.
- Participants were first given the pre-test questionnaire and then the post-test questionnaire after the training was conducted.

Training on the guidelines for community gardens for persons with disabilities was done face-to-face at a venue. This made it easier for all the participants to converge at one venue. It also made it easier to collect the data.

6.9 DATA ANALYSIS

Padget (2016:104) opined that “data analysis is a process of bringing order, structure and meaning to the mass of collected data”. Data in the study was analysed qualitatively as well as quantitatively. Both processes will be discussed below separately.

6.9.1 Qualitative data analysis

The qualitative data analysis relied on the data from the researcher by means of structured and semi-structured interviews. The interviews were one-on-one and focus groups. De Klerk and Harmse (2020:46) are of the view that “qualitative data analysis is the non-numeric examination and interpretation of observations to discover underlying meanings and patterns of relationships”. Padget (2016:104) confers by saying that, “data analysis is a process of bringing order, structure and meaning to the mass of collected data”. Qualitative research brings thematic data (Clarke, Braun, & Hayfield 2015:223). Since thematic data was collected, it was analysed manually by the researcher. The thematic analysis method was used. The process which was followed is as follows:

6.9.1.1 *Organising data*

First, data was translated from the original recordings. Translations (from Se Sotho to English) were done since most interviews were conducted in the native language. Most of the data was recorded with a tape recorder after consent was obtained from the participants. Field notes taken were also analysed. The researcher transcribed the voice recordings of the participants' interviews by listening to all the audio recordings. There were seventy (70) recordings that were transcribed. In order to make sense of the data, it was re-read several times, so that the researcher was more familiar with it.

6.9.1.2 *Coding*

Data coding in qualitative research systematically categorises and classifies data as it involves separating a phrase or word and tagging it with a code that describes a data group (De Klerk & Harmse 2020:53). In the study, it helped to find themes and patterns in the unstructured data from the transcripts of one-on-one interviews and focus groups. Coding was done by the researcher to avoid errors. Bryan (2016:602) saw that manual coding of data is time-consuming but reduces error. A similar phenomenon was grouped. Three columns of the data sets were created which were themes, sub-themes and categories. This is how the empirical findings of the study were presented in Chapter 7. For instance, data collected from persons with disabilities had a theme of social work services, a sub-theme of disability mainstreaming and the category of social development. This process was applied to all the data sets based on the participants groups, who were persons with disabilities, social workers, community garden managers and agricultural extension officers. A clear picture of the coded data is available in Chapter 7 themes tables.

6.9.1.3 *Understanding data*

The data in the qualitative phase was understood and evaluated by making comparisons with available literature and the researcher's own views. The researcher concluded that social services in the community gardens are not provided based on the needs of persons with disabilities. The social workers were also seen to lack a general knowledge of disabilities, which is key when providing services. This formed the basis for developing the guidelines to be used by social workers when working with persons with disabilities in community gardens. The data was then presented in a narrative report that contained the reflections of the participants.

6.9.1.4 *Presentation of data*

Data in the qualitative phase was presented in the form of themes, sub-themes and categories. Chapter Seven provided the empirical findings of the qualitative phase. The collected and analysed data was presented in the form of a thesis.

6.9.2 Quantitative data analysis

A quantitative approach was adopted while analysing the data collected through the questionnaires. Sheard (2018:429) opines that quantitative data analysis means analysing data that is numbers based or data that can easily be converted into numbers without losing any meaning. Albers (2017:13) shares the same sentiments in that quantitative data analysis is defined as the value of data in the form of counts or numbers, where each dataset has a unique numerical value associated with it.

Turner and Lambert (2015:321) describe quantitative data analysis as the numerical representation and manipulation of observations to describe and explain, the phenomena under study. In the study, statistical techniques were applied to enable generalisations of sample findings about the population under study. The Statistical Package for the Social Sciences (SPSS) was used to analyse and present data. A quantitative data analyst (Actuarial data scientist) was employed to assist with the quantitative data analysis phase.

Steps that were taken to analyse the quantitative data as prescribed by Turner and Lambert (2015:323) were as follows:

6.9.2.1 *Data editing*

Data editing was performed to reduce and correct an error that might have occurred during data collection (Turner & Lambert, 2015:325). Editing had to be done before coding started and the researcher had to verify whether the data was captured correctly.

6.9.2.2 *Data coding/scoring of responses*

Data coding refers to the grouping and assigning of values to responses from the data (Albers, 2017:13). Numerical values were assigned to each questionnaire variable and a unique identification number that distinguishes all the sets of questionnaires was established. Two sets of questionnaires are pre-and post-test. The researcher had to prepare a code book and memorandum of how the scoring had to be completed and

recorded. For instance, some of the questions were dichotomous as they had a yes or no answer sequence and had 1 and 2 numerical values attached. Some questions had poor, average and excellent sequences and had numerical values of 1, 2 and 3, respectively. This process was performed throughout. The participants had to tick only one answer as per the instructions on the questionnaire. The scoring by the participants formed the basis of the comparison of knowledge gained after the training on the guidelines through the post-test questionnaire. The scoring of the responses made it possible to make an informed opinion on whether the participants had knowledge prior to the training of the guideline as well as after the training.

6.9.2.3 *The process of data presentation*

The merged pre-test and post-test scores of the participants were analysed and presented. The researcher utilised the box and whisker plots to provide meaning to the data collected and to make comparisons. The box and whisker plot is a useful way to compare different sets of data, as one or more box plots can be drawn on one graph (Midway, 2020:13). A box and whisker plot is a convenient way to visually display quantitative data through their quartiles (Cooksey & Cooksey, 2020:63). This was beneficial in the study since comparisons had to be made between pre- and post-questionnaires.

Tables were also used to present data in the study. It is a common way to present quantitative data, particularly when the data involves multiple variables. Tables can be used to show the frequency or percentage of data in different categories or to display summary statistics (Albers, 2017:21). In the study, pre-and post-test scores were presented in tables. Graphs are useful for visualising quantitative data and can be used to highlight patterns and trends in the data (Sheard, 2018:434). In the study, pie charts and clustered bar graphs were used to present the data.

6.10 DATA QUALITY

In any study, the findings must be believable, consistent, applicable and credible if they are to be useful to readers and other researchers (Denzin & Lincoln, 2011:44). Data quality in the study was achieved through the following criterion.

6.10.1 Trustworthiness of the qualitative data

Quality criteria are about the means that are devised in research to ensure the trustworthiness of the results. Quality in qualitative studies can be ensured through

four basic forms, which are credibility, dependability, transferability and conformability (Shenton, 2004:63). Data quality in the first phase (qualitative) is discussed below.

6.10.1.1 Credibility

Denzin and Lincoln (2011:45) note that credibility refers to the trustworthiness, verisimilitude and plausibility of the research findings. Shenton (2004:66) highlights that credibility deals with the question, “How congruent are the findings with reality?”. The credibility of a qualitative research paradigm depends on the ability and effort of the researcher. The researcher selected the most appropriate sample size to ensure the credibility of the study. The researcher also utilised relevant research tools, such as face-to-face interviews and by seeking honest responses from the interviewees by assuring them of the confidentiality of their participation in the study. A sample of seventy (70) participants was used in the study. Credibility was also achieved by ensuring that the study participants’ demographic information was described accurately, which included their disability as well as educational qualifications.

6.10.1.2 Dependability

Carcary (2009:31) highlighted that “dependability entails that if the study were to be repeated in the same context with the same methods and with the same participants, similar results would be obtained”. Shenton (2004:66) is of the view that “dependability entails that the researcher should at least strive to enable future investigators to repeat the study”. It entails that if the work is to be repeated in the same contexts with the same methods and with the same participants, similar results will be obtained (Denzin & Lincoln 2011:41). In this chapter, which is a research methodology, the researcher described in detail the research design, which is a framework for the collection and analysis of data. The researcher mentioned the method of data collection, which was in-depth interviews. Such a detailed description of the methods in the research provides information on how repeatable the study can be if it is repeated by a different researcher.

6.10.1.3 Transferability

Lietz, Langer and Furman (2006:443) are of the view that “transferability relates to the extent to which the findings of one study can be applied to other situations”. Shenton (2004:63) highlighted that “to allow transferability, researchers provide sufficient detail of the context of the fieldwork for a reader to be able to decide whether the prevailing

environment is similar to another situation with which he or she is familiar and whether the findings can justifiably be applied to other settings”. In this regard, background data, which includes detailed information about the study area, that is, Limpopo province of South Africa, was well documented. This will allow readers and other researchers to relate the findings with other similar study areas so that transferability can be reached.

6.10.1.4 Conformability

Conformability refers to the fact that researchers must take steps to demonstrate that findings emerge from the data and not their predispositions (Shenton, 2004:67). It refers to the fact that the findings of the study are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher (Denzin & Lincoln, 2011:47). Conformability was assured in the study by providing a detailed and informative research methodology. To achieve conformability, detailed records of data collected in this study were kept safely for peer review or outside audit if required.

6.10.1.5 Audit trail

An audit trail is a transparent description of the research steps taken from the start of a research project to the development and reporting of findings (Carcary, 2009:31). These are records that are kept regarding what was done in an investigation. The audit trail enables readers to trace through a researcher’s logic and determine whether the study’s findings may be relied upon as a platform for further enquiry (Mohajan, 2017:71). In the study, categories that were looked into for the audit trail included raw data such as field notes, data collection instruments, development information as well as all process notes of the study.

6.10.1.6 Member checking

Schoonenboom (2018:1003) is of the view that member checking is a qualitative technique used to establish the tenet of credibility in trustworthiness. It is defined as sharing either a summary of the findings or sharing the whole findings with the research participants (Carcary, 2009:33). In the study, the transcript review method was utilised whereby the researcher sent a copy of the interview transcript to each participant so that they review the document. This was done to ensure that participants have an opportunity to review and make corrections and edits if necessary (Mohajan,

2017:71). Member checking, therefore, gives the ability to correct errors and challenge what is perceived as wrong interpretations.

6.10.2 Quantitative data quality

Quantitative data quality in the study will be achieved through looking at reliability and validity, content validity, construct validity and criterion validity.

6.10.2.1 *Reliability and validity*

The purpose of establishing reliability and validity in research is essential to ensure that data is sound and replicable and the results are accurate. Mohajan (2017:59) is of the notion that reliability is the extent to which a research instrument consistently has the same results if it is used in the same situation on repeated occasions. It is the accuracy of an instrument. Validity is defined as the extent to which a concept is accurately measured in a quantitative study (Heale & Twycross, 2015:66). To achieve reliability and validity in the study, the researcher conducted a pilot study to pre-test the study's questionnaires. The questionnaires were fine-tuned as gaps were seen in the pilot study. To ensure the validity of the study, the researcher looked at the following aspects:

6.10.2.2 *Content validity*

Heale and Twycross (2015:67) opine that content validity examines whether the instrument adequately covers all the content that it should be, concerning the variable. A subset of content validity is face validity where experts are asked their opinion about whether an instrument measures the concept that is intended (Mohajan, 2017:61). To achieve content validity, the questionnaires were structured based on the objectives and goal of the study. They were also developed based on the results of the quantitative phase.

6.10.2.3 *Construct validity*

Construct validity refers to whether you can draw inferences about test scores related to the concept being studied (Heale & Twycross, 2015:67). It is the extent to which a research instrument measures the intended construct (Mohajan, 2017:60). It can therefore be said that construct validity is the degree to which the research instrument measures the intended concept under study. To achieve construct validity in the study, the questionnaire was pre-tested in the pilot study in order to establish how the participants understood and interpreted the questions.

6.10.2.4 *Criterion validity*

Heale and Twycross (2015:67) see that criterion validity is any other instrument that measures the same variable. Correlations can be conducted to determine the extent to which the different instruments measure the same variable (Mohogan, 2017:61). That is to say, criterion validity is the extent to which a research instrument is related to other instruments that measure the same variable. In the study, criterion validity was achieved through formulating the questionnaire based on literature that is available on community gardens, social work and persons with disabilities.

6.11 PILOT STUDY

The researcher conducted two separate qualitative and quantitative pilot studies to test and fine-tune the data collection tools. By definition, a pilot study is a small study to test research protocols, data collection instruments and sample recruitment strategies in preparation for the actual larger study (Maree, 2016:91). For the qualitative pilot study, a sample of four (4) participants was utilised, which included;

- One (1) person with a disability from the community gardens.
- One (1) manager from the community gardens.
- One (1) social worker,
- One (1) agricultural extension officer.

The quantitative pilot study involved testing a set of pre-test questionnaires, which was utilised in the study with the social workers. There were four (4) participants in the pilot study. A social worker participant was given a questionnaire to complete with the assistance of the researcher. Consent was given. Semi-structured interviews were conducted with a manager of a community garden, an agricultural extension officer and a person with a disability. The participants used in both pilot studies were, therefore, automatically not used in the actual study to reduce data contamination as well as the reliability of the results.

6.12 ETHICAL CONSIDERATIONS

Ethics can be defined as principles that offer rules to researchers when conducting their research projects (Resnik, 2018:71). This section discusses the ethics that were considered for the study to be successful.

6.12.1 Permission to conduct the study

To render this study ethical, the researcher sought permission from the Faculty of Humanities, University of Pretoria. Thus, written permission to conduct the study was obtained from the University of Pretoria Ethics Committee. An ethical clearance letter is attached as part of the addendums of this research report. Written permission was sought from the management of all the community gardens that were part of the study. The Limpopo Province Department of Social Development permission was sought for allowance for their social workers to participate in the study. All the permission letters from the stakeholders mentioned above are available in the annexure section of this research report.

6.12.2 Informed consent

Resnik (2018:75) shared that “informed consent implies that all possible or adequate information on the goal of the investigation and the procedures that will be followed during the investigation be rendered on potential subjects or their legal representatives”. Participants’ consent was obtained before administering the interview guide and the questionnaires. A consent form was signed by each participant of the study. Consent was also sought when recording the interviews using a digital recorder.

6.12.3 Confidentiality

Rubin and Babbie (2016:87) are of the opinion that “confidentiality is a basic, ethical principle while anonymity is one way in which confidentiality is maintained”. Cascio and Racine (2018:174) highlight that “anonymity means that no one, including the researcher, should be able to identify any subjects afterwards”. Confidentiality in the study was achieved through the safekeeping of data collected from participants. Issues arising from individual interviews were not discussed in ways that would have identified them. Identification particulars such as the names of the participants were not disclosed or available in the interview guide or the questionnaires. Pseudo-names were used. To keep the data collected in the study secure, it will be kept within the Department of Social Work and Criminology for a period of ten years before being destroyed.

6.12.4 Beneficence – avoidance of harm

Research should never injure the people being studied, regardless of whether they volunteer for the study (Cascio, Weiss & Racine, 2020:22). Resnik (2018:77) is of the view that “subjects can be harmed physically or emotionally. A researcher must consider all possible consequences of the research and balance the risks with proportionate benefits”. In the study, psychological and emotional harm was a probable risk the participants could have encountered. The researcher was also aware that most of the research subjects were persons with physical disabilities; hence they were treated with dignity. The researcher avoided sensitive questions since discussing disability experiences is sometimes emotional. The researcher planned with the local Department of Social Development social work offices, close to the community gardens where the study took place, for counselling purposes if needed.

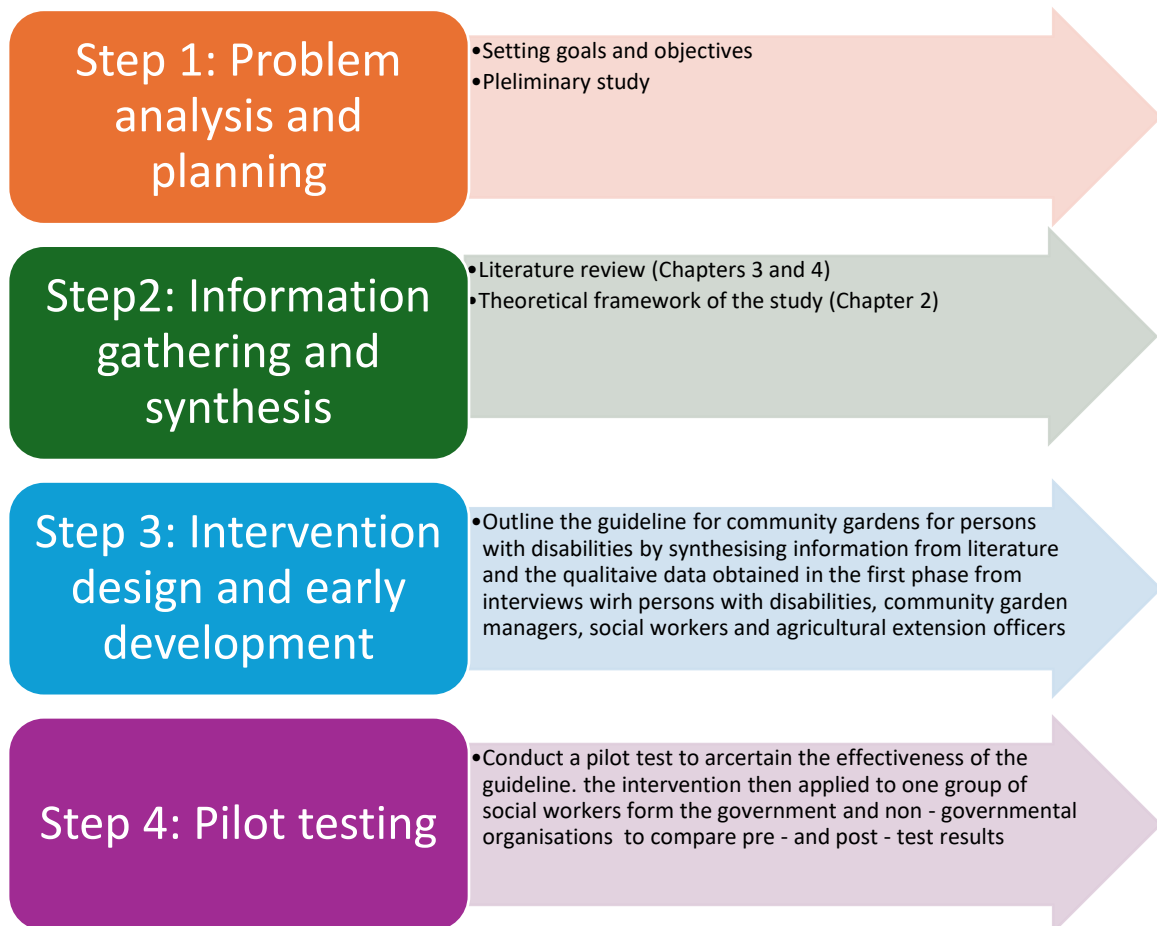
6.12.5 Voluntary participation

Cascio and Racine (2018:176) define voluntary participation as “the willingness of an individual to participate in research, as no one should be forced to participate”. People identified to be part of a sample should not be coerced or forced to participate in the research (Rubin & Babbie, 2016:85). Participation was therefore voluntary and the participants were told that they could withdraw at any stage of the research process without any consequences.

6.13 SUMMARY

In summary, both quantitative and qualitative research designs were selected for the study. In-depth interviews as well as questionnaires were used to collect data from the research participants. Ethical considerations met in the study, such as voluntary participation, confidentiality as well as beneficence, were discussed. The next chapter will deal with the findings of the research, analysis of the results as well as interpretation.

CHAPTER 7: EMPIRICAL FINDINGS ON THE SOCIAL, ECONOMIC AND LIVELIHOOD CHALLENGES AMONGST PERSONS WITH DISABILITIES IN LIMPOPO PROVINCE OF SOUTH AFRICA – FIRST PHASE



Phases of intervention research followed in the study. Sourced from Robinson, David and Hill (2016)

7.1 INTRODUCTION

This chapter presents an analysis of data obtained from the initial phase of qualitative research conducted within the study area of Limpopo Province. This chapter aims to present key findings from the research participants based on the interview questions. The data collection instruments focused on general issues, such as livelihoods, poverty alleviation, benefits of community gardens and support from governmental and non-governmental organisations, and challenges faced by persons with disabilities. Thus, the data was processed in response to the research questions posed in Chapter 1 of this dissertation. Data was analysed manually by the researcher.

The steps taken are detailed in the previous chapter of the research methodology. A tabular interpretation of the participants' biographical profiles was adopted. The nodes/themes and sub-themes were also tabulated. The researcher utilised descriptive analysis to analyse the data. Rahi (2017:8) indicates, "descriptive analysis helps to describe, show, or constructively summarise data points, such as the patterns that might emerge to fulfil every condition". It should also be highlighted that descriptive analysis was used to describe the participants' demographics, qualifications, age, frequency and income generation. Therefore, tables and pie charts were used. The following section presents the demographics of the study's participants.

7.2 AIM AND OBJECTIVES OF THE STUDY

7.2.1 Aim

The present study aimed to develop and implement social work guidelines for community gardens for persons with disabilities.

7.2.2 Objectives

The objectives of the qualitative first phase of the study were:

- To explore persons with disabilities' inclusion in community gardens within the international and local context.
- To ascertain community gardens' economic and social benefits for persons with disabilities.
- To investigate and analyse the contributions made by community gardens in addressing poverty and uplifting the livelihoods of persons with disabilities.

- To examine the role played by social workers in community gardens for persons with disabilities with respect to social development.
- To propose a social work framework of guidelines for community gardens for persons with disabilities.

7.2.3 Research questions

The main research questions in this phase were:

- How do community gardens contribute to persons with disabilities in addressing poverty and uplifting their livelihoods?
- What roles do community gardens for persons with disabilities play in addressing poverty and uplifting livelihoods?
- What are community gardens' economic and social benefits for persons with disabilities?
- What are social workers' roles in community gardens for persons with disabilities with respect to social development?

7.3 EMPIRICAL FINDINGS – THE FIRST PHASE OF THE STUDY (QUALITATIVE)

The study's findings in the qualitative phase are presented and discussed in accordance with the participant groups interviewed. The groups are namely persons with disabilities (A), social workers (B), community garden managers (C) and agricultural extension officers (D). The presentation will follow the sequence below:

- Biographical information of the participants is presented in a descriptive format. A tabular presentation is given.
- Data is then presented according to the themes and sub-themes that emerged. A tabular presentation is first given. Thematic analysis is then given with direct quotes from participants. The data was then discussed and substantiated with literature.

7.3.1 Section A: Findings from persons with disabilities

The qualitative phase of the study had a sample of 50 persons with disabilities derived from five community gardens. Interviews were done at five community gardens for persons with disabilities in the Limpopo Province. This section focuses on biographical information and is followed by thematic analysis.

7.3.1.1 *Biographical profiles of persons with disabilities*

Table 7.1 gives biographical information of persons with disabilities as participants, followed by thematic analysis.

Table 7.1: Biographical information of persons with disabilities in the qualitative study

Pseudo name	Age	Gender	Disability	School level	Gardening Skills	Assistive Device	Years at the community garden
Pwd 1	23	Female	Cerebral Palsy	Grade 11	n/a	Wheelchair	2
Pwd 2	26	Male	Spina Bifida	Grade 8	n/a	Wheelchair	1
Pwd 3	19	Female	Paraplegia	Grade 10	n/a	Wheelchair	2
Pwd 4	33	Male	Hemiplegia	Grade 11	n/a	Crutches	4
Pwd 5	27	Male	Muscular Dystrophy	Grade 10	n/a	n/a	3
Pwd 6	45	Female	Spinal cord	Grade 7	n/a	Crutches	7
Pwd 7	39	Female	Spinal cord	Grade 8	n/a	Crutches	6
Pwd 8	33	Female	Hemiplegia	Grade 11	n/a	Crutches	4
Pwd 9	24	Male	Muscular Dystrophy	Grade 10	n/a	n/a	2
Pwd 10	29	Male	Spinal cord	Matric	n/a	Wheelchair	6
Pwd 11	41	Female	Paraplegia	Grade 7	n/a	Wheelchair	7
Pwd 12	37	Male	Paraplegia	Matric	n/a	Wheelchair	4
Pwd 13	43	Female	Hemiplegia	Grade 7	n/a	Crutches	8
Pwd 14	24	Female	Spina Bifida	Grade 7	n/a	Wheelchair	2
Pwd 15	25	Male	Spina Bifida	Grade 10	n/a	Wheelchair	2
Pwd 16	31	Male	Cerebral Palsy	Grade 8	n/a	n/a	3
Pwd 17	33	Female	Muscular Dystrophy	Matric	n/a	Wheelchair	2

Pseudo name	Age	Gender	Disability	School level	Gardening Skills	Assistive Device	Years at the community garden
Pwd 18	26	Female	Muscular Dystrophy	Grade 7	n/a	n/a	2
Pwd 19	31	Female	Spina Bifida	Grade 8	n/a	n/a	3
Pwd 20	44	Female	Paraplegic	Grade 10	n/a	Wheelchair	8
Pwd 21	39	Male	Hemiplegia	Grade 7	n/a	Crutches	4
Pwd 22	22	Male	Hemiplegia	Grade 7	n/a	Crutches	2
Pwd 23	44	Female	Cerebral Palsy	Grade 10	n/a	Wheelchair	2
Pwd 24	28	Female	Paraplegia	Grade 7	n/a	Wheelchair	3
Pwd 25	24	Female	Spina Bifida	Grade 7	n/a	Wheelchair	2
Pwd 26	30	Female	Spinal cord	Grade 10	n/a	Wheelchair	4
Pwd 27	28	Male	Hemiplegia	Grade 7	n/a	Crutches	3
Pwd 28	26	Female	Hemiplegia	Grade 10	n/a	Crutches	3
Pwd 29	39	Female	Paraplegia	Grade 7	n/a	Wheelchair	5
Pwd 30	41	Female	Spinal cord	Grade 10	n/a	Wheelchair	6
Pwd 31	29	Male	Cerebral Palsy	Grade 7	n/a	n/a	3
Pwd 32	33	Female	Spina Bifida	Grade 7	n/a	n/a	4
Pwd 33	25	Female	Muscular Dystrophy	Grade 8	n/a	Wheelchair	2
Pwd 34	22	Male	Muscular Dystrophy	Grade 11	n/a	Wheelchair	1
Pwd 35	33	Male	Hemiplegia	Grade 7	n/a	Crutches	4
Pwd 36	29	Female	Hemiplegia	Grade 7	n/a	Crutches	4
Pwd 37	28	Female	Paraplegia	Grade 10	n/a	Wheelchair	2

Pseudo name	Age	Gender	Disability	School level	Gardening Skills	Assistive Device	Years at the community garden
Pwd 38	41	Female	Cerebral Palsy	Grade 10	n/a	n/a	5
Pwd 39	32	Male	Spinal Cord	Grade 7	n/a	n/a	6
Pwd 40	23	Female	Paraplegia	Grade 8	n/a	Wheelchair	1
Pwd 41	26	Female	Hemiplegia	Grade 8	n/a	Crutches	7
Pwd 42	37	Male	Hemiplegia	Grade 10	n/a	Crutches	6
Pwd 43	32	Female	Spina Bifida	Grade 7	n/a	Wheelchair	4
Pwd 44	26	Female	Spina Bifida	Grade 10	n/a	n/a	3
Pwd 45	31	Female	Paraplegia	Grade 10	n/a	Wheelchair	3
Pwd 46	29	Male	Paraplegia	Grade 8	n/a	Wheelchair	4
Pwd 47	27	Female	Paraplegia	Matric	n/a	Wheelchair	3
Pwd 48	31	Male	Hemiplegia	Grade 7	n/a	Crutches	3
Pwd 49	33	Female	Muscular Dystrophy	Grade 7	n/a	n/a	4
Pwd 50	29	Male	Paraplegia	Grade 7	n/a	Wheelchair	3

As presented in the above table, 50 participants were persons with disabilities in the study. Nineteen were female, while 31 were male. All the participants had physical disabilities, which were:

- Paraplegia – 12
- Hemiplegia – 12
- Muscular Dystrophy – 7
- Spina Bifida – 8
- Spinal cord injury – 6
- Cerebral Palsy – 5

Table 7.1 also shows the educational qualifications of the participants. Four of the participants had Matric certificates. Of the participants, four had grade 11. The number of participants who had grade 10 were 14. Eight participants had Grade 8 as a level of education. Twenty of the participants had Grade 7 as their level of education.

Twenty-five of the participants use wheelchairs as a form of an assistive device for mobility purposes within the community gardens. Fourteen of the participants utilise crutches for mobility purposes. Eleven participants did not require any form of assistive devices in their daily movements.

7.3.1.2 *Thematic analysis of persons with disabilities participants*

In this section, themes and sub-themes identified in the study are presented. The verbatim responses are from the persons with disabilities who were interviewed face-to-face. Literature is then used to substantiate the findings. Table 7.2 gives a summary of the themes and sub-themes.

Table 7.2: Themes and sub-themes of the study of Category 1: Social Development services

Theme	Sub-theme	Category
Theme 1: Social work services in community gardens for persons with disabilities	Sub-theme 1.1: Social development services. Sub-theme 1.2: Disability mainstreaming	Category 1: Social development services.
Theme 2: Benefits of community gardens for persons with disabilities	Sub-theme 2.1: Economic development Sub-theme 2.2: Social/Emotional development. Sub-theme 2.3: Social Capital Sub-theme 2.4: Health well-being Sub-theme 2.5: Food and nutritional security. Sub-theme 2.6: Employment creation Sub-theme 2.7: Livelihoods	Category 2: Socio-economic impact of community gardens for persons with disabilities.

Theme	Sub-theme	Category
Theme 3: Community gardens as a place of struggle for persons with disabilities	Sub-theme 1: Uplifting the status of persons with disabilities. Sub-theme 2: Poverty alleviation Sub-theme 3: Education	Category 3: Uplifting the status of persons with disabilities.
Theme 4: Challenges	Sub-theme 4.1: Accessibility Sub-theme 4.2: Equipment Sub-theme 4.3: Participation Sub-theme 4.4: Markets Sub-theme 4.5: Water scarcity Sub-theme 4.6: Reward	Category 4: Constraints faced by persons with disabilities in community gardens.

Category 1: Social Development Services

In this category, social development services for persons with disabilities are discussed. The theme that emerged is social work services, provided by social work practitioners to persons with disabilities. The sub-themes were social development services and disability mainstreaming services.

Theme: Social work services in community gardens for persons with disabilities

The theme discusses the responses of persons with disabilities regarding social development services provided at the community gardens by both social workers from the Department of Social Development and Non-Profit Organisations. The participants highlighted their perceptions regarding the social work services provided at the community gardens for persons with disabilities.

Sub-theme 1.1: Social development services (casework and group work)

Most participants ascribed that social workers provide services to them at their community gardens. Although it is not done regularly, they are visited by social workers offering various services. The responses are captured as follows:

[The social workers do come occasionally to offer their services if we are experiencing any issues here in the garden or at home]. PwD 6

[The one-on-one sessions are essential as they allow us to explain our social issues and get deep counselling from them. The social workers try to understand us from our point of view and not being judged]. PwD 37

[Individual sessions with social workers are helpful as they offer a service based on your needs. Although the social workers are few, some issues need to be addressed personally and confidentially]. PwD 41

Casework is usually mainly provided to clients (persons with disabilities) from joining the community garden until they exit. Teater (2019:37) highlights that casework focuses on the individual's well-being in an environment and the ability to adapt to the broader community. In this regard, persons with disabilities' well-being in the community gardens is addressed through casework.

The participants also highlighted that they are offered services in a group work setting, which is group work. They pointed out that they sit in a group where they share their experiences and ways to overcome them. The responses were:

[When we are together in a group, I am more comfortable sharing my experiences with others who have a disability like me. Hearing other people's experiences also teaches me how to go about life]. PwD 9

[I really enjoy the sessions since sharing with people with similar disabilities and challenges is useful. I end up getting valuable information from other group members when we have the sessions] PwD 11

[The group sessions are very conducive for participation since you feel welcomed and know you have people with similar problems] PwD 14

The above responses highlight the importance of group work for persons with disabilities at the community gardens as they can be educated and learn lessons from others in similar situations. Rothman (2018:16) pointed out that "the social model holds that disability is a product of the ongoing interaction between individuals and their environments". Oliver (2018:44) believes this model focuses on the dynamic interactions of their individual characteristics, such as conditions, functional status and personal social qualities with the natural, built, cultural and social environments. For example, a new client (person with a disability) at the community gardens with a disability who uses a wheelchair to aid mobility may face physical and attitudinal barriers to working in the garden and being involved with gardening activities. It is,

therefore, crucial to institute group work for persons with disabilities with similar challenges and experiences as they come together in a group setting for participation and their voices heard for proper decision-making.

Kjellberg and Jansson (2020:5) stipulate that the capability approach in social work is used as a tool to address social and economic challenges affected by marginalised groups through casework and group work. The capabilities approach promotes strengths in individuals and groups to reach empowerment goals. In the study, the participants saw casework and group work as effective in addressing their needs on a personal level, hence working on their strengths.

Sub-theme 1.2: Disability mainstreaming

Most participants agreed that disability mainstreaming is critical in their lives both at the community gardens and in the community. They shared that usually, community members and their non-disabled peers do not understand them as unique people who also have a right to life.

[Most people who are non-disabled at the community garden do not understand us fully; hence, these sessions are critical for our well-being]. PwD 18

[The sessions from social workers are informative as we are taught about our rights as human beings] PwD 21

[We are made to see that we also have a right to social and economic development like any other South African] PwD 24

[The sessions are very informative since they give us insight into how to live with our non-disabled peers in the community] PwD 32

Tardi and Njelesani (2015:1496) highlighted that disability mainstreaming is a process of assessing and addressing the possible impact of any planned action on persons with disabilities. It is a way to promote inclusion and address the barriers that exclude persons with disabilities from the equal enjoyment of their human rights. In the study area, the social workers, together with persons with disabilities, formulated disability mainstreaming action plans within the community gardens to ensure that community garden management and staff are informed on disability-related aspects to serve better. This also involved sensitisation and training community garden staff on service

provision to persons with disabilities. The training also encompasses disability wording and what is expected regarding treating persons with disabilities.

The capabilities approach notes that the focus should be on growing each individual's valuable capabilities (Abreu, Comim & Jones, 2023:16). The capabilities are fundamental freedoms, opportunities and empowerment activities such as skill training. In the community gardens, persons with disabilities avail themselves of these opportunities in disability mainstream training which is key to their empowerment.

Category 2: Socio-economic impact of community gardens for persons with disabilities

In this category, there is one theme and nine sub-themes. The theme highlights community gardens' benefits to persons with disabilities and their communities. The sub-theme emphasises socio-economic aspects, such as economic development, socio-emotional development, and employment contribution.

Theme 2: Benefits of community gardens for persons with disabilities

Research question three, which was set at the beginning of the study, was to identify the economic and social benefits of community gardens for persons with disabilities. The question looked at ways in which community gardens contributed to poverty alleviation not only for persons with disabilities but also for the households in which they live. That is to say, do the community gardens for persons with disabilities in some ways create employment and generate income for persons with disabilities and in some way aid poverty reduction? The section on economic development below reports on the findings based on the research questions set. Theme 2, therefore, discusses the benefits of community gardens for persons with disabilities, including economic development, social and emotional, environmental and health, as well as food and nutritional benefits. Seven sub-themes emanate from this theme, which will be discussed below. The sub-themes are economic development, social/emotional development, social capital, health, well-being, food/nutrition, security, employment creation and livelihoods.

Sub-theme 2.1: Economic development

Income Generation

Most participants had positive responses regarding the role of community gardens in income generation. Their responses were as follows:

[The produce is sold at the local market (schools and government departments) and some to the Polokwane vegetable market. The income supplements my disability grant to some extent]. PwD 13

[The money I get means a lot since I am able to cover some of my material needs]. PwD 2

[We sell the produce we would have harvested from the gardening activities; hence, that income helps us buy the household's basic needs, such as food and toiletries. The produce itself also assists in food consumption needed in the house]. PwD 45

[The income assists a lot in my household as I also contribute to daily expenses such as food and electricity] PwD 46

The findings on this sub-theme show that community gardens contribute to income generation, improvement in livelihood and economic emancipation. Ikebuaku (2022:79) highlighted that the capabilities approach achieved functioning, which is the end product of participating in economic activities. The study shows that the respondents receive income after participating in gardening activities. The respondents highlighted that, on average, they get roughly R1300 per month in equivalence. However, some factors contribute to changes in income, such as planting and harvesting times. For instance, in December, income is significantly higher due to sales of butternuts, carrots, and beetroots purchased by social “stokvel” groups and organisations for their year-end functions.

Entrepreneurship and rural development are promoted. The persons with disabilities pointed out that their economic livelihoods have improved significantly since participating in the community garden. The study noted that economic independence is achieved by not using supermarkets to purchase vegetables, such as cabbages, spinach and tomatoes. This acts as a saving since the finances are used for other things. Therefore, expenses on food are reduced. To confirm these findings, Galhena, Freed and Maredia (2013:7) highlight that “generally, the economic benefits of

community gardens go beyond food and nutritional security at a household level, especially to disadvantaged groups within communities, such as the elderly, women and persons with disabilities”. However, the researcher noted that increased marketing facilities can help improve agricultural activities. There should be access to transportation to sell fresh produce at more prominent places such as busy malls, and taxi ranks since it can increase their income.

The responses have shown that agricultural produce is not only meant for consumption to meet household needs but is also used as an economic incentive to improve the livelihoods of persons with disabilities. Moon and Lee (2020:8633) have seen that sustainable small-scale agriculture production in communities positively impacts the livelihoods of the participants and their families. In support, Candemir, Duvaléix and Latruffe (2021:1121) saw that small-scale agricultural projects are proving to be economic drivers in rural areas, improving household income. Since persons with disabilities rely solely on the disability grant, the community garden aids the financial income utilised at the household level to purchase basic materials and luxuries such as clothing and cellular devices and even support other siblings in the household with scholarly fees. Savings clubs are also formed within the community garden through “stokvel” (informal savings clubs), in which the members contribute their earnings to a pool. This financial pool is shared at the end of the year and positively impacts the lives of persons with disabilities.

The income generated is also essential to household security because it is utilised to purchase other basic foodstuffs such as cooking oil, mealie meal and rice, reducing the burden on the disability grant. It has also been noted that community gardens play a pivotal role in the economic development of persons with disabilities. However, the production system is structured more efficiently at a small scale since high-value and market-oriented farming is done. Egli, Oliver and Tautolo (2016:349) confirm the findings that community gardening is less cost-intensive, requires fewer inputs and is extremely important for people who have limited access to production inputs. Oliver (2018:4) also agreed by highlighting that where land constraints exist, innovative tools should be implemented to make efficient use of limited space. For instance, some community gardens have a poultry section for producing chicken, which is always in demand from community members and informal restaurants commonly known as

“Chisa Nyamas”. The main focus is always on-demand vegetables such as beetroot, spinach, cabbages and butternut.

These vegetables have a readily available market. These results can also confirm the Asset-Based Community Development Approach concept of local natural resources such as land impacting agricultural production. Serrat (2017:2) notes that the availability of land promotes agricultural activities, which can sustain the economic well-being of people. Aberra (2022:151) supports this by highlighting that the natural environment needs to be harnessed through economic activities to uplift the livelihoods of disadvantaged groups of people.

Nussbaum (2015:6) believes that the capabilities approach focuses on what people can do rather than merely distributing goods and resources. The capabilities approach recognises people’s diversity in converting those resources and goods into real opportunities and achievements (Jain 2020:323). Persons with disabilities who are at a disadvantage due to their physical limitations can conduct income-generating projects to reach economic independence. The respondents have shown that even with mobility restrictions, they can engage in gardening activities, giving them economic freedom.

Sub-theme 2.2: Social/Emotional development benefit

The community gardens were seen as places of social and emotional development by the participants, persons with disabilities and social workers. The participants highlighted that:

[Furthermore, as I meet my community members (persons with disabilities) in this activity, we get to communicate and share struggles we encounter in our daily lives. I find it very helpful for me to cope emotionally, knowing I am not alone in this situation. Some social workers come, and we talk about our experiences in a group]. PwD 6

[Apart from that, as we harvest, for example, vegetables, it boosts in me a sense of self-worth and confidence that regardless of my disability, I can achieve something in life]. PwD 13

[More so, just interacting with the garden nature brings peace of mind and helps alleviate most stressors we face of living with a disability]. PwD 29

The participants also pointed out the community gardens as a place of social development. This is mainly because they come in contact with themselves as persons with disabilities, sharing similar problems and experiences. Tigere and Moyo (2022:6) highlighted that community gardens in rural areas act as sites of social development for persons with disabilities. Through gardening, they can share their experiences on how society views them as people who only need support in anything they need to do. Agricultural activities keep their minds busy and act as therapy. Whyte (2020:27) saw agriculture as aiding to emotional well-being of people. Social workers from the non-governmental organisation also run a support group at the community garden. They view it as necessary in that it uplifts their emotions.

The participants also noted that working only as persons with disabilities encourages them to work as a team and that, as persons with disabilities, they can be able to develop themselves socially. It was also noted that gardening reduces the risks of abuse of disabled women since they spend most of their time at the community gardens. Gomda, Sulemana and Zakaria (2021:13) believe that agriculture in rural areas promotes social inclusion and increases social cohesion. Accordingly, it can be said that community gardens for persons with disabilities generate social capital by bringing people together with a common purpose to participate in a joint activity or venture, which can lead to a strong sense of collective action or pride.

Working with other people who have a similar condition strengthens their sense of belonging in knowing that they are not alone in their disability situation (Bechange et al., 2024:7). Socially, it brings out a sense of community as gardening grants an opportunity to share ideas, resources and knowledge that can improve production. It also strengthens family and social relationships through continued interactions.

From a capability's theoretical perspective, social and emotional well-being expands an individual or a group's values towards freedoms (Bannister & Venkatapuram, 2020:101551). The values are formed through internal and external conditions (Joshi, 2021:785). The results have shown that persons with disabilities' internal gardening skills lead to developing their emotional and social freedom. Participation in gardening activities is not only for financial gain but also for emotional development.

The responses from the participants signify that social interaction builds networks among persons with disabilities. That is, community gardens for persons with

disabilities are for economic activities, social development, and emotional well-being. The community gardens for persons with disabilities are used as sites for social development activities such as casework and group work. The research question on whether community gardens contribute to the social well-being of persons with disabilities has been answered since some of the responses have highlighted that they share their struggles and experiences, and it boosts their socio-emotional well-being. Stress is also released as persons with disabilities meet at the community gardens.

Sub-theme 2.3: Social capital

Participants had similar responses in relation to the social capital they get from the community gardens. They shared that:

[As a group with similar disability experiences, we can discuss and share, and it helps us to be stable and to function well emotionally]. PwD 35

[Gardening also helps us keep occupied and our minds busy. This has resulted in us being away from drugs and involvement in social ills. It can be concluded that community gardens for persons with disabilities also foster social development and the well-being of the persons with disabilities and their immediate families]. PwD 39

The overall goal is for persons with disabilities to control and own their lives. Community gardens for persons with disabilities, therefore, fall within the social capital perspective. UNDP (2017:8) believes that social capital consists of horizontal social groups such as associations, clubs and voluntary agencies that bring individuals together to pursue one or more objectives in which they have a common interest. Serrat (2017:3) shared that the relationships created and maintained between persons with disabilities are essential because they also share their experiences, leading to human development. Thus, the community garden brings togetherness among persons with disabilities so that they can improve their conditions and livelihoods.

The findings correlate with Ghose and Pettigrove (2014:1096), who highlighted that community gardens function as spaces of citizenship practice in which participants transform space according to their interests, engage in leadership and decision-making activities, and articulate collective identities. The ABCD approach also supports the above findings in that it focuses on social relational power. Ward (2023:209) saw that relational power presents an incredible and often untapped force for good and continues to be the primary energy source for social movements

worldwide, promoting segregated groups' social, economic and social development. When persons with disabilities are at the community gardens, they create a sense of belonging, connect with each other, and create relationships they use to advance their social and economic lives.

Sub-theme 2.4: Health well-being

Health plays a vital role in the lives of persons with disabilities. The participants were optimistic about community gardens' role in their health and well-being. Some of the participants pointed out the following:

[Gardening activities are improving my health very positively. It allows me to exercise and help my body be healthier and fit]. PwD 41

[I understand that having a disability does not mean that I have to be ignorant of my well-being; hence, I take gardening seriously as an opportune time I can make use of to work out. I am also informed that it helps reduce diseases such as heart attack and stroke]. PwD 45

[Daily work assists me in being busy throughout the whole day and helps with my health and well-being. Different gardening activities such as weeding and watering are key in exercising the body]. PwD 47

Health resources are a massive challenge for persons with disabilities. They face access to health facilities and resources such as fitness centres due to their inaccessibility, as they are disability unfriendly or expensive. The study noted that activities done by persons with disabilities in the garden also act as a form of physical exercise. They do the tasks, such as weeding, transplanting and harvesting, manually. Hence, it acts as a source of physical conditioning. Turner and Hope (2014:175) correlate the study's findings by highlighting that health is a primary consideration when considering the benefits of community gardens.

Health benefits for persons with disabilities occur from both improved access and consumption of fresh vegetables as well as the physicality of activities of gardening. Vegetables grown with little chemical inputs from fertilisers and pesticides are healthy. Accordingly, this creates not only healthy living for the persons with disabilities, but also for their families and the community at large.

The findings collate with the research question, which looked at the social benefits of community gardens for persons with disabilities. Since health encompasses the social well-being of an individual, community gardens have proved to aid with the health of persons with disabilities. Tigere and Moyo (2022:7) saw that community gardens offer health benefits for persons with disabilities and their immediate families. The results have shown that physical well-being is achieved through partaking in different agricultural activities. The capabilities approach advocates for human development by enabling people to be agents of their lives (Ikebuaku, 2021:77). An agent, therefore, is a person who brings change. Agency is a person's ability to pursue and realise goals (Joshi, 2021:785). The findings have shown that persons with disabilities in the community gardens pursue gardening to bring change in their lives at a social and emotional level.

Sub-theme 2.5: Enhancing food and nutritional security

Food security in the households of persons with disabilities proved critical, as seen from the responses. Nutrition is also key as it is linked to health. The participants pointed out that:

[The produce we get from the agricultural activities helps my household greatly since the major income is my disability grant. The vegetables (cabbages, maize and butternut) are the basics we need for food; hence, their availability improves food availability]. PwD 46

[Vegetables are of importance to our diet since they are nutritious and help in fighting diseases. Some of us take chronic medication, hence the need for vegetables to maintain a balanced diet]. PwD 37

[For some time, the produce from the garden assists our family as we have basic foodstuffs; hence, it helps to use the money to buy the remaining food]. PwD 39

The research participants thought that the most important benefit of community gardens is a direct contribution to household food security. Modibedi, Masekoameng and Maake (2021:305) also highlighted that sustainable township gardens are pivotal in food security amongst urban dwellers. In support, Malberg Dyg, Christensen and Peterson (2020:790) saw that rural community gardens are proving to be sites of economic production, which aid sustainability in food security in rural areas. In the study, the respondents pointed out that some of the produce, such as mealie meals,

different vegetables as well as chicken, is taken home for consumption. Thus, the gardens are maintained for easy access to fresh plant food sources in rural areas.

Food items from the garden regularly add to the family's energy and nutritional requirements. Alkon and Mares (2012:406) agree that community gardens aid food security for poor households and disadvantaged groups within communities by increasing the availability, accessibility and utilisation of food products. Thus, food insecurity is reduced by the easy availability of fresh food, as people get exposed to affordable nutritious food.

Thus, it was noted in the study that community gardens provide and enhance food security within households of persons with disabilities. The vegetables grown are meant for income generation and to support the families' food availability within the household (Peterson, 2020:792). The community garden also enhances nutrient capabilities within the persons with disabilities and their households. The variety of vegetables improves the health standards of persons with disabilities and their families. To support the above findings, Nosratabadi *et al.* (2020:1650) saw that gardens in low-income communities play tripartite roles ranging from health, food and economy in sustaining livelihoods. It should also be noted that persons with disabilities are generally at risk of contracting diseases due to some factors; hence, the availability of nutritious vegetables diminishes their chances of contracting these illnesses.

The community boasts pride since persons with disabilities are seen as a group, which can motivate society to believe that they can do things for themselves. Thus, the view that persons with disabilities are objects of pity or are charitable cases diminishes. Peterson (2020:793) agrees with the above assertion, as community gardens have proven effective in reducing hunger, promoting nutrition and improving food security in disadvantaged communities.

Poultry farming increases the availability of white meat, which is vital in fighting diseases in human bodies. Alkon and Mares (2012:21) agree that community gardens provide access to fresh, traditional produce and nutritionally rich foods in low-income neighbourhoods, where nutritious food is much less available than in other areas. These findings about enhancing food security have answered the research question of the role played by community gardens for persons with disabilities in alleviating poverty.

The Assets-Based Community Development (ABCD) theory sees development as driven by local people to meet their needs. Green and Haines (2015:67) saw that the ABCD is an approach to sustainable development, which results in a specific group of people meeting their needs based on their resources and skills. The community gardens for persons with disabilities are proving to be capable of contributing to food security and the health of the respondents and their families. Persons with disabilities have mentioned that they can now sustain food security in their households due to gardening activities.

Sub-theme 2.6: Employment contribution

The sub-theme gives responses to persons with disabilities in relation to employment creation by the community gardens. They view community gardens as critical to their employment. The participants shared that:

[Although I do not have a contract, my work hours are clocked every day; hence, this leads to my stipend payout at the end of the month]. PwD 9

[My duty sheet denotes my responsibilities, such as weeding and feeding the chickens, and if I do not do that, I am breaking my employment code]. PwD 17

[I regard myself to be employed since I do get an income. It is better than staying at home doing nothing] PwD 21

Modibedi, Masekoameng and Maake (2021:301) note that “agriculture is predominantly labour-intensive and therefore requires manual labour”. Employment creation is a significant positive factor for persons with disabilities in community gardens. Although it is not formalised through employment contracts, job opportunities have been created. Thus, the persons with disabilities are employed informally to work in the garden. They do receive a monthly stipend. Though the financial rewards are not very high, participation in the activities and their administration, such as duty sheets, act as employment.

Fan and Rue (2020:13) note that small-scale farming in small community areas usually offers non-formalised employment opportunities, aiding financial stability. In support, Gilla *et al.* (2021:1437) also saw that community gardens in low-income neighbourhoods play a pivotal role in reducing poverty through informal employment creation. The study's respondents acknowledge that, although not formal, the community gardens are employers for persons with disabilities. Thus, clocking in and

out, as well as their roles and responsibilities, act as employment. Community ownership of the garden by persons with disabilities could be a key factor in the sustainability of the livelihoods of individual households through employment. Ownership of the community gardens provides a sense of identity and self-gratification to achieve something positive and meaningful in their lives.

Bisht, Rana and Pal Ahlawat (2020:3754) believe that gardens at a community or neighbourhood level, if appropriately managed, can be sources of co-operatives that lead to employment. Since ownership of these gardening co-operatives rests with the members, it motivates them to participate in gardening activities. Thus, there would be sustainability of households for persons with disabilities since ownership of the means of production can lead to increased production and venturing into co-operatives. Fan and Rue (2020:17) support the findings that most community gardens become efficient through effective management, increasing production, and creating employment. The findings align with one of the objectives of analysing the role of community gardens for persons with disabilities in alleviating poverty. Employment, though not formalised, contributes to income generation; hence, poverty alleviates for persons with disabilities and their immediate families.

Sub-theme 2.7: Livelihoods

The sub-theme is based on uplifting the livelihoods of persons with disabilities in community gardens. The responses from persons with disabilities were similar in that they evidenced the contributions made by the community gardens. The participants' responses were:

[We receive some of the payments or stipends after the sale of the produce. Although it is not enough, it helps a bit to improve my financial conditions]. PwD 37

[The money supplements my disability grant; hence, I am able to buy some essentials for my household] PwD 25

[The stipends are essential since I am able to purchase some material things for myself and my family] PwD 29

[I am not well off with the stipends, but better since I can buy a few things for myself, which improves my life a bit] PwD 31

One of the study's objectives was to examine contributions made by community gardens in addressing and uplifting the livelihoods of persons with disabilities. Chambers and Conway (1992) in (UNDP 2017:3) highlighted that “a livelihood comprises the capabilities and assets, including both material and social resources and activities, required for a means of living”. A livelihood can be seen as a set of activities involving securing food, water, shelter and clothing to live a good life. To confirm the theoretical approach utilised in the study, which is the capabilities approach, persons with disabilities have proven to be capable of economically empowering themselves, as seen in this theme. Sen (1990:41) defines the capability approach as a normative approach to human welfare that concentrates on the actual capability of persons to achieve their well-being rather than their mere right or freedom to do so. Robeyns (2017:13) shares the same sentiments in that the capabilities approach is a theoretical framework that entails two claims: the freedom to achieve well-being is of primary moral importance, and that well-being should be understood in terms of people’s capabilities and functioning.

Joshi (2021:786) believes that the capabilities approach focuses on improving a person’s livelihood through participation in economic activities. In this regard, community gardens advance the meaningful livelihoods of persons with disabilities. The community gardens for persons with disabilities proved to be an agricultural farming system capable beyond reasonable doubt of raising income and improving the livelihoods of persons with disabilities. Ikebuaku (2021:79) saw that community gardens are agencies for improving the livelihoods of disadvantaged groups in society. The community gardens for persons with disabilities have demonstrated that the community gardens are a production system in which the marginalised in society (persons with disabilities) can do with minimal financial inputs, using locally available inputs, natural manures and indigenous knowledge on pest control.

Peterson (2020:795) confirms the above findings in that neighbourhood gardens’ income, generated through markets, improves the general welfare of the participants and their immediate families. The research participants noted that they do not struggle for household income, as they get a substantial return from the produce they sell. Through savings, the participants highlighted that they managed to buy products, such as kitchen utensils, for example, kettles, microwaves and stoves, for their households.

The above findings on economic development highlight that persons with disabilities are utilising their well-being by participating in income-generating projects, which impact their livelihoods. Persons with disabilities have overcome their physical limitations by engaging in community garden activities to improve their financial circumstances, which aids in an improvement in their livelihoods. In the same vein, their social and emotional well-being also improves.

Category 3: Uplifting the status of persons with disabilities

There is one theme in this category and five sub-themes. The theme focuses primarily on the rights of persons with disabilities, mainly envisaged through uplifting their status. The sub-themes describe the struggle they encounter for recognition in society.

Theme 3: Community gardens as a place of class struggle

The community gardens for persons with disabilities are seen as places of class struggle where they get information and skills to fight for their rights. They are places where they feel they are independent and have control of the means of production and where there is no discrimination from the mainstream society.

One of the research questions posed in the study was to see if community gardens alleviate poverty among persons with disabilities. The study's findings noted that the community garden for persons with disabilities acts as a space for class struggle, in which marginalised persons with disabilities have a chance to move up from the echelons of the proletariat, that is, the poor or working class.

Through their ability to partially own the means of production, that is, the land of the community garden, they can perform agricultural activities that empower them and become financially sustainable. Consequently, the study found that community gardens allow the less privileged to move up the social-class ladder through market-oriented market gardening activities.

Sub-theme 3.1: Uplifting the status of persons with disabilities

The status of persons with disabilities in their communities has grown due to their participation in community gardens. The responses from the participants are:

[At the family level I can safely say I am the breadwinner since my disability grant and income from the community garden help a lot in the expenditure. Thus, I am consulted a lot on family issues if I compare with the situation previously]. PwD 14

[I am now getting the respect from other communities because they can see my ability to work and earn a living. Although discrimination is still a huge issue, people are starting to respect us persons with disabilities]. PwD 17

[I used to be taken for granted as someone who only needed help, but people are starting to realise that I can transfer my agricultural skills to them. This has improved my status within the community I live]. PwD 21

In support of the above responses from persons with disabilities, Gopalakrishnan (2013:489) highlighted that generally, it could be said that persons with disabilities face many challenges in the communities in which they live. Since they are already at a disadvantage, their dignity is always a challenge since they mostly cannot fend for themselves. In the study area, persons with disabilities rely on their disability grants for survival. Hence, their status in communities remains low. The study noted that persons with disabilities at the community gardens have made great strides in their lives to such an extent that they are now recognised as worthy citizens with dignity. This is mainly because they can now own things like television sets and laptops. Most importantly, they have the financial resources to earn a decent living. This has led to the social and economic enrichment of persons with disabilities.

The community gardens have effected social change and the development of persons with disabilities. The ability of persons with disabilities to own, maintain and work in a thriving community garden demonstrates not only their agronomy skills and competency but also their status in society (Gomda, Sulemana & Zakaria, 2021:13). Persons with disabilities have impacted not only their own lives but also their family members, who see them as changing the lives of people around them. Historically, it can be confirmed that the role of persons with disabilities in family decision-making was a dream. Still, the findings noted that they are now important members of families who can be consulted on varying issues (Tigere & Moyo, 2022:7).

Tigere and Moyo (2022:5) saw that community gardens uplift the status of persons with disabilities through their ability to earn an income and fend for their families. Thus, perception towards persons with disabilities is constantly changing, along with their increased opportunities in community gardens.

The participants noted that being occupied with growing different crops keeps them busy performing different gardening activities. Gomda, Sulemana and Zakaria

(2021:7) saw that crop production processes, from land preparation to harvesting, boost participants' self-worth tremendously because of their achievements. These findings on uplifting the status of persons with disabilities answer the research question on the role played by community gardens in improving livelihoods for persons with disabilities. Thus, if there is an improvement in livelihoods for persons with disabilities, their status also grows within their communities.

Robeyns (2017:13) shares that the “capabilities approach is a theoretical framework that entails two claims: that the freedom to achieve well-being is of primary moral importance and that well-being should be understood in terms of people’s capabilities and functioning”. The study findings have shown that community gardens are essential to the well-being of persons with disabilities. The persons with disabilities are now breadwinners who can provide for the basic needs of their families. It has resulted in the status in society being uplifted.

Sub-theme 3.2: Poverty Alleviation

The responses from the research participants highlighted that the community gardens played a huge role in alleviating poverty not only to persons with disabilities but to their households also. The responses are listed below:

[Ever since I joined the community garden there has been a steady income and able to save. I spend the money on household essentials for my sibling’s upkeep]. PwD 2

[There has been significant progress in my life from the garden. I am no longer relying on the disability grant for my livelihood]. PwD 5

[I used to be very poor before failing to take care of my needs, especially food and clothing. However, the situation is better since we get crop produce for home consumption, which has reduced the food bill at home]. PwD 7

[The ability not to rely squarely on the disability grant has relieved some pressures as I can now channel extra funds for other things. The stipend we receive from the sales though its little, assists a lot for me and at home]. PwD 11

[Lack of food is now a thing of the past for my household as the community garden provides with produce which we farm. The money is not great, but at least there is something to relieve pressure from my disability grant]. PwD 13

The role played by community gardens in alleviating poverty was one of the research questions posed in the study. Poverty alleviation can be defined as efforts to reduce the effects of illiteracy, hunger and social exclusion (Serrat 2017:4). Community gardens for persons with disabilities are seen as a poverty alleviation strategy, since agricultural activities aid it greatly. Poverty alleviation is one of the Sustainable Development Goals (SDGs) adopted by the United Nations. The harvest of the community gardens is used to feed their family members in their households. Thus, it can be said that poverty alleviation goes beyond the persons with disabilities but also their households. As relayed in other themes, unemployed marginalised persons with disabilities are allowed to do something worthwhile with their time, thereby minimising the incidence of crime and social ills. In support, Mtshisazwe (2018:1) acknowledged that the unemployment rate in South Africa is an ongoing issue. This has made the South African government emphasise community garden projects.

Garcia (2020:67) confirms the findings by highlighting that assets from the ABCD approach focus on skills development, both sourced within or externally from an institution for development to occur. The respondents highlighted that they gained training in agriculture from within the community gardens or from external institutions. The implementation of gardening activities throughout the year ensures a constant flow of income, improving the quality of life of the families involved. Finances are made available to pay school fees for children while access to medical care improves. Thus, the research question was answered since the findings revealed that the produce from the garden contributes immensely to poverty reduction within households of persons with disabilities.

Sub-theme 3.3: Education

The sub-theme discusses how education is being used to change the lives of persons with disabilities in their community gardens. The responses from the participants were as follows:

[I have received training in agriculture, which includes planting, spacing and watering. These skills are necessary to do day-to-day tasks. My aim is to be sustainable, have my own garden, and be a small-scale farmer]. PwD 31

[Farming techniques we are taught, especially animal husbandry, are very useful. The skills are lifelong since I can be able to start my own poultry business. This will assist me to be a small-scale poultry farmer]. PwD 37

[Although we do not get certification from training, it is practical based as it gives us insight into agriculture production. The education we get is key for the success of the garden and as an individual]. PwD 40

The responses above have found that community gardens can be utilised to train and develop agriculture skills for persons with disabilities and the broader community. Through its extension services office, the Department of Agriculture in Limpopo Province provides both formal and informal training on crop production and animal husbandry. Cumbers, Shaw, Crossan and McMaster (2018:143) argue that community gardens are places where groups can come together to learn and relearn key skills related to the production and consumption of food.

The participants noted that the agricultural extension officers visit them sporadically, almost once a quarter, to teach them farming techniques. Egli *et al.* (2016:349) confirmed this finding by highlighting that community gardens can be utilised as sites or areas for research, development, innovation and demonstration of gardening techniques and technological transfers. The community gardens are being used as such since it is being utilised for disability gardening technologies, such as long-hand forks, which are being tested for innovation.

The raising of seedbeds is also being innovated to find the correct heights, which can be effective for persons with disabilities who are in wheelchairs. Persons with disabilities share knowledge about how they can teach others to conduct the best activities, such as watering, seeding and weeding, and their abilities. Silverman (2018:31) believes that community development projects can positively impact disadvantaged groups by enhancing their skills, knowledge, confidence and organisational capacity. Training in community gardens can, therefore, be said to expand the capabilities of people with disabilities to undertake future self-help programmes through the concept of participation.

MacLeod and Emejulu (2014:449) saw that the ABCD approach recognises the capabilities of the local people and their associations that build better communities. The associations which involve public and private organisations are pivotal in aiding

the development of the communities. The study has shown that the Department of Agriculture, through the extension officers, provide training in gardening to persons with disabilities as a way of capacitating them.

Category 4: Constraints faced by persons with disabilities in community gardens

The category discusses the constraints faced by persons with disabilities in community gardens. One theme and seventeen sub-themes focus on challenges faced by community gardens for persons with disabilities.

Theme 4: Challenges

There are different challenges faced by persons with disabilities, which were taken from the responses of persons with disabilities. They range from accessibility issues to participation.

Sub-theme 4.1: Accessibility

The participants' responses in this sub-theme are focused on accessibility issues in the community gardens, which significantly impact conducting agricultural activities. The participants shared the same sentiments in that:

[We need more raised beds to be built so that we will be able to garden well without bending]. PwD 27

[So far, there are a few challenges that I have encountered which can prohibit my work because some walkways are either too narrow or surfaces uneven, making it too difficult for a wheelchair to manoeuvre]. PwD 29

[We do not have specific equipment to utilise in the garden, such as long-handled pruners for easy access to the beds, lightweight digging tools and raised beds]. PwD 46

[The general challenges we face in the garden are narrow paths, which make it difficult for a wheelchair to manoeuvre; beds which are too low, which strains the back muscles; some tools are too heavy; we need long-handled lightweight tools which work best for limited hand and arm movement]. PwD 47

[I think gardening is done properly and aids the growth of persons with disabilities. However, we face challenges here and there, such as beds that are too low, some

beds that are too wide that you cannot access the whole garden on a wheelchair, or beds that are raised but not the proper height. They have to be raised and narrow so that as a gardener in a wheelchair, you can be able to access the whole bed without difficulties]. PwD 41

Nel (2020:265) believes that assets of the ABCD approach can be defined as the gifts, skills and capacities of individuals, associations, institutions and natural resources within a community. In the study, assets included the environment (community gardens), which conducted gardening activities to improve their social development. The ABCD approach sees the development of community income projects as a participatory effort to mobilise community assets that increase the capacity of people to improve their quality of life (Green & Haines, 2015:74). In the study, the community gardens are seen as an important asset that should be accessible to the needs of persons with disabilities. This will enable persons with disabilities to participate fully in gardening activities, which would result in an improvement in their livelihoods. Tigere and Moyo (2022:10) saw that persons with disabilities require accessible working stations, which factor in their mobility needs as it affects their work activities. The study findings have shown that accessibility is a critical issue in community gardens, since there should be measures in place to allow the participation of persons with disabilities in the activities without compromising their health. Picture 7.1 shows the vegetable bed, which is lower and narrow at one of the community gardens, which makes it difficult for persons with disabilities who are using assistive devices to work. This can lead to the occurrence of secondary disabilities.

Picture 7.1 Inaccessible community garden beds for persons with disabilities



Picture 7.1: Inaccessible beds in one community garden.

Source: Photo taken by the researcher

Picture 7.2 shows raised vegetable beds conducive to persons with disabilities.

Picture 7.2 Accessible community garden beds



Picture 7.2: Raised disability-friendly accessible beds

Reasonable accommodation is essential for persons with disabilities in the community gardens. Parvez and Ahmed (2023:13) saw that reasonable accommodation allowed for modification, making environments and working spaces for persons with disabilities more accessible. Banda-Chalwe, Nitz and De Jonge (2014:13) also share the same sentiments in that reasonable accommodation involves changes to the adaptation of the environment to meet the needs of persons with disabilities. Picture 7.2 shows the raised vegetable beds reasonably accommodating persons with disabilities at another community garden. They ensure that persons with disabilities who have movement

limitations and who are on wheelchairs or crutches for their mobility can work without injuring themselves, which can lead to secondary disabilities. Raised beds also allow productivity; hence, they provide more income. Thus, this answers the research question of improving the livelihoods of persons with disabilities. Accessibility of the community gardens improves gardening activities; hence, there is an improvement in the livelihoods of persons with disabilities.

Sub-theme 4.2: Equipment

The sub-theme gives responses from participants on how the lack of equipment affects their ability to work in the community gardens. They gave similar responses on equipment.

[We really need some specialised tools to conduct gardening activities more effectively and comfortably]. PwD 11

[Some of the equipment we utilise is not ideal for our disabilities. It makes us feel cramps as we have to bend for longer periods of times] PwD 17

Adjei-Amoako (2016:867) opined that specialised equipment is key in economic activities for persons with disabilities. Tinta and Kolanisi (2023:1133) agree that special equipment which is disability friendly tends to be hard to obtain, thereby limiting the involvement of persons with disability in community development projects. The study has found that a lack of gardening equipment also hinders the development of community gardens. Specialised disability-friendly equipment and tools are critical. The research findings showed a lack of disability accessibility at the community gardens. Specialised tools, such as long-hand forks and long hoes, are unavailable. This makes work difficult for persons with disabilities. Nel, Mansvelt and Shugu (2023:230) saw that the ABCD approach emphasises community institutions play a significant role in technical support in community projects. In support, Nel (2020:268) also saw that professional buffering from different institutions makes community development projects successful. The community gardens for persons with disabilities do lack disability-friendly equipment.

Sub-theme 4.3: Participation of persons with disabilities in community gardens

The responses from participants were similar as they are not included in decisions that affect them at community gardens. Their responses were that:

[We joined the community garden as it was formed by community members. There is a lack of us being included in decision-making offices.]. PwD 18

[Our idea was hijacked by community members as they thought we could not run our own affairs]. PwD 21

[We are the custodians of these gardens as persons with disabilities but never consulted on how services should be provided to us. There is no participation. We just take what is thrown at us]. PwD 24

[We are not consulted when decisions about our work are made. Issues like tasks and payments are not discussed openly with us. That compromises some of us since the schedule sometimes does not take into account our abilities]. PwD 26

[We do not have a representative of persons with disabilities in the management, and this creates serious challenges since no one can stand for us]. PwD 31

[The whole management team does not have persons with disabilities. How will they understand our needs and how we want certain things to be done? Issues of accessibility of the garden are a big concern, but we are never asked how it should be done. They end up doing the wrong thing for us without just simply asking how we want certain things to be done]. PwD 35

By definition, participation is a process and implies the collective activity of interested, or concerned people to achieve a jointly determined goal (Nel, 2018:839). Real participation is where community members share fully and have an equal voice in all decision-making and efforts directed towards change (Gilcrist, 2019:49). Thus, persons with disabilities need to participate fully in developmental activities so that they reach their goals. Green (2021:109) highlighted that participation of members of community projects leads to success and should be the basis for development. Kennedy (2021:25) saw that lack of participation and consultation is the root cause of community project failure.

The ABCD approach is based on keeping with the principles and practice of participatory approaches to development, in which active participation and empowerment are the basis of practice (Nel, 2020:269). The capabilities approach also provides guiding principles for protecting the transformative roots of participation and empowerment of disadvantaged groups in community development initiatives (Clark, Biggeri & Frediani, 2019:67). Participation from persons with disabilities in the

starting of the community gardens can be said to be done to improve it since the needs of this constituency are not met. These findings align with those of Dlamini and Reddy (2018:23), who highlighted that participation of a designated group in community projects is usually in the good interests of the developmental needs of that particular group. Thebe (2016:714) concurs by saying that community gardens for persons with disabilities, which are implemented in rural areas, do not have the group's participation; hence, most of them end up unsustainable and failing.

Sub-theme 4.4: Markets

The responses show that markets affect the sustainability of the community gardens with their ability to offer social development services to persons with disabilities. The responses were:

[We try our level best to produce crops, but we face the daunting task of sending the produce to the market. Transport challenges are the major factors since we do not have a car for transport. The cars which we hire sometimes are costly hence we will not be able to have profit] PwD 16

[The produce is sometimes very small; hence, for us to go to distant markets will not be profitable. Due to the little produce, we end up selling locally and we do not realise much profit. We also do not have enough different crops for selling; hence it's difficult to expand our market] PwD 45

Mpandeli and Maponya (2014:137) saw that the main challenge faced by small-scale agricultural co-operatives in Limpopo, South Africa, is access to markets to sell their produce. Market availability and access remain a significant challenge to community gardens for persons with disabilities, as seen in the study. Fan and Rue (2020:16) are in support of the above sentiments by noting that small-scale farmers only attract the local markets. which are usually saturated; hence, their impact on income is therefore limited. The community gardens for persons with disabilities do face challenges is accessing markets.

Corsi, Marchisio and Orsi (2017:39) confirm the research findings in stating that most small-scale community gardens do not become sustainable, as their availability to markets remains a challenge due to several problems, such as lack of exposure, transport, and not growing a variety of crops. To support the above claims, Koppmair, Kassie and Qaim (2017:326) found that most markets are designed in a capitalist

system where large-scale corporates have better accessibility than small-scale projects, which produce little and often produce products of poor quality. This entails that the location of the community gardens for persons with disabilities significantly affects sustainability. Therefore, the location of the community gardens for persons with disabilities prohibits them from accessing the markets, which affects their sustainability.

The capabilities approach key concept is the conversation factors that involve the personal, social and environmental factors within an institution (Ikebuaku, 2022:79). The environmental conversation factors include state economic policies, access to finance and availability of markets. In the study, it has been found that the availability of markets is a challenge that community gardens for persons with disabilities face. Since the gardens are located in rural areas, access to markets is difficult.

Sub-theme 4.5: Water scarcity

Water has been seen to be problematic based on the responses of the participants. Lack of water inhibits them from expanding crop production, which positively impacts the lives of persons with disabilities. The participants' responses were:

[Rain is very problematic for the garden and our crops. We have a well, but it runs dry quickly]. PwD 9

[Drilling a borehole for water is a very expensive exercise. We limit ourselves to plant more crops due to this challenge]. PwD 11

It is really difficult to plan crop production at times due to lower rainfall. This inhibits us from growing a variety of crops. PwD 13

Juma (2015:39) found that "Limpopo province is semi-arid and characterised by hot weather throughout the year with an average rainfall of 300 mm a year. The summer season, where most of the rainfall falls, is between October and March". Ozili and Arun (2020:11) highlighted that "due to global warming effects, which have led to a change in weather patterns, rainy seasons have now become erratic, with annual rainfalls averaging 200mm". The climate change phenomenon has impacted negatively on production at the community gardens for persons with disabilities, especially those that are in crop production.

Joshi (2021:785) saw that environmental factors of the capabilities approach deal with infrastructural limitations, such as lack of inputs (finance, fertilisers, farming equipment, skills development and water). The participants' sentiments above prove that agricultural production is seriously compromised by the lack of water, which is a challenge in the study. The lack of availability of water negatively affects agricultural production. To support the above findings, Juma (2015:47) asserts that "climate change has had devastating effects on agricultural production worldwide. Water innovation techniques are now critical for sustainable agricultural development due to erratic weather patterns". It can, therefore, be concluded that water plays an important role in producing community gardens for persons with disabilities.

Sub-theme 4.6: Reward

The sub-theme denotes views on the reward structure of community gardens for persons with disabilities. The participants who were persons with disabilities aired the following views:

[We do not have a standard pay or stipend. It just depends on what the sales look like every month. This creates an uncertainty in planning financially on my side]. PwD 41

[It seems as if we just get what is available. We do not have any option and appreciate it because it's better than nothing. Although it is little, it supplements my disability grant]. PwD 47

[We do not have a determined structure or policy on the sharing or distributions of income generated on the activities. For instance, we subtract all the expenses and the rest we share amongst the persons with disabilities who were active. Administrative costs such as food and electricity are also considered]. PwD 49

[We are paid according to the way we participate in the gardening activities and get paid at the end of the month. The amounts vary according to sales. December is usually the busiest because of stokvels buying from us]. PwD 50

Reward acts as a motivator in work. The community gardens for persons with disabilities rely heavily on agricultural activities for income. The local market usually provides for most of the sales and the local retail, ranging from small to big stores such as Boxer stores.

Small-scale farming through cooperatives or community projects aims to alleviate poverty through financial rewards. Many small-scale agricultural enterprises fail in that area of rewards due to some factors, from poor management to a lack of markets (Mohlala, 2020:47). In support, Donkor and Heikrlik (2021:413) opine that agricultural co-operatives fail mainly due to financial rewards caused by poor financial management practices. Most of the participants in the study highlighted that they are just given money, which always varies in amount. This is something that they do not understand. They are only informed that it is from the sales. They do not even have access to the income and expenditure books to show how they are faring as community gardens.

The ABCD approach focuses on assembling communities' strengths into new combinations of sources of income and control as well as new possibilities of agricultural production (Nel, 2018:2). The participants, who are persons with disabilities, highlighted that they do gardening activities, which bring income. However, financial control is a challenge at the community gardens since there is a lack of a formal reward structure. The results are that persons with disabilities are paid varying amounts, which makes it difficult for them to plan financially.

Summary of Section A

Although it is not sustainable, the results of the study have proved that there is an improvement in the livelihood of persons with disabilities. Persons with disabilities, in the study, have shown that material benefits in the form of electronic gadgets are purchased from the proceeds of gardening activities. However, this is not a sustainable improvement in their lives since it is commonly occasional because the gardening activities are done on a smaller scale, the distribution of profits is temporary and not permanent, and the financial management is poor. Lack of training has also hindered more profit from agricultural activities, as poor farming methods are practised.

The findings have proven beyond reasonable doubt that there are social benefits for persons with disabilities at community gardens. The community gardens are seen as places of social cohesion, socialisation and social development for persons with disabilities. A sense of belonging is created as the persons with disabilities in the community garden share their anecdotes about life experiences. Thus, living with a disability creates emotional support between the persons with disabilities.

7.3.2 Section B: Findings of social workers participants

This section gives a discussion of the study's findings from ten (10) social work participants both from the Department of Social Development and non-governmental organisations. The participants derived from all the five districts of Limpopo Province, namely, Capricorn, Waterberg, Sekhukhune, Mopani and Vhembe. The section will focus on their biographical information, as well as a thematic analysis of information obtained from interviews performed with them.

7.3.2.1 *Biographical profiles of social workers*

The qualitative phase of the study had social workers from the Department of Social Development and NGOs providing direct services to the community gardens for persons with disabilities under study. Table 7.3 gives detailed information on the participants.

Table 7.3: Biographical information of social workers in the qualitative phase of the study

Pseudo name	Gender	Qualification	Post-qualification in disabilities	Organization	Social Work experience	Experience of working with community gardens	Working experience
SW 1	Female	Bachelor Degree	n/a	Department of Social Development	8	3	5
SW 2	Female	Bachelor Degree	n/a	Department of Social Development	6	4	6
SW 3	Male	Bachelor Degree	yes	Department of Social Development	5	3	5
SW 4	Male	Bachelor Degree	n/a	Department of Social Development	11	6	11
SW 5	Female	Bachelor Degree	n/a	Department of Social Development	5	3	3
SW 6	Female	Bachelor Degree	Yes	Disability NGO	3	3	3
SW 7	Female	Master Degree	Yes	Disability NGO	6	5	5
SW 8	Male	Bachelor Degree	Yes	Disability NGO	4	3	3
SW 9	Female	Master Degree	Yes	Disability NGO	5	5	5
SW 10	Female	Bachelor Degree	Yes	Disability NGO	7	7	7

As shown in Table 7.3, ten social workers participated in the study with five from the Department of Social Development, Limpopo province, who are disability coordinators in their different districts. There were also five social workers from a disability NGO, who participated in the study. Eight of the social workers have a

bachelor's degree in social work while two have a master's degree in social work. Six of the social work practitioners have post-qualification training in disabilities, along with all five from the NGO, while one is from the Department of Social Development.

7.3.2.2 *Thematic analysis*

Data analysis of social work participants is presented in Table 7.4 with a summary of themes and sub-themes. Verbatim quotes of the social work participants are given to support themes. Literature was also used to support the findings.

Table 7.4: Themes, sub-themes and categories: Social workers

Theme	Sub-theme	Category
Theme 1: Social work roles in community gardens for persons with disabilities	Sub-theme 1.1: Monitoring and evaluation Sub-theme 1.2: Financial subsidy Sub-theme 1.3: Social development Sub-theme 1.4: Roles played by NGO social workers Sub-theme 1.5: Social work services Sub-theme 1.4: Disability mainstreaming	Category 1: Social development roles and services
Theme 2: Challenges faced by social workers	Sub-theme 2.1: Monitoring and evaluation Sub-theme 2.2: Bureaucracy Sub-theme 2.3: Lack of skills and capacity building Sub-theme 2.4: Dependency syndrome	Category 2: Constraints faced by social workers in providing services to community gardens for persons with disabilities

Category 1: Social development roles and services

One theme and five sub-themes are included in this category. The theme illustrates the different roles that are played by both the Department of Social Development and

non-governmental social workers, the five sub-themes describe the different services provided to the community gardens by social workers.

Theme 1: Social work roles in community gardens for persons with disabilities

There are different roles which are played by social development practitioners (governmental and non-governmental) when they are working with persons with disabilities in community gardens. From a theoretical point of view, Goetschius (2015:31) highlighted that social workers are responsible for identifying individuals and groups in need of support, assessing their needs, working with them to achieve their goals and lastly, intervening in crises. Gilchrist and Taylor (2016:45) opined that other roles include, but are not limited to, connecting clients to community resources and the development of services as well as programmes for the clientele base. The sample of the study included social workers from both the Department of Social Development (governmental) as well as those from the non-governmental sector. The roles are thus going to be discussed based on these two groups.

The research participants illustrated how social development services were provided in the community gardens for persons with disabilities. The information is based on the following sub-themes:

Sub-theme 1.1: Monitoring and evaluation

The sub-theme denotes views on the monitoring and evaluation role done by social workers. The participants, who were social workers from the Department of Social Development, highlighted the following views:

[We use a predetermined form in which we just tick the availability of paperwork in the community gardens for persons with disabilities. It is more of a compliance procedure. For instance, if they do have a board, they do have quarterly meetings, etc]. Social Worker 1

[We utilise a questionnaire sort of form for monitoring and evaluation which does not give us much information on the day-to-day running of the community gardens for persons with disabilities]. Social worker 3

The research participants, social workers from the Department of Social Development, noted that they monitor all the community gardens for persons with disabilities according to a pre-determined checklist. The monitoring process involves checking

the implementation of project steps against performance indicators developed by the National Department of Social Development. This process ensures the alignment of the community garden proceedings to set standards.

The statements above highlight significantly that, in theory, monitoring and evaluation are done in principle, but in reality, nothing much is done. In confirmation of these findings, Jili and Mthethwa (2016:36) highlighted that practical monitoring and evaluation standards in community development projects are completed in theory, evident in many failed community projects. Maphunye (2014:71) also noted that skills development hinders effective monitoring and evaluation of projects, which negatively impacts the successful completion of projects by professionals.

The community gardens for persons with disabilities are administered, monitored as well as evaluated by social workers. For the purposes of the present study, it will be appropriate to understand the skills and techniques of the social workers who are mandated to provide financial monitoring as well as technical support. In brief, social workers in South Africa generally are holders of a four-year bachelor's degree from different social work schools in South Africa. This information on the educational qualifications of the social workers is also available in the above sections. To support the above, Kang'ethe (2014:425) saw that the social workforce in South Africa is dominated by a four-year degree and only a few have a master's or doctoral qualification. The few who have postgraduate qualifications find themselves back to universities as lecturers. Mostly, if not all the social work schools in South Africa do not provide a course in either financial management, public financial management or monitoring and evaluation. Strangely, the same social workers who do not have any basic skills in financial matters are tasked to monitor the community gardens for persons with disabilities on financial matters. Some would see it as a blind man leading the blind. Poor monitoring and evaluation lead to catastrophic financial mismanagement and unsustainability of the community gardens for persons with disabilities.

Lightfoot, McCleary and Lum (2014:61) highlight that community practitioners have a role to play by linking communities to associations, which can aid their development, as proposed by the ABCD approach. In the study, social work practitioners are a key association to the community gardens as they provide a key service of monitoring and evaluation. The study findings from social work participants have shown that they do

monitoring and evaluation services as a way of making sure that the community gardens comply with Department of Social Development standards.

Sub-theme 1.2: Financial subsidy

In this sub-theme of financial subsidy, most of the social work participants shared the following sentiments:

[We gave the community gardens for persons with disabilities R50 000 as a startup. This was for equipment and also administrative costs]. Social Worker 3

[We provide for the financial support as proclaimed in the Public Financial Act through a quarterly subsidy system. Currently, the subsidy covers equipment for the centre in agriculture, a meal, administration costs as well as stipends for staff members. The subsidy is roughly R25 000 per quarter. We also provide information on disability to the centres and training. The evident impact of the garden is that it brings persons with disabilities together and views them as people worth living with dignity. This allows them to become who they want to be and sustainable rather than dependent on the state for the social grant]. Social Worker 4

[The subsidy is paid at the end of each financial quarter based on the attendance of persons with disabilities at the community gardens. A claim system is utilized] Social Worker 9

[The vegetable gardens, would need to install boreholes and drip irrigation systems. The R50 000 would not be enough]. Social Worker 8

[Our funding as a department does not cover capital costs such as agricultural equipment as we only provide for welfare needs. It will be wise for the community projects to register as small-scale farming entities and they will be able to get funding from the Department of Trade and Industry. They will also be able to apply for funding from other government agencies which support small-scale businesses such as Limpopo Economic Development which falls under the Limpopo Office of the Premier] Social Worker 3

[The funding which they receive is a blanket for everyone. However, their needs and expenses are varied] Social Worker 10

Social workers from the Department of Social Development highlighted the fact that they are responsible for financing the community gardens for persons with disabilities

through the subsidy system, as guided by the Public Financial Management Act. This system has funding cycles of three years. For the community gardens to access funding, they have to be registered as a non-profit organisation with a management board in place. As a start-up, the organisations were given a once-off payment of R50 000 to set up their structures and equipment in order to speed up their development processes. This created a bedrock of problems. For instance, the R50 000 payment was blanketed on all the community gardens; however, their operational costs are different. Maboya and McKay (2019:16) also saw the same in that the blanketed approach to funding is a disadvantage to large NPOs, who have bigger budgets and provide a large range of services to many people. McIntire (2021:43) confers by highlighting that the funding cycles are rigid and if an NPO does not make it, they will wait for the next three years to apply. The result is poor service delivery outcomes to marginalised groups in society, who need the services. The funding is also based on a quarterly claim format. It is based on the number of clients the community garden has, the number of daily attendances, as well as the number of attendees approved by the Department of Social Development before the funding cycle. The money is also divided on equipment, staff stipends, administrative expenses as well as food. The current rate as of 1 April 2023 is R25 per person with a disability per day.

From this background, the funding of the projects leaves a lot to be desired. In support, Tigere and Moyo (2022:5) saw that funding from state departments to community-based organisations is erratic and affects them negatively. For instance, the community gardens are paid in quarterly tranches after they have submitted the quarterly claims. That is to say, they do the work first and are paid after. The quarterly claims pay for staff salaries, administration costs as well as running costs. As of 1 April 2023, the quarterly payments were rounded to R23 000 per quarter for each community garden for persons with disabilities. In terms of running the community gardens effectively, the quarterly payments are very little since the overhead costs are great. This compromises the sustainability of the community gardens. To support the above, Ayinkamiye and Spencer (2021:65) noted that the funding model of non-profit organisations by the Department of Social Development is erratic and not uniform, which puts a risk to service delivery, such as the marginalised, who are in need. It can, therefore, be said that the Department of Social Development is not giving enough financial resources to sustain the community gardens for persons with disabilities.

Nel (2018:5) is of the view that the ABCD approach recognises the associations and institutions that build better communities. Zal (2016:341) saw that the ABCD approach advocates for the mobilisation of community institutions that are both internal and external to increase the capacity of people in order to improve their quality of life. In this regard, the Department of Social Development has a mandate to provide adequate funding to community gardens for persons with disabilities, which can improve their agricultural activities.

Sub-theme 1.3 Social development services

The responses from the sub-theme have shown that there are different methods that are utilised by social workers when working with persons with disabilities in community gardens. The social work responses were:

[We utilise mainly casework, group work and community work when conducting our work with persons with disabilities. However, we are also involved in other tasks such as fundraising]. Social Worker 7

[At the community gardens we are applying all the social work methods and also using other roles as a way of providing social development services with the aim of uplifting the standards of living for persons with disabilities]. Social Worker 10

Van Breda (2018:66) defines social development as a broad-based approach to the promotion of the well-being of a nation through the alignment of human and economic aspects of development. Midgley (2013:14) defines social development as a process of planned social change designed to promote the well-being of a population as a whole within the context of a dynamic developmental process. Zastrow and Hessenauer (2022:27) highlight that social development takes place through activities, such as casework, group work, community work as well as research.

One of the main objectives of the study was to examine the role played by social workers in community gardens for persons with disabilities. This objective was met by the information presented above. The capability approach is connected to social work as a tool for social workers in practice, to explore the subjective sense of well-being, to address social inequalities on a structural level and as a way of evaluating social practices (Kjellberg & Jansson, 2022:224). The findings from social work participants have shown that social development services are provided to persons with disabilities

in the community gardens. There are different social work methods applied, such as casework and groupwork to uplift the social functioning of persons with disabilities.

Roles played by non-governmental organisations social workers

Social workers from non-governmental organisations also formed part of the study. Their responses to the roles they play are:

[As social workers from non-governmental organizations, we are a bridge to services that are not provided by the state, such as assistive devices. This includes accessing wheelchairs (manual & motorised) and crutches for persons with disabilities at community gardens. These assistive devices are important for them to be able to conduct agricultural activities with ease]. Social Worker 6

[As NGO social workers, we assist in looking for funding for the community gardens for running and capital costs since the state does not provide much. We assist with applications from organisations such as the National Lotteries Commission and National Development Agency. There are also other fundraising initiatives we involve the community gardens such as Casual Day as a way of raising funds], Social Worker 7

[Disability mainstreaming is a social service which we provide to persons with disabilities in community gardens. It is about the rights of persons with disabilities in mainstream society; they participate in local and international events such as the International Day for Persons with Disabilities, held every first week Saturday of December and the International Wheelchair Day. The aim is to concertize them on their rights as persons with disabilities]. Social Worker 8

[We provide social work services which are tailor-made for the needs of persons with disabilities and their families]. Social Worker 9

The social workers from non-governmental organisations provide social and technical services with respect to persons with disabilities at the community gardens. These services include, but are not limited to, assistive device support, disability mainstreaming, marketing, funding, social work services as well as fundraising services. The pie chart below illustrates the services provided by the non-governmental organisations.

Fig 7.1 Services provided by NGOs

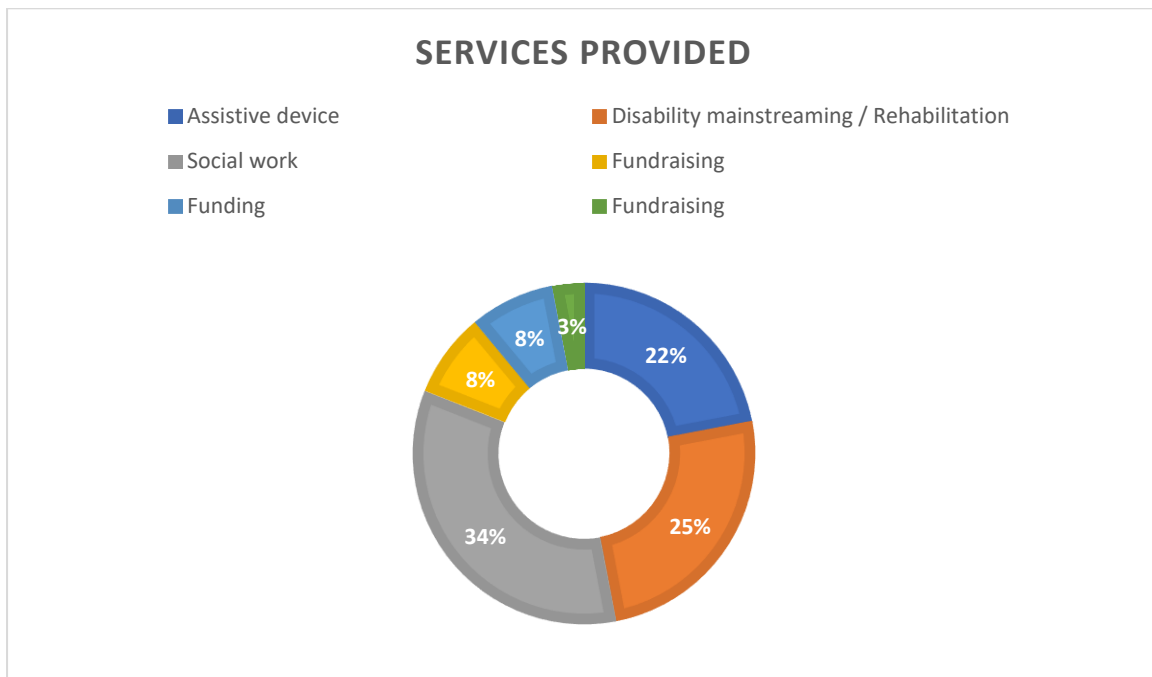


Figure 7.1: Services provided by NGO social workers

Figure 7.1 highlights the services that are provided by social workers from the non-governmental sphere. The services are discussed below:

Social Work Services

The majority of the services provided are social work services by social workers from non-governmental organisations. Developmental social work services are provided and have been defined by Gray and Lombard (2023:3), as interventions for the poor and vulnerable groups in society that are designed to enlist their participation in developmental activities to achieve social and economic outcomes. Since persons with disabilities fall within the specialised vulnerable group, social work services are important to their livelihoods. The study participants highlighted that they focus on providing services in three traditional methods, that is, casework, group work and community work.

- **Casework**

The responses from both social workers and persons with disabilities have shown that casework plays an important role in social development services that are provided at

the community gardens for persons with disabilities. The research participants response was:

[Social work services are our major focus whereby we provide services such as counselling, home visits as well as admissions and exits]. Social Worker 10

[We provide social work services to even the families since they are part of the main client (person with a disability)]. Social Worker 9

Marckelprang, Salsgiver and Parrey (2021:16) confirm the above findings by stating that persons with disabilities benefit from social services, which help them to understand and live with their disability in the community. Baines (2020:76), in agreement, saw that disadvantaged groups in society, such as persons with disabilities, benefit from social work services, as it addresses their emotional and social spheres of life. The study has found that social work services are key to persons with disabilities. Oliver, Sapey and Thomas (2012:31) opined that the major task of the professional social worker is therefore to adjust the person with a disability to his particular disability. Samant, Soffer and Hernandez (2009:176) saw that the adjustments are twofold, firstly that there is physical adjustment through rehabilitation programmes designed to return the individual to as near as normal a state as possible. Secondly, there is a psychological adjustment which helps the individual to come to terms with his physical limitations (Samant *et al.*, 2009:177). Social workers in the community gardens will therefore have to make persons with disabilities aware and accept their disabilities through counselling and therapeutic interventions.

Oliver (2018:39) highlighted that individuals with disabilities are assumed to have undergone a significant loss and, as a result, depression may set in. To come to terms with this loss, a process of grieving or mourning will have to be worked through, similarly to those who must mourn or grieve for the loss of loved ones (Oliver, Sapey & Thomas, 2012:39). Through therapeutic interventions, it is the role of the social worker to make persons with disabilities in community gardens cope with their disability. These therapeutic interventions can be seen in stages similar to trauma processes. These mechanisms are a series of stages or steps that have to be worked through. The researcher identified a four-phase process by which newly disabled persons with paraplegics came to terms with their disability.

Phase 1 - Shock: The immediate reaction to the physical and psychic assault of spinal cord injury is often characterised by weeping, hysteria and occasionally psychosis with hallucinations (Anderson, Spain & Clarke, 2022:27). In this phase, a person with a disability would try to come to terms with the disability.

Phase 2 - Denial: A refusal to accept that complete recovery will not take place. This phase is also associated with persons with disabilities that they will heal completely one day and the disability is not permanent (Babik & Gardner, 2021:74). Persons with disabilities go out of their way as they will still be in denial about their disabilities.

Phase 3 - Anger: This is often projected towards those physically active around them, who serve as constant reminders of what has been lost (Anderson, Spain & Clarke, 2022:27). It includes family members as well as friends (significant others). Blaming others is common.

Phase 4 - Depression: A realistic and most appropriate response to a condition that is a severe and permanent disability and a necessary stage if adjustment, rehabilitation and integration are to be achieved (Babik & Gardner, 2021:75). This is the crucial phase in which the social worker has to provide therapy and counselling. This is critical for the person with a disability in order to adjust in the community garden as well as to other systems in the community.

Tigere and Makhubele (2019:6) saw that persons with disabilities do not accept their disabilities and can go as far as doing unorthodox means, such as consulting traditional leaders and even religious prophets. It is therefore the responsibility of the social workers to go through all the phases that are listed above with persons with disabilities, such that they accept their disabilities and can function properly in a community garden setting.

- **Groupwork**

The social workers and persons with disabilities were very positive about the role group work plays in the community gardens. Persons with disabilities were appreciative of group work. The participants' responses are:

[Groupwork helps us to address issues affecting the persons with a disability in a group setting as they share their lived experiences]. Social Worker 8

[Some of the social development needs are addressed in a group setting which makes it easier to reach many persons with disabilities at once] Social Worker 3

Group work is based on inclusion and exclusion criteria. Inclusion criteria are characteristics that the prospective subjects must have if they are to be included in a group that is to be conducted by a social worker (Antony, 2020:56). Exclusion criteria are those characteristics that disqualify prospective subjects from inclusion in the group (Sarnon, Kusenin & Saim, 2022:79). The inclusion and exclusion criteria for persons with disabilities in community gardens should be done with utmost care. For instance, people with disabilities in the community gardens are different, as some are hemiplegics, some are quadriplegics and some are paraplegics. Their experiences are different from that point of view; hence they should belong to different groups. This is mainly because their experiences are different in terms of disability, cause of disability and how they conduct gardening activities based on their disability.

Antony (2020:36) defines social group work as a method of social work that helps individuals to adapt to their problems and environment through learning, changing behaviour and improving skills to cope with the dynamic demands of life. Sarnon, Kusenin and Saim (2022:71) agree that group work is a method of social work that helps individuals enhance their social functioning through purposeful group experiences and to cope more effectively with their personal, group or community problems. In the case of the study, group work can be seen to help persons with disabilities to enhance their lived experiences within a community in order to function better and so as to fulfil their livelihoods. All the community gardens that formed part of the study had either one or two groups running.

The capabilities approach explains the importance of group work as a method of social work focusing on social problems that influence disadvantaged groups in the community. Persons with disabilities are generally affected by discriminatory practices (Mitra & Brucker, 2020:24). Capabilities agency is the ability of an individual or a group of people, who share the same interests, to pursue the goals that they have reason to value (Erhag, Nilsson & Sterner, 2022:14). It is from this background that in the study, persons with disabilities would solve their problems in group settings. This will allow empowerment, as persons with disabilities would be able to control their circumstances and improve their livelihoods.

- **Community work/rehabilitation**

Community work is done by social workers as a way of providing a service to persons with disabilities. To support the above assertion, the participants highlighted that:

[Community development is when we work with community gardens for persons with disabilities by empowering them towards sustainability]. Social worker 6

[We are mainly responsible for growing these small community gardens for persons with disabilities such that they can provide services to persons with disabilities in their own communities]. Social Worker 2

[We are entitled to look for assistive devices and connect persons with disabilities to other services within the community as part of their rehabilitation]. Social worker 6

Community work/community development is a social work service provided by social workers from non-governmental organisations. From their responses, they were clear that they are more focused on community development for the community gardens for persons with disabilities. Community development at the community gardens takes the form of community rehabilitation programmes. Zeng, Balikuddembe and Liang (2023:46) stated that community-based rehabilitation (CBR) is a strategy for enhancing the quality of life for people with disabilities by improving service delivery, providing more equitable opportunities and promoting and protecting their human rights. Tofani, Esposito and Berardi (2021:11256) shared the same sentiments whereby community-based rehabilitation is a strategy within community development for the rehabilitation, equalisation of opportunities and social integration of all people with disabilities.

Higashida (2017:278) saw that “community-based rehabilitation is implemented through a joint effort between people with disabilities, their families and communities and the appropriate health, education, vocational and social services”. Therefore, community gardens for persons with disabilities play a crucial role in community-based rehabilitation initiatives. The above confirms the findings of the study in that social workers from non-governmental organisations provide rehabilitation services together with persons with disabilities and community gardens in order to uplift their livelihoods. For rehabilitation to be successful, they aid in the acquisition of assistive devices and referral to other service providers, who are critical in the rehabilitation of persons with disabilities in the community gardens (Abera, 2022:69).

Thus, community-based rehabilitation can be said to be a new approach in which families and communities are given the responsibility for the welfare of their members with disabilities. The success of community-based rehabilitation lies in encouraging people with disabilities, their families and the local community, to join in this programme.

The ABCD approach emphasises the role that external institutions play in community development. The social workers from both the non-governmental and Department of Social Development are key in providing services to persons with disabilities in community gardens. Green and Haines (2015:79) note that the ABCD approach focuses on institutions and associations, which are significant to the development of communities. In the study, social workers from non-governmental organisations represent the institutions and associations that provide rehabilitation services to persons with disabilities. The rehabilitation technical support is key for assistive technologies and devices for persons with disabilities.

Sub-theme 1.6: Disability mainstreaming

This sub-theme gives social workers responses to disability mainstreaming as a service that they offer to the community gardens for persons with disabilities. Four participants agreed that disability mainstreaming is offered as a service to persons with disabilities. The responses were:

[Information is given to persons with disabilities at the community gardens on ways they can be part of the broader society such that their needs and rights are met]. Social Worker 1

[Sensitisation sessions are conducted to raise awareness for them to be accommodated in the mainstream society] Social Worker 3

[We try to teach persons with disabilities on how they can remove barriers in their communities which inhibit their full participation in social and economic development] Social Worker 4

[Decision on the livelihoods of persons with disabilities rests on their shoulders; hence, they should participate in programme formulation at the grassroots level]. Social Worker 6

The study found that social workers from non-governmental organisations play a crucial role in disability mainstreaming. This is done together with persons with disabilities, the community gardens as well as the communities. To support the above findings, Makuwira (2022:486) acclaimed that, “disability mainstreaming means a systematic integration of the priorities and requirements of persons with disabilities across all sectors and built into new and existing legislation, standards, policies, strategies, their implementation, monitoring and evaluation”.

[Persons with disabilities do partake in casework services we provide. They strengthen their social development from a capabilities approach. That is to say, we work on their abilities rather than their disabilities]. Social Worker 7

Garcia (2020:13) points out that community centres cannot develop vacuums to meet the needs of people. They have to be in association with non-governmental organisations that have the capacity to provide mainstream disability services. In the study, the social workers conduct disability mainstreaming sessions that are mainly for awareness raising.

Lightfoot, McCleary and Lum (2014:61) highlighted that community practitioners have a role to play in linking communities to associations that aid their development, as proposed by the ABCD approach. In this regard, the association is a non-governmental organisation that provides disability mainstreaming as a service to persons with disabilities at the community gardens.

Category 2: Constraints faced by social workers in providing services to community gardens for persons with disabilities

Category 2 discusses challenges faced by social workers when rendering social work services to persons with disabilities in community gardens. The category looks at monitoring and evaluation, bureaucracy, skills and dependency syndrome.

Theme 1: Challenges

Theme 1 discusses the challenges which are encountered by social workers. There are four sub-themes, which will be discussed below.

Sub-theme 2.1: Monitoring and evaluation

Monitoring and evaluation have been a bone of contention in this study. The sub-theme responses looked at how the social workers conducted monitoring and

evaluation of the community gardens for persons with disabilities. The social work participants responses were:

[We use a predetermined form in which we just tick the availability of paperwork in the community gardens for persons with disabilities. It's more of a compliance procedure. For instance, if they do have a board, they do have quarterly meetings, etc]. Social Worker 3

[We utilise a questionnaire sort of form for monitoring and evaluation which does not give us much information on the day-to-day running of the income-generating projects]. Social Worker 4

[The monitoring tool we use does not give a picture of the current social development needs of the community gardens. It is just an administrative form that we just follow as a procedure. There is a need to change the form such that it is more informative and can give more direction]. Social Worker 5

Kariuki (2014:83) saw that standardised tools used for monitoring and evaluations of non-governmental organisations are not effective. This is due to the difference in sizes of the non-governmental organisations. The study's participants, who were social workers, noted that they monitor all the community gardens for persons with disabilities, according to a pre-determined checklist. The community gardens for persons with disabilities are monitored at each stage of the way. The monitoring process involves checking the implementation of project steps against performance indicators developed by the National Department of Social Development. This process ensures the alignment of community development project proceedings in order to set standards.

The statements above highlight significantly that, in theory, monitoring and evaluation are done in principle, but in reality, not much is done. In confirmation of these findings, Jili and Mthethwa (2016:36) highlighted that practical monitoring and evaluation standards in community gardens are performed generally, evident by some operating on welfarism. Maphunye (2014:71) also noted that skills development hinders the effective monitoring and evaluation of community gardens, which impacts negatively on the successful completion of projects by professionals.

The community gardens for persons with disabilities are administered, monitored as well as evaluated by social workers. For the purposes of the present study, it will be

appropriate to understand the skills and techniques of the social workers, who are mandated to provide financial monitoring as well as technical support. In brief, social workers in South Africa generally are holders of a four-year bachelor's degree from different social work universities in South Africa.

Most, if not all, of the social work universities in South Africa do not provide a course in either financial management, public financial management, or monitoring and evaluation. Strangely, the same social workers who do not have any basic skills in financial matters are tasked to monitor the community gardens for persons with disabilities on financial matters. Tewolde (2018:37) saw that poor monitoring and evaluation lead to catastrophic financial mismanagement and unsustainability of the income projects. Mutambanengwe (2015:16) supports the above sentiments by highlighting that a standardised monitoring and evaluation format is used in all service areas, such as children services, disability, older persons as well as drug and substance use directorates. In the study, the participants have shared that generally, their methods of monitoring and evaluation do not provide a true picture of the circumstances of the community gardens for persons with disabilities.

The ABCD approach usually focuses primarily on the quality of relationships within the community, local associations and networks (Kennedy, 2021:23). An important relationship of the community gardens is that of the Department of Social Development, who provide monitoring and evaluation services. The study's findings have highlighted that the monitoring services provided are not up to standard due to a lack of skills among the social workers. They lack the knowledge of monitoring and evaluation, due to the nature of their social work qualification.

Sub-theme 2.2: Bureaucracy

The sub-theme gave responses from social workers on how bureaucratic systems affect service delivery to persons with disabilities. The responses were:

[There are two directorates on the ground. Those from community development and community work. We seem not to know and understand each other's roles and responsibilities]. Social Worker 4

[The community development workers always overlap their roles. Us social workers we are responsible for funding and monitoring and they try to take the monitoring responsibility from us]. Social worker 1

[We have social workers from the generic department, which also has to provide services to persons with disabilities, and there could be a lot of professionals at the same time]. Social worker 4

Prasad and Zaloznaya (2021:234) saw that the sustainability of community developmental projects is largely affected by governmental red tape that results in inefficiency. In support, Zafarullah and Khan (2018:649) laid the blame on bureaucracy as the reason for the failure of community development projects. The sustainability of community gardens for persons with disabilities in the study area has been constrained largely due to bureaucracy implications within the Department of Social Development, Limpopo Province. Resource mobilisation was seen as hindering the process of service delivery implementation in community gardens for persons with disabilities. The respondents in the study reported that the Department of Social Development, which is responsible for looking after community gardens for persons with disabilities, has a lot of red tape processes that hinder smooth and timely implementation. The department has two directorates, namely, community development and community work services. These two directorates seem not to know their mandates when it comes to community gardens for persons with disabilities. The community development directorate is staffed with community development workers. On the other hand, the community work directorate is manned by social workers. Their roles and responsibilities towards servicing community gardens for persons with disabilities are very rigid.

In support of the findings of this study, Dziany (2011:31) asserts that “bureaucracy has an effect on policies, practices and procedures within the implementation of community development projects. It retards projects implementation and hence service delivery”. Bimha (2019:63) shares the same view in that, “bureaucratic effects also arise from a political influence on projects, which has a negative effect on service delivery in communities”. Therefore, bureaucracy within the Department of Social Development affects the smooth running of the community gardens for persons with disabilities.

Sub-theme 2.3: Lack of skills and capacity building in both social workers and community garden managers

The sub-theme looked at how the skills of both social workers and community garden managers have an effect on the implementation of services in community gardens for persons with disabilities. The responses from social workers were as follows:

[This monitoring and evaluation especially of finances in the community gardens for persons with disabilities require someone with finance knowledge. Us as social workers we lack that knowledge]. Social worker 1

[Some of the tasks we are asked to carry are beyond our skills knowledge. The degree we did does not have any modules on monitoring and evaluating projects, but we are tasked to do it]. Social worker 2

[Disability is a specialised field and did not receive any training on working with persons with disabilities. In other South African provinces like Western Cape and Gauteng there are many directorates specially for persons with disabilities and training is provided]. Social Worker 3

[Most managers are educationally less privileged and therefore affects their administration requirements which becomes huge for them to handle] Social worker 4

[Mostly the managers have to write funding proposals to both the Department of Social Development and other funders such as the National Lottery Commission. It becomes a huge burden for them since they are technically not able. They also have to conduct Independent Development Plans for the clients (persons with disabilities) to measure their social and economic development but do not have the skills to do those tasks]. Social Worker 5

Nyauche and Flanigan (2022:127) saw that lack of skills development in non-profit organisations personnel has a negative effect on the delivery of social development services. Choto, Iwu and Tengeh (2020:694) agree on the above sentiments by highlighting that non-profit organisations do not attract and retain personnel with rights and skills, due to remuneration issues that affect service delivery. In the study, the community garden for persons with disabilities office bearers have little skills to run the gardens. This proves beyond a doubt that capacity building amongst the community gardens for persons with disabilities personnel is very limited. Capacity building should not only be limited to community gardens for persons with disabilities,

but also to social workers who are monitoring the gardens. As indicated previously, the social workers are holders of a four-year bachelor's degree, which involves concentrated courses on human behaviour. This group lacks skills in the tasks at hand with the community gardens for persons with disabilities.

The above statements from the participants are proof that lack of skills from both the two groups (social workers and community garden managers) leads to negative sustainability of the community gardens for persons with disabilities. Skill shortage has been seen in the study as a big hindrance to the sustainability of the community gardens. The results have shown that most of the members at the community gardens for persons with disabilities do not have the necessary skills to participate in their activities. For instance, those involved in cuniculture (breeding rabbits) lack any formal training in the trade. They utilise general indigenous knowledge. Gardening and farming have also been affected by a lack of skills since they do not have any formal training. In line with the findings, Juma (2015:65) states that "skill transfer should be at the forefront of farming for the sake of sustainability". In agreement, Zelinskaya *et al.* (2015:167) assert that "although traditional methods of farming are environmentally friendly, they affect production to a great extent, hence the unsustainability of agricultural activities". Rashid and Islam (2016:81) point out that technology in agriculture, now referred to as 'e-agriculture,' is of paramount importance in the 21st century for sustainable agricultural production.

The capabilities approach explains the above findings on the skills of social workers and community garden managers. Capabilities denote a person's opportunity and ability to generate valuable outcomes, taking into consideration relevant personal characteristics and external factors (Joshi, 2021:784). The social workers and the community garden managers who participated in the study do not have the capabilities to deliver services to community gardens and persons with disabilities. Engendering the social workers and community garden managers with skills in monitoring and evaluation as well as administration will assist in effective service delivery to persons with disabilities.

Sub-theme 2.4: Dependency syndrome/Welfarism

The responses in regard to this sub-theme were that welfarism affects the sustainability of the community gardens at an economic level; hence also affecting the

social outcomes of persons with disabilities, such as livelihoods, poverty and social development. The responses were:

[The community gardens for persons with disabilities are receivers of welfare from the state. They are so reliant on the funding which we provide that they do not want to be business minded]. Social worker 4

[They are so dependent on the government. We fear that if the government stops the funding, they will just close down]. Social worker 5

Ayinkamiye and Spencer (2021:65) saw that the funding model of non-profit organisations, which is based on a welfare approach, diminishes their abilities to reach sustainability, as they live on a hand-to-mouth basis. In support, Sibisi and Makka (2022:1094) saw the welfare approach to funding as making the non-governmental organisations recipients of free finances from the state, which results in them being prone to fail if funding is stopped. The study findings have shown that the running of the community gardens for persons with disabilities in the study area is bound by welfarism. A welfare model is utilised to run the projects. It emanates from the legislative and policy framework of the projects. They are registered under the Non-Profit Act of 1997. This in itself speaks in that they are not profit-oriented; hence, they are dependent on the Social Development Department for funding and survival. It also insists upon the fact that by legislation, they are not required to make any profit in their work. They operate as welfare entities, which should be providing welfare services to the communities.

McIntyre (2021:37) points out that non-governmental organisations are not business entities from their registration requirements, and it is difficult for them to operate on a profit basis to become sustainable. It can be concluded that community gardens for persons with disabilities are for welfarism rather than business; hence reaching sustainability remains a dream.

The ABCD approach is in support of the above findings since it advocates for self-reliance within community development initiatives. The ABCD approach is a shift from a deficiency needs, and problem orientation to strengths and assets approach while working with communities (Garcia, 2020:69). It creates and seizes opportunities for sustainable development. In the study, the social worker participants have noted that

dependency on the state through the Department of Social Development inhibits the community gardens for persons with disabilities ability to sustainably grow.

Summary of Section B

Social workers from both the Department of Social Development and non-governmental organisations play a critical role in providing social work services to persons with disabilities in community gardens. Non-governmental organisations provide the bulk of services in the form of casework, group work and community work. The social workers from the Department of Social Development play various roles, such as providing financial subsidies as well as monitoring and evaluation. Subsidies are provided uniformly and are given to the community gardens for persons with disabilities, but each of them has different expenses. The subsidy was seen by social work participants as failing to meet the operational needs of the community gardens. The skill gap amongst the social workers was seen as a challenge. Most of the social workers are meant to provide financial monitoring but they themselves do not have those skills. Most of them have a bachelor's degree in social work, which does not provide any financial training.

7.3.3 Section C: Findings of community garden managers

The section provides findings from community gardens for persons with disabilities participants. One participant was interviewed from each of the five community gardens that participated in the study.

7.3.3.1 *Biographical profiles of community garden managers*

The demographic details of community garden managers for persons with disabilities.

Table 7.5: Demographic details of community garden managers

Pseud o name	Ag e	Gende r	Qualification s	Managerial qualifications/trainin g	Disabilit y	Manageria l experien ce at the garden (years)
M1	39	Female	Matric	n/a	n/a	6
M2	42	Female	Matric	n/a	n/a	5
M3	51	Female	Grade 11	n/a	n/a	8
M4	49	Female	Grade 10	n/a	n/a	6
M5	43	Female	Matric	n/a	n/a	5

Table 7.5 highlights the management of the community gardens. All of them are female with three having reached matric level. They all do not possess any post-managerial qualifications, and also of importance is that they do not have any disabilities. All the managers have been at the community gardens for at least five years.

7.3.3.2 *Thematic analysis*

In this section, themes, sub-themes and categories of data that are collected from community gardens of persons with disabilities are provided. The table below elucidates the themes, sub-themes and categories. Participants' interviews are given in a verbatim format. A discussion then follows with literature used to support the findings when necessary.

Table 7.6: Themes, sub-themes and categories: Community garden managers

Theme	Sub-theme	Category
Theme 1: Benefits of community gardens for persons with disabilities	Sub-theme 1.1: Backward and forward factor Sub-theme 1.2: Environmental benefits Sub-theme 1.3: Local economic development	Category 1: Roles played by community gardens for persons with disabilities
Theme 2: Class struggle	Sub-theme 2.1: Indigenous knowledge preservation	Category 2: Uplifting status of persons with disabilities
Theme 3: Institutional support		
Theme 4: Challenges faced by community gardens for persons with disabilities	Sub-theme 3.1: Management Sub-theme 3.2: Funding/Financial constraints Sub-theme 3.3: Electricity Installation Sub-theme 3.4: Political interventions Sub-theme 3.5: Traditional authorities' interventions Sub-theme 3.6: Poor planning Sub-theme 2.7: COVID-19 Sub-theme 2.8: Institutional support	Category 3: Challenges

Category 1: Roles played by community gardens for persons with disabilities

This category has one theme and three sub-themes on the roles played by community gardens for persons with disabilities. The theme is on benefits of community gardens to persons with disabilities. Three sub-themes emanated from this theme, namely, backwards and forward factors, environmental benefits as well as local economic development.

Theme 1: Benefits of community gardens for persons with disabilities

Community garden managers offered a description of the benefits that they see for persons with disabilities and their communities.

Sub-theme 1.1: Backward and Forward factor

The community garden managers for persons with disabilities highlighted that there is a symbiotic relationship with other industries and sectors of the economy in their locality. Their responses were:

[We get orders for poultry products from the local restaurants (Chisa nyamas). They really give good business to us] Community Garden Manager 4

[We supply vegetables (onions, beetroot, spinach & tomatoes) to the local small-scale markets. This creates business for other people; hence, we are at the bottom of the economic chain]. Community Garden Manager 5

The study found that economic development is achieved through the backward and forward factors. The forward factor is when agricultural products are used in other ancillary industries, such as schools and informal restaurants, also known as “Chisa Nyamas”. Chicken, which is bred at the centre and vegetables are usually found in restaurants, which also promotes employment in the forward industries as well as posits local economic development.

The study also found that there is a backward factor, with which persons with disabilities play. Small-scale organisations, such as agro-industries, provide fertilisers and pesticides to the community gardens for persons with disabilities. Small engineering firms provide technical support to maintain watering pipes as well as machinery. In support of the above discussion, Jili and Mthethwa (2016:36) highlighted that small-scale farmers contribute immensely to their local economies by supplying forward industries with raw materials. On the other hand, they also benefit from other industries within the same locality. It can, therefore, be summarised that community gardens for persons with disabilities have economic benefits that exist for the entire community.

The capabilities approach looks at the end product of active participation in economic activities (Ikebuaku, 2022:79). In the present study, economic growth is seen through local economic development. The community gardens for persons with disabilities play

a key role in involving other small-scale industries within their communities. The capabilities approach also puts emphasis on the conversation about environmental factors, which is key to the development of small-scale agricultural co-operatives (Kennedy, 2021:23). In the study, the community garden has other backward and forward industries within their communities, which are important to each other. They do have a symbiotic relationship.

Sub-theme 1.2: Environmental benefits

The community gardens play a pivotal role in providing environmental benefits to their spaces and the communities in their surroundings. The research community garden managers' responses were:

[The multi-cropping is done extensively on a small piece of land; hence, it avoids land degradation and erosion. The concept of flora and fauna also is important since insects such as bees are attracted by the diversity of different crops. This results in increased pollination; hence, vegetable production increases]. Community Garden Manager 1

[Farming methods we get from the Department of Agriculture extension officers are key in maintaining environmental sustainability. Crop rotation which we assist in preserving the soil for use by the next generations]. Community Garden Manager 2

The responses of the study noted that the community gardens provide environmental benefits to the communities that they are in. Different crops are grown, which help preserve the ecology in the form of soil erosion and land degradation. In confirmation, Schmutz *et al.* (2014:6) noted that community gardens generally provide multiple environmental and ecological benefits. In support, Heather (2012:21) pointed out that community gardens serve as a primary unit that initiates and utilises ecologically friendly approaches for food production while preserving natural resources.

The findings in the study have shown that a variety of vegetables in the community gardens for persons with disabilities, such as carrots, peas, beans and spinach, promote nutrient recycling and enhance pollination. Schmutz (2014:7) saw that vegetable gardens aid environmental revitalisation by producing and cultivating different plants. The esteemed agricultural practice methods are shared with the broader environment, hence the whole communities' benefits on an environmental level.

Sub-theme 1.3: Local economic development

The sub-theme gives responses to how community gardens for persons with disabilities aid local economic development. The responses from the community garden managers supported this theme in that:

[Our products such as poultry, eggs, and different vegetables are sold to the community at large to other industries hence aiding the local economy] Community Garden Manager 3

[We produce different agricultural produce which is used by other industries such as food stalls and vegetable markets, hence improving the local economy. We play a critical role in the local sphere]. Community Garden Manager 5

The community gardens' agricultural produce is sold to the local and external community, which generates an income. Employment opportunities are also created, since the persons with disabilities are involved in agriculture, though on a smaller scale.

One of the study's objectives was to describe the economic benefits of community gardens for persons with disabilities. The study has found that the community gardens have made a huge impact on the economy of the communities that they are in, through increased income from the diversity of produce sold and increased employment creation. Local Economic Development is a process whereby the public and private sectors partner and work jointly, to produce improved circumstances for economic development and employment creation to ultimately improve the quality of life of citizens (World Bank, 2003:1).

The study's findings have shown that community gardens for persons with disabilities aid in economic development within the communities they live. Choto, Iwu and Tengeh (2020:695) highlighted that community co-operatives are economic and social development agents in their spheres of operation. Thus, employment is created and so are backward and forward economic linkages.

Category 2: Uplifting the status of persons with disabilities

There is one theme and one sub-theme in this category. The theme focuses primarily on the skills that persons with disabilities have and which they utilise when doing gardening activities.

Theme 1: Community gardens as a place of class struggle

The community gardens for persons with disabilities are seen as places of class struggle where they get information and skills to fight for their rights. They are locations where they feel that they are independent and have control over the means of production in which there is no discrimination from mainstream society.

One of the research questions posed in the study was to see if community gardens alleviate poverty among persons with disabilities. The study's findings noted that the community garden for persons with disabilities acts as a space for class struggle in which marginalised persons with disabilities have a chance to move up from the echelons of the proletariat, that is, the poor or working class.

Through their ability to partially own the means of production, that is, the land of the community garden, they can engage in agricultural activities that empower them and become financially stable. Consequently, the study found that community gardens allow the less privileged to move up the social-class ladder through market-oriented gardening activities.

Sub-theme 1.1: Indigenous knowledge preservation of gardening and persons with disabilities

The research participants agreed that the community gardens are a tool for preserving local farming knowledge. The managers and persons with disabilities shared that:

[We have our own unique way of agricultural production which has a disability taste. It is passed to most persons with disabilities for many years to come]. Community Garden Manager 1

[There is a culture we have created of farming as persons with disabilities which is preserved here at the community garden and community. There are special ways of farming we are mastered for persons with disabilities based on their abilities]. Community Garden Manager 2

[Style of farming is unique for persons with disabilities which they have done over a long time]. Community Garden Manager 3

[Persons with disabilities are doing activities such as weeding according to their abilities. That is, they have to be innovative. For instance, most of the time, when they weed, they do not use a wheelchair but rather crawl along the bed, which is faster and

more efficient for them. Accordingly, they share these innovation skills with other persons with disabilities]. Community Garden Manager 4

[When they fertilise, they do use the broadcast method, which is easier and more efficient for them]. Community Garden Manager 5

The above responses have noted that community gardens consist of a variety of components and plant species that represent social and traditional aspects of the community. Skaalsveen, Ingram and Urquhart (2020:107) saw that the rich indigenous culture and communal knowledge base are expressed through community gardening through the selection of plants as well as farming practices used by the local community. Thus, the community gardens for persons with disabilities serve as a valuable asset for preserving and transferring indigenous crops, production knowledge and skills from one generation to another.

Aparu, Morton and Gyampoh (2021:17) are of the view that indigenous groups usually develop their own ways and systems of conducting agricultural activities, based on their inherent skills and the resources at their disposal. The persons with disabilities have developed a culture of practising gardening, which is unique to themselves, as a group of special abilities people. Their functional abilities in gardening tasks have made them master and build their own indigenous knowledge of agricultural activities. Since they are not able-bodied, their disabilities have made them adjust and be innovative in the way that they do gardening.

The responses from the participants highlight that persons with disabilities within the community gardens come up with indigenous knowledge through innovation with an understanding of their abilities. The indigenous knowledge is important to the success of the community gardens. Indigenous knowledge acts as a platform for the social benefits that are derived from community gardens for persons with disabilities.

The main principle of the Asset-Based Community Approach (ABCD) is its notion of being asset-based (Garcia, 2020:68). It means that the focus is primarily on existing assets and community resources. The assets include skills and strengths, which are possessed by people in the community (Nel, Mansvelt & Shugu, 2023:239). In the study, persons with disabilities in the community gardens have developed knowledge based on their disabilities to conduct gardening activities. They have adjusted their

ways of conducting gardening activities in accordance with the environment they are in.

Theme 3: Institutional support

There are various institutions which provide different services to the community gardens for persons with disabilities. The study found that they get support from the Department of Social Development (financial and social development services), the Department of Agriculture (extension services), local municipalities (material donations), as well as non-governmental organisations (disability and technical services).

The community garden managers pointed out the following:

[We affiliate with the non-governmental organisations based in Limpopo Province that provide technical disability information. For instance, we source mostly all the disability equipment for mobility as well as equipment such as hand forks to be utilised for agricultural purposes from them. They also conduct access audits and give recommendations. For instance, at the community gardens, the access audit focuses on the distance between the beds such that persons with disabilities in wheelchairs are free to conduct their gardening activities. Also, they do access audits on the specifications of the height of the vegetable beds since persons with disabilities should not struggle in doing tasks. This can cause secondary disabilities. However, challenges persist with the financial resources to implement the access audit findings].

Community Garden Manager 1

[The Department of Social Development does provide funding and social work services to persons with disabilities. Although the finances are not enough, it is something that is helpful]. Community Garden Manager 2

[The NGO do provide us with wheelchairs and other mobility devices for persons with disabilities. They also do accessibility audits to see if our community gardens are wheelchair friendly]. Community Garden Manager 3

From the above discussion, it can be noted that non-governmental organisations for persons with disabilities play an important role in providing technical support to community gardens. A non-governmental organisation for persons with disabilities from Limpopo province also assists community gardens for persons with disabilities. They provide services such as training, financial, technical, disability accessibility

audits, disability mainstreaming and material support. An access audit can be defined as an environmental scan of hindrances to persons with disabilities in their movement or conduct towards their work activities.

From a theoretical point of view, the ABCD approach utilised in the study, collates with the findings through the concept of deploying assets and building a network of community support through wider associations with institutions. Institutions are the public and private sector organisations that set and implement policy and legislation, deliver services, purchase, trade and perform all manner of other functions that affect livelihoods (Garcia, 2020:68). Thus, the community gardens utilise different institutions, such as an NGO that provides technical support, the Department of Social Development, which also provides subsidy as well as the Department of Agriculture, which provides extension services.

Wider association structures are public and private sector organisations that set and implement policy and legislation, deliver services, purchase, trade and perform all manner of other functions that affect livelihoods (Ward, 2023:209). Wider association support that denotes assistance from environmental institutions is key to the success of developmental projects, such as community gardens for persons with disabilities. The institutions involve government departments, non-governmental institutions, private organisations as well as community-based centres (Yamashita, 2023:27). Organisations that support the community gardens for persons with disabilities, as seen in the study, include the Department of Agriculture, the Department of Social Development and non-governmental organisations.

Category 3: Challenges

Theme 1: Challenges faced by community gardens for persons with disabilities

The study's findings also showed that there are challenges that the community gardens for persons with disabilities have faced, ranging from management and stakeholder engagement to financial constraints.

Sub-theme 3.1: Management

The sub-theme denotes the responses from community garden managers and social workers, who had varied reasons to manage the community gardens. The responses were as follows:

[I am not financially literate. I do not know the basic bookkeeping principles; hence, I might end up making unnecessary financial mistakes. This results in negative financial books which will have implications on the operations of the community garden]

Community Garden Manager 1

[The general management from an administrative point of view lies in my hands as a manager. There is no funding to hire other financial or administrative personnel such as a bookkeeper]. Community Manager 2

[We are entitled to do bookkeeping for the whole organisation, but we are not well equipped]. Community Garden Manager 3

[Financial management is a challenge for us because I do not understand the income and expenditure procedures. I did not get any training; hence, I tried to use what I knew from high school]. Community Garden Manager 5

The management of the community gardens is not skilled in finance and administration. Poor accounting financial practices were noted by the researcher. It is clear that financial management in the community gardens needs improvement, since there are irregular expenditure practices, which have a negative impact. This is mainly due to a lack of financial planning on the management side. Some of the participants of the study also noted that there is no sense in the way the financial matters of the organisation are handled since it is not clear how much profit they make.

Wendimu (2021:31) saw management as an area of concern to small agriculture co-operatives, as it affects their sustainability. Management of most small-scale agricultural entities is not skilled enough for the demands of operating successfully (Moon & Lee, 2020:86). The study has found that the Department of Social Development does not provide any formal training to community-based organisations. However, their financial office provides some guidance on financial matters. The researcher also noted that the low level of education of the management officials makes it more difficult for best financial management practices to be implemented. The demographic profile denoted that neither of the management officials of the community gardens has post-Grade 12 or any other management or financial training. This introduces a serious challenge when it comes to the financial management of the community gardens.

Sub-theme 4.2: Funding/financial constraints

The sub-theme describes funding and financial constraints from the responses of community garden managers. The research participants highlighted that financial constraints have a negative impact on running the community gardens. The participants highlighted that:

[Running a profitable and sustainable community garden needs financial resources. Inputs such as seedlings, fertilisers and equipment need to be purchased]. Community Garden Manager 1

[Inputs are expensive and we do not get any help with that. It makes us limit our production and has a negative impact on the social and economic well-being of persons with disabilities] Community Manager 2

[For the garden to be more successful as to cater for the needs of persons with disabilities, financial investments have to be made. Irrigation will take us afar as we will be able to conduct agricultural activities throughout the year]. Community Garden Manager 3

Candemir, Duvaléix and Latruffe (2021:125) opine that small-scale agricultural initiatives, mainly in rural areas, do not reach their full potential due to funding constraints. They are left without meaningful capital to purchase inputs and equipment to grow agricultural production and become sustainable. The findings of the study highlighted that funding and financial constraints remain a substantial challenge at the community gardens. Funding in terms of agricultural materials, such as fertilisers, pesticides, organic manure as well as seedlings remains a challenge. An official from the Department of Agriculture pointed out that they do not provide any financial or material support in the form of fertilisers or equipment, but provide informal training and information. This raises concerns about the inputs, which are critical in agricultural production. The respondents also voiced their concern about the lack of technical equipment, such as irrigation and the drip system, as a result of funding. This has consequences on the technical production efficiency of the garden.

Technical production efficiency refers to the ability of agricultural activities to utilise the correct materials for agricultural production (Ajates, 2020:467). Due to the unavailability of funds, the community gardens are now resorting to traditional farming methods whereby they choose to use the available inputs at their disposal for

production. This has resulted in the community gardens producing goods less effectively. The only funding comes from the Department of Social Development, through the subsidy system and is paid quarterly for the running costs, such as electricity, food and limited agricultural materials. The researcher noted that the community gardens are registered in terms of the Non-Profit Act of 1997, which inhibits their ability to operate more productively and profitably.

Kambali (2022:16) saw that access to finances for small-scale farmers is a tall order, since there are many requirements needed. On top of that, skill shortages are a major factor since administering large sums of finances can be difficult. The study has found out that the Department of Social Development saw it as wise for the community gardens to register as a co-operative, which attracts more funding from the department and other state entities, such as the National Development Agency and the Department of Trade and Industry. On the other hand, running co-operatives require knowledge and skills. From the demographic characteristics of the persons with disabilities, it would be an uphill task for them to start and run the co-operatives. However, the researcher believes the co-operative route is the best way to go.

Figure 7.2 indicates the financial constraints faced by the community gardens for persons with disabilities.

Fig 7.2. Financial constraints

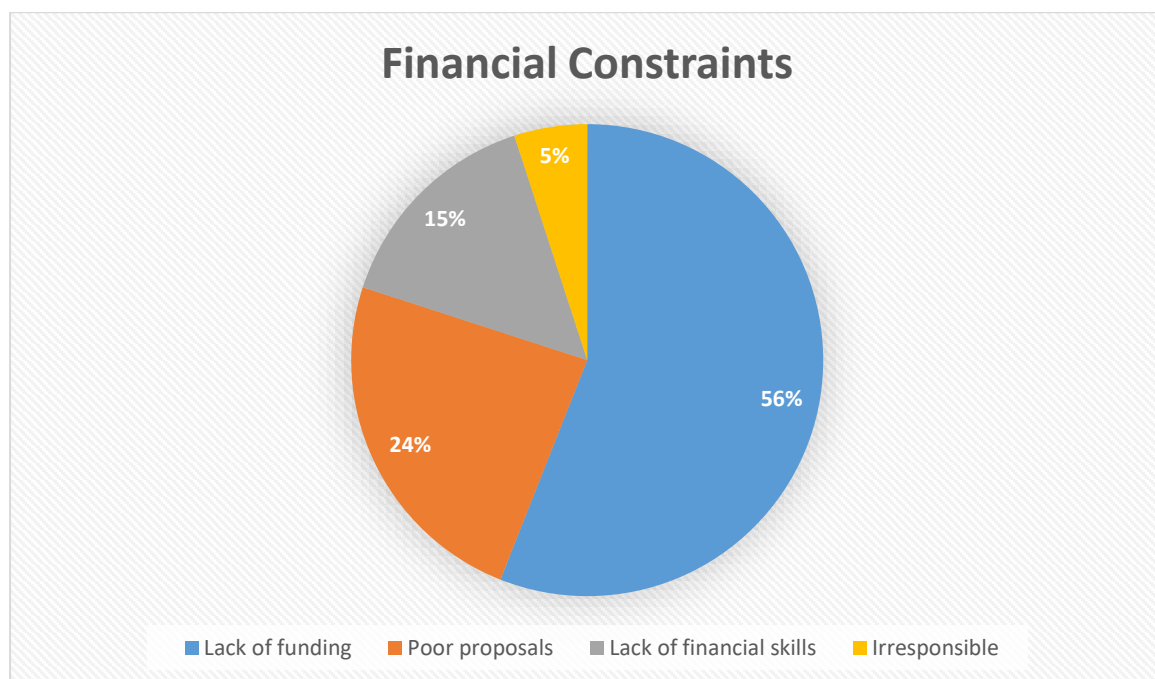


Figure 7.2: Financial constraints

The findings of this research have shown that community gardens for persons with disabilities have different financial constraints. Lack of funding and poor proposal writing contributed to the financial constraints. The findings also revealed that poor handling of finances within the income projects contributes negatively to their sustainability.

In the same vein, the study's findings have shown that the sources of income at the community gardens for persons with disabilities are varied. Figure 7.3 highlights the sources of income.

Fig 7.3 Sources of income

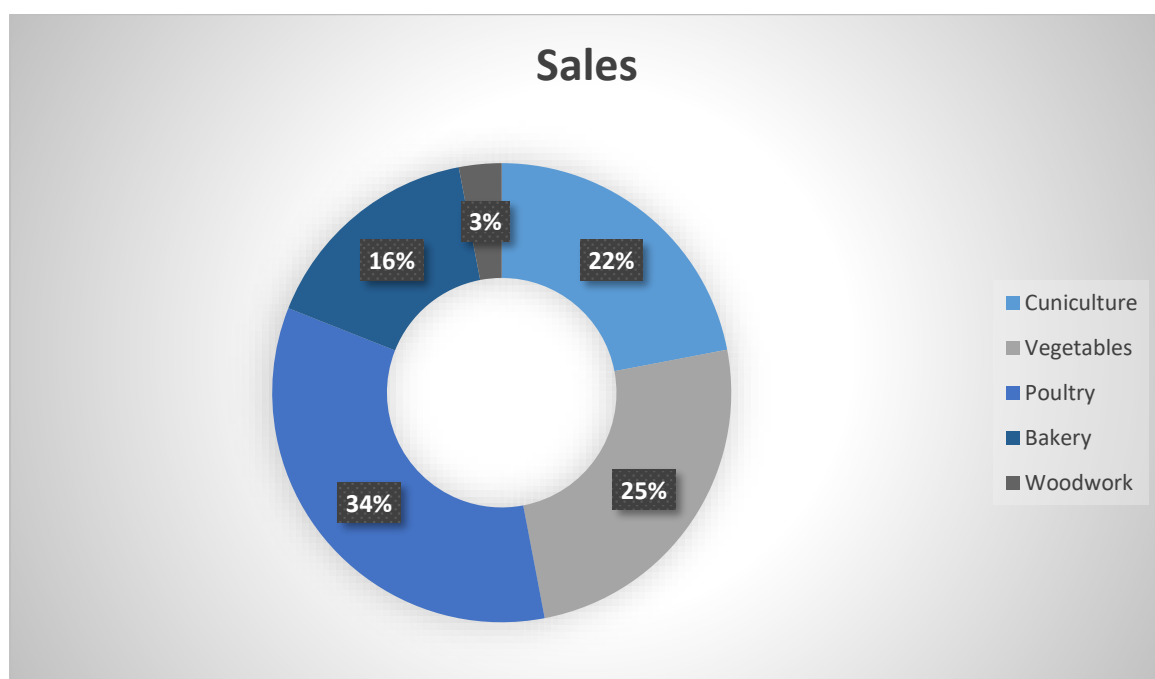


Figure 7.3: Sources of finance

Figure 7.3 shows that poultry provides much of the income of the community gardens for persons with disabilities. Cuniculture, which is also part of animal husbandry also does well. Woodwork is at 3% and this points to the fact that sustainability achievement is very low.

Sub-theme 4.5: Electricity installation

The responses from the community garden managers were similar in that they saw the importance of electricity in their community gardens, which could be useful to

increase production and lead to improvements in livelihoods for persons with disabilities. The majority of respondents highlighted that their centres do not have electricity to sustain their activities, as indicated below:

[Our garden requires constant watering and the use of an electric pump for irrigation. At the moment we are utilising a solar pump which is not very active] Community Garden Manager 1

[Unavailability of electricity is a big concern. We rely on illegal connections and pay a lot more than the normal rate. This affects our profitability greatly]. Community Garden Manager 2

[We do have electricity; however, the billing is very huge for us. We are billed as a business entity and pay a lot of money for that. Eskom does not know that we are a small community garden for persons with disabilities] Community Garden Manager 5

Electricity is a source of lighting and cooking and it is essential for small businesses within the community. Thus, it can be said to be at the core of local economic development. Electricity installation was seen as a problem for the community gardens for persons with disabilities.

The above responses show that electricity is a major challenge to the majority of income-generating projects. Most of the projects rely on electricity for their activities. The installation of electricity has been a challenge because of the unfavourable billing system. The local municipalities and Eskom billing system are based on a business model, as they are seen as small-scale agricultural businesses. As such, an independent transformer is installed, which attracts monthly payments that are exorbitant. Since their activities do not generate a huge income, they are not able to pay frequently for electricity, which results in disconnections. On the other hand, the majority of the community gardens for persons with disabilities are sceptical about connecting electricity due to the high costs involved. However, they resort to illegal connections, which are not safe and reliable. This shows that there are serious discrepancies in electricity installation.

There are many issues that need proper planning, such as the billing system, which affects the welfarist projects. This delivers the electricity service to the satisfaction of community members. One participant also noted that the community gardens have satisfactory access to electricity since they are able to do their activities and contribute

to the local economic development of their community. Munzhedzi and Makwembere (2019:662) concur with the findings of this study that electricity installation by municipalities has aided in the growth of small- and medium-community gardens, which has led to improved livelihoods of persons with disabilities.

The ABCD approach puts emphasis on community associations both from the public and private sectors (Garcia, 2020:71). The study has found that electrical installations in South Africa are done by a public entity, Eskom, which is key to the community gardens for persons with disabilities. However, the billing is done from a business perspective, which is not conducive to the community gardens that operate on a small welfarist scale.

Sub-theme 4.3: Political interventions

Political interventions were also seen as problematic in the running of successful community gardens for persons with disabilities within the study area. The study participants highlighted that power struggles within the community hinder the sustainability of community gardens for persons with disabilities. Some of the participants of the study highlighted that:

[Difference in opinions in the political leadership causes a lot of community gardens for persons with disabilities being stalled in this community and it affects us].
Community Garden Manager 2

[The local leadership, which includes the ward councillor, has serious problems with the traditional leadership; hence, they clash, and this impacts negatively on our community gardens]. Community Garden Manager 5

The above findings have shown that political intervention greatly affects community gardens for persons with disabilities. To support the above findings, Lavagnon (2012:29) argued that political wars within communities greatly affect community development projects. Munzhedzi and Makwembere (2019:672) also agree by highlighting that political interference leads to corruption and the end result is basically unsustainable community projects within communities.

The capabilities approach denotes that for individuals or groups of people to achieve capabilities and further development, political freedom has to be met. Political freedom is increasing citizens' access and opportunities to development (Nussbaum, 2015:6).

In the study, the community gardens and persons with disabilities' road to achieving development rests on gaining political freedom from the local political leadership.

Sub-theme 4.4: Traditional authorities' interventions

The research participants who were community garden managers gave similar responses to traditional authorities in their areas of operation. The participants highlighted the following:

[The traditional officials want to be part and parcel of the community gardens for persons with disabilities runnings which complicates the whole process. They request reports on the progress]. Community Garden Manager 1

[They make dubious demands that they should sit on the boards of the community gardens for persons with disabilities] Community Garden Manager 2

[It's a pity that they want to control all developmental initiatives that fall within their jurisdiction. It is right for leaders but they should leave the implementation part to professionals who have the necessary expertise. If we are in the wrong with the traditional authority it's a big problem. They are of the view that they have to control all the development in the area without any knowledge of how we operate] Community Garden Manager 4

[They just want to control our operations without even knowing about the services we provide. They think we are here to take their space in community leadership. Since they wield a lot of influence in the community, they try to instil control on our work with persons with disabilities] Community Garden Manager 5

The study found that traditional authorities interfere with any developmental community projects in their jurisdiction, including community gardens for persons with disabilities. It was highlighted that traditional authorities partly take over the day-to-day running of the community gardens that exist for persons with disabilities since they believe they are the custodians of the communities.

Lavagnon (2012:28) highlighted that different political opinions and structures have an effect on the sustainability of community gardens for persons with disabilities. Most rural communities fall under the jurisdiction of traditional chiefs, who are mostly responsible for their subjects. Thus, any development initiatives that take place in their communities are overseen by the local traditional councils. Munzhedzi and

Makwembere (2019:677) also found that local leadership, in the form of ward councillors from the local municipality, are usually at loggerheads, and this negatively affects the sustainability of community gardens for persons with disabilities.

The findings from the study are that traditional leadership is mainly concerned with the preservation of the life of the people within their communities. In this regard, some respondents indicated that there were some community gardens for persons with disabilities in the study area which did not get the blessing of the traditional council; hence they were seen as operating illegally in their area. Tsoko (2014:39) supports the above by highlighting that traditional leaders yield political power in influencing development within their jurisdiction. Honig (2019:16) also saw that traditional leaders usually act as inhibitors to community development as they create difficult conditions for non-profit organisations to operate. For one community garden project to be accepted by their traditional council, they have to give gifts in the form of finances or materials. This has a negative effect on the sustainability of the community gardens for persons with disabilities.

The above assertion points to the fact that interference from traditional leadership greatly affects the implementation of community development projects. Traditional chiefs also tend to ask for financial royalties, which the struggling community gardens for persons with disabilities cannot afford. This impacts negatively on the budgets of the community gardens for persons with disabilities. Bimha (2019:60) is also in agreement by highlighting that, traditional leaders are imposed as overseers of community development projects while they do not have the necessary skills. They have powers to interfere in projects being carried out in their areas but there are also intra-conflicts.

The ABCD approach rests on the premise of building relationships and trust within the communities in order to achieve community development through income-generating projects (Green & Haines, 2015:43). The ABCD approach also considers convening the community to build an inclusive vision and plan in order for the community development actions to be successful (Garcia, 2020:71). In the study, the responses have shown that there is mistrust between the community gardens and the traditional leadership, which does not aid the development of persons with disabilities. The community gardens have not built relationships with an important entity in their environment, which is the traditional leaders.

Sub-theme 4.5: Poor planning

The sub-theme described how poor planning affects the provision of social development services to persons with disabilities. The community garden managers who were the respondents said that:

[We receive R25 000 in a quarter for expenses. For us we need to buy materials for the poultry project such as feeds which is expensive. We cannot wait for the quarter to end. It is better to get the money at the beginning of the quarter]. Community Garden Manager 3

[Instead of getting the money at the beginning, we get it at the end. It is very ridiculous. What are we going to buy inputs with?] Community Garden Manager 5

Ayinkamiye and Spencer (2021:75) highlight that state funding in South Africa, through the Treasury and related Ministries, lack consultation; hence poor financial allocations to non-profit organisations. Poor planning can be said to be at the focus of little funding to the projects. All the projects are given a blanket amount of R25 000 per quarter to cover their expenses in order for them to be sustainable. Since this amount is little, this can be attributed to poor planning from the Department of Social Development.

Nwauche and Flanigan (2022:124) saw that there has been no financial costing done to determine a proper budget to run different non-profit organisations. The study has shown that a blanket approach is used to fund the community gardens for persons with disabilities. For instance, inputs needed for a poultry project are very different to that of bakery. Henceforth, proving the same financial budget to different community gardens will always be catastrophic.

Sub-theme 4.6: COVID-19

The covid 19 pandemic caused havoc in the world and South Africa had one of the hardest lockdowns. The majority of services were affected and community gardens for persons with disabilities were not spared. The responses from the participant agreed to the above statement.

[COVID-19 brought a closure of our garden since we had to abide by the law and stay home. We had to halt all the activities]. Community Garden Manager 1

[All our gardening activities had to come to a standstill since we were not allowed to go outside our homes. We could not get the special permits in time since there was a lot of red tape]. Community Garden Manager 2

[We had to close all the agricultural activities and some crops died due to lack of water and maintenance. There was nothing we could do as it was law]. Community Garden Manager 3

[Social development services could not be offered at the community gardens since it was a hard lockdown. Most of the persons with disabilities were negatively affected as they were abused physically, emotionally, financially and sexually]. Community Garden Manager 4

The COVID-19 pandemic reached the shores of South Africa in early 2020 and the country was put on a hard lockdown, whereby all services, organisations and companies were closed except essential services (Wegerif, 2022:52). Workplace stations, even those at community gardens for persons with disabilities in the study area, were closed. This affected those who were performing activities, such as vegetable gardening, poultry farming as well as baking. In order for the persons with disabilities to operate during the lockdown, they had to require a special permit from government authorities. There were red tape mechanisms as well as lack of business certificates, which made small-scale agricultural entities remain closed (Mthembu, Mkhize & Arthur, 2022:532). This had a very huge effect on operations for the community gardens for persons with disabilities as well as their quest for sustainability.

Anakpo and Mishi (2021:47) confirm the above findings by indicating that the outbreak of Coronavirus disease 2019 (COVID-19) caused major economic shock and abnormalised business operations. Lockdown and movement restrictions resulted in small community business initiatives being hit hard (Ozili & Arun, 2020:33). This had a major impact on the sustainability of the community gardens for persons with disabilities.

Sub-theme 4.7: Institutional support

Community garden managers highlighted dissatisfaction with the level of service that they receive from the Department of Agriculture. The manager in particular pointed out that the visits from extension officers clash mostly with their times of planting and growth, when they need information the most. Thus, they are left alone to make

important agricultural decisions, which experts could have guided them on. For instance, the spacing of legumes, such as peas, is critical and can lead to poor yields. To air her dissatisfaction, the manager said:

[One time I got my spacing wrong for peas and it was a disaster since we only realised this during harvesting when the peas were very small which resemble poor quality].
Community Garden Manager 5

There are also local municipalities within the community gardens sphere of operations, who also provide support. The community garden managers had the following responses:

[The local municipality do provide donations to us. They only do once off donations which are not that sustainable. For instance, on The Mandela day celebrations, they donated food parcels and blankets to persons with disabilities at our community garden]. Community Garden Manager 2

[The municipality does sometimes, make donation both financial and material sporadically to support our services. Although it is not permanent, it is helpful]
Community Manager Garden 3

From the responses, it is evident that although the Department of Agriculture is providing extension support, it is not well timed and not enough. The garden could do much better if the support is consistent and available when needed.

Some local municipalities that are in the community gardens' geographical location aid the organisation through the corporate affairs directorate. There is no dedicated Local Economic Development Office (LED) in those municipalities. Since most of them are rural municipalities, the focus is mainly on providing services to citizens who fall under its jurisdiction. Koma (2012:3) also highlighted the fact that many rural municipalities in South Africa do not have established LED offices, since they are seen as not important. Kamara (2017:6) also shares the same sentiments in that LED offices are seen as a waste of resources since the focus should be on service delivery. It can thus be noted that both Koma (2012:33) and Kamara (2017:16) share the same view with the community garden officials in that LED projects are mostly once-off and are not sustainable in nature.

The ABCD approach puts emphasis on the importance of strong relationships and trust from community institutions (Green & Haines:43). There should be trusting

relationships between community stakeholders, which would benefit community projects (Garcia, 2020:72). The results have shown that local municipalities within the jurisdiction of community gardens are important institutions. However, they do not have strong and trustworthy relationships which can be used to finance the activities of the community gardens such that they become sustainable.

Summary of Section C

Section C has done a thematic analysis with respect to responses from community garden managers for persons with disabilities. The community gardens do play an important role in economic development within the communities they serve. This is through the backward and forward factors through which they supply agricultural produce to other industries. Local economic development in the local communities is achieved. The community gardens have faced many challenges in their quest to improve the socio-economic development of persons with disabilities. The recent COVID-19 pandemic affected the economic side of the community gardens. Political interventions from traditional leaders are also problematic within their operations.

7.3.4 Section D: Findings of agricultural extension officer

This section provides the findings of agricultural extension officers for the Department of Agriculture. They are an important institution and resource, which provides technical support to the community gardens in their agricultural activities.

7.3.4.1 Biographical profiles of agricultural extension officers

The section provides for biographical information of the agricultural extension officers, which is documented in the below table in the first phase of the study.

Table 7.7: Demographic information of Agricultural Extension Officers

Pseudonym	Age	Sex	Disability	Occupation/Employment	Educational Qualifications
A1	41	Female	n/a	Agric Extension officer	Bachelor's degree
A2	38	Male	n/a	Agric Extension officer	Bachelor's degree
A3	22	Male	n/a	Agric Extension officer	Bachelor's degree
A4	27	Male	n/a	Agric Extension officer	Diploma
A5	31	Male	n/a	Agric Extension officer	Diploma

Table 7.7 shows the demographic information of agricultural extension officers, who are servicing the community gardens that stand for persons with disabilities. They provide technical support in agricultural activities such as crop production as well as animal husbandry. Three of the participants have a degree in Agriculture while two have diplomas in Agriculture. Four are male while one is female.

7.3.4.2 *Thematic analysis of the agricultural extension officer participants*

The section provides themes and sub-themes of the data collected from agricultural extension officers working at the Limpopo Department of Agriculture. The following details the transcripts of the interviews. The literature will be utilised to support the findings.

Table 7.8: Agricultural extension theme

Theme	Sub-theme	Category
Agricultural services	Technical support	Community outreach agricultural services

Theme 1: Technical support

Responses were taken from extension officers who work together with social workers to support the community gardens for persons with disabilities. The agricultural extension officers from the Department of Agriculture highlighted that:

[We are mainly providing technical and information support through extension services. This involves providing agricultural information related to best practices in gardening. Since vegetables such as cabbages, peas, tomatoes and spinach are

grown in these community gardens, we provide information on land preparation use of pesticides as well as fertiliser requirements application. As a department, we do not provide any financial or technical resources. We are only able to provide only the basic and not technical specifications for persons with disabilities]. Extension officer 1

[On average, we do community work at community gardens once per quarter or even twice a year due to operational challenges within the department. We aim to provide information on crop production and animal husbandry to the community gardens for persons with disabilities]. Extension officer 2

[We provide informal training on plant production and animal husbandry during their sporadic visits to the community-based gardens]. Extension officer 3

[We do offer specifications in spacing, watering and pest control. This assists in improvement in yields]. Extension officer 4

[We do usually come to the community gardens and spend time teaching them about planting different crops. We include both the persons with disabilities as well as the management. That is we give first-hand information to the persons with disabilities who are mainly responsible for crop production]. Extension officer 5

From the responses, it can be seen that although the Department of Agriculture is providing extension support, it is not well timed and not enough. The garden could do much better if the support is consistent and available when needed.

Extension can be referred to as an informal education that relates to any organisation disseminating information and advice to promote learning (Maulu *et al.*, 2021:2). In this case, the agricultural extension officers provide teaching to persons with disabilities in community gardens to improve agricultural outcomes. Improving economic outcomes will result in better socio-development of persons with disabilities. Dube (2017:151) revealed that these programmes play critical roles by providing farmers' awareness through improved technology adoption, which leads to improved business efficiency and sustained livelihoods. Akbari *et al.* (2023:13) opined that agricultural extension has facilitated the dissemination of information about new crop varieties, species of livestock and associated production and management practices, leading to the improved socio-economic status of the rural communities. It can be said that the involvement of agricultural extension officers at the community gardens has had a positive impact on the livelihoods of persons with disabilities and their families.

Maulu *et al.* (2021:3) saw that “extension programmes in rural communities play a critical role in linking farmers and other actors in rural developmental agenda”. The relevance of these programmes in agriculture is largely dependent on their ability to meet farmers’ needs since they are the stakeholders at the grassroots level. Extension services are, therefore, the link between the community gardens for persons with disabilities and other actors in the communities.

The conversation factors of the capabilities approach denote the environment of institutions, which provide support to community developmental projects (Ikebuaku, 2022:79). At this level, interventions through supportive entrepreneurial education and training are key (Kennedy, 2021:27). In the study, the agricultural extension officers have played a supportive role by providing training on agriculture, which include land preparation, planting and pest control.

Summary of Section D

The participants who were agricultural extension officers from the Department of Agriculture in Limpopo Province, expressed their views in relation to the services they provide to the community gardens of persons with disabilities. They do provide community outreach services to the community gardens in the form of extension services. These include informal education on agricultural activities, such as planting, weeding as well as mechanisation. This all aims to make the community gardens more productive and, in turn, have an economic impact on persons with disabilities. Similarly, there is an improved financial impact on their livelihoods. In the end, there are positive socio-economic outcomes for persons with disabilities and their families.

7.5 DISCUSSION

The demographic characteristics have revealed that persons with disabilities have never received any formal training in gardening or agricultural activities. This has a negative impact on the agricultural activities. Training provides vital skills for gardening activities, such that there is maximum use of the land, which will lead to improved produce and an increase in income. Egli *et al.* (2016:351) highlight that community gardens are used as sites for training and information transfer on agricultural production. The community gardens rely on informal and unreliable training from agricultural extension officers, who are not always readily available, due to

administrative challenges within the Department of Agriculture. Thus, in brief, lack of training leads to less production, since poor farming methods are practiced.

Most of the persons with disabilities did not reach matric/Grade 12. The reasons for this may warrant a study of its own, but the general perception was a lack of educational opportunities, due to their disabilities. Moodley (2017:286) is of the view that the South African education system discriminates against persons with disabilities, as they are left out of the system because there are no legislation and policies in place. Since persons with disabilities could not pursue their studies further, gardening was the only option available. This could explain the fact that financial mismanagement within the community gardens could be a result of a lack of education and financial skills. Deghaye (2023:73) opined that the lack of an educational base for children with disabilities has an effect on their skills development and participation in the economy due to a lack of formal educational training. The lack of persons with disabilities in the management and administrative structures within the community gardens could be the lack of educational qualifications. It can thus be concluded that lack of education hampers not only the trainability of persons with disabilities but also the success of the community gardens as a whole. The upliftment of the status of persons with disabilities is also affected since the persons with disabilities are only relegated to manual labour within the community gardens rather than occupying administrative and managerial positions. Since there is a saying within the disability movement that “nothing about us without us”, it would be more uplifting and fitting if management and day-to-day running of the gardens were at the centre of persons with disabilities control.

The gardening activities at the community gardens are shared between persons with disabilities. Gomda, Sulemana and Zakaria (2021:13) are of the view that activity limitations waver according to their disabilities, but they are able to do manual work, which involves planting, watering, weeding, fumigating as well as harvesting. The participants noted that there is no specialisation in any activity. This leads to them being all-round gardeners. The animal husbandry section, which is mainly characterised by chicken breeding and egg production, also encourages all persons with disabilities to be hands-on with all the activities. Tiwari, Savastano and Winters (2022:321) agree that persons with disabilities do partake in different agricultural activities as a way of income generation. The participants noted that a duty roaster is

available and every person with disabilities is given a chance to work on both the vegetable and animal husbandry sections. To this effect, the incomes paid to persons with disabilities are similar. The managers of the gardens noted that this work schedule was executed to reduce completion and discontent among persons with disabilities. Since the animal husbandry section brings more income than the vegetable section, every person with disabilities would have wanted to work in that section.

Household size amongst persons with disabilities is also a factor that has a direct effect on the sustainability of the income derived from gardening activities. Households that had more than five people proved to have negative implications on their livelihoods as a family as a whole. Since the average income derived from gardening activities is R1000, most basic essentials within the households were not covered. The participants who had more than five dependents within the family pointed out that the combined stipend from the garden and the disability grant proved to be inadequate to improve their livelihood as a family. Niewohner, Pierson and Meyers (2020:1173) have seen that community economic activities performed by persons with disabilities are at a lower scale in order to sustain them and their families. Agriculture efficiency in small-scale co-operatives for persons with disabilities is insubstantial due to low production and has a negative effect on sustainability (Bechange et al., 2024:16). Some participants noted that they were the breadwinners within their families, and although the income from the garden was making a huge difference, it was not enough. However, some participants who had fewer dependents noted that their income from the gardens was, to a certain extent, improving their livelihoods. Positive livelihood indicators that are sustainable were noted in the study, which included paying school fees and buying school uniforms for their siblings. The community gardens for persons with disabilities, which are Non-Profit Organisations (NPOs) as a whole, are funded by the Department of Social Development through the Public Financial Awards. Maboya and McKay (2019:17) saw that funding the NPOs is not granted based on practical budgetary needs, but rather a one-size-fits-all approach. The subsidy system pays the community gardens on a quarterly basis for materials and running costs. Thus, it can be noted that the subsidy model upholds the welfarism approach of the community gardens; hence to a certain extent, it does not offer entrepreneurship dependency of persons with disabilities. This seriously raises questions about uplifting the status of persons with disabilities through entrepreneurship. The subsidy model limits the

potential role that persons with disabilities can play in income generation. It can thus be argued that turning the community gardens into co-operatives can equip and empower persons with disabilities into ownership of the means of production as well as increase the income capabilities of the garden.

The results presented above have also been confirmed by other scholars and new information has been added to the existing literature on community gardens as a tool for social and economic development. Galhena, Freed and Maredia (2013:8) also found that community gardens are a source of income generation that empowers the less disadvantaged in the community through economic emancipation. Therefore, persons with disabilities are empowered economically through market-oriented gardening activities.

The study also confirms other studies that are conducted in that persons with disabilities are usually less educated. This removes their opportunities in their livelihoods. Masarira (2017:3) saw that segregation in the educational system played a significant role in significantly reducing the number of persons with disabilities who would go through the educational system. To support this notion, Mutanga and Waker (2017:135) highlighted that South Africa has many anti-discriminatory legislative provisions. However, few people with disabilities participate in higher education and the small number that do get access to schooling face many challenges. This is due to the fact that there is no clear-cut national policy on education for persons living with disabilities.

Physical challenges have also been noted in different studies as prohibiting the movement of persons with disabilities in either their workplaces or in the societies in which they live. El Refaei (2016:54) noted that persons with disabilities cannot easily move around within their environments due to the inaccessible nature of buildings, pavements, roads and transport systems. The study also found that the community gardens are not disability friendly. The bedding structure and spacing are not adequate and accommodative enough for persons with disabilities on wheelchairs in order to conduct their gardening activities freely.

The study also highlighted that environmental benefits in the gardens have been confirmed by a number of scholars. Schmutz *et al.* (2014:6) found that community gardens provide multiple environmental benefits. These include, among other

programmes, multi-cropping, which reduces land degradation and soil erosion. Heather (2012:21) also pointed out that community gardens serve as the primary area that initiates and utilises ecologically friendly approaches for food production while preserving natural resources. To this effect, flora is produced through pollination by insects, which increases agricultural production.

A new body of knowledge which emanated from the study is that community gardens for persons with disabilities act as a place of social and emotional development. People who share the same disability (physical), similar experiences and problems, are more connected with themselves. Thus, through gardening, they are able to share their experiences, offer support to each other and give advice on how they can overcome their problems. The study also revealed that gardening activities act as therapy since they keep their minds busy. Srivastava and Kumar (2015:196) also noted that persons with disabilities face emotional and psychological challenges emanating from society's negative attitudes. Thus, the study has found that community gardens for persons with disabilities act successfully as a place for social and emotional development.

New literature to come out of the study is that community gardens are a place of class struggle for the disadvantaged members of the community, such as persons with disabilities. Thus, persons with disabilities who are engaged in the community gardens and who are less privileged in society, have the ability to move up the social-class ladder by using market-oriented gardening activities. These activities offer them income which they use to better their living conditions.

The well-being of persons with disabilities through gardening activities comes from new literature within the study. Other studies focused only on vegetables from the community gardens, as a source of nutrients, which leads to good health. Turner and Hope (2014:176), in particular, pointed out that access to fresh vegetables aids a healthy lifestyle. However, the study noted that physical conditioning leads to good well-being. Activities completed by persons with disabilities, such as weeding, planting, watering and harvesting, represent forms of exercise, leading to improved health.

In brief, it can be said that the study's findings collate with other scholars and studies. There is also a new body of knowledge that will aid with the existing literature found in

the study. This includes social and emotional development, class struggle as well as a healthy well-being.

7.6 SUMMARY

The chapter was presented and it discussed the results of the study obtained through interviews. The qualitative phase analysed four sets of data derived from persons with disabilities, social workers from both the Department of Social Development Limpopo Province and a non-governmental organisation, community garden managers and agricultural extension officers. The participants were drawn from all five districts of Limpopo, namely, Capricorn, Waterberg, Mopani, Sekhukhune and Vhembe. The study's participants agreed that community gardens are pivotal to poverty alleviation as well as sites for social development activities. This collates with the research questions posed at the start of the study. Thus, poverty is alleviated through income, which is derived from agricultural production. Income which is shared contributes to poverty alleviation in the households of persons with disabilities. Persons with disabilities emphasised the services they receive from social workers in the form of casework and groupwork methods. These social work services are very important to their livelihoods. They also highlighted that the gardens are not usually accessible with regard to their disabilities. There are physical barriers that they face in the community gardens. Equipment in the form of assistive devices is also a perennial challenge. Social work participants are mainly involved in financial subsidy assistance to the community gardens for persons with disabilities. They also provide monitoring and evaluation services. Community garden managers are responsible for the administrative running of the community gardens. However, they also face challenges in the form of skills to successfully run the community gardens for persons with disabilities. Extension officers from the Department of Agriculture, Limpopo Province, do provide community outreach services to the community gardens.

The findings also highlighted that the benefits of community gardens for persons with disabilities included economic, social, health, and environmental, as well as food and nutritional security. Improving the livelihoods of persons with disabilities is a major finding of the study, which collates with the research question posed. Thus, income derived from agricultural production activities leads to financial stability. The next chapter covers the aim of the study, which was to develop a guideline for community gardens. The guideline has been developed based on the findings of this chapter.

CHAPTER 8: DEVELOPMENT OF A GUIDELINE FOR COMMUNITY GARDENS FOR PERSONS WITH DISABILITIES

8.1 INTRODUCTION

This chapter will discuss policies and guidelines that are found in the United Kingdom, which is a first-world country. A discussion of guidelines in Africa for Rwanda, South Sudan and South Africa will be done. The discussion will focus on the legislative and policy framework, which informs the guidelines and their effects on the developmental needs of persons with disabilities.

8.2 GUIDELINES FOR PERSONS WITH DISABILITIES IN THE UNITED KINGDOM (UK)

There are an estimated 16 million people living with disabilities in the United Kingdom (UK). This represents 24% of the total population (Emerson *et al.*, 2021:472). This shows that many people in the UK have a disability. People with disabilities often have more challenges in their lives than people who do not have a disability (National Disability Strategy, 2021:16). For example, people with disabilities are more likely to feel lonely. Disabilities affect people differently and some people have more than one disability (Yates, Dickinson & West, 2024:4). This means that people with disabilities need different types and amounts of support in the communities in which they live. The main way to receive support for a disability is through the social care service (Gillovic, McIntos, Cockburn & Wootten, 2024:103697). The social care service system provides support in different ways, depending on what they think a person needs.

Guidelines in the United Kingdom (UK) are based on the recent National Disability Strategy, published by the United Kingdom government in 2021. The strategy looks at eight areas as guidelines, namely, rights and perceptions, housing, transport, jobs, education, shopping, leisure and public services (National Disability Strategy, 2021:3). Rights and perceptions are about removing barriers to participating fully in civil public life and the wider society (Lawson & Beckett, 2021:354). Housing involves creating more accessible, adaptable and safer homes for persons with disabilities. Transport is about improving the accessibility and experiences of everyday journeys (National Disability Strategy, 2021:4). The everyday journeys for persons with disabilities include

going to work and school, seeing family and friends, as well as accessing essential services, such as health and care. Shakespeare, Ndagire and Seketi (2021:1331) saw that the guidelines in the UK also feature jobs by making the world of work more inclusive and accessible. The working week is a distant reality for too many persons with disabilities. Rumery (2024:284) highlighted that education is one of the main guidelines in the UK that aims to ensure children and young people with disabilities fulfil their potential. Shopping entails creating more consumer choice and convenience for persons with disabilities. They usually experience limited choices for goods and services (National Disability Strategy, 2021:8). Leisure emphasises the importance of widening access to arts, culture, sports and outdoor activities. Lastly, public services are for making access as smooth as possible for persons with disabilities. Visiting a doctor and services such as social care and welfare, are an essential part of everyday life for persons with disabilities.

In the United Kingdom, the guidelines are also based on a system of care and support for persons with disabilities and people with mental illness, based on the belief that people should live in their communities rather than in separate institutions. At the turn of the new millennium, tens of thousands of people moved back to the community from the hospitals. A new era of residential and group homes, day-care facilities and independent living within mainstream communities began. There was a shift in the guidelines, from institutional to community-based guidelines. Lawson and Beckett (2021:354) highlighted that guidelines for persons with disabilities started to focus on services being provided through local government by supporting them in the communities they live.

Guidelines for persons with disabilities are implemented through local councils (Shakespeare, Ndagire & Seketi, 2021:1333). Social services in the local council are leading to provide services to persons living with disabilities for both children and adults. Most of the councils do have disabilities teams, which are headed by social workers, and they have nurses and care attendants (Chapman, Lacey & Jervis, 2018:34). The role of the social workers is to conduct thorough assessments on the needs of persons with disabilities versus resources which can be offered by the councils. During the assessments, the issues that were looked at including housing needs, food and dietary requirements, care needs as well as stimulation. Placement of persons with disabilities in residential facilities is seen as the last option, or in times

of distress, situations known as respite care (Malik et al., 2017:26). This involves when a family or a carer need a break, for instance during holidays, persons with disabilities in their care are placed in temporary care of the councils' homes. It eludes specifically to the social model of disability, which highlights the need for persons with disabilities to stay in their communities and their families. Support provided by the council in the United Kingdom, includes financial support in the form of monthly grants, depending on the nature of the disability.

They provide practical support, including help with transport and financial arrangements, emotional support, as well as social support in maintaining friendships (Welsh, George & Salloway, 2023:13). Self-directed support is also provided which is a way of providing social care support that empowers persons with disabilities to have informed choices about how support is provided to them. It offers informed choices and shows how services should be provided. It is always transparent, accessible and flexible to persons with disabilities. The service comes to them in their own environments rather than them accessing it (Chapman, Lacey & Jervis, 2018:39). From this perspective, rehabilitation services are mostly provided in persons with disabilities family homes rather than at community centres. This can be concluded as a person-centred service looking at the specific needs of persons with disabilities.

Most councils in the United Kingdom are part of community rehabilitation programmes (CRP). The programmes offer the disabled facilities grant (DFG), which can fund home adaptations for a person with a disability for up to a maximum of £30 000 for home independence (Greaves et al., 2023:19). The DFH aims to provide equipment and adaptations for persons with disabilities to live safely and independently in their homes. The grant covers the installation of permanent adaptations, such as stairlifts, showers, ramps and ceiling track hoists (Kim & Sellmaier, 2020:502). The occupational therapy teams and social workers conduct the assessments for adaptation. It can be concluded that in the United Kingdom, the focus is on the inclusion of persons in the community by making the environment more accessible for them.

However, the reliability and flexibility of social care services have been seriously affected by the UK's government austerity measures since 2017, due to a shrink in economic growth and the recent COVID-19 pandemic (Badcock & Sakellariou, 2022:17). Restrictions to budgets and other cost-cutting initiatives, meant that persons

with disabilities were affected by services in a negative way. Services laid out in their care plan were not implemented accordingly.

Coordination and collaboration in service delivery to persons with disabilities was seen as a negative factor in the rehabilitation (Chapman, Lacey & Jervis, 2018:42). For instance, council disability teams usually have social workers as the front line to do assessments. The information which they provide is not shared by other professionals such as occupational therapists, who provide a critical role. They will have to do assessments again with occupational therapists and carers, which becomes too much for persons with disabilities to repeat the same information to different professionals. It is important for social care professionals to collaborate as a unit and provide a holistic service to persons with disabilities.

The guidelines discussed above are mainly based on a person-centred approach where most services are decentralised. The UK government has made services to persons with disabilities accessible in their own communities and homes. This is different from this study's area where services are provided from community gardens for persons with disabilities. The next section will look at guidelines within the African continent in Rwanda, South Sudan and South Africa.

8.3 GUIDELINES FOR PERSONS WITH DISABILITIES IN AFRICA

The World Health Organization in the early 1980s introduced the guidelines for persons with disabilities for implementation by member states of the United Nations. This was the birth of a movement towards developing guidelines for persons with disabilities. The guidelines were not fully implemented by member states since they were more for the developed world rather than third-world countries, such as South Africa, where the study was conducted. However, the elements of the guidelines were utilised to develop guidelines which were informed by the study findings. Guidelines for persons with disabilities are anchored in five elements, which are health, education, livelihood, social and empowerment. These five elements improve the lives of persons with disabilities in the communities in which they live.

8.3.1 Rwanda

The Rwandan genocide of 1994 has been the main cause of disabilities in that country. A large number of the population was maimed (physical disabilities) and some suffered psychological trauma, which resulted in mental and intellectual disabilities.

Overall, 446,453 persons with disabilities aged five and above are living in Rwanda, according to the 2012 Census, out of which 221,150 are male and 225,303 are female (National Institute of Statistics of Rwanda 2016:1). The Rwandan 1994 genocide contributed greatly to the prevalence of disability (Njelesani *et al.*, 2018:8). The genocide also contributed to an increase in impairments not only as a direct result of the violence, but also because of the breakdown of health, vaccination and rehabilitation services, as well as ongoing mental health conditions (Karangwa, Miles & Lewis 2010:267).

Rwanda has been at the forefront of Africa in developmental guidelines aimed at uplifting the standards of living of persons with disabilities. The country is also a signatory of the UN CRPD and it was ratified on 15 December 2008. Rwanda has also tried to domesticate the convention (Njelesani *et al.*, 2018:5). For example, the Constitution of 2003 as revised in 2015, stipulates equality between all Rwandans and prohibits any discrimination based on disability. In particular, Article 51 (2) of the Constitution provides that the state has the duty within its means to undertake special actions aimed at the welfare of persons with disabilities (Njelesani *et al.* 2018:2).

In support of article 28 of the CRPD, The Vision 2020 strategy, better known as Umurenge Programme (VUP), was a guideline drafted with the aim of eradicating poverty by direct support through income generation activities and public works, especially to persons living with disabilities. The Economic Development and Poverty Reduction Strategy 11 (EDPRS 2) is a strategy to implement Vision 2020. It states that Rwanda does not want to leave out any of its citizens, including persons living with disabilities from contributing economically to the nation (Republic of Rwanda, 2015:13).

The disability movement in Rwanda consists mainly of non-governmental organisations, such as the National Council of Persons with Disabilities, which was established in 2011 (Karangwa, Miles & Lewis, 2010:269). The NGOs are involved with all decision making relating to guidelines, plans and programmes, as recommended by the UN General Assembly convention (Eide & Ingstad 2013:46). NGOs are clearly the mouthpiece and at the forefront of implementing guidelines of persons living with disabilities in Rwanda.

In Rwanda, there are no specific guidelines for service provision to persons with disabilities. However, an important guideline for persons with disabilities in Rwanda is that of health. There is health insurance for persons with disabilities, which aims to provide accessible health for this disadvantaged group in Rwandan society (Kumurenzi et al., 2022:1006). Less persons with disabilities do have access to healthcare in Rwanda. In support of the health guidelines, there are other policies that have been put in place, which include the non-communicable disease policy, injury and disability policy, as well as a national strategic plan for the prevention of avoidable blindness (Mukabera & Umutoni, 2020:294). The guideline on health has had many setbacks in implementation, mainly due to budgetary constraints from the Rwandan government through the ministry of health. The budget deficits have led to the majority of persons with disabilities not having access to healthcare. Issues of stigmatisation of persons with disabilities are rife; hence access to healthcare becomes an impediment (Aguna, Nabbouh & Ghahari, 2020:5). The guideline on health for persons with disabilities in Rwanda is also quiet about the historical trauma caused by the 1994 genocide, from which a lot of people have mental health issues and which have resulted in intellectual disabilities (Kumurenzi *et al.*, 2022:1007). There are currently no mental health services where the need is greater.

The case of Rwanda shows that despite serious and clear legislative framework protecting persons living with disabilities, there is still a huge gap in their implementation to uplift their standards of life (Tigere & Moyo, 2019:9). There are no clear laid down guidelines, except for health, that try to inform how services are provided to persons with disabilities.

8.3.2 South Sudan

There are no recent statistics on the prevalence of disability in South Sudan. That notwithstanding, Rohwerder (2018:7) reports that people with disabilities face significant social and political exclusion and are among the most marginalised people in society. Gilbert (2016:13) is of the view that disability is often stigmatised and, as a result, children and adults with disabilities are hidden and isolated. Citing a report by the Ministry of Gender, Children and Social Welfare, the researcher explains that people with disabilities are disadvantaged, largely due to stigma and discrimination, inaccessibility of education, health and sport facilities, places of work, election/polling centres, courts, information and other infrastructure. Communication, electronic and

print media are also inaccessible (Rohwerder, 2018:12). A 2011 National Disability Assessment indicated that 89.3% of respondents with disabilities were unemployed (Tigere & Moyo, 2019:10). Persons with disabilities have not been able to access aid because of the lack of mobility devices as well as challenging physical environments in sites of displacement (Rohwerder, 2018:15).

Although there are a number of organisations for people with disabilities, they face challenges, as a result of a lack of government support and a lack of income in order to keep programmes running (Rohwerder, 2018:14). The situation is compounded by their under-representation at the political level, which basically means that they have no voice or agency. Consequently, their issues are barely taken into consideration in decision-making processes.

Despite these challenges, little progress has been made to introduce policies and laws to address disability. South Sudan has not ratified the UN Convention on the Rights of Persons with Disabilities. The Constitution has provisions for the rights of people with disabilities, but implementation is still limited.

The Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management (MGCSWHADM) is the institutional machinery that has been established to develop and implement guidelines, which can promote and protect the rights of persons with disabilities. The government has also introduced a National Disability and Inclusion Guideline Policy and an Inclusive Education Policy (Tigere & Moyo, 2019:8). However, a lack of political will and funding problems have constrained the guidelines implementation. Rohwerder (2018:7) observes that basically, authorities have limited capacity to respond to the medical, educational and mobility needs of people with disabilities and that there has been little pressure to respond to those needs. Due to these guidelines policy implementation failures, people with disabilities are generally not noticed in development initiatives in South Sudan

South Sudan's guidelines for persons with disabilities are based on the Convention on the Rights of Persons with Disabilities (CRPD), which was signed on February 24, 2023 (Funke, 2023:375). Guidelines for persons with disabilities are advocated by organisations for persons with disabilities. The current objective of the organisations is to lobby support from the government and effectively position well packed guidelines and programmes that can emancipate persons with disabilities in South Sudan

(Moshoeu, 2022:47). The main guideline focused on by the organisations is based on humanitarian relief. South Sudan is a country that depends on humanitarian assistance; hence the focus on access of aid by persons with disabilities (Mgijima & Konopi, 2019:13). South Sudan has suffered years of war with its neighbor Sudan, which was followed by years of civil war as well (Whitaker & Wood, 2022:16). Famine is also a characteristic of South Sudan; hence the guidelines focus on poverty eradication and humanitarian assistance to persons with disabilities.

The government of South Sudan lacks economic power to implement guidelines for the improvement of lives of persons with disabilities (Moshoeu, 2022:67). The organisations for persons with disabilities lack cohesion; hence they offer disintegrated humanitarian assistance programmes. As a country which only came into being in 2013 after gaining independence from the republic of Sudan, financing disability guidelines and policies is still a hope.

8.3.3 South Africa

Out of South Africa's population of 57 million, at least 7.5% is regarded as living with a disability (Statistics South Africa, 2016:17). The advent of democracy in 1994 ushered a new developmental approach to the provision of social services to all vulnerable groups in society, including persons living with disabilities. Guidelines for persons with disabilities are formulated emanating from the Constitution of the Republic and other pieces of legislation and policies. The Constitution of the Republic of South Africa (1996) protects the rights and dignity of persons with disabilities and promotes and supports their full integration into society (South Africa Human Rights Commission, 2017:7). The country is also party to the UN CRPD as well as the Optional Protocol to the Convention on the Rights of Persons with Disabilities, signed on 30 March 2007 and ratified on 30 November 2007 (SIDA, 2015:13).

South Africa has tried to domesticate the UN CRPD through policies, such as the National Development Programme (NDP) 2030 (Fernandez *et al.*, 2017:6). By prioritising eradication of poverty, the NDP provides a framework of guidelines to ensure that persons with disabilities benefit from economic growth on an equitable basis with other population groups (Zarenda, 2013:31).

The White Paper on the Rights of Persons with Disabilities (WPRPD) of 2015 is another example of how the country is domesticating CRPD. Its vision is for a free and

just society, inclusive of all persons with disabilities as equal citizens. It also advocates that all policies and legislation across the public and private sector should have a positive effect on the lives of persons living with disabilities (WPRPD, 2015:35). The WPRPD also advocates for the formulation of guidelines that can be used by persons with disabilities for the purpose of social and economic development in their communities. However, the implementation of the WPRPD has been slow, with no clear-cut expectations from both role players, that is, government departments as well as the private sector. Brynard (2010:13) concludes that implementation of disability legislation and policy is slow in both the government and private sector.

The Preferential Procurement Policy Framework Act, Act 5 of 2000, as revised in 2011, recognises economic rights of persons with disabilities so as to engage in entrepreneurial activities that promote self-reliance and independent living (Fernandez *et al.*, 2017:7). Measures include a target of 5% access to all preferential procurement that has been set aside for entrepreneurs with disabilities. The actual performance in relation to this act is, however, not clear, as no studies were available that could verify this.

The challenge in South Africa is that the funding model that addresses disability is still welfarist. Most programmes are funded by the Department of Social Development through a welfarist social security system or subsidy system. The SASSA Act of 2004 introduced a disability grant. While it alleviates poverty among people with disabilities, it is not a sustainable solution, as it creates and perpetuates dependency. South Africa has also decentralised developmental programmes for persons living with disabilities. Government departments, district and local municipalities have disability desks, which try to deal with disability-related issues.

In spite of having a world class policy of good practice, South Africa's plan of action to implement the policies is inadequate (Patel & Weber, 2015:21). Currently, the available legislation and policies have not been harnessed in the development of guidelines, which are tailor-made for persons with disabilities in local rural areas and which are meant to address their needs. The policies partly discussed above are not grassroots, user friendly; hence this study aimed to develop guidelines, which can be used locally by persons with disabilities. The next section provides guidelines which emanated from the study's findings. The guidelines for persons with disabilities in community gardens were developed by the researcher and fulfilled the aim of the study.

8.4 GUIDELINE FOR PERSONS WITH DISABILITY IN COMMUNITY GARDENS

The guideline for persons with disabilities has been informed squarely by the study's results in Chapter 7 as well as the literature available in this study. The aim of the study, which was to develop a guideline for community gardens, has thus been met. The study conducted and, as seen by the results in chapter 7, was also supported by preceding chapters on literature to address the disparity between a developmental role for community gardens for persons with disabilities and current practices. The findings have developed guidelines to ensure that community gardens for persons with disabilities are developmental in the services they provide as well as bolster their structure and functioning. The study reached the following conclusions about the community gardens for persons with disabilities:

- There are no guidelines for providing developmental social work to persons with disabilities.
- They are extremely expensive to operate and far from financially self-sustainable.
- They are generally not managed efficiently and are often not run according to accepted business principles.
- They do not enable persons with disabilities to earn a decent income (the majority of them still earn less than the minimum wage level, even if their community garden income is added to their disability grant).
- They promote marginalisation and institutionalisation instead of mainstreaming and development of persons with disabilities.

The outcome of this study was a guideline stance based on the study's results, such that community gardens for persons with disabilities can be transformed into self-sustainable business ventures, where developmental social work takes place that will encourage public and private sector involvement.

The purpose of the guideline is:

- To assist in the transformation process of the community gardens for persons with disabilities (CGPwDS) in the social development sector
- Uniformity in the delivery of social services and any related service to community gardens for persons with disabilities.

- Develop social work processes in community gardens for persons with disabilities (CGPwDS).
- To focus on the development and empowerment of the community gardens for persons with disabilities (CGPwDS) attendees (persons with disabilities).
- To address the sustainability issues of the community gardens for persons with disabilities (CGPwDS).
- To conduct community rehabilitation processes for persons with disabilities.
- Increase knowledge of Life Skills and Work Skills as needed in a protective community garden environment.
- To train and develop persons with disabilities towards their maximum level of competence holistically.
- Increase productivity in community gardens for persons with disabilities (CGPwDS).
- Provide opportunities to practice work skills in a protective environment.
- Provide an opportunity to receive an allowance to complement current income derived from the state disability grant.

8.5 WHAT ARE COMMUNITY GARDENS FOR PERSONS WITH DISABILITIES (CGPWDS)

Community gardens for persons with disabilities (CGPwDS) are social welfare institutions/organisations that are registered and operate under the mandate of section 5 of the Social Assistance Act No 59 of 1992. Community gardens for persons with disabilities (CGPwDS) are a vehicle that ensures adherence to human rights and a developmental approach that underpins the advancement of persons with disabilities (Tigere & Moyo, 2019:13). They further ensure the provision of socio-economic services in a collective responsibility of various role players, including government, non-governmental organisations as well as the private sector. Community gardens for persons with disabilities function within both a business and social development arena focusing on the following areas:

- A more explicit balance between employment and social development through transitional employment and provision of social support activities.

- A management and ownership dispensation aimed at improving productivity, increasing functional efficiencies and achieving (long-term) sustainability. This is the business part of community gardens.
- The adoption of a social justice and human rights approach that addresses the empowerment of persons with disabilities within disability-inclusive community gardens.
- Creating an enabling environment for adoption of the social development model and commercial objective that will ensure that disability-inclusive community gardens remain sustainable.
- Services within disability-inclusive community gardens (social services, skills development and employment) are done in consultation with participants and support vocational training, social integration and mainstreaming of disability.
- Collaboration of key stakeholders led by the Department of Social Development in the fulfilment of the constitutionally mandated public responsibilities towards persons with disabilities and their needs within the context of disability-inclusive community gardens.
- Ensuring that the primary responsibilities of community gardens for disability-inclusive community gardens, that of developing persons with disabilities to their optimal level is fulfilled.

8.6 TARGET GROUPS FOR COMMUNITY GARDENS FOR PERSONS WITH DISABILITIES

The ultimate goal of social development is to improve and enhance the quality of life of the poor and vulnerable sectors of the community (Van Breda, 2018:63). Disability-inclusive community gardens are targeted to accommodate needs of people with functional disability (which might be physical, mental, intellectual or sensory), who are faced with the challenges of accessing or retaining jobs in the ordinary labour market, due to their social limitations. Upon entry to the community garden, persons with disabilities will be appropriately assessed to determine their abilities and their functional capacity/potential. This is also known as a disability audit.

8.7 RATIONALE FOR THE DEVELOPMENT OF POLICY GUIDELINES ON THE MANAGEMENT OF COMMUNITY GARDENS FOR PERSONS WITH DISABILITIES (CGPWDS)

The development of this policy guideline is informed by the objective of social development of persons with disabilities to their full potential and to uplift their livelihoods and standing in society. Community gardens for persons with disabilities are to be operated from a business model rather than a welfare model as seen by the study and are able to sustain the functioning of these institutions. The transformation of disability-inclusive community gardens is informed by the need to have viable business entities to enhance social development that is self-sustaining and less dependent on the government (welfarism). The prerogative will remain with the community garden for persons with disabilities to embrace the transformation into viable commercial entities operating within the social welfare sphere. They will be espousing the business concept and not lose focus on the paradigm shift and the vision of social development. The objective on which the guidelines are founded will be based on the mainstreaming of persons with disabilities in community gardens as well as within the larger community.

8.8 GOAL OF THE GUIDELINE

The goal of the guideline is to create inclusive community gardens for persons with disabilities that endeavours to provide social support services, skills development and training and economic empowerment towards the development of persons with disabilities. The disability-inclusive community gardens will ensure a rehabilitative, restorative and developmental environment that will provide support to persons with disabilities to contribute towards the sustainability of the institutions.

8.9 PURPOSE OF THE GUIDELINE

The purpose of the guideline is to facilitate the development of a framework that will:

- Ensure effective and efficient implementation of the business developmental approach within a social welfare arena aimed to restore the dignity and social well-being of persons with disabilities and addressing inequities and barriers within disability-inclusive community gardens.
- Promote and advance the socio-economic model for the sustainability of community gardens for persons with disabilities.

- Ensure the translation of the current legislative framework to ensure maximum benefits to the community gardens as well as to persons with disabilities.

8.10 SITUATIONAL ANALYSIS

South African Constitution, The White Paper on disabilities and the UN Convention on the Rights of Persons with Disabilities are all examples of legislation and policies that make provision for a human rights and developmental approach to the advancement of persons with disabilities. They also acknowledge that persons with disabilities usually constitute the most marginalised sector of society worldwide and that in most developing and under-developed countries, they represent the poorest of the poor. The correlation between lack of access to employment, social development services and economic opportunities and that of poverty requires an increased emphasis and focus on facilitating access to economic life and activities for persons with disabilities (Pinilla-Roncancio & Alkire, 2021:209). The situation is much greater in rural areas, especially in Limpopo province, where the study was conducted.

Community gardens for persons with disabilities are social welfare institutions/organisations that are registered under the Non-for-Profit Organisations (NPO) Act and Section 5 of the Social Assistance Act. They were established to provide secondary-level rehabilitation services for people with developmental disabilities. Their two key areas of delivery are restorative social services and activity-based production of goods at a small scale. The current approaches to disability-inclusive community gardens are based on a welfarist approach funded and monitored by the Department of Social Development.

Most community gardens for persons with disabilities are privately run with sometimes state subsidisation (all of them do not receive) and there is sub-optimal oversight by the Department of Social Development. In many instances the community gardens for persons with disabilities are simply sheltered (and usually cheap) employment centres where the financial benefit essentially flows to the co-ordinators of the facilities as administration fees/costs. Currently, there is no policy environment to guide a single credible and uniform model for these disability-inclusive community gardens that would:

- Provide provision of social development services to persons with disabilities
- Optimise production such that they become economically viable.

- Reduce dependency on government grants.
- Enhance collaboration amongst key stakeholders (government departments, civil society and private sector partnerships).
- Address the human resource management and development needs of the community gardens for persons with disabilities.
- Increase the benefits, through the outputs, of the disability-inclusive community gardens.
- Improve the stability and long-term sustainability of the disability-inclusive community gardens.

The result of absence of a guideline and operational framework is that community gardens for persons with disabilities do not serve any meaningful role in developing the abilities of persons with disabilities. The guideline hence aims to promote building community gardens into institutions that both benefit and contribute to the overall socio-economic development of persons with disabilities.

Tigere and Moyo (2019:14) saw that, “the majority of persons with disabilities in South Africa have been excluded from the mainstream of society and have thus been prevented from accessing fundamental social, political and economic rights, pushing many into poverty and continued dependency on social grants, namely, the disability grant as enshrined in the Constitution by the SASSA act of 2004.” A significant number of persons with disabilities are participants in community gardens for persons with disabilities that have been in existence for the past decade, providing both restorative social services and welfare activity-based participation and production of goods (economic) at a small scale in an uncoordinated and unstructured way. The classical model that has been in operation, as seen in the study in community gardens for persons with disabilities, can be summarised as follows:

- Even though the mission of community gardens for persons with disabilities is to create protective employment opportunities for people with functional disabilities through the provision of support services and production; there is a lack of optimised productivity and the model does not bring any reduction of dependency on government grants.

- The absence of policy guidelines for community gardens for persons with disabilities and alignment with constitutional principles, affect the stability and continuity of disability-inclusive community gardens. There is a lack of a favourable policy environment to interpret and address the management and benefits, of community gardens for persons with disabilities.
- Staff employed at disability-inclusive community gardens is often not adequately trained to deal with an environment with such high demands resulting in, amongst others, few or no human capital that is significantly developed.
- Lack of collective and coordinated action by governments and non-governmental organisations, civil organisations and the business sector.

These considerations therefore have to be given to the development of an appropriate guideline to promote social justice, economic emancipation and human rights stance of service delivery to persons with disabilities.

8.11 POLICY AND LEGISLATIVE FRAMEWORK THAT GOVERNS THE GUIDELINE ON COMMUNITY GARDENS FOR PERSONS WITH DISABILITIES

The policies and legislative frameworks that govern the guidelines on disability-inclusive community gardens are as follows:

- The Constitution of the Republic of South Africa.
- Social Assistance Act, 1992 (Act No. 59 of 1992).
- Non-profit Organisations Act, 1997 (Act No. 71 of 1997).
- White Paper for Persons with Disabilities (2015).
- Employment Equity Act.
- UN Convention on the Rights of Persons with Disabilities (2007).

8.12 DEVELOPMENTAL MODEL FOR COMMUNITY GARDENS FOR PERSONS WITH DISABILITIES

The developmental model for disability-inclusive community gardens, as described in detail below, is designed to achieve the aim and objectives of this guideline and thereby to address the identified weaknesses of the current functioning of community gardens for persons with disabilities. The model will ensure stability, standardisation and consistency amongst community gardens for persons with disabilities. It also ensures optimal development of persons with disabilities, provision of integrated social

programmes and services and increasing the abilities of persons with disabilities to be economically active as well as their access to economic opportunities.

The developmental model provides for each community garden for persons with disabilities to adopt one or two approaches, as its core functions and focus areas of service delivery. Some disability-inclusive community gardens, based on an accurate and independent assessment of the abilities of their clients, may choose to focus on delivering only psycho-social services, while other disability-inclusive community gardens may choose to offer both psycho-social services as well as economic development services. This will introduce a business element to their functioning. Regardless of the core function or focus areas of service delivery that are chosen, all disability-inclusive community gardens have to transform in terms of the three critical areas mentioned below. A developmental role for disability-inclusive community gardens can be achieved through the transformation of three (3) critical areas of the disability-inclusive community gardens; namely:

- Service delivery structures and processes
- Strategic leadership and management structures
- Operational policies and systems

8.12.1 Service delivery structures and processes

As mentioned above, each business unit constitutes an area of service delivery of the disability-inclusive community gardens. The three main areas of service delivery in a developmental model of a community garden for persons with disabilities are:

1. Psycho-social services;
2. Skills development;
3. Entrepreneurial development.

It is therefore proposed that community gardens for persons with disabilities should format service delivery structures in terms of the three areas mentioned above and in accordance with their core function or focus area of service delivery.

The rendering of all programmes and services in disability-inclusive community gardens must comply with the Department of Social Development's mandate, policies and legislation as well as all other policies and legislation that inform the provision of socio-economic development services to persons with disabilities. All social services

rendered within a community garden for persons with disabilities must be done by a qualified social worker who is registered with the South African Council for Social Service Professions.

8.12.2 Psycho-social services unit

Services provided under the auspices of this psycho-social services unit must promote social change, problem-solving in human relationships and empowerment of persons with disabilities to enhance their well-being. Psycho-social support services transcend counselling and advice on behavioural change to empower people by helping them to understand their internal processes, so that they can adequately take control of their own responses and decision-making processes (Strydom, 2015:379). Thus, psycho-social services must result in enhanced well-being, confidence and social functioning. Psycho-social services should include a range of interventions and support that offer relief from symptoms, such as anxiety or anger, or to recognise and treat specific psychiatric disorders, such as depression (Teater, 2019:31). These interventions may be offered to the person with the disability or their family to improve the psychological and emotional well-being of the person and their family and carers. The core social development services that must be offered, are promotion and prevention services, rehabilitation services, protection services, continuing services and mental health. The specific functions that this unit will perform are:

8.12.2.1 *Assessment*

There is an assessment of persons with disabilities within and entering the community garden for persons with disabilities. The psycho-services unit must affect the assessment of a client upon entry into a community garden. A multi-skilled team should be used to conduct the assessment, which includes social workers from both the Department of Social Development and NGOs and health personnel, who include therapists and management of the community garden. The person's skills level, social functioning, capacity and ability to perform work and monitor one's health needs must be assessed. The assessment result will determine whether the person with a disability will be admitted to the community garden based on his/her abilities. Referral can also be done. The unit and its assessment team can also play a role in identifying skills gaps in the disability-inclusive community gardens. This is a very critical part,

which should be done with caution. To help make a better assessment, a standardised applicant form is also attached at the end of this guideline.

8.12.2.2 Rehabilitation services

Todd and Drolet (2020:18) highlighted that, “the rehabilitation services should emphasise the abilities of the person with a disability and must be based on the outcomes of the assessment”. The focus must be on increasing the scope of development of the person with a disability. Daily living and workplace skills development are essential to rehabilitation. Vocational guidance and training with linkages to other skills- development role players is key. The provision of assistive/technical devices through inter-departmental collaboration, such as health, is of importance to those in need.

8.12.2.3 Counselling services

The counselling services must include individual and group work sessions. Counselling members must be responsive to all counselling needs, for example abuse, marriage support and acceptance of the disability. Counselling should also focus on management of behavioural/personality disorders and referrals for specialist attention (O’Hare, 2019:16).

8.12.2.4 Health promotion and services

Services shall be rendered by a qualified healthcare professional registered with the Health Professions Council of South Africa or a suitably qualified healthcare professional, registered with the South African Nursing Council.

8.12.3 Skills development unit

This unit will focus on three areas of skills development for persons with disabilities in community gardens. It involves re-skilling and provision of new skills to persons with disabilities. An internal focus with respect to the skills is required within the community garden for persons with disabilities. A skill audit therefore would be helpful. The second area would be facilitating entrepreneurial development through business skills development, financial management training as well marketing training. This will focus on both the management of the community garden and its clients (persons with disabilities). The third aspect would be developing skills that would be relevant to the open labour market as a way of sustainability for persons with disabilities. The specific functions of the skills development unit will be to:

- Identify the skills needed to increase the productivity and long-term sustainability of the community garden for persons with disabilities.
- Conduct a skills audit to identify the skills base and skills gaps.
- Facilitate capacity and skills development training to address the identified gaps for persons with disabilities.
- Monitor and evaluate the impact and effectiveness of skills development programmes within disability-inclusive community gardens.
- Developing and implementing an exit strategy for persons with disabilities who are ready to enter the open labour market from the community gardens.

8.12.4 Entrepreneurial development unit

The entrepreneurial development unit will focus on increasing the productivity levels of each community garden so that it can participate in mainstream economic activities.

The specific functions that this unit involves:

- Developing and implementing a framework for the community garden for persons with disabilities to engage in market-based transactional relationships within their communities and beyond.
- Facilitating the building of partnerships with other role players involved in production and trade as well as in supporting small businesses, for example, the Department of Economic Development and local municipalities (Local Economic Development directorates).
- Increasing the pace, quality and quantity of the disability-inclusive community gardens production line and outputs. Vegetable production and animal husbandry have to increase through better and modern farming practices.

8.13 STRATEGIC LEADERSHIP AND MANAGEMENT STRUCTURES

8.13.1 Board of Management

It is imperative that the daily functioning of developmental community gardens for persons with disabilities is supported by distinct strategic leadership structures. Each community garden for persons with disabilities should thus establish a Board of Management (BoM). The Board of Management must comprise individuals with a wide

range of skills that are independent of the daily functioning of disability-inclusive community gardens. The BoM must include persons with disabilities from the broader sector. The manager of the community garden for persons with disabilities will also participate in BoM meetings with the clearly defined role of reporting to and accounting for, community garden activities, such as operations and financial management to the Board of Management. The manager of the community garden for persons with disabilities will also participate as a full member of the Board of Management.

The Board of Management will be responsible for providing broad direction and leadership on issues of strategy and policy, of the community garden for persons with disabilities. It will also perform general oversight functions, such as approving budgets and business or operational plans as well as assisting with fundraising. The Board of Management will be accountable for ensuring that the strategic and operational plans of the community garden are implemented and that the principles of transparency and good governance are adhered to. While the Board of Management will provide advice on and guide, the functioning of the community garden, it will at no stage get involved in daily management and operational matters. The community garden for persons with disabilities' management will report to the Board of Management on financial, transformation and risk-related matters.

Below is a high-level structure for developmental disability-inclusive community gardens that reflects the strategic leadership role of a Board of Management.

Proposed organisational structure towards a development model for community gardens for persons with disabilities

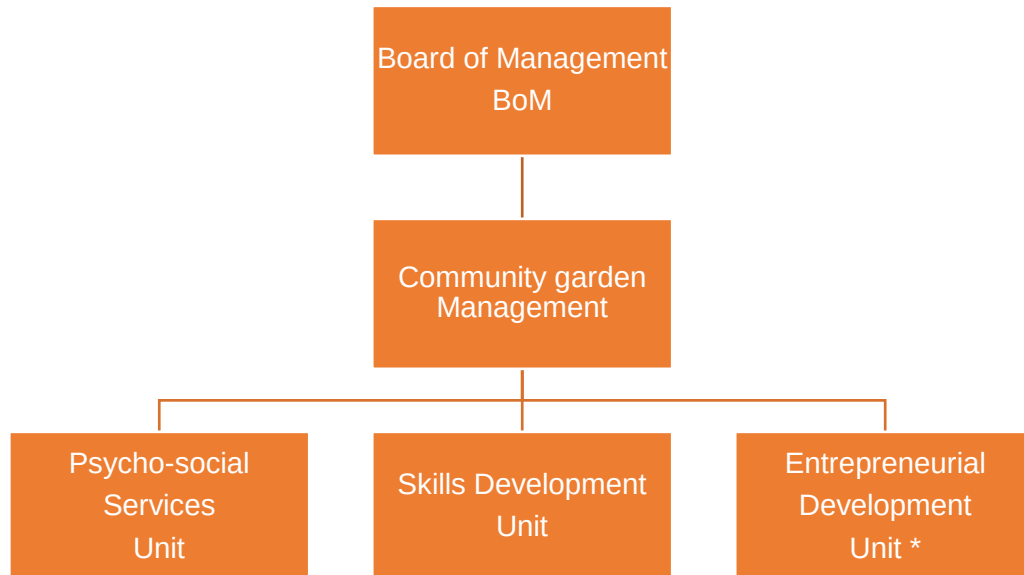


Figure 8.1: Proposed organisational structure of community gardens for persons with disabilities

The entrepreneurial development unit will only be established by community gardens for persons with disabilities which chose to adopt the full developmental model and to offer both psycho-social and economic development services.

Figure 8.1 of the proposed organisational structure shows that the management structure will be the highest decision-making structure, on operational matters, within the community garden. It also shows the accountability of management to the Board of Management.

Community garden management structure

An appropriate management structure must be established to ensure inclusive and participatory operational level management of all activities of the community garden. The management structure must comprise of the manager of the community garden and the co-ordinators of each unit (psycho-social services unit, skills development unit and entrepreneurial development unit). The management structure should determine the frequency of meetings, which should be adhered to. This structure will develop and implement operational plans, develop budgets, raise funds, ensure proper financial

management and will implement sound human resource management and development practices. Furthermore, the management structure will serve to ensure that services delivered by individual units mentioned above are not done in isolation to each other. All critical decisions of the management structure must be communicated to all within the community garden for persons with disabilities. The management structure of each community garden must perform the following functions:

- Participate in admission and exit of persons with disabilities in the community garden.
- Monitor and evaluate the provision of services and the performance of the community garden and its staff.
- Compilation of fundraising strategies for the community garden.
- Business plan compilation for sister department (Department of Social Development).
- Compilation and submission of reports to different stakeholders (monthly, quarterly, six monthly and annually).
- Budget and financial management operations of the community garden for persons with disabilities.
- Ensure linkages and collaboration between the three (3) service units of the community garden.
- Include the participation of persons with disabilities in the management of the community garden for persons with disabilities.

Community gardens for persons with disabilities units

Each unit reflected in the proposed structure will be responsible for developing and implementing a cluster of social and economic development services as their core focus. In other words, the units constitute the service delivery structures of the community garden. The units will, in the interest of providing integrated and holistic services, work in collaboration with each other, as and when required. The unit co-ordinator/middle manager should determine the frequency of its meetings with its staff, preferably after the management structure meetings, to ensure that all management

decisions are communicated to and implemented by all staff within a unit; as well as to co-ordinate the various strands of activities that are performed within a single business unit. As in the case of the labour forums, these co-ordinating unit meetings can serve to identify issues pertinent to the particular business unit that has to be brought to the attention of management structures.

Persons with disabilities forums

Persons with disabilities that constitute the workforce of the community garden should establish forums or committees and other such structures. These structures will serve the purpose of identifying work environment, human resource management and labour-related issues that must be addressed by management structures. It can also serve as an additional form of communication between management and the workforce of the community garden. The forum/s should meet a minimum of once a month. In a community garden setting, this is of importance to persons with disabilities for participation and inclusion purposes. For disability accessibility audits purposes to take place, persons with disabilities who are affected by the environments that are not disability friendly, have to give their input.

8.13.2 Operational policies and systems

The operations of all community gardens for persons with disabilities should be compliant with workplace, occupational health and safety, human resource development and labour policies and legislation. The following systems will ensure compliance as well as stability, standardisation and consistency in transforming established disability-inclusive community gardens and when establishing new ones, that are subsidised by the Department of Social Development:

- All disability-inclusive community gardens must have updated policies and procedure manuals that guide, regulate and support the management processes within disability-inclusive community gardens. The policies, strategies and plans will be based on the applicable policies and legislation, such as the Non-Profit Organisation Act.
- All community gardens for persons with disabilities must have structured working environments, with assessed and trained staff that can respond to persons with disabilities' needs.

- Well-trained, dedicated and motivated personnel are essential to managing the disability-inclusive community gardens.
- The operations of the community garden must incorporate human development, skills development and training plans.
- All disability-inclusive community gardens must develop and implement a transformation strategy that will transform disability-inclusive community gardens into organisations that enhance the development of persons with disabilities and facilitate access to and participation in mainstream economic activities.
 - All community gardens for persons with disabilities must build in an inclusive environment, conducive to the implementation of most prescripts, pertaining to social rehabilitation, socio-economic empowerment, training, education etc.
 - All disability-inclusive community gardens must elicit diversified funding resources, bringing in a well-thought-out cost recovery plan separating the welfare and commercial aspects of the business case.

8.14 IMPLEMENTATION

Effective implementation of this guideline depends on a sensible institutional framework and co-operative partnerships amongst all key stakeholders, which include all sectors of society that are involved in community gardens for persons with disabilities. Disability-inclusive community gardens as non-profit organisations and as the custodian of this guideline shall where necessary, collaborate with relevant national, provincial and local government departments, as well as with other institutions in order to ensure proper implementation by all role players. The goal of this policy is to improve the economic and social well-being of persons with disabilities and their families.

8.14.1 Collaboration amongst community gardens for persons with disabilities

Some of these gardens may want to consider forming operational partnerships with each other that effectively allow them to operate as a co-operative. Such an arrangement can be developed between emerging and/or disadvantaged and/or less profitable gardens and more developed and profitable ones. Partnerships between

developed and undeveloped gardens could also serve a mentoring and developmental function.

8.15 BROAD GUIDELINES FOR THE MANAGEMENT OF COMMUNITY GARDENS FOR PERSONS WITH DISABILITIES

These guidelines will ensure effective and efficient management of disability-inclusive community gardens and will be carried out within the following context:

8.15.1 Organisational Management

8.15.1.1 *Management practices*

All community gardens for persons with disabilities will ensure the presence of updated policies and procedure manuals to guide, regulate and support the management processes within community gardens. The manuals will be based on these guidelines and management practices that are articulated in applicable policies and legislation, for example, the Non-Profit Organisation Act and the Public Financial Management Act.

8.15.1.2 *Human resources guidelines*

It becomes essential that disability-inclusive community gardens have structured working environments, with assessed and trained staff that work according to their individual needs, so that they can be run and managed to optimally benefit persons with disabilities.

8.15.2 Programmes and services within the community gardens for persons with disabilities

The core services rendered by the disability-inclusive community gardens in collaboration with the Department of Social Development and NGOs, within disability-inclusive community gardens, can be grouped into the following categories:

- Social development
- Promotion and prevention services
- Rehabilitation services
- Protection services
- Continuing services
- Mental health

8.15.2.1 *Social development services programmes*

Social services refer to the broader and comprehensive range of services that are related to social welfare services and community development to persons with disabilities and community gardens. The key thrust of social development is creating a better life for the poor, vulnerable and excluded people, especially persons with disabilities through the development and monitoring of the implementation of social policy that both creates an enabling environment for and leads to a reduction of poverty and promotes social integration (Lombard, 2014:47).

The focus will be on the following:

- Proper assessment of participants entering the community gardens for persons with disabilities.
- Referrals to other stakeholders to ensure provision of appropriate services.
- Rendering rehabilitation and social services.
- Aftercare services.
- Referral services.

8.15.2.2 *Role of social services within community gardens for persons with disabilities*

The intervention methods to be deployed in disability-inclusive community gardens include the following:

8.15.5.2.1 Rehabilitation services

All rehabilitation services should emphasise the abilities of the persons with disabilities in community gardens whose integrity and dignity must be respected. Persons with disabilities will be evaluated based on their ability to work and engage in activities. Medical professionals such as physiotherapists would play a significant role. Rehabilitation services will be based on this assessment and covers the following areas of focus:

- Social intervention following a diagnosis by the health unit (therapists).
- Psycho-social intervention.
- Daily living and life skills development focus on expanding the abilities of persons with disabilities.

- Provision of technical/assistive aids through inter-stakeholders' relations.
- Vocational guidance/training, with possible linkages to skills development units within or outside disability-inclusive community gardens.
- Recommendations for placement in employment services and/or community-based rehabilitation as part of an exit point.

8.15.5.2.2 Counselling services

Counselling services provided for persons with disabilities in community gardens might cover the following:

- Individual counselling and group work sessions in an effort to provide social welfare services to address identified needs for persons with disabilities.
- Individual counselling on acceptance of disability.
- Counselling intervention in areas of abuse by family (family preservation programmes).
- Marriage and relationship support interventions.
- Management of behavioural/personality disorders and referral for specialist attention due to their disabilities.
- Provision of individual/group psychosocial support to persons with disabilities.

8.15.5.2.3 Advocacy and educational services

- Ensure that persons with disabilities have access and participate in mainstream developmental programmes such as socio-economic activities, human rights, HIV/AIDS, youth and gender/ women's programmes.
- Disability human rights and awareness-raising programmes.
- Funding or support for development and poverty eradication programmes that target persons with disabilities.

8.15.5.2.4 Life skills and capacity building services

- Training in gardening skills.
- Access to development opportunities.

8.15.5.2.5 Other interventions

- Formulate enabling policies, legislation as well as practice guidelines in consultation with persons with disabilities.

- Mobilise resources within and outside community gardens for persons with disabilities.
- Co-ordinate the development of a uniform guideline and framework for the resourcing and implementation of projects and programmes of social services.
- Monitor and evaluate the provision of quality services to ensure the protection of interests and the promotion of rights of persons with disabilities.
- Engage in continuous research that will inform development and the advancement of comprehensive social services to persons with disabilities in community gardens.
- Facilitate the development of quality assurance systems and minimum standards for disability-inclusive community gardens.

8.16 INSTITUTIONAL ARRANGEMENTS

Effective implementation of this guideline for community gardens for persons with disabilities depends on a sound institutional framework and sound partnerships with key stakeholders and civil society. Services within the community gardens are rendered to persons with disabilities in terms of the White Paper for the Rights of Persons with Disabilities in South Africa, 2015 as well as the UN Convention on the Rights of Persons with Disabilities of 2007. The provision of developmental social services is a collective responsibility of various role players, including government, non-governmental organisations and the private sector. Their roles and responsibilities are discussed below.

8.16.1 Government departments

The development and implementation of effective developmental services for persons with disabilities can only be achieved if strategies are pursued in collaboration with all key line ministries. The Department of Social Development has to provide strategic direction for social service delivery while harmonising relations with both national and provincial departments. Government departments in general, have mandatory roles to develop and implement integrated policies and programmes, in consultation with stakeholders, putting the rights and responsibilities of persons with disabilities in community gardens at the forefront. The central role of government in ensuring service provision to persons with disabilities varies from department to department. The responsibilities of different government departments are discussed below.

8.16.1.1 The Department of Labour

In partnership with the Department of Social Development, the Department of Labour identifies the skills required by persons with disabilities in community gardens. A skills audit is the starting point. It does promote productivity levels of community gardens for persons with disabilities. They do offer advice on appropriate placements of skilled persons with disabilities. The Department of Labour is responsible for facilitating the provision of resources to support skills development and production within disability-inclusive community gardens. They provide advice on remuneration and working conditions of persons with disabilities in disability-inclusive community gardens, within the developmental framework. Advice is given on the provisions of the Labour Relations Act and the Basic Conditions of Employment Act. Through their regional offices, they implement policy on skills development so as to ensure maximum benefits and improved expertise for persons with disabilities. They identify skill needs gaps that can be addressed to promote the productivity level of the community gardens for persons with disabilities. It will be done at the assessment stage but addressed at the skills development unit. The department also offer advice, guidance and suggestions in terms of skills development in the disability-inclusive community gardens. Lastly, in conjunction with the Department of Social Development, they conduct regular audits to support skills development programmes and resource allocation in the community gardens for persons with disabilities.

8.16.1.2 Department of Trade and Industry

The Department of Trade and Industry gives advise on the use and benefit of all promulgated business laws and regulations to the benefit of disability-inclusive community gardens. They facilitate access to business resources and information to support productivity of the disability-inclusive community gardens that promotes their effective participation in the global economy. In partnership with the community gardens for persons with disabilities, they serve as a resource of information beneficial to the advancement and productivity of the community gardens for persons with disabilities. Lastly, the Department of Trade and Industry does assist with funding opportunities for disability-inclusive community gardens.

8.16.1.3 Department of Social Development

The Department of Social Development is the custodian of community gardens for persons with disabilities. They assist with registration as NPOs of the disability-inclusive community gardens. The department is responsible for providing funding for the community gardens for persons with disabilities through a regulated subsidy system. It is their responsibility to provide social development services to disability-inclusive community gardens. They do monitoring and evaluation services on the provisions of social development services within community gardens for persons with disabilities. Lastly, the Department of Social Development regulate the provision of social services in community gardens for disability-inclusive community gardens.

8.16.1.4 Department of Health

The Department of Health is responsible for the provision of assistive devices and medical services for persons with disabilities in community gardens. Medical rehabilitation services to persons with disabilities within disability-inclusive community gardens are provided by health professionals. The department also provides health care services, including HIV/AIDS and chronic illnesses, promotions and education to workshop persons with disabilities. Lastly, the Department of Health does make a provision of physiotherapist services to those in need.

8.16.1.5 Local Government, Housing and Transport

Within the vast developmental programmes run and executed by the local government, there are a number of areas of co-operation and collaboration that can be identified. Integrated Development Programmes (IDPs), which incorporate persons with disabilities in community gardens in the local municipalities can be an area of cooperation. The provision of accessible disability-friendly transport for persons with disabilities is also a task for the department. Lastly, the Department of Local Government is responsible for facilitating the development and maintenance of disability-friendly infrastructure. It will ensure access to persons with disabilities to community-based services and programmes.

8.16.1.6 Non-government Service providers

The Non-Governmental Organisations (NGOs), including Faith-Based Organisations (FBOs) within the disability sector, work in partnership with the government in the management and provision of services to community gardens for persons with

disabilities. In Limpopo Province, the Department of Social Development funds and subsidises NGOs to run and manage disability-inclusive community gardens within the province in accordance with the Social Assistance Act No 59 of 1992. The NGOs run community gardens for persons with disabilities to protect, develop and empower persons with disabilities to their fullest capability. The NGOs design programmes and projects, which are informed by overarching departmental policies and strategies on disability. They play a central role in providing the sector's perspective on policy development and service delivery (on generic and specialised services). Some of the services provided by disability NGOs include capacity building, funding, skills development, social work services and assistive devices provision.

8.16.1.7 Community gardens for persons with disabilities

They Implement the developmental model in all disability-inclusive community gardens. The gardens work in collaboration with all stakeholders to ensure the implementation of this guideline within community gardens for persons with disabilities. They provide a combination of psycho-social and entrepreneurial support services within each community garden. Lastly, the gardens ensure the long-term viability and sustainability of the community gardens for persons with disabilities through, for example, securing additional sources of funding.

8.17 SUSTAINABILITY

The desired outcome of the guideline is the implementation of a comprehensive, quality delivery system that contributes to the development of persons with disabilities within community gardens for persons with disabilities, promoting their self-worth and self-reliance. The end result will be to:

- Increase the autonomy of community gardens for persons with disabilities, promoting sustainable socio-economic development.
- Understand the roles and responsibilities of other different stakeholders and how their functions could assist in the sustainability of community gardens for persons with disabilities.
- Create a balance between sustainable community gardens for persons with disabilities and adequate remuneration for participants (persons with disabilities).

As a part of the mechanism to ensure sustainability, the NGO sector and the private sector can ensure the following:

- Provision of appropriate skills required within the community garden. The identified product line for the community garden will inform the need for such skills.
- Identification of skills gaps that need to be addressed to promote the productivity level of the community gardens for persons with disabilities.
- Offer advice, guidance and suggestions in terms of skills development in the community gardens.
- Conduct regular audits to support skills development programmes and resource allocation in the community gardens for persons with disabilities.
- Ensuring that there is a full skillset for the community gardens for persons with disabilities. This refers to the skills necessary for the sustainability of community gardens for persons with disabilities.
- Re-skilling of current personnel/participants (persons with disabilities) to be trained in skills specific to their roles in the community gardens for persons with disabilities
- Deploying existing personnel to roles for which they are adequately skilled within the community garden
- Inclusion of persons with disabilities in the management of the community gardens.
- Formation of a committee of persons with disabilities within the community garden to advance their needs and rights, which fosters participation.

8.18 RESEARCH, MONITORING AND EVALUATION

8.18.1 Research

Continuous research on a best practice on the developmental model appropriate for community gardens for persons with disabilities becomes essential. The research should be based on the following:

- Analysis and interpretation of the current social, developmental and economic policy framework and its benefit to the community gardens for persons with

disabilities, so as to ensure maximum benefits and contribute to achieving sustainable solutions. This will entail the formulation of this guideline.

- The impact of social welfare policies on business operations of community gardens for persons with disabilities.
- An analysis of potential future partnerships for the community gardens for persons with disabilities from both the private business and public sectors.

8.18.2 Monitoring and evaluation

A monitoring and evaluation tool on the equalisation of opportunities for persons with disabilities will be completed through:

- The development of key performance indicators within the community gardens for persons with disabilities (KPIs), which is uniform.
- Providing a link of performance indicators between government and the disability sector services to the community gardens for persons with disabilities.

The Department of Social Development and disability NGOs will ensure that each community garden for persons with disabilities achieves both internal and external monitoring and evaluation standards, which are easy to utilise and also understandable. A standard monitoring tool will be used. The evaluation of the community gardens will include the following format and components:

8.18.2.1 Participation and control

Participation of persons with disabilities within community gardens is such that their voices are heard. Management should represent the disability group to foster control. The status of persons with disabilities should be raised through their participation and control. The political, economic and social impact on persons with disabilities should be evident.

8.18.2.2 Development process

The community gardens for persons with disabilities should create a base for continuing development. Empowerment of persons with disabilities should take centre stage.

8.18.2.3 Reporting

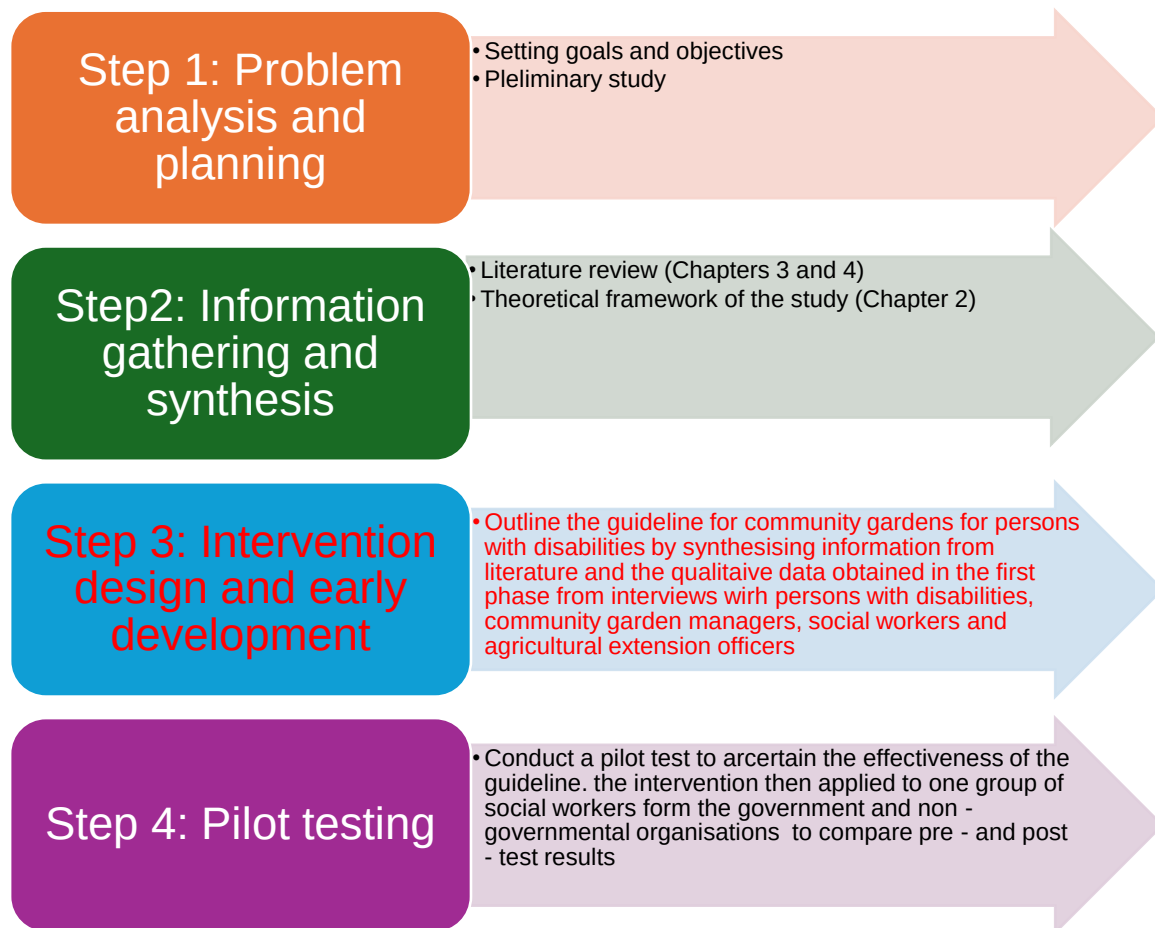
Those who are ultimately responsible for the preparation and presentation of narrative and financial reports on the implementation of the programmes in community gardens

for persons with disabilities will be under the jurisdiction of the Department of Social Development. This is mainly due to the fact that the community gardens are governed by the Department of Social Development through the NPO Act of 1997. The frequency of reports (monthly, quarterly, six monthly and annually) will be in line with the Department of Social Development procedures on reporting.

8.19 SUMMARY

The guideline represents the principles against which community gardens for persons with disabilities functioning and management can be qualified. The management of community gardens for persons with disabilities into viable, self-sustainable, yet developmental institutions continues to be the vision for uplifting the standards of living for persons with disabilities. It should be taken into consideration that this guideline should be based on other local and international policy frameworks, such as the UN Convention on the Rights of Persons with Disabilities, the White Paper on persons with disabilities as well as the Constitution of the Republic of South Africa. To complement this guideline, a standardised application form is attached for assessment purposes so that the enrollment of persons with disabilities in community gardens can take place.

CHAPTER 9: EMPIRICAL FINDINGS OF QUANTITATIVE RESEARCH: SECOND PHASE



9.1 INTRODUCTION

Chapters 2, 3, 4 and 5 provided literature on community gardens for persons with disabilities and their roles in communities. Chapter 4 also gives an account of the roles that social workers play when working with communities. Different methods that social work practitioners utilise, such as casework, group work and community work were discussed. The literature gave a background to meeting the research goal. The first phase of the study (qualitative), as discussed in Chapter 7, focused on themes derived from persons with disabilities, community garden managers, administrators, social workers as well as agricultural extension officers.

This chapter focuses on the second phase of the study, which is quantitative. A pre-test and a post-test questionnaire were provided to social workers with respect to the guidelines that they will be utilising for persons with disabilities in community gardens. The questionnaire was derived from the interview schedule utilised in the qualitative phase.

9.2 EMPIRICAL FINDINGS OF THE SECOND PHASE OF THE STUDY (QUANTITATIVE)

In this section, the researcher will describe the results from a quantitative perspective. The sample included twenty (20) social workers from both the Department of Social Development and a non-governmental organisation. There were four social workers from each of the five districts.

9.3 AIM AND OBJECTIVES OF THE STUDY

9.3.1 Aim

The aim of the present study was to develop and implement social work guidelines for community gardens for persons with disabilities.

9.3.2 Objectives

The objectives of the quantitative second phase were:

- To design the guideline for social workers to be utilised in community gardens for persons with disabilities.
- To conduct a pre-test measurement with the social workers regarding their knowledge of persons with disabilities.
- To implement the guidelines in community gardens for persons with disabilities.

- To conduct a post-test measurement with the social workers on their knowledge of persons with disabilities and the guideline.

9.4 HYPOTHESIS

A hypothesis was developed for the second phase (quantitative) of the study. A hypothesis is a testable statement that proposes a possible explanation for a phenomenon about the expected outcome of a study (Pandey & Pandey, 2021:18). The themes that serve as the results from the qualitative methods (first phase) generated hypotheses for testing through the quantitative methods (second phase).

The hypothesis for this quantitative phase was as follows:

If social workers take part in the guidelines for community gardens for persons with disabilities developed by this study, they will have the necessary skills when working with persons with disabilities and the community gardens to improve the services they render in rural areas of South Africa.

The sub-hypothesis of this quantitative phase was as follows:

A social work guideline for community gardens will lead to skill development for social workers to render social work services to persons with disabilities in rural areas of South Africa.

9.5 QUANTITATIVE RESEARCH METHODS

The qualitative empirical findings informed the method of the quantitative approach. The quantitative research methods will be briefly discussed as they were fully laid out in Chapter 6 of the research methodology. In the study, the one-group pre-test design was used. It is a type of quasi-experiment in which the outcome of interest is measured twice; once before and once after exposing a non-random group of participants to a certain intervention/treatment (Harrison, Reilly & Creswell, 2020:36). In this design, pre- and post-tests are both administered, but there is no comparison group to compare the experimental group (Bowen, Rose & Pilkington, 2017:41). In the study, the participants who were social workers were subjected to both the pre-test and post-test and comparisons and conclusions that were derived.

9.5.1 Sampling method and sample

The sample for the second phase (quantitative) was selected from a population of social workers working for the Department of Social Development, Limpopo Province, as well as social workers from a non-governmental organisation rendering services to persons with disabilities in Limpopo Province. The social workers were from the five districts of Limpopo province, namely, Capricorn, Waterberg, Mopani, Vhembe and Sekhukhune. Since a few social workers are working with the community gardens for persons with disabilities, purposive sampling was utilised, as it was more appropriate based on the population. Pandey and Pandey (2021:7) are of the view that purposive sampling is a type of non-probability sampling that selects participants based on their knowledge or experience in a certain topic and can be used in both qualitative and quantitative techniques. It was, therefore, necessary to use purposive sampling since there were only a selected number of social workers engaging with persons with disabilities.

9.5.2 Method of data collection

Bryman (2017:57) highlights that data collection methods in quantitative studies rely on structured data collection instruments that fit diverse experiences into predetermined response categories. Survey questionnaires were utilised to gather information. A questionnaire was formulated in this regard guided by the empirical findings of the first phase of the study (quantitative). Goertzen (2017:14) is of the notion that questionnaires provide a structured means for participants to self-report their attitudes, beliefs and other attributes related to the topic under study.

Before data collection in the quantitative phase, the following two tasks were done:

- Pre-test and post-test questionnaires were designed.
- The questionnaires were discussed and fine-tuned with the help of an expert social worker who was knowledgeable of the disability field.

The following steps were undertaken during data collection procedures:

- All the participants were provided with a letter of consent as an ethical principle.
- Permission to conduct the study from the Department of Social Development, Limpopo province and the non-governmental organisations was made available.

- An ethical clearance letter from the University of Pretoria Ethics Committee was shown to the social work participants.
- Participants signed the consent letters.
- Participants were first given the pre-test questionnaire and then the post-test questionnaire after the training was conducted.

Training on the guideline for community gardens for persons with disabilities was done online through Microsoft Teams. This was seen as easier for all the participants as converging on one venue was problematic, due to distance between them.

9.5.3 Method of data analysis

Turner and Lambert (2015:321) describe quantitative data analysis as, the numerical representation and manipulation of observations to describe and explain the phenomena under study. In the study, the application of statistical techniques was undertaken to enable generalisations of sample findings to be made about the population under study. The Statistical Package for the Social Sciences (SPSS) analysed and presented data. A quantitative data analyst was employed to assist with the quantitative data analysis phase.

Steps that were taken to analyse the quantitative data, as prescribed by Turner and Lambert (2015:323), were as follows:

- Data editing was done to reduce and correct an error that might have occurred during data collection (Turner & Lambert, 2015:325). Some participants had accidentally or incorrectly skipped certain sections.
- Data coding refers to the grouping and assigning of values to responses from the data (Albers, 2017:13). Numerical values were assigned to each questionnaire variable and a unique identification number that distinguishes all the sets of questionnaires was established.
- The data was entered into SPSS for processing and analysis as put forward by Turner and Lambert (2015:325). The quantitative data analyst assisted in this regard.
- The analysed data was presented in tables, pie charts graphs as well as box and whisker plots.

9.6 EMPIRICAL FINDINGS OF THE SECOND PHASE OF THE STUDY

The quantitative phase of the empirical findings is presented according to the questionnaires that were utilised in data collection. Comparisons were made from the pre-and post-tests to gauge the participant's knowledge from the training conducted on the guideline.

9.6.1 Section A: Biographical details of the participants

Twenty (20) participants attended the community gardens for persons with disabilities' guideline (CGPwDSG) training from five districts of Limpopo province in South Africa. They completed the pre- and post-questionnaires.

Table 9.1: Biological profile of the participants

Pseudonym	Age	Gender	Marital status	Race	District	Sector	Qualification	University	Year graduated
SWK 1	36	Female	Married	African	Capricorn	DSD	MSW	UNISA	2012
SWK 2	37	Female	Married	African	Capricorn	DSD	BSW	Limpopo	2013
SWK 3	29	Female	Single	African	Capricorn	DSD	BSW	UNISA	2018
SWK 4	31	Female	Married	African	Waterberg	DSD	BSW	UNISA	2016
SWK 5	39	Female	Divorced	African	Waterberg	DSD	BSW	Limpopo	2011
SWK 6	42	Male	Married	African	Waterberg	DSD	MSW	Venda	2010
SWK 7	34	Male	Married	African	Sekhukhune	DSD	BSW	UNISA	2017
SWK 8	44	Female	Single	African	Sekhukhune	DSD	BSW	UNISA	2009
SWK 9	45	Female	Married	African	Sekhukhune	DSD	BSW	Limpopo	2009
SWK 10	38	Female	Divorced	African	Vhembe	DSD	BSW	UNISA	2013
SWK 11	41	Male	Married	African	Vhembe	DSD	BSW	Limpopo	2009
SWK 12	37	Female	Married	African	Vhembe	DSD	BSW	Limpopo	2012
SWK 13	33	Female	Single	African	Vhembe	DSD	BSW	Limpopo	2015

Pseudonym	Age	Gender	Marital status	Race	District	Sector	Qualification	University	Year graduated
SWK 14	36	Male	Single	African	Mopani	DSD	BSW	Venda	2011
SWK 15	35	Female	Married	African	Mopani	DSD	BSW	Venda	2013
NGO S1	27	Female	Single	African	Mopani	NGO	BSW	UCT	2019
NGO S2	28	Female	Single	African	Capricorn	NGO	MSW	UNISA	2019
NGO S3	29	Female	Single	African	Vhembe	NGO	BSW	Venda	2018
NGO S4	31	Female	Single	African	Sekhukhune	NGO	BSW	UNISA	2017
NGO S5	28	Female	Married	African	Waterberg	NGO	MSW	UNISA	2018

9.6.2 The gender of social work practitioners

Table 9.2: Gender of social work practitioners in the study

Gender			Capricorn District (n=4)	Waterberg District (n=4)	Sekhukhune District (n=4)	Mopani District (n=4)	Vhembe District (n=4)	Mean	Total (n=20)
	Male	Count	0	2	0	2	0	0.8	4
		% of district	0%	50%	0%	50%	0%	20%	
	Female	Count	4	2	4	2	4	3.2	16
		% of district	100%	50%	100%	50%	100%	80%	
	Total	Count	4	4	4	4	4	4	20
		% of province	100%	100%	100%	100%	100%	100%	100%

As highlighted in Table 9.2, 20 social work practitioners participated in the quantitative phase of the study. An average of 20% (4/20) of the participants were male while 80% (16/20) were females. This has also shown that the social work profession is

dominated by females. In support, Bila (2017:459) also saw that there are more females in social work than males.

9.6.3 The age composition and years of experience of practitioners in the quantitative study (n=20)

Table 9.3: Age composition and years of experience of the social workers

Social Workers	N	Minimum	Maximum	Mean	Std Dev
Governmental Age	15	26	42	33.8	6.68
Years worked in the government (DSD)		3	15	9	9.48
Years working with community gardens					
NGOs Age	5	26	42	34	17.83
Years worked in the NGO		3	15	9.8	9.31
Years working with community gardens					

Table 9.3 represents the age composition and age of the social workers both from the non-governmental organisations and the government (Department of Social Development). The youngest social worker was 26 years old while the oldest was 42 years old. The average age for social workers from the government was 33.8 while for the non-government was 34. A minimum of three years' work experience is seen along with a maximum of 15 years. The mean years of experience for the governmental social workers was nine while for the non-governmental ones, it was 9.8.

9.6.4 Educational Information of social work practitioners in the quantitative study (n=20)

Table 9.4: Social work practitioners' qualifications

Qualification	Frequency	Percentage	Valid Percentage	Cumulative Percentage
PhD	0	0	0	0
Master's	4	20	20	20
Bachelor	16	80	80	100
Total	20	100	100	

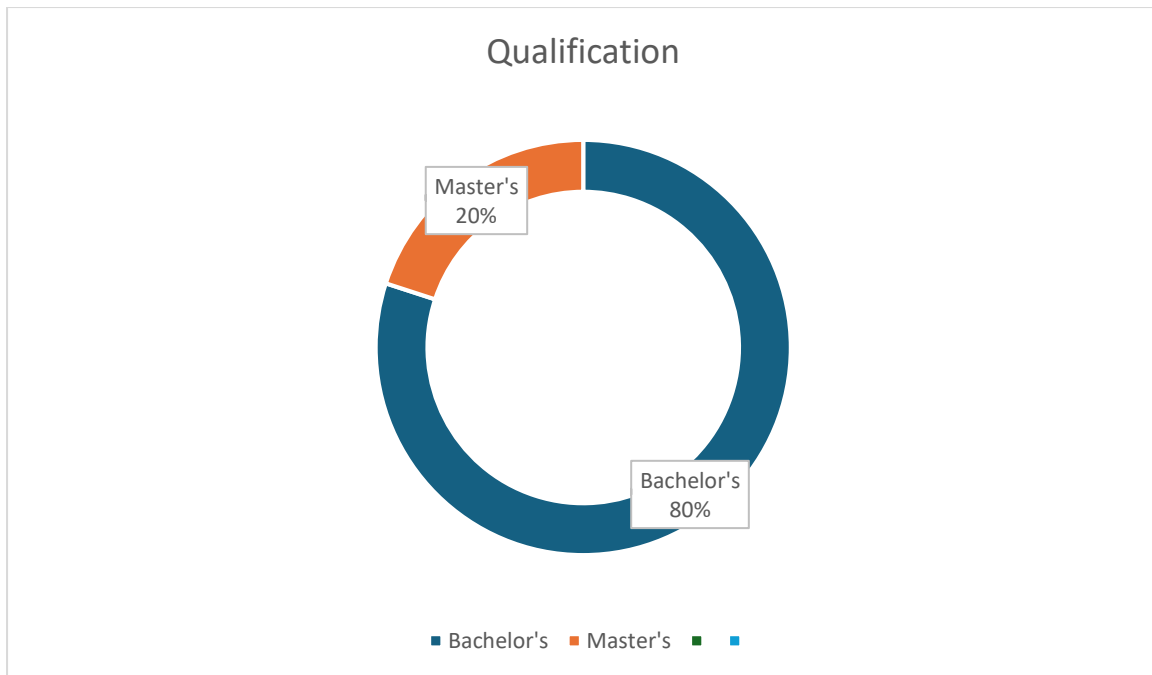


Figure 9.1: Qualifications of social workers

Table 9.4 and Figure 9.1 underline the educational qualifications of the social workers, who took part in the study. Social workers who hold a bachelor's degree were 16 (80%). On the other hand, four (20%) hold a degree at master's level. None of the social workers had a PhD or Doctorate qualification.

9.6.5 Sector

The majority of the social workers work for the government under the Department of Social Development. There were 15 (80%) of them. Five participants (20%) were from a non-governmental organisation.

9.6.6 Year graduated

Table 9.5: Years that the participants graduated from different universities

Year graduated	Frequency (f)	Percentage (%)
2009	3	15
2010	1	5
2011	2	10
2012	2	10
2013	3	15
2015	1	5
2016	1	5
2017	2	10
2018	3	15
2019	2	10
Total	20	100

Table 9.6 Year graduated

The period of graduation ranged from 2009-2019. Five per cent of participants graduated in 2010, 2015 and 2016. Ten per cent of the participants graduated in 2011, 2012, 2017 and 2019. Fifteen per cent of the participants graduated in 2009, 2013 and 2018.

9.6.7 Universities attended

Table 9.6 shows the universities attended by the 20 participants.

Table 9.6: Universities attended

University		
n=20	Frequency(f)	Percentage (%)
UCT	1	5
Venda	4	20
Limpopo	6	30
UNISA	9	45
Total	20	100

The majority of the social worker participants did their social work degrees at the University of South Africa (UNISA) through distance learning, represented by 45%. The University of Limpopo does have the second majority, with 30%. Twenty per cent

of the participants did their social work degree at the University of Venda, with only one participant studying at the University of Cape Town.

9.6.8 Marital status

Figure 9.2 gives a pictorial image of the marital status of the participants.

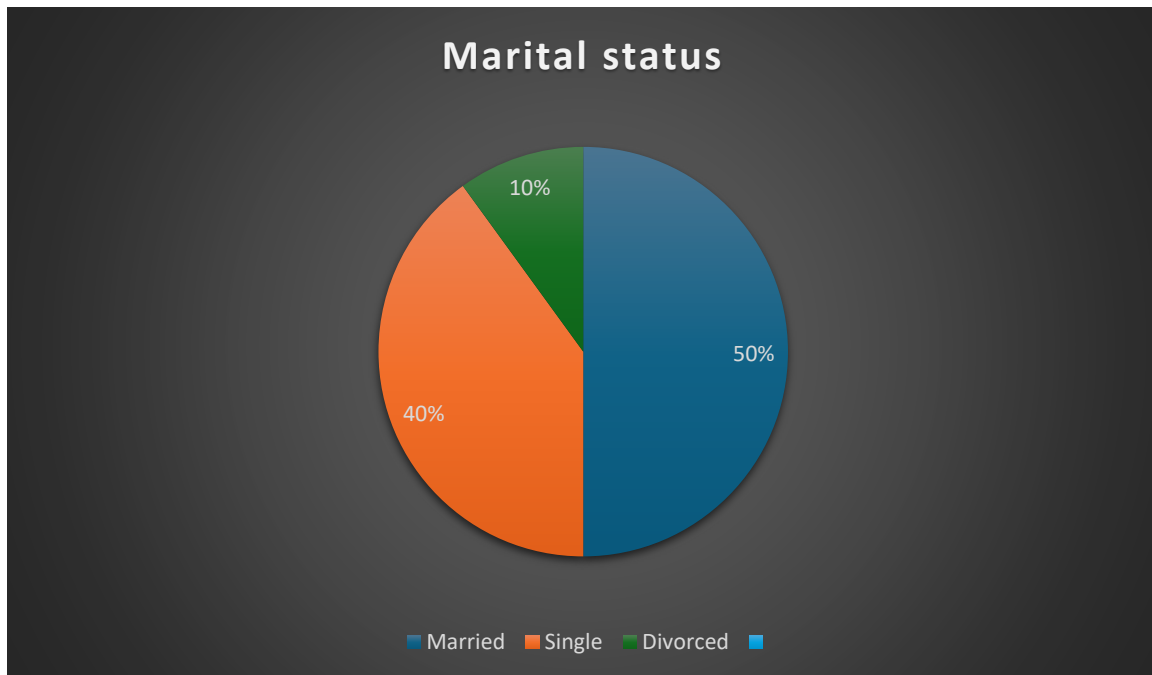


Figure 9.2: Marital status

Fifty per cent of the social worker participants were married. Forty per cent of the participants were single, while 10% were divorced.

9.6.9 Race

All of the study's participants were African. This could be because Limpopo Province is predominantly a rural province and mostly home to different African groups, such as Sothos, Vendas and Tsongas. There is no literature available to explain the demographics of the social workers in the province. However, Polokwane IDP (2022:16) saw that the Limpopo Province has a 97.3% African population, 2.4% is White, 0.2% is Coloured and 0.2% is Indian. The demographics of the Limpopo Province as a whole, could describe the domination of the African group in the social work profession.

9.6.10 Founding of the community gardens for persons with disabilities

The community gardens have been formed by different stakeholders within the communities. The pie chart below shows the initiators of the community gardens for persons with disabilities.

Fig 9.6 Community gardens initiators

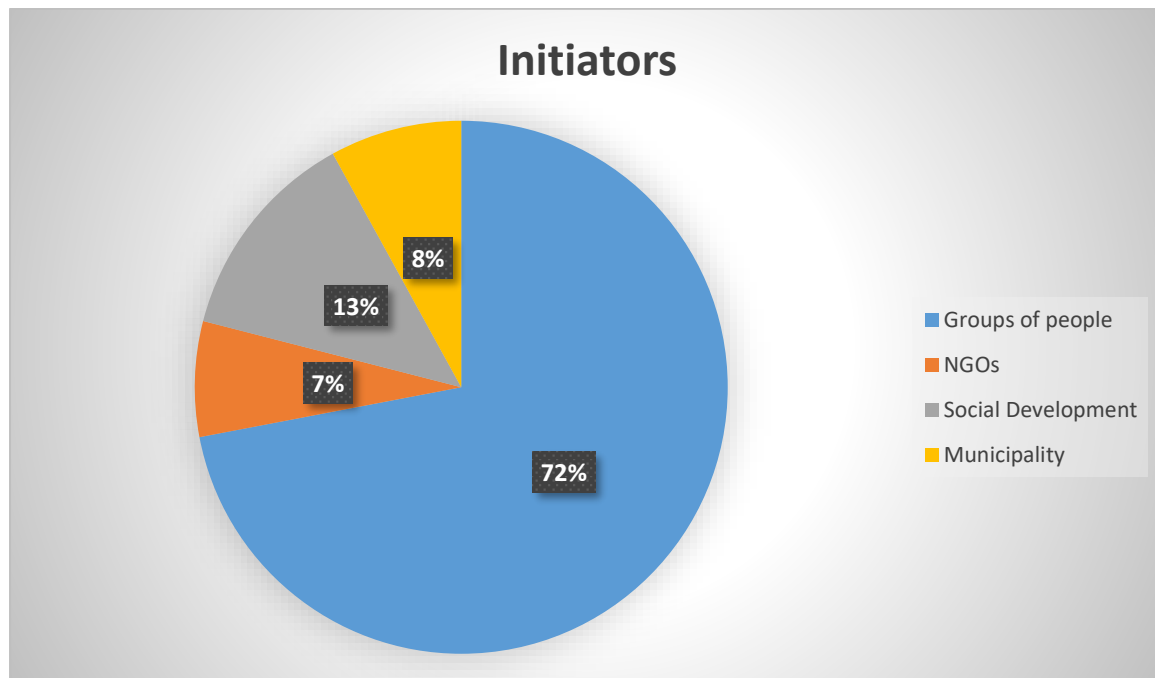


Figure 9.3: Community gardens for persons with disabilities initiators

The 20 participants who were social workers' responses are highlighted in the Figure 9.3, showing how the community gardens for persons with disabilities were formed. Most of them were formed by groups of people who had a common interest, as seen in the pie chart. Most of these were persons with disabilities themselves who saw a need to start income-generating activities in order to sustain their state disability grant allowances. The findings highlighted that this could be a factor towards improvements in livelihoods for persons with disabilities. Community members were also part of those who started the community gardens for persons with disabilities, since they saw a need and also thought that they could help this designated group improve their livelihoods. The Department of Social Development, municipality and non-governmental organisations are involved in the formation of community gardens for persons with disabilities. This shows that community gardens should be started by the communities that they are in with a need to address their challenges.

9.7 SECTION B: PRE-TEST QUESTIONNAIRE VS POST-TEST QUESTIONNAIRE

In this section, the researcher utilised the box and whisker plots, graphs and pie charts to provide meaning to the data collected and to make comparisons. The box and whisker plot is a useful way to compare different sets of data, as one or more box plots can be drawn on one graph (Midway, 2020:13). A box and whisker plot is a convenient way to visually display quantitative data through their quartiles (Cooksey & Cooksey, 2020:63). This was useful in the study since comparisons had to be made between pre- and post-questionnaires.

9.8 DISABILITY KNOWLEDGE

Table 9.7 provides responses on the participants knowledge of disability as a concept.

Table 9.7: Disability knowledge

	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Rate your disability knowledge				
Excellent	0	0	13	65
Average	8	40	7	35
Poor	7	35	-	
None at all	5	25	-	
Total	20	100	20	100

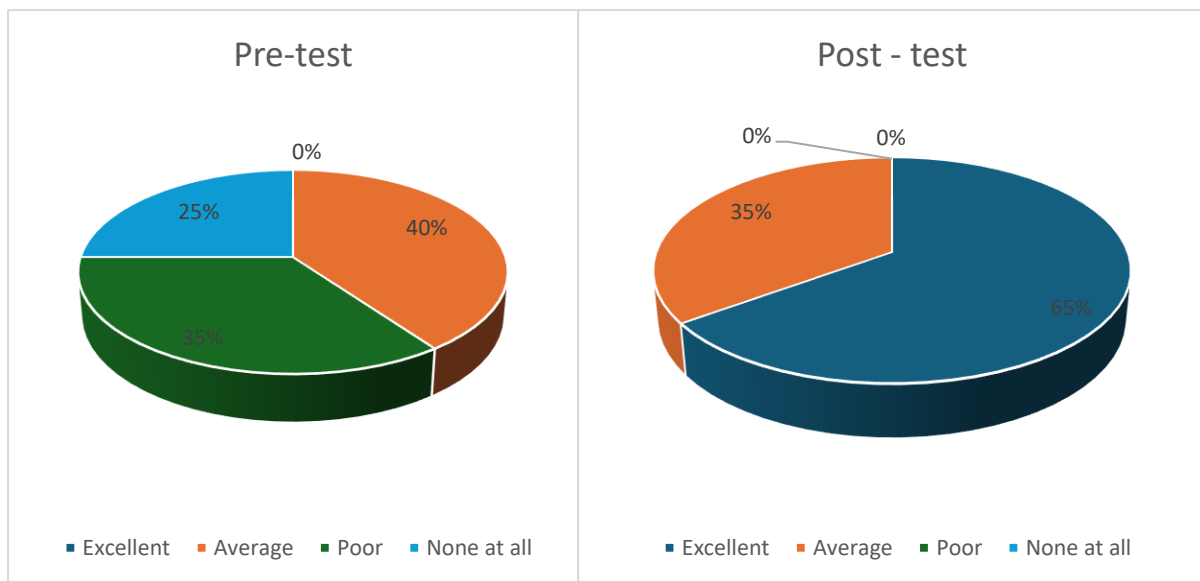


Figure 9.4: Disability knowledge pie charts

Table 9.7 and Figure 9.4 show the pre- and post-test scores on disability knowledge by the participants. The pie chart gives a pictorial image of the data in table 9.1. The same set of questioning was used for both pre-test and post-test to compare the findings. Prior to the disability guideline training, eight (40%) had an average knowledge of disabilities and seven (35%) were poor on their knowledge of disabilities. Five participants (25%) did not know all of the disabilities. None of the participants had excellent knowledge of disabilities.

To support the above findings, Rothman (2018:13) saw that social workers in the USA are less knowledgeable about disabilities, which has implications to service delivery to about 26% of the population that is deemed disabled. Mira-Aladren, Marta and Javier Martin-Pena (2024:31) highlighted that, “implementation of the United Nations Convention on the Rights of Persons with Disabilities is being led by professionals, such as social workers who do not know how to work with persons with disabilities”. Clarke and Westmore (2022:6) note that there are best policies to service persons with disabilities in the USA, but social workers lack the knowledge of engaging with this marginalised group of people.

After the training, the researcher noted that there was an increase in respondents' knowledge of disabilities. Thirteen respondents (65%) had gained excellent knowledge of disabilities. Seven respondents had achieved average knowledge of disability.

There was an increase in knowledge of disability by the participants after the training. Bila (2017:465) highlighted that training of social workers aid in their intervention practices.

Fig 9.5 Disability knowledge whisker plot

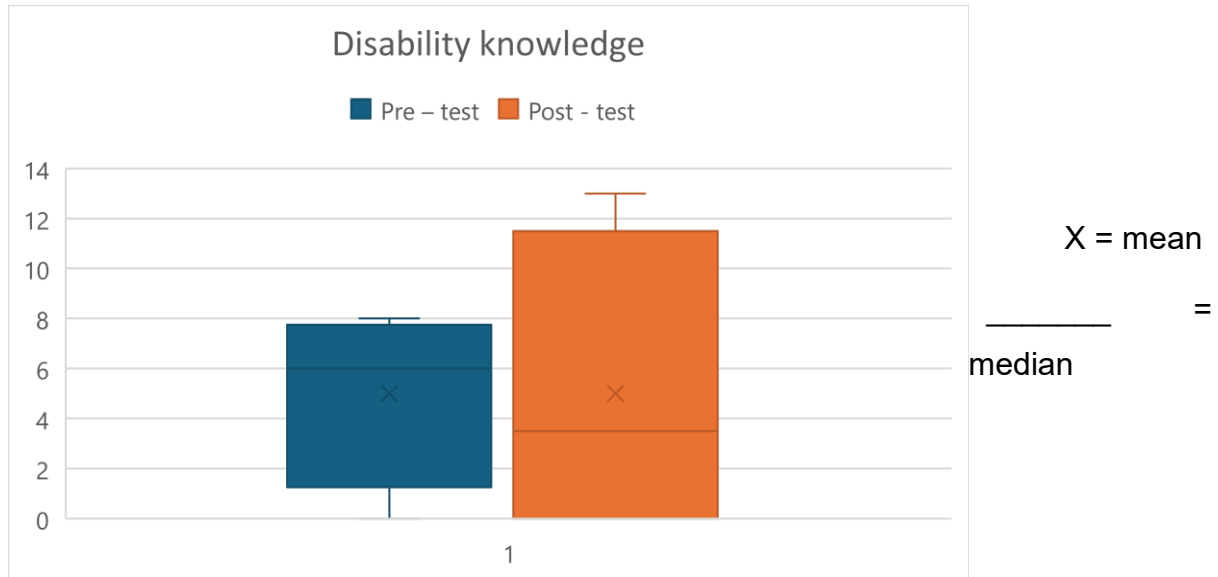


Figure 9.5: Disability knowledge box and whisker plot

Figure 9.5 highlights the difference in disability knowledge among the respondents, as presented in Table 9.7. The post-test scores were a bit higher as compared to the pre-test scores.

9.9 DISABILITY TRAINING

Table 9.8 highlights the training of the respondents on different levels at undergraduate, postgraduate, short courses and workshops.

Table 9.8: Disability training

	Pre-test	
	Frequency (f)	Percentage (%)
Disability training – undergraduate		
Yes	1	5
No	19	95
Total	20	100
Disability training – postgraduate		
Yes	4	20
No	16	80
Total	20	100
Disability training – short courses		
Yes	2	10
No	18	90
Total	20	100
Disability training – workshops		
Yes	7	35
No	13	65
Total	20	100

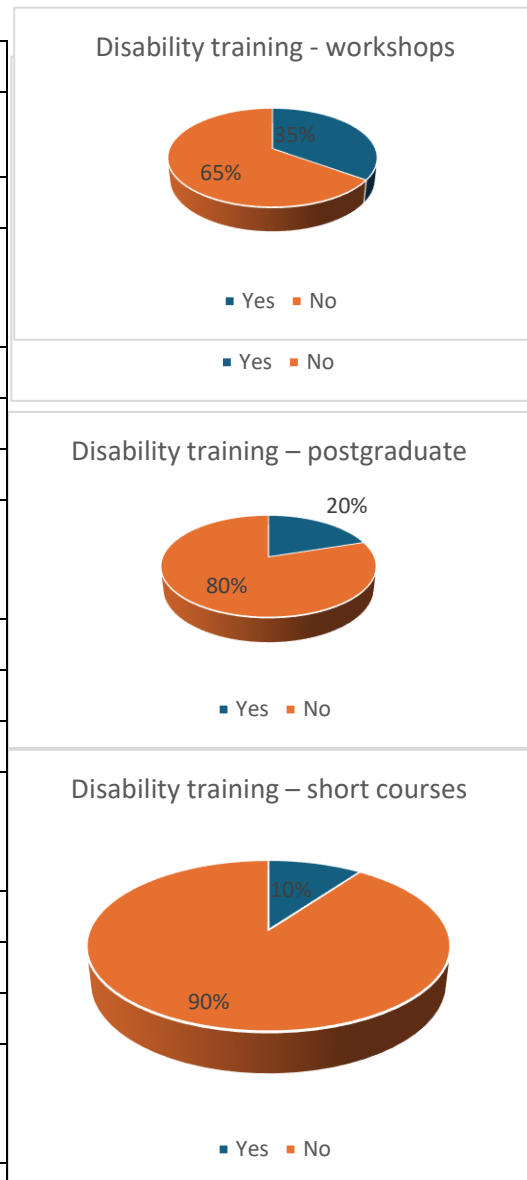


Figure 9.6: Disability training

Table 9.8 and Figure 9.6 show disability training, which the 20 respondents received. Figure 9.6 shows the picture charts describing the data in Table 9.8. The number of respondents who received disability training at the undergraduate level was only one (5%). Nineteen respondents (95%) did not receive any disability training at the undergraduate level. This could mean that the social work school did not have any courses in disabilities within their curriculum.

The number of respondents who have attended short courses on disabilities after university were two (10%), whereas those who did not were the majority, which is 18 (90%). This could mean that the respondents were not exposed to such trainings or disability and is still in the periphery of the social work profession. Disability workshop attendance by the respondents stood at seven (35%). The respondents who did not attend any workshop were 13 (65%) in total.

The data in Table 9.12 shows that the respondents are not generally trained in disabilities and working with persons with disabilities. This could have a negative impact on the quality of services they provide to persons with disabilities. Rothman (2018:31) agrees with the findings that social work schools in the USA do not have a curriculum that covers disabilities. Rather disability is taught in other subjects such as Sociology or as a standout course. Kokoreva (2023:19) pointed out that this creates a gap in skill acquisition, as most social workers service persons with disabilities. The researcher also noted that social work schools or departments in South Africa do not have disability curricula. Some institutions of higher learning in South Africa do have standalone degrees, such as the University of Cape Town, which offers undergraduate and postgraduate degrees in disability studies. The lack of disability curriculum in social work schools creates a big skill shortage, as the social workers in practice will not have the basic knowledge of working with persons with disabilities.

9.10 TYPES OF DISABILITIES

The respondents' knowledge of disabilities is seen in the table below as highlighted before and after the training.

Table 9.9: Types of disabilities

	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Knowledge on types of disabilities				
Excellent	-	-	14	70
Average	8	40	6	30
Poor	12	60	-	-
Total	20	100	20	100

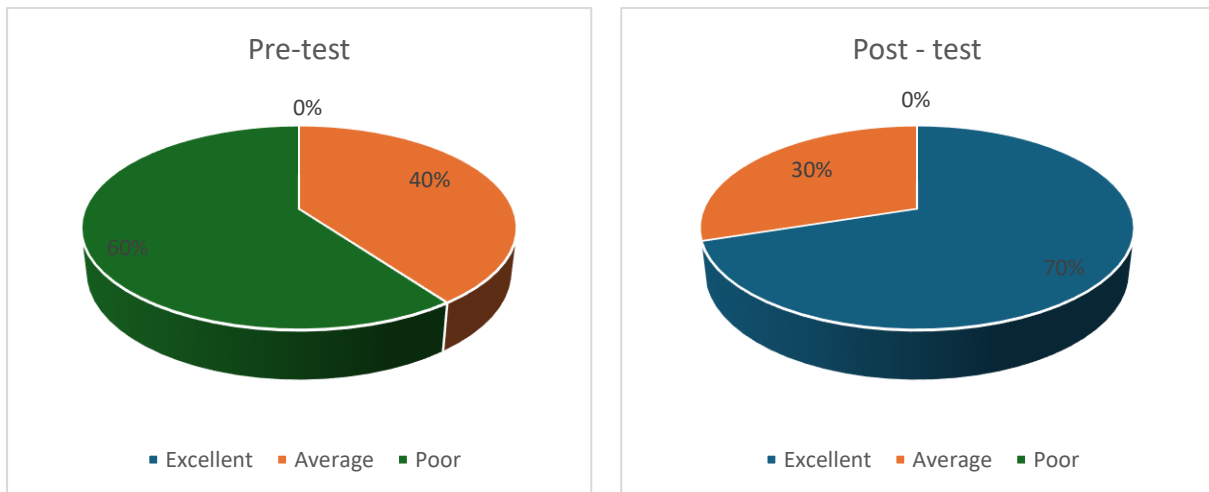


Figure 9.7: Knowledge on types of disabilities

Table 9.9 and Figure 9.7 shows the respondents' knowledge of different types of disabilities. In the pre-test, 12 (60%) of the participants were lacking in knowledge of the types of disabilities. Eight (40%) of the participants had average knowledge of the types of disabilities. In the post-test, six participants (30%) had average knowledge of the types of disabilities. Fourteen (70%) participants had excellent knowledge of the types of disabilities. There was a significant growth in the number of social workers who had knowledge of the types of disabilities. Rafaei (2016:13) saw that the lack of disability in Egypt with professionals hinders service delivery. In support, Onalu *et al.* (2024:94) saw that the lack of knowledge about disabilities in Nigeria by professionals, such as social workers and health professionals, impacts their welfare. The growth in

respondents' knowledge of types of disabilities will have a positive impact on social work practice for persons with disabilities in the community gardens.

This shows that there was knowledge gained in the training and it was effective. To support the above, Bila (2017:464) also found out that training of social workers in a Collaborative Recovery-oriented Mental Health Care Programme (CROCMEHC) increases their knowledge and skills. The capabilities approach, which informed the study, is essential from the agency's perspective. Agency refers to the need for people to be educated in order to improve the lives of others (Robeyns, 2017:15). In the case of the findings, the knowledge gained by the social workers in the training on disability knowledge will be utilised when working with persons with disabilities in community gardens. Asset-Based Community Development (ABCD) is also key in that it acknowledges skill development in professionals, which can be of importance to their client base. Green and Haines (2015:64) note that skills are crucial in the ABCD approach for empowering communities to realise their potential. The training, therefore, is an empowering process for the social workers who would be able to deliver services to persons with disabilities in community gardens so that they are able to reach their full potential.

9.11 DEFINITION OF DISABILITY

The pre-and post-test scores on the knowledge of disability definition are presented in Table 9.10. A pie chart also demonstrates the scores.

Table 9.10: Definition of disability

	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Definition of disabilities				
Excellent	1	5	5	25
Average	6	30	15	75
Poor	13	65	-	-
Total	20	100	20	100

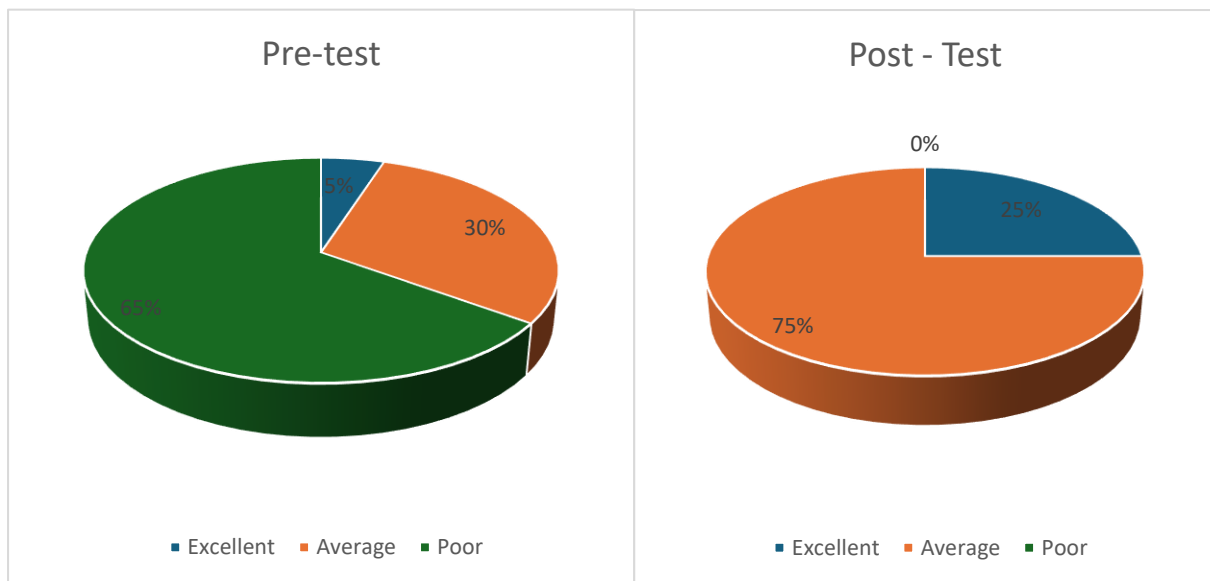


Figure 9.8: Definition of disability

Table 9.10 and Figure 9.8 represent the respondents' knowledge of the definition of disability. During the pre-test, one (5%) of the social work respondents had excellent knowledge of the definition of disability. Six respondents (30%) had average knowledge of the definition of disability. Thirteen (65%) of the participants had poor knowledge of the definition of disability. The high rate of poor knowledge of disability is attributed to a lack of training or education on disabilities. In the post-test scores, there was an increase in knowledge, which was evident in that five (25%) of the respondents had knowledge of the definition of disability. Fifteen (75%) of the respondents recorded that they had average knowledge. This shows that the training was effective in this regard, as they were able to acquire knowledge. Manomano and Kumalo (2016:204) highlighted the fact that "professionals, including social workers, are less trained in disability issues, which affects services to parents of children with disabilities". A lack of understanding or basic knowledge of disabilities can hinder the services that will be provided to the parents and, consequently, the children with disabilities.

Singh (2023:3) saw the importance of online training in disabilities post-COVID era as useful in understanding the concept for proper social work interventions to be made. The capabilities approach also gives importance to educational development uplifting the lives of marginalised groups in society, such that their freedom is realised. Yerkes,

Hoogenboom and Javornick (2020:519) saw that “agency refers to an individual’s ability to make choices within their own set of capabilities through a mutually constitutive process of learning and interpreting situations, which will aid to the development of people in need”. The training provided showed that it was effective in skilling the social workers, who would, in turn, provide effective services to persons with disabilities in the community gardens.

9.12 CLASSIFICATION OF DISABILITIES

The pre- and post-test on the classification of disabilities is given in Table 9.11 as well as the clustered graph and the whisker plot.

Table 9.11: Classification of disability

	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Classification of disability				
Not at all	15	75	-	-
Poor	4	20	1	5
Average	1	5	19	95
Excellent	-	-	-	-
Total	20	100	20	100

Fig 9.9 Classification of disability

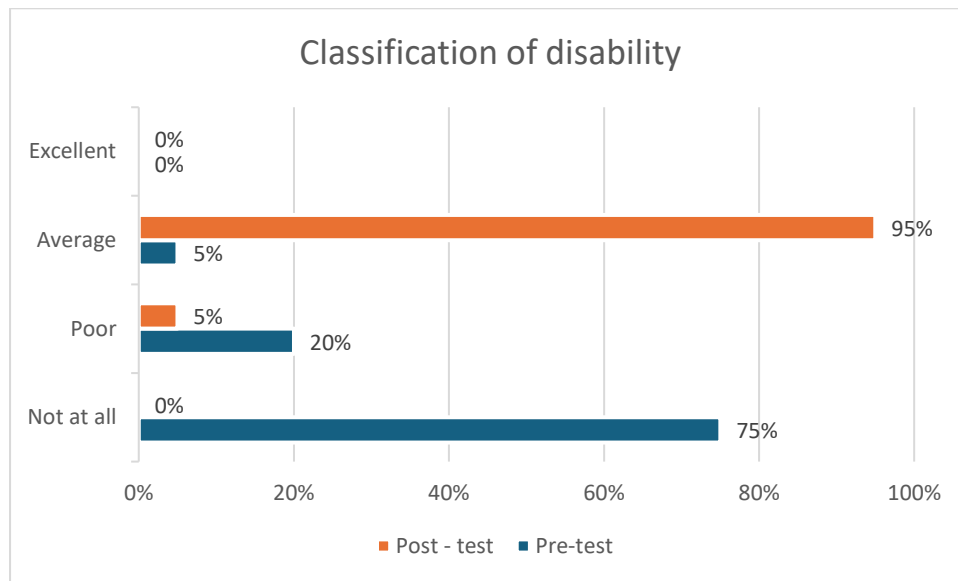


Figure 9.9: Classification of disability-clustered bar

Table 9.11 and Figure 9.9 show the responses from participants in regard to the classification of disabilities. Prior to the training towards the community garden guideline, knowledge of the classification of disabilities was very limited. Fifteen (75%) of the participants reported that they did not understand and have knowledge of the classification of disabilities. Four (20%) of the participants had poor knowledge of the classification of disabilities. One (5%) of the participants had knowledge while none of the participants had excellent knowledge of the classification of disabilities. The above figures highlight that the classification of disabilities is an area on which the respondents do not have information. In the post-test, one (5%) of the participants had poor knowledge. Nineteen respondents had average knowledge of the classification of disabilities. The training did manage, to an extent, to provide vital information on the classification of disabilities. The training on the classification of disabilities is of importance to the participants, as they work with persons with disabilities in community gardens almost on a daily basis. Kim and Sellmaier (2020:496) highlighted the fact that the classification of disabilities is significant since it forms part of the first process of rehabilitation of persons with disabilities in the communities. Shoaib, Usmani and Abdullah (2023:1352) also saw the importance of training in the classification of disabilities by highlighting that without the knowledge of disability classification, rehabilitation and intervention services to persons with disabilities are impossible.

Fig 9.10 Classification of disability box and whisker plot

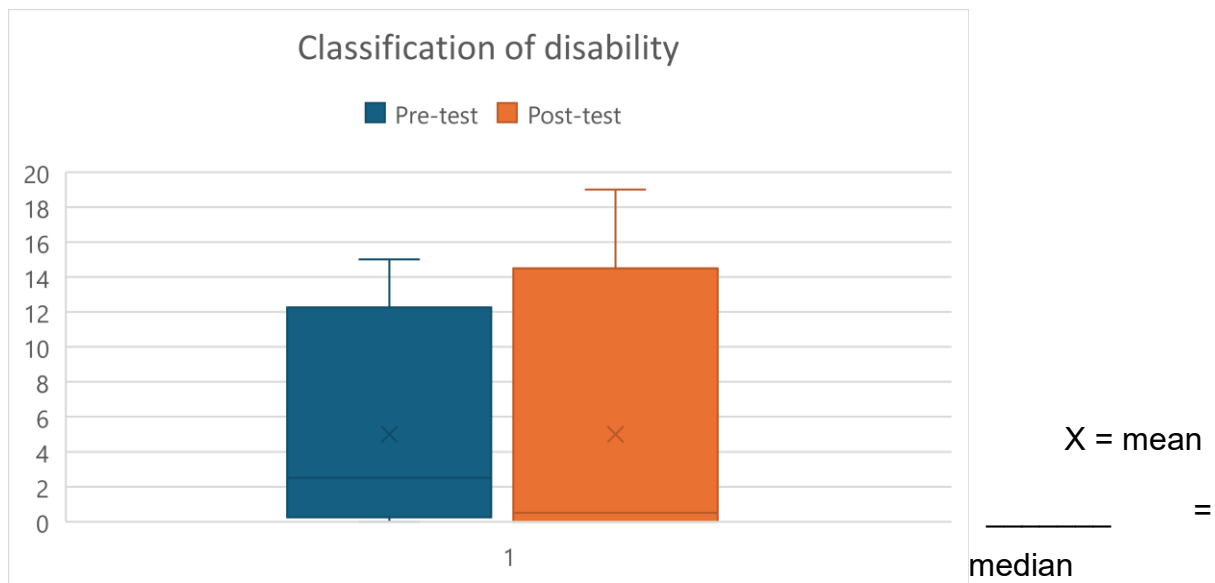


Figure 9.10: Classification of disability box and whisker plot

The above box and whisker plot, Figure 9.10, shows the respondents' difference of statistical knowledge on the classification of disability. The post-test scores were higher, which shows that the training on the classification of disabilities was effective.

9.13 KNOWLEDGE OF LEGISLATIVE AND POLICY FRAMEWORK

The respondents' responses to their knowledge of different disability policies and legislation are presented in Table 9.12 as well as the clustered graph.

Table 9.12: Legislative and Policy Framework

	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Legislation and policy				
Not at all	18	90	-	-
Poor	-	-	-	-
Average	2	10	17	85
Excellent	-	-	3	15
Total	20	100	20	100

Fig 9.11 Legislation and policy clustered bar

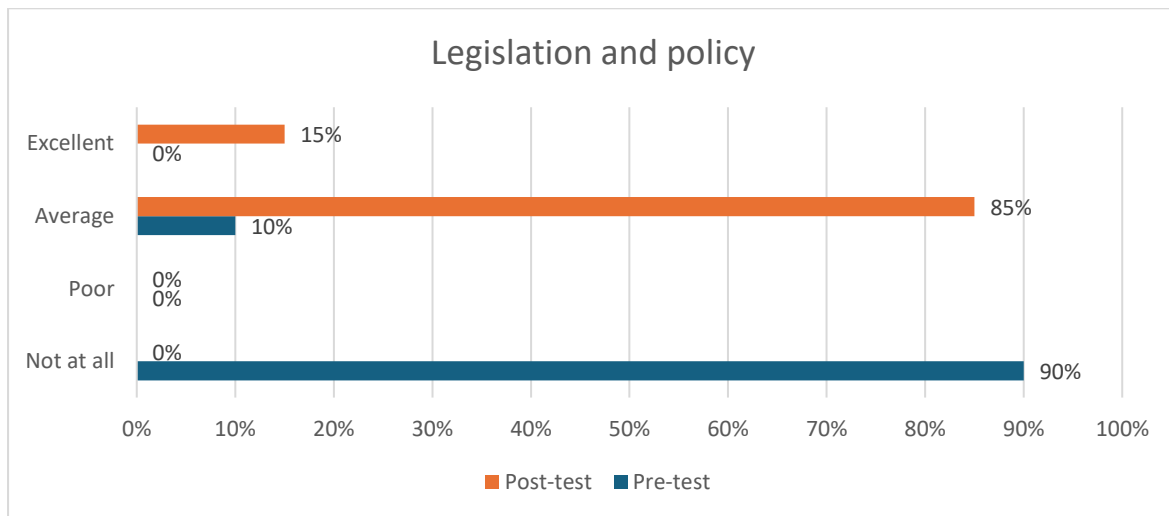


Figure 9.11: Legislation and policy-clustered bar

Table 9.12, together with Figure 9.11, gives responses of knowledge of legislation and policy framework on disabilities. The scores show that before the training, 18 (90%) respondents had no knowledge at all of the international and domestic legislative and policy framework of disabilities. Only two had an average knowledge of legislative and policy networks. In the post-test, there was a big improvement in knowledge, since 17 (85%) had gained knowledge at an average level while three (15%) had gained excellent knowledge of the legislative and policy framework. When working with any population, knowledge of the legislative framework is key as it allows social workers to apply statutory interventions when needed. Disability legislation and policy framework is critical when working with persons with disabilities. Although in South Africa there is no direct act of law on disability, there are other pieces of legislation that are in effect, such as the South African Social Security Act and the Employment Equity Act. Kamga (2016:573) saw that disability legislation is critical for professionals who work with persons with disabilities, as statutory interventions can aid to service provisions. Mohamed, Lord and Stein put the emphasis on disabled people's organisations in South Africa to lead legislation information that is given to persons with disabilities, which can be utilised for their well-being. The SASSA Act gives provisions for financial assistance in the form of a state grant. It is the responsibility of social workers and community development workers to disseminate this information to persons with disabilities, who are in gardens and the community.

9.14 DISABILITY CAUSES

There are different causes of disabilities. Table 9.13 and the preceding pie charts give responses from the participants.

Table 9.13: Causes of disabilities

	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Causes of disabilities				
Poor	3	15	-	-
Average	13	65	3	15
Excellent	4	20	17	85
Total	20	100	20	100

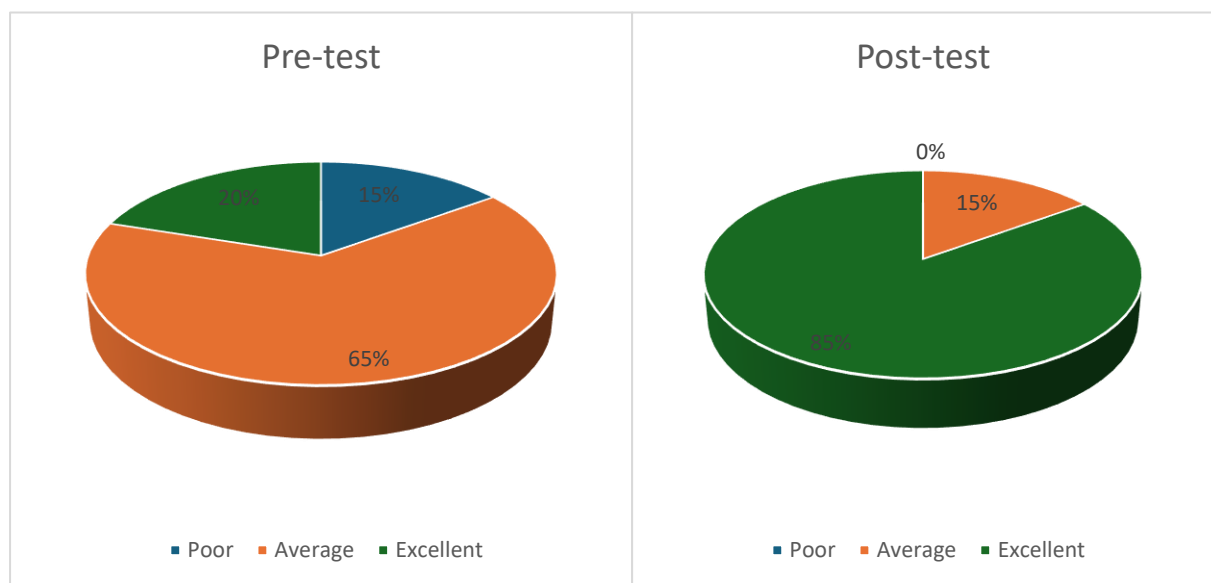


Figure 9.12: Causes of disabilities

Table 9.13 and Figure 9.12 show the scores of respondents in the study in relation to causes of disabilities. Before the training, three respondents (15%) had poor knowledge of the causes of disabilities. Thirteen respondents (65%) had average knowledge of the causes of disabilities and only four respondents (20%) had excellent knowledge. In the post-test, scores had improved due to the training. Three respondents (15%) had average knowledge and 17 (85%) had attained excellent knowledge of the causes of disabilities. Shekwa (2020:83) saw that in rural areas of

South Africa, services to persons with disabilities are needed most. Social services professionals are required to have knowledge of disability so that they are able to offer services to the community.

It is crucial for the respondents to have a better understanding of the causes of disabilities that will guide their social work interventions, when working with persons with disabilities in community gardens. Watene (2016:288) highlights that the capabilities approach advocates for real or substantive freedoms that people have to achieve in order to deliver services in communities. In this instance, the training on the guidelines by the social workers will lead to substantive freedom in that they will aid the social development of persons with disabilities in the community gardens.

9.15 DISABILITY TERMINOLOGY

There is disability accepted language that should be used when working with persons with disabilities. The pre-and post-test scores in this regard are presented in Table 9.14.

Table 9.14: Disability terminology

	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Disability Terminology				
Not at all	4	20	-	
Poor	12	60	-	
Average	4	20	3	15
Excellent			17	85
Total	20	100	20	100

Fig 9.13 Disability terminology

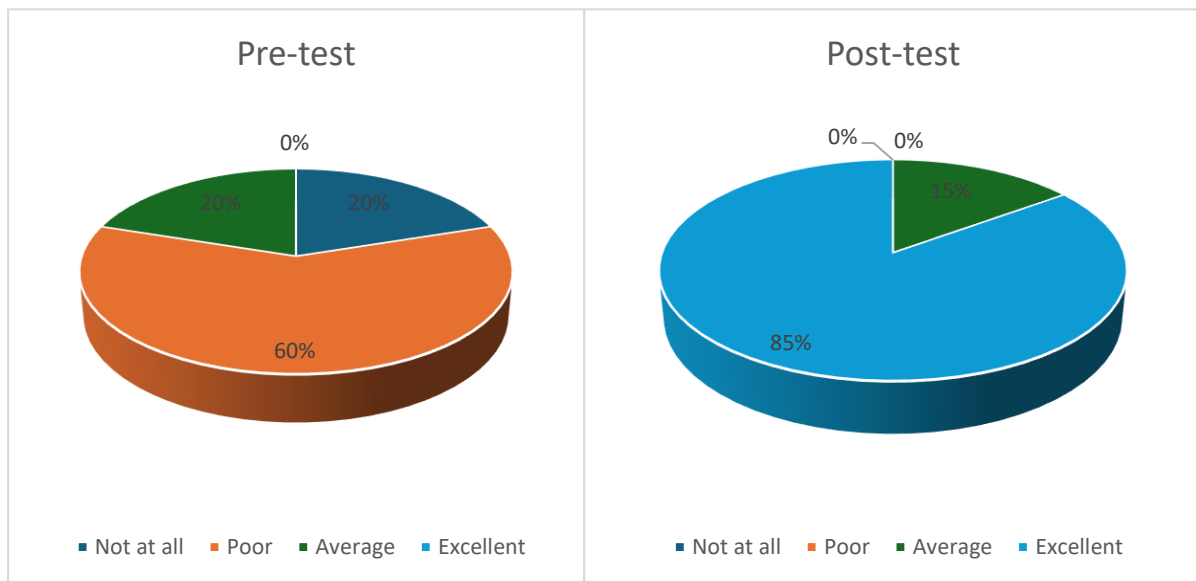


Figure 9.13: Disability terminology

Table 9.14 and the pie charts in Figure 9.13 give a pictorial image of the respondents' views on their knowledge of disability terminology. The respondent's score on their knowledge of disability terminology is seen in the above table. In the pre-test, four (20%) participants did not know disability terminology at all. Twelve (60%) respondents scored poor while four (20%) participants were average. In the post-test scores, three (15%) respondents scored average while 17 (85%) respondents scored excellently. The data shows that the training was effective for the study's respondents. Njeri and Smith (2023:15) saw that "social services to persons with disabilities are affected by professionals who lack knowledge of disability terminology". This can affect the emotional well-being of persons with disabilities when the professionals who are supposed to offer services do not know the terminology to use.

Fig 9.14 Disability terminology whisker plot

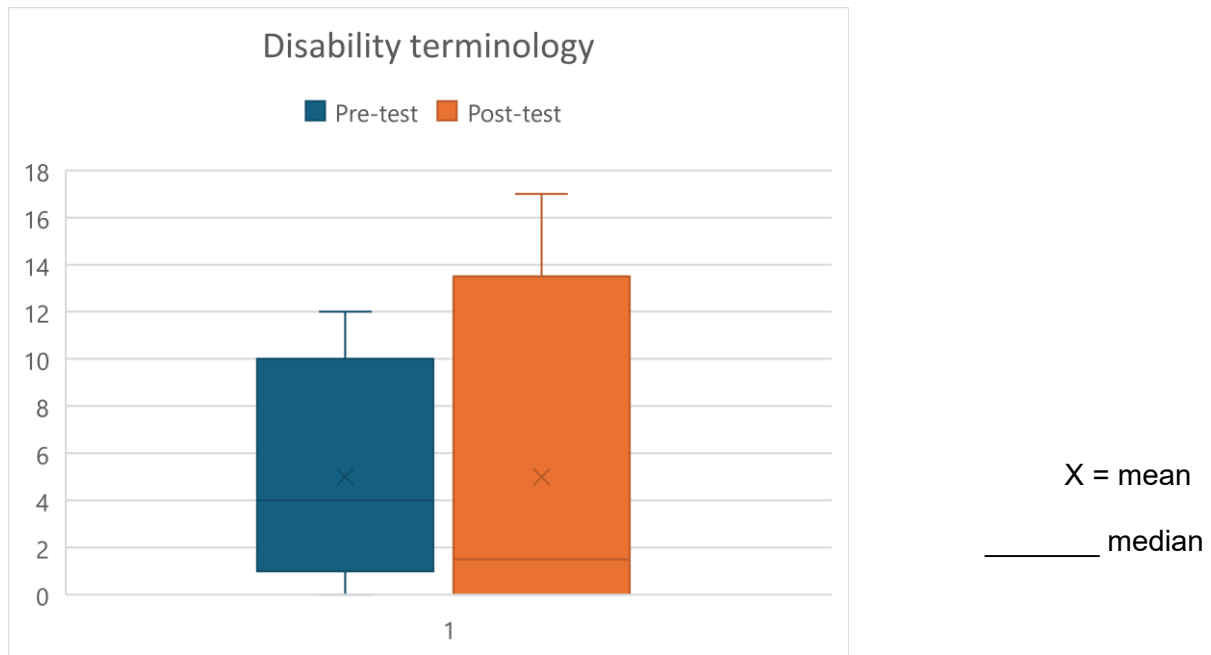


Figure 9.14: Disability terminology – box and whisker plot

The box and whisker plot gives a view of the data in Table 9.14. According to Figure 9.14, the box and whisker plot shows that the post-test scores were much higher than the pre-test scores. There was a distinctive increase in knowledge after the training for disability terminology took place.

9.16 METHODS UTILISED IN COMMUNITY GARDENS FOR PERSONS WITH DISABILITIES

There are different methods of social work, namely, casework, group work and community work. The table and pie charts gave a pictorial image of the responses from the participants.

Table 9.15: Social work with persons with disabilities in community gardens

	Pre-test	
	Frequency (f)	Percentage (%)
Methods of social work		
Casework		
Always	2	10
Sometimes	5	25
Not always	13	65
Total	20	100
Groupwork		
Always	5	25
Sometimes	3	15
Not always	12	60
Total	20	100
Community work		
Always	10	50
Sometimes	4	20
Not always	6	30
Total	20	100

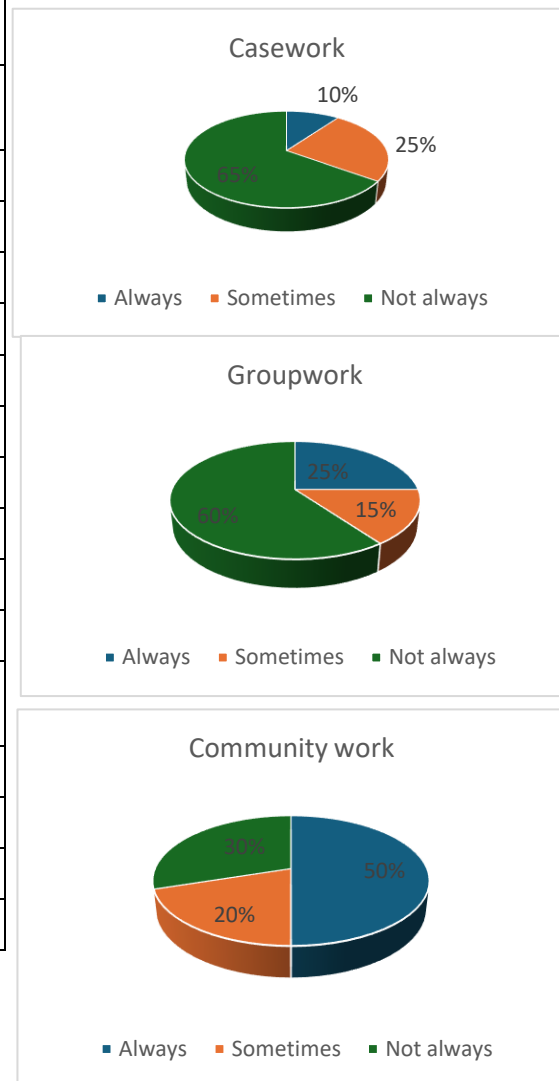


Figure 9.15: Social work with PwDs

The 20 respondents were asked to rate the methods of social work (casework, group work and community work) they utilise in the community gardens. For casework, only two (10%) respondents always utilised the methods of social work. Five (25%) recorded it sometimes while 13 (65%) did not always utilise casework. As for group work, five (25%) respondents utilised the method. Three (15) respondents sometimes utilised groupwork while 12 (60) did not always do this. For community work, ten (50%) of the participants reported using the method. Four (20%) sometimes utilised community work while six (30%) did not always use the method. The table shows that the most utilised method in the community gardens for persons with disabilities is community work followed by groupwork. The least utilised method is casework.

Amadasun (2020:61) saw that in Nigeria, casework is not usually utilised when social services are provided to persons with disabilities. Hassan, Khalid and Qursam (2020:646) agree that in Pakistani community work is the most utilised method by social services professionals since they are able to reach many people. Higashida (2017:277) highlighted that, “the ABCD approach views social development as a participatory effort to mobilise community assets that increase the capacity of people to improve their quality of life in their masses. Community work as a method of social work has the potential to improve many persons with disabilities at the community gardens, as seen in the study.

9.17 SOCIAL WORK TASKS

The participants in the first phase (qualitative) highlighted that different tasks are conducted at the community gardens for persons with disabilities. In this second phase, respondents’ responses are presented in Table 9.16 and the pie charts.

Table 9.16: Social work tasks

	Pre-test	
	Frequency (f)	Percentage (%)
Social work tasks		
Monitoring and evaluation		
Always	18	90
Sometimes	-	-
Not always	2	10
Direct work		
Always	8	40
Sometimes	3	15
Not always	9	45
Total	20	100

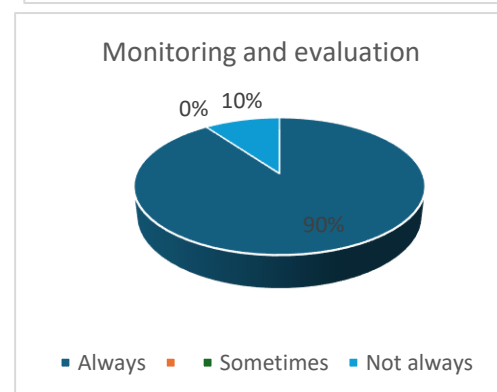
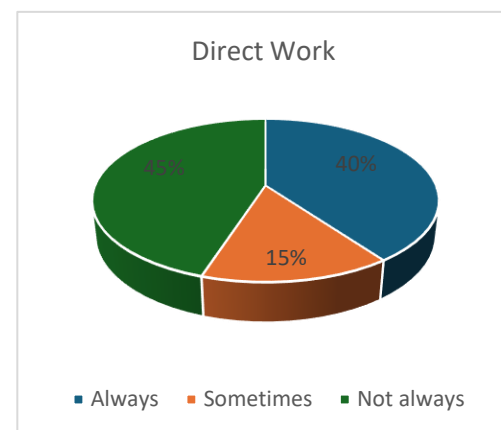


Figure 9.16: Social work tasks

There are different tasks that are done by social workers in the study area, as shown in Table 9.16 and the pie charts in Figure 9.16. Monitoring and evaluation tasks are

mainly done by the social workers. Eighteen (90%) of the participants recorded that they always conduct monitoring and evaluation services at the community gardens for persons with disabilities. Two (10%) of the respondents did not always do monitoring and evaluation at the community gardens for persons with disabilities.

9.18 TRAINING DEVELOPMENT NEEDS

There are training development needs that were put forward by the respondents and are shown in the table and the pie charts that follow.

Table 9.17: Continued training development needs

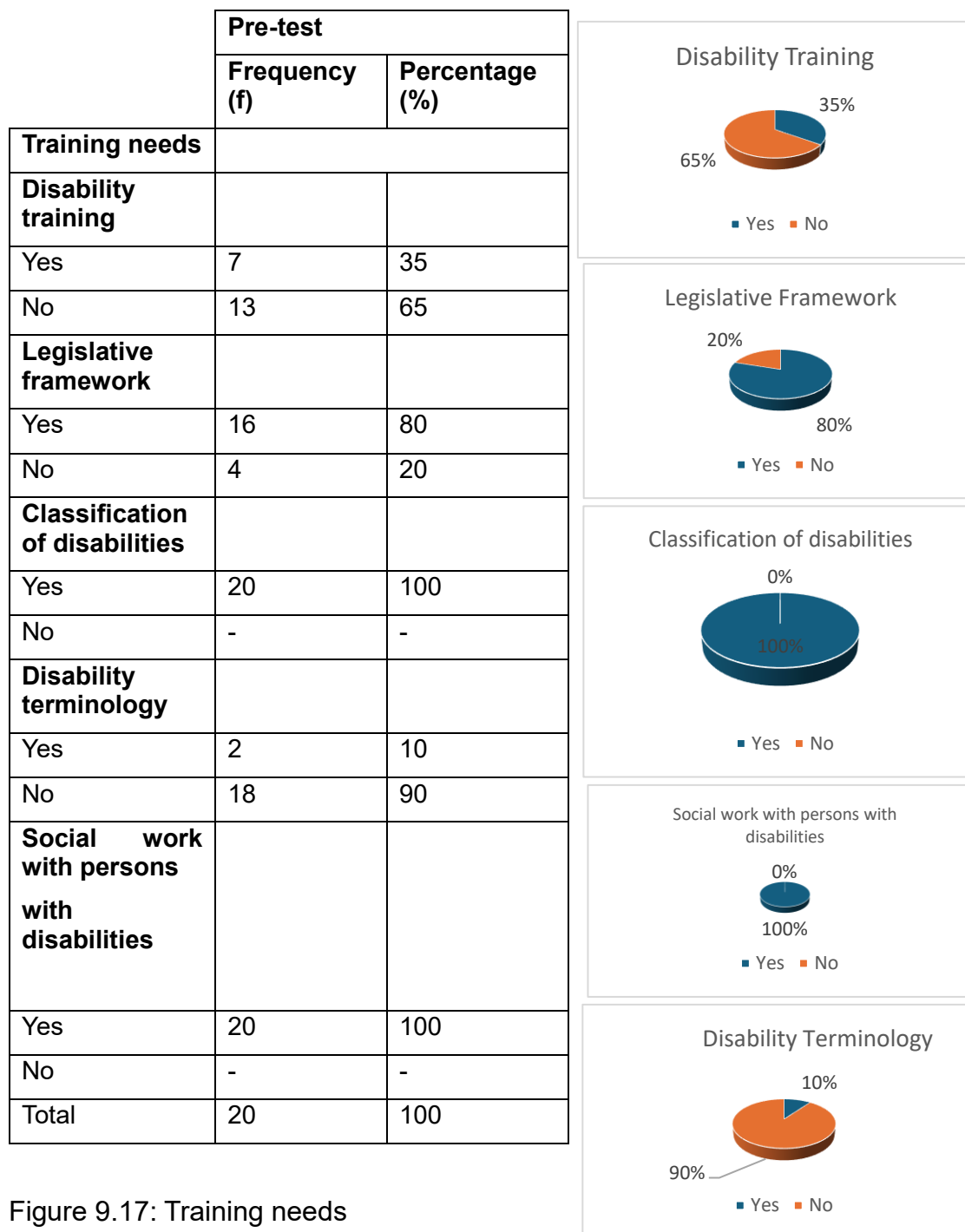


Figure 9.17: Training needs

Table 9.17 and Figure 9.17 give numerical data on respondents' training developmental needs. The above table and pie chart gave responses to the participants training developmental needs, which aid their services and which they provide to persons with disabilities in community gardens for persons with disabilities. This would be in the form of accredited training from recognised service providers,

such as the Sector Education Training Authority (SETA). The number of participants who wanted further disability training was seven (35%), while those who felt the training was needed by the researcher were 13 (65%). Participants who saw a need for further training in legislative and policy framework were 16 (80%). Those who felt they did not need further training were four (20%). Legislative and policy framework training is key, since it gives the statutory basis of working with persons with disabilities. Classification of disabilities is an area which all the 20 participants would need in order to get further training. This is because it forms an important measure and basis for the admission of persons with disabilities into the community gardens. Two participants (10%) felt that they would need training again for disability terminology while 18 (90%) felt that the training completed by the researcher was adequate. An area which was not covered in the training (social work with persons with disabilities) was seen as needed by all the 20 participants. All the participants believe that social work with persons with disabilities is a specialised field that needs proper training and skills. Persons with disabilities are unique individuals who should not be standardised by other people. It is mainly because they are already segregated either intentionally or unintentionally by society; hence the need to understand them better. Continued professional development is key for training social workers, as put forward by Bila (2017:467). Kim and Sellmaier (2020:497) agree that disability in social work education has to be visible to help professionals with skills such that they are able to provide services to persons with disabilities.

Robeyns (2021:74) saw that the capabilities approach sees agency also as someone who brings change to people in communities. The training which has been put forward will equip the social workers with knowledge on handling persons with disabilities so that they are able to reach their social and economic freedom.

9.19 SUMMARY

The empirical findings of the second phase (quantitative phase) approach have been discussed. The training on the guidelines for community gardens for persons with disabilities has seen positive results being recorded. The training was effective, as it impacted the knowledge of the social work participants. The knowledge gained will be utilised in order to provide effective services to persons with disabilities in community gardens.

9.20 QUALITATIVE DATA FROM THE PARTICIPANT'S VIEWS ON THE TRAINING

The social work participants were required to give feedback on what they had learned from the guideline training in the blank space provided. The thematic analysis method was used in a tabular format for better presentation. The following themes were identified in table 9.18 on the following page.

Table 9.18 Themes on the post-test questionnaire

Theme	Key Insights	Supporting Quotes
Types of Disability	Participants gained knowledge of different disabilities	“Different types of disabilities physical, sensory, intellectual.” (SWK 3) “The difference between physical and sensory disabilities was outstanding.” (SWK 4)
Classification of Disability	Understanding classification criteria	“Different aspects covered when classifying disabilities such as health, social aspects and the environment”. (SWK 7) “The different ways in which a person with a disability can be classified”.(SWK 8)
Disability Terminology	Importance of appropriate language	“I have learnt about the do’s and dont’s” (SWK 6) “The language used to when communicating with persons with disabilities stood out for me”. (SWK 7)
Definition of Disability	Understanding disability	“The different types of disabilities were very informative” (SWK11) “The social model of disabilities as it is utilised in South Africa”. (SWK 13) “The different types of definition from World Health Organization, SASSAAct”. (SWK 14)

Theme	Key Insights	Supporting Quotes
Legislation and Policy	Awareness of national and international policies	“The Constitution of the Republic of South Africa Bill of Rights as the starting point.” SWK 8 “I have learnt that there are many international policies on disabilities such as the Convention on the Rights of Persons with disabilities”. SWK 9: “The SASSA Act and the Employment Equity Act as disability legislation in South Africa. There is also no Disability Act”.(SWK 10)

Theme	Key Insights	Supporting Quotes
Usefulness of the Guideline	The guideline will standardise service provision	“Yes, the guideline will promote uniformity for all the community gardens for persons with disabilities” (SWK 1) “The admission part has a medical application part which will make it easier to know the client type of disability and medical conditions” (SWK 2) “Roles and responsibilities of another department is key. The Department of Health for instance will provide medical services to

persons with disabilities in the community gardens” (SWK 3)

“The admittance criteria are of significance since it provides screening of clients (SWK 4)

“The guideline is an all-rounder as it gives a platform for social work services to be delivered correctly and appropriately to persons with disabilities” (SWK 5)

“It would be easy to use as it has all the important aspects such as roles of other departments. The standardized application form is standardized and useful” (SWK 6)

“Different departments coming to play a role with the department of health being responsible for assistive devices to persons with disabilities” (SWK 7)

SWK 8: “The guideline is having all round information which makes it easier to provide services to persons with disabilities when they are in the community gardens”

“The guideline also looks at the physical functionality of the person in regards to conducting work in the gardens” (SWK 9)

“Mobility and functional use of limbs on the guideline is key when planning for the gardening activities of the persons with disabilities” (SWK 10)

The social and psychological function is very useful to plan for social work services when the clients are admitted” (SWK 11)

“The guideline looks at the strengths of the persons with disabilities and builds on that as said by the capabilities approach.” (SWK 12)

“The medical section is all round as it will give all the information including social work needs. This will assist in planning for services.” (SWK 13)

“The social work section component is useful for planning services for the clients once admitted to the community gardens” (SWK 14)

“The guideline is an all-rounder as it has all the major aspects from disability, economic, medical and social aspects of the persons with a disability” (SWK 15)

“The family network is also explored to see its functionality

which is crucial when utilising the ecosystems approach” (SWK 16)

“The guideline has a medical section which spells out if the therapy needs of the clients. This will assist in continuity of the therapeutic services to the persons with disabilities” (SWK 17)

“The social work report part is key since it will identify those in need of immediate social work services” (SWK 18)

“Section 5 of the application form provides for information such as interests which can be focused when they are admitted” (SWK 19)

“The admittance form since it clearly sets out who to admit in the community gardens.” (SWK 20)

Theme	Key Insights	Supporting Quotes
Areas of Improvement	of Simplifying definitions, shortening sections, and translating into local languages	“Definition of terms should be made simpler” (SWK 1) “It is too long. Some sections can be merged together” (SWK 2) “The social work section on the admission form is too long. Some sections are repetitive” (SWK 3) “It should be made in the local language for example Tsonga, Tshivenda and Sotho for easier understanding by parents or guardians” (SWK 4) “The roles and responsibilities of other different departments are clear however there are no designated people to carry the tasks” (SWK 5) “Some section of the guideline can be put together as the guideline is long. It has useful information but can end up intimidating professionals” (SWK 6) “The guideline has a lot of information but needs to be converted to local languages” (SWK 7) “There are some sections which are repetitive and can be put together” (SWK 8)

“Different roles are laid for different professionals but getting them to commit could be problematic” (SWK 9)

“The guideline covers all areas except that it is long” (SWK 10)

“Legislation which guides the guideline can be briefly described” (SWK 11)

“Professional engagement of other agencies is not laid out although their responsibilities are clear” (SWK 12)

“Medical section of the guideline is long. Some sections can be put together” (SWK 13)

“Application form very informative but need to be in local language for better understanding” (SWK 14)

“Legislative framework clearly spelt out, but a brief description can be useful” (SWK 15)

“Key professionals are identified but there involvement is not clearly defined” (SWK 16)

“It should be local language friendly for each district. In Capricorn, Waterberg, Mopani and Sekhukhune it is Sotho but in

Vhembe it is mainly TshiVenda”
(SWK 17)

“Definition of concepts such as
disabilities should be simpler”
(SWK 18)

“Legislative framework is clear
but a small description on their
applicability is better” (SWK 19)

“Local languages additions as
some parents might not
understand English as it is the
most case” (SWK 20)

Table 9.18 – Themes

9.21 SUMMARY

Chapter 9 gave the empirical findings of the second phase of the study, which was quantitative. Tables and graphs were utilised to describe the findings from 20 social workers who participated in the study from all five districts of Limpopo Province. Two sets of questionnaires were utilised for the same group of participants before and after the one-day training on the guidelines for community gardens for persons with disabilities. The data was presented in tables, pie charts as well as graphs. The findings have shown that the training on the guideline was a success since knowledge was gained as seen in the post-test scores.

CHAPTER 10: KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

10.1 INTRODUCTION

The aim of the study was to develop social work guidelines for community gardens for persons with disabilities to be utilised by social workers in the Limpopo province of South Africa. The study utilised a mixed research method. The first phase was the qualitative phase where its results are presented in Chapter 7. The second phase, which was the quantitative phase, was presented in Chapter 9. The guideline was presented in Chapter 8. The empirical findings of the qualitative phase were presented in themes, sub-themes and categories extracted from interviews. Literature was used to substantiate the findings. The quantitative phase findings were presented through tables, whisker plots and graphs. This chapter aims to give a summary of the study by evaluating the objectives which were set at the beginning of the study.

10.2 AIM AND OBJECTIVES OF THE STUDY

10.2.1 Aim

The aim of the present study was to:

- a. develop;
- b. implement; and
- c. evaluate social work guidelines for community gardens for persons with disabilities.

The aim of the study was achieved, as a guideline to be utilised by social workers when working with community gardens for persons with disabilities, was developed. A pre-and post-test questionnaire was completed by the social workers as a way of evaluating the usefulness of the guideline.

10.2.2 Realisation of the first phase (qualitative) of the study

The objectives of the first phase were as follows:

Objective 1: To explore persons with disabilities' inclusion in community gardens within the international and local context

In Chapter 2, a thorough discussion of global, regional and national perspectives on disabilities was performed. The literature focused on general disability issues and, in

particular, a focus on persons with disabilities in community gardens within international and regional contexts. The objective was met.

Objective 2: To ascertain the economic and social benefits of community gardens for persons with disabilities

During the first phase of the study, the empirical findings in Chapter 7 documented the social and economic benefits of community gardens for persons with disabilities. The social and economic benefits seen in the study were:

- Economic development
- Social/Emotional development
- Health well-being
- Food and nutritional security
- Employment creation
- Livelihoods

The above results, as evidenced in Chapter 7, saw this objective being realised.

Objective 3: To investigate and analyse the contributions made by community gardens in addressing poverty and uplifting the livelihoods of persons with disabilities

The empirical findings of the study in Chapter 6 gave results from persons with disabilities participants, who highlighted that community gardens addressed poverty and uplifted their livelihoods. Subthemes, which were found, included:

- Poverty alleviation
- Uplifting the status of persons with disabilities
- Education
- Class struggle

The objective was met, since the above subthemes examined the role played by community gardens in addressing poverty and uplifting their livelihoods.

Objective 4: To examine the role played by social workers in community gardens for persons with disabilities with respect to social development

The findings of the study have demonstrated the role that is played by social workers. In Chapter 3, the role of social workers in different contexts was discussed. In respect of the role that they play in community gardens, the findings in Chapter 7 have found the following:

- Social development services (casework and group work)
- Disability mainstreaming
- Monitoring and evaluation
- Financial subsidy

The above services are provided by social workers to persons with disabilities in community gardens, and therefore, the objective was achieved.

Objective 5: To propose a social work framework of guidelines for community gardens for persons with disabilities.

Chapter 7 of the study has presented a guideline for social workers to use when working with persons with disabilities in community gardens. The guideline was evaluated by the social workers in the second phase of the study, as a pre-and post-test questionnaire was administered. The guideline was formulated from the findings of the qualitative phase. The guideline engenders the role and tasks to be played by the social workers, which include the admission and exit of persons with disabilities in the community gardens. A standardised application form was also developed, which would be utilised by the social workers. The objective was met.

10.2.3 Realisation of the second phase (quantitative) of the study

Objective 6: To design the guideline for social workers to be utilised in community gardens for persons with disabilities

The objective is intertwined with the aim of the study. The guideline for social workers has been developed, as seen in Chapter 7. A legislative framework and policy framework first inform the guideline. Legislation quoted includes the Constitution of the Republic of South Africa and the Non-Profit Organisations Act. Policies adopted by the guideline include the White Paper for Persons with Disabilities (2015) and the UN Convention on the Rights of Persons with Disabilities (2007). Different services to be offered in the community gardens by social workers are:

- Psycho-social services
- Skills development
- Entrepreneurial development

The objective was met since the guideline was designed once it was informed by the first phase. The social work participants evaluated it in the second phase of the study by completing a pre-and post-test questionnaire.

Objective 7: To conduct a pre-test measurement with the social workers regarding their knowledge of persons with disabilities

A pre-test questionnaire was utilised for this objective. The questionnaire was completed by social work participants on their knowledge of persons with disabilities in community gardens. Information, which was sought by the questionnaire included, amongst others:

- Disability terminology
- Causes of disabilities
- Classification of disabilities
- Definition of disabilities
- Types of disabilities

The objective was achieved since the social work participants were measured using a pre-test questionnaire.

Objective 8: To implement the guideline in community gardens for persons with disabilities

The guideline for community gardens for persons with disabilities was implemented in the Capricorn district of Limpopo province. Social workers from all the districts were present for the pre- and post-test completion of the questionnaires. Twenty social workers participated in the training. The details of the training are captured in Chapter 9.

Objective 9: To conduct a post-test measurement with the social workers on their knowledge of persons with disabilities and the guideline

The social workers who completed the pre-test questionnaire also completed the post-test questionnaire after the training. There were 11 questions which were answered. The objective was met.

10.3 RESEARCH QUESTIONS

The research question which informed the study was formulated as follows:

- Will the social workers trained in the guidelines be able to render social work services to persons with disabilities in the community gardens?

The research question was answered, as seen in the second phase of the study. The guideline, which is in Chapter 8 of the study, is implementable, as envisaged by social workers who participated in the training. They saw that the guideline is user-friendly to social workers when they are delivering services to persons with disabilities in community gardens. It spells out their roles and responsibilities very clearly. The standardised application form makes it easier to admit persons with disabilities to the community gardens. The training also looked at disabilities as a specialised field. This led to the social workers gaining a better understanding of persons with disabilities. Topics covered, such as different types of disabilities, allowed the participants to have a better understanding of the clients to whom they will be delivering social work services. The training was important since disabilities are a specialised field that needs social work practitioners to have knowledge and skills when working with persons with disabilities.

The following sub-questions informed the study:

- What are the contributions made by community gardens for persons with disabilities in addressing poverty and uplifting their livelihoods?

In Chapter 7 of the study,

- **What role do community gardens for persons with disabilities play in addressing poverty and uplifting livelihoods?**

Theme 3 in Chapter 7 on empirical findings, in the section on persons with disabilities, discussed the roles played by community gardens in addressing poverty and uplifting livelihoods. Table 10.1 highlights that the research sub-question has been answered.

Table 10.1: Role of community gardens in addressing poverty

Theme 3: Community gardens as a place of struggle for persons with disabilities	Sub-theme 1: Uplifting the status of persons with disabilities.	Category 3: Uplifting the status of persons with disabilities
	Sub-theme 2: Poverty alleviation	
	Sub-theme 3: Education	

- **What are the economic and social benefits of community gardens for persons with disabilities?**

The economic and social benefits have been presented in Chapter 7 of the empirical findings. The benefits are summarised in Table 10.2.

Table 10.2: Economic and social benefits

Theme 2: Benefits of community gardens for persons with disabilities	Sub-theme 2.1: Economic development	Category 2: Socio-economic impact of community gardens for persons with disabilities
	Sub-theme 2.2: Social/Emotional development	
	Sub-theme 2.3: Social Capital	
	Sub-theme 2.4: Health well-being	
	Sub-theme 2.5: Food and nutritional security	
	Sub-theme 2.6: Employment creation	
	Sub-theme 2.7: Livelihoods	

- **What are social workers' roles in community gardens for persons with disabilities with respect to social development?**

The social work roles played by social workers in community gardens have been summarised in Table 10.3, as found in Chapter 7 on the empirical findings of the first phase of the study. The sub-research question was answered.

Table 10.3: Roles played by social workers

Theme 1: Social work roles in community gardens for persons with disabilities	Sub-theme 1.1: Monitoring and evaluation Sub-theme 1.2: Financial subsidy Sub-theme 1.3: Social development Sub-theme 1.4: Disability mainstreaming	Category 1: Social development roles and services

- **What are the current guidelines used by social workers in community gardens for persons with disabilities?**

In Chapter 7 of the study, guidelines for social work practice in different countries, such as the United Kingdom, Sudan and Rwanda, were given. For instance, in the UK, social work practice to persons with disabilities is done through councils, who have disability teams comprising social workers. The social workers render services in a community setting. On the other hand, in Sudan, the guidelines are based on non-governmental social workers' distribution of food, as the country is always faced by famine.

10.4 HYPOTHESIS OF THE STUDY

10.4.1 Hypothesis

If social workers take part in the guideline training for community gardens for persons with disabilities developed by this study, they will have disability specific skills when working with persons with disabilities and the community gardens, in improving the services they render in rural areas of South Africa. Specific skills needed when working with persons with disabilities include empathy, respect, warmth, and being non-judgemental. The training in the guidelines will also have a long impact on social work practice, which will lead to improvements in the social well-being of persons with disabilities.

10.4.2 Sub-hypothesis

A guideline for social workers will increase their knowledge as they will gather disability-specific skills for rendering social work services to persons with disabilities in community gardens in the rural Limpopo province of South Africa. Persons with

disabilities need to be treated with dignity and respect; hence, an increase in skill knowledge is key.

The hypothesis and sub-hypothesis of the study were tested when the guideline was developed, as presented in Chapter 8. The guidelines for social workers that are to be utilised in community gardens were presented to social work participants in the second phase of the study. The one-group pre-test and post-test design was very effective when the hypothesis and sub-hypothesis were tested. The pre-test questionnaire was administered before the training, as a way to measure their understanding of disability services. The post-test questionnaire was administered after the training to test if there was an impact on knowledge that was gained.

10.5 THEORETICAL FRAMEWORKS OF THE STUDY

The study is based on the capabilities approach and the Asset-Based Community Development Approach (ABCD). The capabilities approach focuses on human welfare and concentrates on the actual capability of persons to achieve their well-being. In the study, persons with disabilities are mainly marginalised with social development services in the community gardens. In response, the persons with disabilities participants saw that social development services are not usually disability-focused; hence, it is not effective. A guideline was therefore developed, which focused on their capabilities as persons with disabilities. Persons with disabilities have inherent capabilities, such as gardening skills that they use for their economic development to uplift their livelihoods and tackle poverty in their households. The study saw that they do have inherent skills, which they use based on their abilities to conduct gardening activities.

The Asset-Based Community Development Approach (ABCD) was utilised in the study. The ABCD approach focuses on communities mobilising assets, which they do in an attempt to build a livelihood for themselves. The ABCD approach sees social development as a participatory effort to mobilise community assets that increase the capacity of people to improve their quality of life. Assets can be defined as the gifts, skills and capacities of individuals, associations and institutions within a community. In the study, assets included the skills and capabilities of persons with disabilities and their abilities to conduct gardening activities, which would result in their social development. An important institution in their domain is the community gardens in

which they partake in social and economic activities. The guideline, which was developed, would be utilised by professionals (social workers) to deliver holistic social services to persons with disabilities.

10.6 KEY FINDINGS AND CONCLUSIONS

In this section, key findings and conclusions are discussed. They are drawn from the literature, methodology, as well as empirical findings of both the qualitative and quantitative phases.

10.6.1 Key findings and conclusions of the literature review

The literature review comprised of Chapters 2, 3, 4 and 5. These chapters gave a literature review of disabilities, legislative and policy framework and social development in South Africa. The roles and responsibilities of social workers in community development were detailed. The key findings are given below.

10.6.1.1 *Disability*

- The chapter focused on a discussion of global, regional and national perspectives on disabilities. The following key findings are outlined below.
- Sixteen per cent of the global population live with a disability, which translates to 1.3 billion people.
- Seven per cent of the South African population has a disability.
- There are different models of disabilities, which include the medical and the social models. The social model is mainly used in South Africa to define persons with disabilities.
- There is a symbiotic relationship between disability and poverty. Third-world countries in sub-Saharan Africa are affected by this relationship.
- In South Africa, disability is defined in terms of the Social Assistance Act as well as the Convention on the Rights of Persons with Disabilities (CRPD).
- There is different legislation which is used in South Africa to cater for the rights of persons with disabilities. This includes the Constitution of the Republic of South Africa, the Social Assistance Act, the Employment Equity Act and a host of policies, such as the White Paper on the Rights of Persons with Disabilities.
- Different types of disabilities found in South Africa include communication disabilities, intellectual disabilities, sensory disability as well as physical disabilities.

- Challenges faced by persons with disabilities in South Africa include discrimination, poverty, socio-economic, education, health and physical challenges.

10.6.1.2 *Conclusions*

Conclusions that can be made, based on the information, include:

- Sub-Saharan Africa had a large population of persons with disabilities.
- In South Africa, the social model is used to describe disabilities.
- There is a host of disability legislation and policies used to protect and promote the rights of persons with disabilities.
- Discrimination is the main challenge which is faced by persons with disabilities. It results in persons with disabilities not being able to have access to social development services.

10.6.1.3 *Social development*

The chapter focused on global, regional and national perspectives of social work.

- The definition of social development is a linkage between social and economic activities for the betterment of persons with disabilities within a community.
- The residual approach of social development is of the view that social welfare institutions will come into play only when the normal structures of supply, such as the family and the market break down. It sees the government's intervention in people's well-being as a last resort.
- There is the institutional approach to social development, which focuses on seeing everyone as deserving to be supported by the community or the government. Therefore, persons with disabilities deserve support from government departments. The institutional approach informed the study.
- Developmental social work aims to provide the empowerment of individuals, families, groups and communities to participate actively in the developmental process. Marginalised communities and groups, such as persons with disabilities tend to benefit from developmental social work.
- Legislative and policy framework for social work in South Africa rests on the Constitution of the Republic of South Africa, the Reconstruction and Development Plan, the White Paper of Social Welfare and the Copenhagen Declaration on Social Development.

- Themes of social development include rights-based, active participation, collaboration as well as economic and social cohesion.
- There are different skills that are utilised by developmental social workers when working with persons with disabilities. These include critical thinking, empathy, communication and patience.

10.6.1.4 *Conclusions*

The following conclusions are made:

- The institutional approach to social development was used in the study as the government, through the Department of Social Development, has a role to play in supporting persons with disabilities.
- Developmental social work is mostly used in South Africa when working with persons with disabilities in community gardens.
- There are different legislation and policy frameworks that guide social work in South Africa.
- Developmental social workers use different skills when providing social work services to persons with disabilities.

10.7 KEY FINDINGS AND THE CONCLUSIONS OF THE EMPIRICAL STUDY

The study employed a mixed-method research approach. Both qualitative and quantitative methods were utilised. A summary of both the qualitative and quantitative phases will be discussed below.

10.7.1 Empirical findings of the qualitative phase

The research participants in the qualitative phase include persons with disabilities, community garden managers, social workers and agricultural extension officers. Key findings will be given based on these groups of participants.

10.7.1.1 *Key findings of persons with disabilities (Section A, Chapter 7)*

Key findings of persons with disabilities are presented in Table 10.4.

Table 10.4: Key findings: Persons with disabilities

Themes	Key findings: persons with disabilities	Conclusions
Biographical details	Most of the participants were males aged between 19-45 years. Only four participant reached grade 11. Twenty-five use assistive devices	All of the persons with disabilities did not reach matric level and do not have any gardening skill.
Social work services	Most of the persons with disabilities participants ascribed that social workers do provide services to them at their community gardens. Although it is not done regularly, they are visited by social workers who offer services.	Social workers do provide services to the persons with disabilities but feel more could be done.
Disability mainstreaming	The majority of the participants highlighted that disability mainstreaming is critical in their lives both at the community gardens as well as in the community. Community members and their non-disabled peers do not understand them as unique people who also have a right to life.	Disability mainstreaming is a key service which important as it makes people aware of the needs of persons with disabilities.
Benefits	Persons with disabilities had positive responses in terms of the role of the community gardens play in their lives. These include income generation, health benefits, employment contribution and poverty alleviation.	There are socio-economic benefits which persons with disabilities get from the community gardens.
Challenges	The participants also noted challenges which they encounter in the community gardens for persons with disabilities. These include accessibility, reward, water, equipment, participation and markets.	Apart for the benefits, there were challenges which persons with disabilities face in the community gardens.

The findings highlight that persons with disabilities receive services at the community gardens, which impact positively on their livelihoods. Income is generated, which improves their financial well-being. Social services are provided but they believe that more could be done. There are also some challenges that they face, such as distribution of financial rewards, which they do feel is not done transparently.

The study's findings have also shown that community gardens for persons with disabilities play a pivotal role in ensuring household food security and nutrition availability. Most persons with disabilities are vulnerable to diseases; hence the availability of different nutritious vegetables improves their health. The community gardens for persons with disabilities provide secondary staples, which improve household food security and nutrients. They provide a balanced staple diet since they provide vegetables, tubers and fruits, which offer significant portions of proteins, vitamins and minerals.

The role of other professionals, such as occupational therapists, is also important. They will assess each person with a disability and give recommendations on the need of specialised tools, which they can utilise to conduct their work more effectively. These tools can include specialised hand forks, which persons with disabilities can use in order to conduct their work more effectively. Some tools can make work difficult for persons with disabilities and can cause secondary disabilities. There are those with physical disabilities who cannot bend for long periods of time; hence, long hoes or hand forks would be ideal, based on occupational therapists' recommendations.

Participation has been found to be limited at the community gardens for persons with disabilities. Discussions on plans and implementation with persons with disabilities to facilitate the bottom-up approach to development are seen as a cause of concern. That is to say, consultation on gardening activities as well as remuneration are not properly done. The researcher observed that issues, such as accessibility and low seedbeds could have been addressed if participation and consultation were done properly. The response from the participants acknowledges that participation is very critical in the community gardens, since the persons with disabilities' opinions need to be weighed, as decisions taken will have implications on their livelihoods.

Access to markets is also a major problem that is encountered by the community gardens for persons with disabilities. It is affected by many factors, such as quality,

production and transport. In terms of quality, the researcher noted that the products are not of high value and, therefore, do not attract markets; hence, they end up being consumed by the garden members. For instance, agricultural practices such as the application of fertilisers are not always done, as there are no funds to purchase the materials. Another factor which the study discovered is the lack of different crops in production. Only a few vegetables are grown, which limits their market capabilities. Due also to transport challenges, they are not able to sell their produce to other parts of the Limpopo province.

The study's findings show that there is no consistent policy on financial rewards emanating from the sales of produce. It is done haphazardly, bringing a bone of contention from the persons with disabilities. There is no formal laid down structure on how the profits are shared within the community gardens. The reward is also in the form of produce, which includes a variety of vegetables.

The findings also show that matters of finance are only discussed at the management and board level, which they are not part of. This unclear policy on payment was noted by the researcher as a bone of contention since most persons with disabilities feel that they are not getting their full dues.

10.7.1.2 Key findings of social workers (Section B, Chapter 7)

The section focuses on the findings of social workers who participated in the study. The findings are summarised in Table 10.5.

Table 10.5: Key findings: Social workers

Themes	Key findings: Social workers.	Conclusions
Biographical details	Eight social workers had a bachelor's degree in social work, while two had a master's degree. Seven were females, while three were males. Their experiences in working with persons with disabilities ranged from three to five years.	All social workers possess a degree in social work and have the necessary experience to work with persons with disabilities.
Monitoring and evaluation	Social workers do provide administrative monitoring and evaluation services. It covers financial monitoring of financial subsidies given to the community gardens.	Social workers play an important role, in monitoring and evaluating the community gardens for persons with disabilities.
Financial subsidy	The social workers finance the community gardens with a financial subsidy provided on a three-year funding cycle.	Department of Social Development does provide a financial subsidy to be utilised for running costs.
Social development	Social workers do provide social work services in the form of casework, groupwork and disability mainstreaming.	There are different services which are provided by social workers to persons with disabilities.

Table 10.5 summarises the role that social workers play within community gardens for persons with disabilities. They provide social work services, such as casework, to persons with disabilities. Social workers also manage and administer financial subsidies given to persons with disabilities. All the social workers had the minimum qualifications to practise, as they had a social work qualification.

10.7.1.3 *Key findings of community garden managers (Section C, Chapter 7)*

The section focuses on the findings of community garden managers, who participated in the study. The findings are summarised in Table 10.6.

Table 10.6: Key findings: Community garden managers

Themes	Key findings: Community garden managers	Conclusions
Biographical details	All five community garden managers were female and between the ages of 39 and 51 years. Three managers reached matric and all did not possess any managerial skills or qualifications.	All the participants were female.
Benefits of community gardens for persons with disabilities	Community gardens promote the local economy through the backward and forward factors. There are also environmental benefits for the community gardens. The community gardens act as sites for social development for persons with disabilities.	There are social and economic benefits of community gardens for persons with disabilities.
Class struggle	The community gardens for persons with disabilities are sites for disability rights activism. This is done through disability mainstreaming.	Disability rights activism is done at the community gardens.
Institutional support	There is different support offered by different institutions. These include different governmental departments such as social development, agriculture and non-governmental organisations.	Different governmental departments do support the community gardens for persons with disabilities.
Challenges	There are different challenges faced by the managers at community gardens, which include funding, electricity installation, political interventions and the COVID-19 pandemic.	The managers do experience social, financial, political and health challenges in the community gardens for persons with disabilities.

Community garden managers face many challenges when delivering services to persons with disabilities. These include funding for financing gardening services. Different government departments also support persons with disabilities. For instance,

the Department of Social Development provides financial and social services support. The Department of Agriculture provides technical support for crop production.

10.7.1.4 *Key findings of agricultural extension officers (Section D, Chapter 7)*

The section focuses on the findings of agricultural extension officers who participated in the study. The findings are summarised in Table 10.7.

Table 10.7: Key findings: agricultural extension officers

Themes	Key findings: agricultural extension officers	Conclusions
Biographical details	There were four males and one female. Three had bachelor's degrees, and two had diplomas.	Males dominated the participants.
Technical support	The agricultural extension officers provide technical support to community gardens for persons with disabilities. They do provide community outreach services to the community gardens in the form of extension services. These include informal education on agricultural activities such as planting, weeding as well as mechanisation. This all aims to make the community gardens more productive and, in turn, have an economic impact on persons with disabilities.	Outreach services are provided by extension officers. They do provide technical support to the community gardens for persons with disabilities.

The agricultural extension officers provide a crucial technical role in supporting the community gardens for persons with disabilities. They provide technical support through training and expert advice on crop production. Technical support is critical in increasing production, which has a positive impact on the social and economic development of persons with disabilities.

10.7.2 Key findings of the quantitative phase

The findings of the quantitative phase are discussed below.

10.7.2.1 *Expectations of the guideline training*

The participants in the quantitative phase, who were social workers, highlighted disability training, legislative and policy framework, classification of disabilities and terminology as their needs.

10.7.2.2 *Key findings and conclusions*

Key findings of the quantitative phase are given in Table 10.8.

Table 10.8: Key findings: Quantitative phase

Sections	Key findings	Conclusions
Biographical details	The majority of participants were females. There were sixteen females and four males in the quantitative study. The minimum age of participants was 26 and the maximum was 42. Fifty per cent of the social worker participants were married. Forty per cent of the participants were single while 10% were divorced. All the participants were Africans. Sixteen participants had a bachelor's degree while four had a master's degree. The social workers graduated from different universities with UNISA having the most. Fifteen social workers were from the Department of Social Development while five were from a non-governmental organisation	The social work profession in South Africa is dominated by females as seen in the research. There were social workers from the Department of Social Development and a non-governmental organisation. UNISA has the most graduates of the social workers.
Disability knowledge in general	Forty per cent had average knowledge of disabilities, 35 had poor knowledge, and 25% had no knowledge at all before the training. After the training, 65% had excellent knowledge while 35% had average knowledge. This shows that	The participants acquired excellent or average knowledge after the training.

Sections	Key findings	Conclusions
	the training had a positive impact	
Postgraduate training	The number of participants who have attended short courses on disabilities after university was two (10%), whereas those who did not were the majority, being 18 (90%). The participants were not exposed to such training, or disability is still at the periphery of the social work profession.	Most of the participants did not get trained in disabilities and working with persons with disabilities.
Types of disabilities	Prior to the training, 60% of the participants had poor knowledge of the types of disabilities. Forty per cent had average knowledge. After the training, 70% of the social workers had excellent knowledge of types of disabilities whereas 30% had average knowledge. The training was effective in providing knowledge to the social workers in regard to types of disabilities.	The majority of the participants had poor knowledge of types of disabilities. However, after the training, the majority of participants had excellent knowledge.
Definition of disability	Sixty-five per cent of the participants had poor knowledge of the definition of disabilities prior to the training. Thirty per cent had average knowledge while five per cent had excellent knowledge. After the training, 25% of the participants had excellent knowledge, while 75% had average knowledge. The training was positive as knowledge was gained.	The majority of participants had poor knowledge of the definition of disability. After the training, knowledge was gained whereas the majority of the participants had average knowledge of the definition of disability.
Legislative framework	In the pre-test, 90% of the participants did not know disability legislation and policies. Ten per cent had average knowledge. After the training, 85% of the participants had average knowledge, while 15% had gained excellent knowledge.	Most of the participants did not have any knowledge of disability legislative and policy frameworks. Most participants had gained an average understanding of the legislative and policy framework.

Sections	Key findings	Conclusions
	The training proved to be effective.	
Classification of disabilities	Before the training, 75% of the participants did not know disability classification. Twenty per cent were poor, while five per cent were average. It shows that the levels of knowledge on disability classification were unsatisfactory. After the training, knowledge was better since 95% were average and 5% were poor. A follow-up training on disability classification is thus essential.	The majority of participants did not know the classification of disabilities at all. After the training, the majority of the participants had average knowledge. The participants would need separate training on the classification of disabilities.
Terminology	Sixty per cent of the participants had poor knowledge of disability terminology. Twenty per cent had both average and excellent knowledge prior to the training. After the training, 85% of the participants were excellent on disability terminology. Fifteen per cent had gained average knowledge.	The majority of the participants had limited knowledge of the terminology used for persons with disabilities. The majority of the participants after the training were excellent. The training was therefore positive.

The results in Table 10.8 have shown that the training conducted on the guidelines for social workers to be utilised in community gardens for persons with disabilities has had a positive impact. The social workers gained knowledge and a better understanding of areas, such as the classification of disabilities, legislative framework, terminology, types of disabilities and definitions. The social workers would be able to implement the guidelines effectively, since they do have the needed knowledge.

10.8 RECOMMENDATIONS

The recommendations of the study are discussed based on key findings and conclusions. Each phase will be discussed separately.

10.8.1 Recommendations of the qualitative approach

Recommendations with regard to persons with disabilities in the community gardens.

- Social work services in community gardens for persons with disabilities are essential and should be provided in the context of disabilities.
- Community gardens are sites for social development for persons with disabilities.
- Disability mainstreaming services play a key component provided by the community gardens for persons with disabilities. The service should be provided by social workers from the Department of Social Development and NGOs.
- Benefits for persons with disabilities have a positive impact in terms of the role that the community gardens play in their lives. These include income generation, health benefits, employment contribution and poverty alleviation.
- A business model must be undertaken, which will make the community gardens profitable. This will assist in sustainability, which will have a positive impact on the lives of persons with disabilities.
- Disability access audits in the community gardens will be important, as they give guidance on environmental adjustments to the community gardens.
- Equipment that is used by persons with disabilities in the form of assistive devices, such as wheelchairs, to participate fully in gardening activities.
- Disability-friendly gardening equipment, such as specialised tools, which include hand forks, is key.
- Disability assessments by professionals such as physio or occupational therapists to inform activities to be done by persons with disabilities.

Recommendations with regard to social workers, community garden managers and agricultural extension officers.

- Disability practice should be classified as a speciality in social work.

- Social work services should fuse the capabilities approach and the Asset-Based Community Development theory.
- The guideline for community gardens for persons with disabilities should be adopted in social work.
- Social workers and community garden managers should be trained on the guidelines.
- Institutional support from the state and private sector is key for the community gardens for persons with disabilities.
- Community gardens do play a key role in local economic development.
- The community garden managers have to find other sources of revenue to fund their agricultural activities.
- Other funding options can be the National Lottery Commission and the National Development Agency.
- Activism and disability rights movements are key features of the community gardens, and the managers should support these activities.
- Water is key in the community gardens' agricultural activities. Institutional support can be sought to address these water challenges.
- Extension services from the Department of Agriculture are essential to support persons with disabilities in community gardens with skills development.

10.8.2 Recommendations of the quantitative approach

- The guidelines for community gardens should be adopted for social workers to practice when working with persons with disabilities. It should also form part of the curriculum for social work undergraduate studies.
- A short course for the guideline should be developed to capacitate social workers in practice.
- The guideline training should be done for at least three days to improve the learning outcomes for social workers.
- Other relevant professionals (multi-disciplinary teams) working in community gardens for persons with disabilities, such as health professionals, should be included in the training.
- The guideline training should also include the community garden managers so that they develop a better understanding of the process for easy implementation.

10.8.3 Recommendations for future research

- The guidelines for community gardens for persons with disabilities need to be refined and tested in other rural provinces of South Africa.
- The guideline should be implemented in urban areas of South Africa.
- Research should also focus on other professionals (multidisciplinary teams) working with persons with disabilities.
- A study should be conducted on persons with disabilities and community garden managers to ascertain their levels of understanding of the guideline.
- A post-doctoral study needs to be done on the psycho-social and economic needs of persons with disabilities.
- Studies in social work are encouraged using the guidelines as well as the ABCD and the capabilities of theoretical approaches

10.8.4 Recommendations for policy

- The White Paper for Persons with Disabilities of 2015 should be revised and incorporate the guidelines for community gardens of persons with disabilities.
- Formulating a policy framework for social services provisions in community gardens for persons with disabilities.
- Implementation of the guideline in all community gardens for persons with disabilities.
- The guideline to be crafted as a policy position by the Department of Social Development for social service provision to persons with disabilities.
- Inclusion of the guideline of community gardens for persons with disabilities in social work education curriculum.
- Recognition of disabilities as a specialist area of practice by the South African Council for Social Service Professions (SACSSP).
- Creation of a specialised disability directorate within the Department of Social Development within local, district and provincial offices to implement the guideline.

Above all, monitoring and evaluation are critical in implementing the recommendations as a way of tracking success. Creating a disability directorate is a long-term recommendation as it will need reconfiguration within the Department of Social Development. Financial resources will also need to be budgeted for.

10.9 LIMITATIONS AND STRENGTHS OF THE STUDY

10.9.1 Limitations

The following were found to be limitations of the study:

- The data collection phase for the first phase was time-consuming and went beyond the projected and set timescales. Interviews took place for five community projects. They were far apart in the Limpopo Province of South Africa. Travelling to the community gardens for persons with disabilities took longer than initially anticipated.
- There were financial costs were exorbitant for the study's second phase. The venue was free, but a lot of printing of the questionnaires had to be done. Lunch and refreshments also had to be paid for by the researcher.

10.9.2 Strengths

The following strengths were noted for the study:

- The use of a mixed-method approach, that is, the qualitative and quantitative methods, was effective in maintaining the study's validity. The qualitative data from the study's first phase was used to assess the validity of the quantitative findings.
- An intervention programme that is part of the guideline proved a strength for the study since the social workers would implement it. The admission form is significant and was seen as necessary for the community gardens for persons with disabilities. It also acts as a guide to be utilised by the community gardens when admitting persons with disabilities. The social workers were grateful for the training since it gave them basic knowledge of disabilities and working with persons with disabilities. They requested more training in the future from accredited service providers.
- The two theoretical frameworks which informed the study were important. The Asset-Based Community Development (ABCD) approach and the capabilities approach were utilised in the study.
- The research utilised an independent statistician in the second phase of the study. It ensured the trustworthiness of the study.

10.10 CONCLUDING REMARKS

In conclusion, the study has documented the nature of social work services found in community gardens for persons with disabilities. The role played by social workers has been defined. Challenges faced by the management of the community gardens and the persons with disabilities have been given. Lastly, a guideline has been developed, which will be used by the social workers and management of the community gardens to offer social work services to persons with disabilities.

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APPENDICES

Appendix A: Ethical clearance letter from University of Pretoria



Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



18 July 2022

Dear Mr MB Tigere

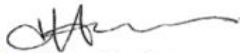
Project Title: Developing social work guidelines for community gardens for people with disabilities in Limpopo Province A social development approach
Researcher: Mr MB Tigere
Supervisor(s): Dr N Bila
Department: Social Work and Criminology
Reference number: 21660035 (HUM031/0522)
Degree: Doctoral

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 30 June 2022. Please note that before research can commence all other approvals must have been received.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,



Prof Karen Harris
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

Research Ethics Committee Members: Prof KL Harris (Chair); Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Dr P Gutura; Ms KT Govinder Andrew; Dr E Johnson; Dr D Krige; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr J Okeke; Dr C Puttgerill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Ms D Mokalapa

Room 7-27, Humanities Building, University of Pretoria, Private Bag X20, Hatfield 0028, South Africa
Tel +27 (0)12 420 4853 | Fax +27 (0)12 420 4501 | Email pghumanities@up.ac.za | www.up.ac.za/faculty-of-humanities

Appendix B: Permission from Department of Social Development



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
SOCIAL DEVELOPMENT

REF : Brian Tigere Student Number 21660035 PhD is Social Work studies at University of Pretoria

TO : University of Pretoria – Department of Social Work, District disabilities and older persons coordinators

CC : Dr Bila

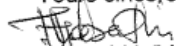
FROM: Director: Older Persons and Disabilities

**PERMISSION TO CONDUCT STUDIES AT DISABILITY COMMUNITY GARDENS
IN LIMPOPO PROVINCE**

1. The above-mentioned student, Brian Tigere, is given permission to conduct studies at disability community gardens protective workshops in the Limpopo Province for the purposes of his PhD in social work studies.
2. The department has also one stop centres which have social workers who will be able to render counselling services should a need arise from the study itself in case of emotional reactions, free of charge.

For more information, please contact Thabathi Johanna at **015 231 4338** or email at ThabathiJ@dsd.limpopo.gov.za

Yours sincerely


Thabathi LJV
19 May 2022

Appendix C: Permission from Non-Governmental Organisation

PAFURI AVENUE
PENINAPARK
P.O. BOX 601
POLOKWANE
0700

TEL: 015 291 1787/8
FAX: 015 295 4990
E-MAIL: apdnprov@mweb.co.za
WEBSITE: www.apdlimpopo.co.za



PAFURILAAN
PENINAPARK
POSBUS 601
POLOKWANE
0700

NPO 008-911
PBO 930015742
BTW Nr./VAT No: 4640 1216 30

11 May 2022

To

Whom it may concern,
cc Department of Social Work and Criminology, University of Pretoria

REF: Permission letter for Brian Tigere (21660035) to conduct studies at APD Limpopo 5 community gardens for people with disabilities

This letter serves to confirm that Mr Brian Tigere is permitted to conduct research entitled, **“Developing social work guidelines for community gardens for persons with disabilities in Limpopo Province. A social development approach”**.

The student will be allowed to utilise our staff and clients (people with disabilities) in interviews and questionnaires for the purposes of the study at five of our community gardens. The student is permitted into five of our protective workshops and gardens namely;

1. Centenary House
2. Trix Nortman Protective Workshop
3. Moletjie Garden
4. Tshwaranang Protective workshop and garden
5. Botlokwa Protective workshop and community garden

Kind Regards



Everjoy Mutema

**ASSOCIATION FOR PERSONS
WITH DISABILITIES
LIMPOPO PROVINCE
PC BOX 601, POLOKWANE, 0700
TEL 015 291 1787/8
FAX 015 295 4990**

Director Social Services - APD Limpopo



Affiliated with the NCPPDSA

Appendix D: Permissions from Community Gardens

126 Block 9
Ga-Madiba Village
Postnet Suite 232 Private bag x 2449
Mokopane
0600



Cell: 082 214 1635
Fax: 086 574 1231
Email: thobelacenter@gmail.com
Reg No.: 046-976 NPO

FOR MENTALLY HANDICAPPED

DATE: 10 May 2022

TO WHOM IT MAY CONCERN

Cc Dr Bila – University of Pretoria, Department of Social Work and Criminology

Ref: Permission for Brian Tigere to conduct studies at Thobela Protective Workshop for people with disabilities.

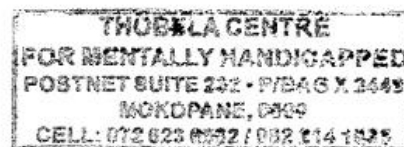
This letter serves to confirm that Mr Brian Tigere is permitted to conduct research entitled, **"Developing social work guidelines for community gardens for persons with disabilities in Limpopo Province. A social development approach"**.

The student will be allowed to utilise our staff and clients (people with disabilities) in interviews for the purposes of the study.

Regards



Theresa Kekana
Protective Workshop Manager
082 214 1635



BOTLOKWA DISABLED CENTRE

Mfomadi M.M (Administrator)
Contact: 073 2723 795



DWARS RIVER
0812

*"we can do all things through
Jesus who strengthen us"*

Reg. No. 069-362-NPO

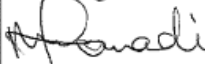
11 May 2022

REFERENCE: PERMISSION FOR BRIAN TIGERE STUDENT NUMBER 21660035 TO CONDUCT PhD STUDIES

This letter serves to confirm that Mr Brian Tigere is permitted to conduct research entitled, "Developing social work guidelines for community gardens for persons with disabilities in Limpopo Province. A social development approach".

Mr Brian Tigere will be allowed into the premises of our protective workshop garden to interview the clients and staff for the purposes of the study.

Kind Regards


Matilda Mfomadi

Project Manager

Vision: To empower disabled people with life skills that can develop their potentials to the highest level.

MOKGOHLWE PROTECTIVE WORKSHOP GARDEN CENTRE

NPO-013 675

Enquiries;
Sophy Mangwato 083 9673 704

224 Vergelegen, Zamane
P.O.Box 2201
JANE FURSE
1085

REF: Permission letter for Brian Tigere (21660035) to conduct PhD in Social Work study

This letter serves to confirm that Mr Brian Tigere is permitted to conduct research entitled, "Developing social work guidelines for community gardens for persons with disabilities in Limpopo Province. A social development approach".

The student will be allowed to utilise our staff and for the purposes of the study.

Your sincerely

Sophy Mangwato
Sophy Mangwato

Centre Manger



10 May 2022

To Whom it may concern

Cc Dr Bila – University of Pretoria, Department of Social Work and Criminology

Ref: Permission for Brian Tigere to conduct studies at Maunatlala Stimulation Centre Workshop Garden for people with disabilities

This letter serves to confirm that Mr Brian Tigere is permitted to conduct research entitled, **“Developing social work guidelines for community gardens for persons with disabilities in Limpopo Province. A social development approach”**.

The student will be allowed to utilise our staff and clients (people with disabilities) in interviews for the purposes of the study.

Regards


Suzen Molobe

Manager

Appendix E: Interview Schedule – Social Workers

Interview Schedule for social workers

1. Biographic information

Age :
Gender :
Marital status :
Number of children :
Religion :
Home language :
Highest qualification :
Job title :

Years of experience in disability sector:

Years of experience in community gardens:

2. Roles played in community gardens

- What are the different roles as social workers you play in the community gardens?
- Are the identified roles played concurrently? Explain further
- Do you also apply different kinds of social work methods at the community gardens? If so, can you explain further.

3. Legislation, policies and guidelines

- What legislation do you utilise when working with people with disabilities in the community gardens?
- What policies do you utilise in working with the community gardens?
- Are there any specific guidelines you utilise in performing your work?
- Is there a specific framework followed when working with people with disabilities?
- What form of support or activities do you provide to the community gardens?
- What are the specific disability legislation or policy framework which guide your work and services to persons with disabilities?

4. Support

- Are there any financial resources which is provided by your department? If so, is it a subsidy and what are the conditions?
- What other material resources do you assist the community gardens?

- What technical support do you provide the community gardens?
- What kind of training do you provide the community gardens?

5. Impact of community gardens for people with disabilities

- What are the contributions made by the community gardens in addressing poverty amongst persons with disabilities?
- What are the social and economic challenges you see facing persons with disabilities in the community gardens?
- What are the financial benefits for people with disabilities?
- What are the social benefits for people with disabilities?

6. Challenges

- What are the challenges you encounter in delivering services to persons with disabilities in the community gardens?
- What are the challenges in terms of legislation and policies I respect of the community gardens?
- What changes are needed to transform the delivery of social work services to persons with disabilities in community gardens?

7. Recommendations

- What are the strategies, interventions or guidelines you employ as a department towards persons with disabilities at the community gardens?
- What guidelines do you think could be employed in community gardens?
- What potential does the community garden has in changing the livelihoods of persons with disabilities in the community gardens.
- Do you see any strengths showed by persons with disabilities in the community gardens?

Thank you

Appendix F: Interview Schedule – Persons with disabilities

Interview schedule for persons with disabilities

1. Biographic information

Age :
Gender :
Disability :
Marital status :
Number of children :
Religion :
Home language :
Highest qualification :

2. Services received *Litšebeletso tse amoheloang*

- What are the services which you are receiving from the community garden?
Ke litšebeletso life tseo u li fumanang serapeng sa sechaba?
- What influenced you as a person with a disability to join this community garden?
Ke eng e u susumelitseng joaloka motho ea nang le bokooa ho kena serapeng see sa motse?
- What are the changes you have seen in your life since you started partaking in the community garden?
Ke liphetho life tseo u li boneng bophelong ba hau ho tloha ha u qala ho kopanela serapeng sa sechaba?

3. Benefits of the community garden *Melemo ea serapa sa sechaba*

- In what ways are gardening activities improving your life as a person with a disability?
Litsela tsa temo li ntlafatsa bophelo ba hau joang ka motho ea nang le bokooa?
- Explain the role played by gardening in alleviating poverty in your household.
Hlalosa karolo e phethoang ke temo ho fokotsa bofutsana ka hara malapa a hau?
- What are the economic and social benefits that you get from working in the garden?
Melemo ea melemo ea moruo le ea sechaba ka ho sebetsa serapeng ke efe?
- Do you get food for consumption from the garden for household use, and how is this alleviating food insecurity?
Na u fumana lijo tse sebelisoang serapeng bakeng sa tšebeliso ea malapa 'me see se fokotsa ho se sireletsehe ha lijo joang?
- How is the produce assisting your immediate family?
Sehlahisoa seo se thusa lelapa la hau joang?
- How are the profits shared within the garden? Is there a formula which is utilised and is it fair? Explain your views.
Melemo e arolelana joang ka serapeng? Na ho na le moralo o sebelisoang 'me ke o loketseng? Hlalosa maikutlo a hau.

4. Improving the community garden *Ho ntlafatsa serapa sa sechaba*

- In what ways can you improve the agricultural activities?
U nahana hore litsela life li ka ntlafatsa mesebetsi ea temo?
- Do you get any help or assistance in the form of training, inputs or materials from any organisations or government departments?
Na u fumana thuso leha e le efe kapa thuso ka mofuta oa koetliso, lithuso kapa thepa e tsoang mekhatlong leha e le efe kapa mekhatlo ea 'muso?

5. What outcomes have you seen *U bone liphello life*

As a result of your participation in this project, how has your life been affected in terms of the following:

Ka lebaka la kabelo ea hau mosebetsing ona, bophelo ba hau bo amme joang ho latela lintlha tse latelang:

- Psycho social well being
Psycho bophelo bo bottle ba sechaba
- Household income
Chelete ea chelete
- Acquisition of materials (for example, furniture, house, motor car)
Ho fumana lintho tse bonahalang (mohlala, thepa ea ka tlung, ntlo, koloi)
- Personal empowerment (for example, how has it affected your sense of self-worth, stature in the community, independence)?
Boikarabelo ba botho (mohlala, bo amme joang boinotšing ba hau, boemo ba hau motseng, boipuso)?
- How has working with other people who have similar conditions affected you?
Ho sebetsane le batho ba bang ba nang le boemo bo tšoanang le uena, ba u ama joang?

6. Disability accessibility *Ho fumaneha ha bokooa*

- Is the garden accessible to PwDs, and are there lowered beds?
Na serapa se fumaneha ho batho ba nang le bokooa moo ho nang le libethe tse theolelang ka mohlala, tseo batho ba sebelisang likooa tsa likooa ba khonang ho li sebetsa.
- Are there any challenges that you encounter in terms of mobility within the garden that can prohibit your work?
Na ho na le mathata ao u thulatang le 'ona ka mokhoa oa ho tsamaea ka har'a serapa se ka thibelang mesebetsi oa hau.
- Do you have a disability-specific equipment to utilise at the garden?
Na u na le lisebelisoa tse khethihileng tsa bokooa tseo u ka li sebelisang serapeng?
- Explain the general challenges that you think need to be addressed within the garden as an institution?
Hlalosa mathata a mangata ao u nahanang hore a lokela ho rarolloa ka hare ho serapeng e le setsi?

7. Inclusion challenges *Liphephetso tsa ho kenyeletsa*

- Are you consulted in the decisions taken in the management of the garden?
Na u botsoa liqeto tse nkiloeng ts'ebetsong ea serapeng?
- Do you have a person with disability representing you in the management?
Na u na le motho ea nang le bokooa ea u emetseng tsamaisong?

- In your own words, is the management of the garden being done properly and aiding to the growth of persons with disabilities?
Ka mantsoe a hau ke taolo ea serapa e etsoang hantle le ho thusa ho hōla ha batho ba nang le bokooa.

8. Social work services intervention *Ts'ebetso ea litšebeletso tsa sechaba*

- Do you receive any social work services from government or non-governmental practitioners? If so, what kind of services do you get?
Na u fumana mosebetsi oa sechaba litšebeletso leha e le life tsa mosebetsi oa sechaba ho tsoa ho basebeletsi ba mmuso kapa bao e seng ba mmuso? Haeba ho joalo, u fumana litšebeletso tsa mofuta ofe?
- Your experience of their intervention
Boiphihlelo ba hao ba ho kenella ha bona
- What are the intervention strategies/guidelines you think should be implemented by social workers to assist you as a person with a disability?
Ke maqheka/litataiso life tseo u nahanang hore li lokela ho sebelisoa ke basebeletsi ba sechaba ho u thusa joaloka motho ea nang le bokooa?

9. Recommendations/Likhothaletso

- What do you think could improve the accessibility of the community garden?
Ke eng eo u nahanang hore e ka ntlafatsa phihlelo ea serapa sa sechaba?
- How could the inclusivity of people with disabilities be addressed?
Kenyeletso ea batho ba nang le bokooa e ka ba liaterese joang?
- What services could be offered by social workers?
Ke litšebeletso life tse ka fanoang ke basebeletsi ba sechaba?

Thank you for your participation
Kea leboha ka karolo ea hau ea kabelo

Appendix G: Interview Schedule – Community Garden Managers

Interview Schedule for community gardens managers

1. Biographic information

Age :
Gender :
Marital status :
Number of children :
Religion :
Home language :
Highest qualification :
Job title :

Years of experience in management of community gardens:

1. Background of community garden

Could you tell be briefly about your organization

- Background
- Services provided
- Registration with relevant authorities. E.g NPO)?
- Number of clients, demographics and type of disabilities
- What is the structure (organogram) of the garden and what role is the management playing?
- What is your policy on recruiting members for the garden? Is it only for the disabled or open to any person? Is the management recruitment based on disability, educational background or experience?

2. Challenges faced by people with disabilities in the community garden

- Social
- Economic
- Psychological
- Social

3. What are the strategies or interventions to counter challenges identified above

4. Services

- Are there services you get from non-governmental entities to support your work?

- What services do you get in particular from the department of social development to promote services to persons with disabilities?
- What other services do you get from other government departments and institutions

5. Support

- What support (financial, material, marketing and training) do you provide as an organisation to persons with disabilities?
- What kind of disability-specific technical support e.g specialised tools for gardening?

6. Accessibility

- Was a disability access audit done at your centre?
- Is the community garden accessible to people with disabilities e.g wheelchair users?
- What types of ramps are available?
- What disability assistive devices are available?

7. Challenges

- What are the challenges you encounter in delivering services to persons with disabilities at the community garden?

8. Recommendations

- What are the strengths of persons with disabilities you have seen?
- What changes are needed which will be able to transform the lives of persons with disabilities?
- What impact have you seen of the garden to persons with disabilities and the community at large?
- Is the garden doing well? What are the successes and failures that you have noted?
- Of the failures you have noted, how do you think they can be addressed?
- Is there any monitoring and evaluation of the garden activities?
- What are the indicators of the performance of the garden?
- If you are to look in the future, where do you see the garden going in terms of development and sustainability?

Thank you

Appendix H: Interview Schedule – Agricultural Extension Officers

Interview Schedule for Agricultural Extension Officers

1. Biographic information

Age :
Gender :
Marital status :
Number of children :
Religion :
Home language :
Highest qualification :
Job title :
Years of experience in agricultural sect:
Years of experience in community gardens:

2. Roles played in community gardens

- What are the different roles that agricultural extension officers play in the community gardens?
- Give details of support given to the community gardens for persons with disabilities.

3. Support

- Are there any financial resources which are provided by your department? If so, is it a subsidy and what are the conditions?
- What other material resources do you assist the community gardens?
- What technical support do you provide the community gardens?
- What kind of training do you provide the community gardens?

6.Challenges

- What are the challenges you encounter in delivering services to persons with disabilities in the community gardens?
- What changes are needed to transform the delivery of agricultural extension services to persons with disabilities in community gardens?

7. Recommendations

- What are the strategies, interventions or guidelines you employ as a department towards persons with disabilities at the community gardens?
- What guidelines do you think could be employed in community gardens?

- What potential does the community garden have in changing the livelihoods of persons with disabilities in the community gardens.
- Do you see any strengths shown by persons with disabilities in the community gardens?

Thank you

3. Please indicate your marital status

Never married (single)	1
Married	2
Divorced	3
Separated	4
Widowed	5
Living Together (Cohabiting)	6

V3

4. Indicate your race

Black	1
White	2
Coloured	3
Indian	4
Other (Specify)	5

V4

5. Indicate your educational qualifications

Bachelor of Social Work	1
Master of Social Work	2
PhD in Social Work	3
Other (Specify)	4

V5

6. Indicate year graduated

2009	1	V6	
2010	2		
2011	3		
2012	4		
2013	5		
2014	6		
2015	7		
2016	8		
2017	9		
2018	10		
2019	11		
Other (Specify)	12		
7. University attended			
University of Cape Town	1		
University of Venda	2		
University of Limpopo	3		
UNISA	4		
Other (Specify)	5	V8	
8. How would you rate your knowledge of the disability field			
Poor	1		
Average	2		
Excellent	3		
Other (Specify)	4	V8	
Describe your disability knowledge in the space below			
		V8	

9. Disability training <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Short courses</td> <td style="padding: 5px; text-align: center;">1</td> </tr> <tr> <td style="padding: 5px;">Workshops</td> <td style="padding: 5px; text-align: center;">2</td> </tr> <tr> <td style="padding: 5px;">Undergraduate</td> <td style="padding: 5px; text-align: center;">3</td> </tr> <tr> <td style="padding: 5px;">Postgraduate</td> <td style="padding: 5px; text-align: center;">4</td> </tr> <tr> <td style="padding: 5px;">Other (Specify)</td> <td style="padding: 5px;"></td> </tr> </table>			Short courses	1	Workshops	2	Undergraduate	3	Postgraduate	4	Other (Specify)		V9	
Short courses	1													
Workshops	2													
Undergraduate	3													
Postgraduate	4													
Other (Specify)														
10. What are the types of disabilities <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Poor</td> <td style="padding: 5px; text-align: center;">1</td> </tr> <tr> <td style="padding: 5px;">Average</td> <td style="padding: 5px; text-align: center;">2</td> </tr> <tr> <td style="padding: 5px;">Excellent</td> <td style="padding: 5px; text-align: center;">3</td> </tr> <tr> <td style="padding: 5px;">Not at all</td> <td style="padding: 5px; text-align: center;">4</td> </tr> </table>			Poor	1	Average	2	Excellent	3	Not at all	4				
Poor	1													
Average	2													
Excellent	3													
Not at all	4													
What is your understanding of types of disabilities			V10											
11. What is the definition of disability <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Poor</td> <td style="padding: 5px; text-align: center;">1</td> </tr> <tr> <td style="padding: 5px;">Average</td> <td style="padding: 5px; text-align: center;">2</td> </tr> <tr> <td style="padding: 5px;">Excellent</td> <td style="padding: 5px; text-align: center;">3</td> </tr> <tr> <td style="padding: 5px;">Not at all</td> <td style="padding: 5px; text-align: center;">4</td> </tr> </table>			Poor	1	Average	2	Excellent	3	Not at all	4				
Poor	1													
Average	2													
Excellent	3													
Not at all	4													
Give a brief definition of disability in the space provided			V11											

12. What is your understanding of disability <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Poor</td> <td style="width: 50%; text-align: center;">1</td> </tr> <tr> <td>Average</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Excellent</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Not at all</td> <td style="text-align: center;">4</td> </tr> </table> Explain your understanding of classification disability classification in the space below 13. What is your understanding of the disability legislative and policy framework in South Africa <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Poor</td> <td style="width: 50%; text-align: center;">1</td> </tr> <tr> <td>Average</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Excellent</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Not at all</td> <td style="text-align: center;">4</td> </tr> </table> Can you list the disability framework which you are aware of used in the disability sector in South Africa?	Poor	1	Average	2	Excellent	3	Not at all	4	Poor	1	Average	2	Excellent	3	Not at all	4	V12	
Poor	1																	
Average	2																	
Excellent	3																	
Not at all	4																	
Poor	1																	
Average	2																	
Excellent	3																	
Not at all	4																	
	V13																	

14. What are the causes of disabilities

Poor	1
Average	2
Excellent	3
Not at all	4

Briefly list the causes of disabilities from your understanding.

V14

15a. What is your understanding of disability terminology?

Poor	1
Average	2
Excellent	3
Not at all	4

15b Indicate if you think the following statements about disability terminology is true or false

Terminology	True	False
Disabled person	1	2
Person with a disability	1	2
Wheelchair bound	1	2
Using a wheelchair for mobility	1	2
Physically disabled	1	2
Handicapped	1	2

V15a

Can you list the terminology and the “Dos” and “DONTs” used when working with persons with disabilities”?

V15b

16. What are the social work methods you utilise to persons with disabilities in the community gardens?

a. casework

Always	1
Sometimes	2
Not always	3

b. Groupwork

Always	1
Sometimes	2
Not always	3

c. Community work

Always	1
Sometimes	2
Not always	3

V16a

Motivate your answer

V16b

18. What are the social work tasks which are mostly done in the community gardens for persons with disabilities.

a. Monitoring and evaluation

Always	1
Sometimes	2
Not always	3

V16c

b. Direct work

Always	1
Sometimes	2
Not always	3

c. Indicate the tasks done by social workers in community gardens for persons with disabilities as true or false

Social work tasks	True	False
Financial monitoring	1	2
Admissions	1	2
Social work services	1	2
Referrals	1	2

V17a

18. What training needs would you need to offer improved services to persons with disabilities?

a. Disability training

Yes	1
No	2

V17b

b. Legislative framework

Yes	1
No	2

17c

c. Classification of disability <table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table> d. Disability terminology <table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table> Motivate your answer Thank you for your time and cooperation in answering the questionnaire	Yes	1	No	2	Yes	1	No	2	18a 18b 18c 18d	
Yes	1									
No	2									
Yes	1									
No	2									

Appendix J: Post-test Questionnaire

Appendix E: Post-test questionnaire

Questionnaire: Guideline for community gardens for persons with disabilities

Dear participant

Note that your responses will be kept confidential. Your participation will be appreciated as it will determine the appropriateness of the guideline to be utilised in community gardens for persons with disabilities.

Instruction: Mark with an x in the appropriate box you choose

POST-TEST QUESTIONNAIRE		For office use:										
Participant no:												
Date: _____												
1. How would you rate your knowledge of the disability field <table border="1"> <tbody> <tr> <td>Poor</td> <td>1</td> </tr> <tr> <td>Average</td> <td>2</td> </tr> <tr> <td>Excellent</td> <td>3</td> </tr> <tr> <td>Other (Specify)</td> <td>4</td> </tr> </tbody> </table>		Poor	1	Average	2	Excellent	3	Other (Specify)	4	V0 V1		
Poor	1											
Average	2											
Excellent	3											
Other (Specify)	4											
Describe your disability knowledge in the space below												
2. Disability training <table border="1"> <tbody> <tr> <td>Short courses</td> <td>1</td> </tr> <tr> <td>Workshops</td> <td>2</td> </tr> <tr> <td>Undergraduate</td> <td>3</td> </tr> <tr> <td>Postgraduate</td> <td>4</td> </tr> <tr> <td>Other (Specify)</td> <td></td> </tr> </tbody> </table>		Short courses	1	Workshops	2	Undergraduate	3	Postgraduate	4	Other (Specify)		V2
Short courses	1											
Workshops	2											
Undergraduate	3											
Postgraduate	4											
Other (Specify)												
3. What are the types of disabilities <table border="1"> <tbody> <tr> <td>Poor</td> <td>1</td> </tr> </tbody> </table>		Poor	1									
Poor	1											

<table border="1"> <tr> <td>Average</td> <td>2</td> </tr> <tr> <td>Excellent</td> <td>3</td> </tr> <tr> <td>Not at all</td> <td>4</td> </tr> </table> What is your understanding of types of disabilities 4. What is the definition of disability <table border="1"> <tr> <td>Poor</td> <td>1</td> </tr> <tr> <td>Average</td> <td>2</td> </tr> <tr> <td>Excellent</td> <td>3</td> </tr> <tr> <td>Not at all</td> <td>4</td> </tr> </table> Give a brief definition of disability in the space provided 5. What is your understanding of disability <table border="1"> <tr> <td>Poor</td> <td>1</td> </tr> <tr> <td>Average</td> <td>2</td> </tr> <tr> <td>Excellent</td> <td>3</td> </tr> <tr> <td>Not at all</td> <td>4</td> </tr> </table>	Average	2	Excellent	3	Not at all	4	Poor	1	Average	2	Excellent	3	Not at all	4	Poor	1	Average	2	Excellent	3	Not at all	4	V3 V4 V5
Average	2																						
Excellent	3																						
Not at all	4																						
Poor	1																						
Average	2																						
Excellent	3																						
Not at all	4																						
Poor	1																						
Average	2																						
Excellent	3																						
Not at all	4																						

Explain your understanding of classification disability classification in the space below

6. What is your understanding of the disability legislative and policy framework in South Africa

Poor	1
Average	2
Excellent	3
Not at all	4

V6

Can you list the disability framework which you are aware of used in the disability sector in South Africa

7. What are the causes of disabilities

Poor	1
Average	2
Excellent	3
Not at all	4

V7

Briefly list the causes of disabilities from your understanding.

8a. What is your understanding of disability terminology? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Poor</td> <td>1</td> </tr> <tr> <td>Average</td> <td>2</td> </tr> <tr> <td>Excellent</td> <td>3</td> </tr> <tr> <td>Not at all</td> <td>4</td> </tr> </table>	Poor	1	Average	2	Excellent	3	Not at all	4	V8a														
Poor	1																						
Average	2																						
Excellent	3																						
Not at all	4																						
8b Indicate if you think the following statements about disability terminology is true or false <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Terminology</th> <th>True</th> <th>False</th> </tr> </thead> <tbody> <tr> <td>Disabled person</td> <td>1</td> <td>2</td> </tr> <tr> <td>Person with a disability</td> <td>1</td> <td>2</td> </tr> <tr> <td>Wheelchair bound</td> <td>1</td> <td>2</td> </tr> <tr> <td>Using a wheelchair for mobility</td> <td>1</td> <td>2</td> </tr> <tr> <td>Physically disabled</td> <td>1</td> <td>2</td> </tr> <tr> <td>Handicapped</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	Terminology	True	False	Disabled person	1	2	Person with a disability	1	2	Wheelchair bound	1	2	Using a wheelchair for mobility	1	2	Physically disabled	1	2	Handicapped	1	2	V8a	
Terminology	True	False																					
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Can you list the terminology and the “Dos” and “DONTs” used when working with persons with disabilities”																							
9. What are the social work methods you utilise to persons with disabilities in the community gardens? a. casework																							

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Always</td> <td style="width: 50%; text-align: center;">1</td> </tr> <tr> <td>Sometimes</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Not always</td> <td style="text-align: center;">3</td> </tr> </table>	Always	1	Sometimes	2	Not always	3	V9a	
Always	1							
Sometimes	2							
Not always	3							
b. Groupwork								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Always</td> <td style="width: 50%; text-align: center;">1</td> </tr> <tr> <td>Sometimes</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Not always</td> <td style="text-align: center;">3</td> </tr> </table>	Always	1	Sometimes	2	Not always	3		
Always	1							
Sometimes	2							
Not always	3							
c. Community work								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Always</td> <td style="width: 50%; text-align: center;">1</td> </tr> <tr> <td>Sometimes</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Not always</td> <td style="text-align: center;">3</td> </tr> </table>	Always	1	Sometimes	2	Not always	3	V9b	
Always	1							
Sometimes	2							
Not always	3							
Motivate your answer								
		V9c						
10. What are the social work tasks which are mostly done in the community gardens for persons with disabilities.								
a. Monitoring and evaluation								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Always</td> <td style="width: 50%; text-align: center;">1</td> </tr> <tr> <td>Sometimes</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Not always</td> <td style="text-align: center;">3</td> </tr> </table>	Always	1	Sometimes	2	Not always	3		
Always	1							
Sometimes	2							
Not always	3							
b. Direct work								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Always</td> <td style="width: 50%; text-align: center;">1</td> </tr> <tr> <td>Sometimes</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Not always</td> <td style="text-align: center;">3</td> </tr> </table>	Always	1	Sometimes	2	Not always	3		
Always	1							
Sometimes	2							
Not always	3							

Thank you for your time and cooperation in answering the post-test questionnaire	V11c	
	V11d	

Appendix K: Registration for a social work guideline for community gardens for persons with disabilities

Registration form

The training is free of charge, but booking is necessary

Telephonic enquiries: Brian Tigere

Email enquiries: briantigere@yahoo.com/socialwork1@apdlimpopo.co.za

Venue: APD Hall and Conference Centre, 1 Pafuri Avenue, Penina Park Polokwane, 0699

Registration form

Complete all your details

Full names _____

Surname _____

District _____

Office _____

Telephone number _____

Cell number _____

Email address _____

SACSSP number _____

Please complete and send via email to
briantigere@yahoo.com/socialwork1@apdlimpopo.co.za

Appendix L: Agenda/Programme for a social work guideline for community gardens for persons with disabilities

Invitation to a free training on a social work guideline for community gardens for persons with disabilities

5 April 2024

08h00	Registration, Tea and Coffee
08h20	Introduction and purpose of the training
08h50	Pre-test questionnaire completion
09h20	Module 1 Disabilities – Definitions, classification, models
09h30	Case study and practical exercise
09h40	Module 2 International and South African context of disabilities
10h10	Case study and practical exercise
10h20	Break – Tea
10h50	Module 3 International and local disability legislation and policy framework
10h20	Case study and practical exercise
10h30	Module 4 Disability Terminology
10h40	Case study and practical exercise
11h10	Module 5 Disabilities and development in South Africa. Economic and social perspective
11h30	Case study and practical exercise
12h10	Module 6 Social work with persons with disabilities
12h20	Case study and practical exercise
12h30	Lunch
13h10	Module 7: Implementation of the social work guideline for community gardens for persons with disabilities
14h30	Post-test questionnaire completion

15h00	Tea
15h20	Certification and Closure

Appendix M: Application form for community gardens for persons with disabilities

APPLICATION FORM FOR COMMUNITY GARDENS FOR PERSONS WITH DISABILITIES

NAME OF COMMUNITY GARDEN _____

NAME OF APPLICANT AND CONTACT DETAILS _____

Hereby included, please find the following documents:

- A POLICY ON ATTENDANCE OF COMMUNITY GARDEN FOR PERSONS WITH DISABILITIES.
- B APPLICATION FOR ADMISSION.
- C MEDICAL REPORT.
- D SOCIAL WORK REPORT.
- E CONFIRMATION OF INCOME.
- F DEGREE OF DISABILITY.

Application forms should please be completed in detail and returned to the above address.

On receipt, the application will be brought before the screening Committee done at the community garden for persons with disabilities during their next meeting for approval. The applicant is expected to be present and will be informed in time about the date and time of this meeting.

If the applicant qualifies for a Disability Grant and has not submitted an application yet, he/she is requested to apply at the Social Security Section of the Department of Social Development as soon as possible(SASSA).

If the address of the applicant changes or should he/she decide not to continue with the application, please notify this office immediately.

YOURS SINCERELY

COMMUNITY GARDEN MANAGEMENT

A POLICY ON ACCOMODATION AND/OR ATTENDANCE.

1 APPLICATION PROCESS

1.1 The prescribed application form must be completed by the parents, applicant or the person that will be responsible or act as next of kin.

On admission the responsible person will sign an admittance contract.

1.2 On receipt of the application forms, the application will be brought before the screening committee for approval. The applicant is expected to be present and will be informed in time about the date and time of this meeting.

1.3 All applicants will be screened by the screening committee which consists of the following persons:

- Area social workers from the Department of Social Development.
- Social workers from the NGO
- The Manager of the community garden
- The Social Worker of the community garden.
- The Professional Nurse.
- Other Professional persons will be co-opted where necessary e.g physiotherapists

1.4 As soon as the application is approved of, the applicant will be admitted immediately based on availability of space.

1.5 The screening committee reserve the right to re-consider any application due to different reasons. It remains the responsibility of the applicant or the responsible relative to inform the community garden about any change in financial and or other circumstances that may occur during the waiting period before admittance.

2 CRITERIA FOR ADMITTANCE:

2.1 The community garden for persons with disabilities will consider any person with a physical and/ or intellectual disability if he/she would benefit from the services available.

2.2 The applicant should not be younger than 18 or older than 60 at the time of application. In certain circumstances it is expected to have the applicant's exemption of compulsory schooling.

2.3 Although applicants from the economic income group will be considered for admittance, preference will be given to persons from the sub-economic group.

2.4 Preference is given to applicants living in Limpopo Province.

2.5 Applicants MUST be educable or trainable and have the ability to communicate as to what their basic needs are and should be able to understand a simple request.

2.6 Applicants to be admitted to the community garden, should as a result of their personal and social circumstances, be dependent on supervision and care.

2.7 Applicants with any psychiatric condition will be considered if their behavioral problem is controlled by medication to an acceptable level. However, should their condition change and not be controlled by medication to an acceptable level, the person responsible for the resident will be informed and he/she will have to find alternative accommodation for the resident.

2.8 On the day of admission, the Resident needs to submit:

1. A letter from the SASSA office from where the Disability Grant is presently paid.
2. A prescription from the Hospital/Clinic/Doctor about the medication taken.
3. The Identity document.
4. Medical Aid card (if applicable)

3 PAYMENT OF FEES TO THE COMMUNITY GARDEN FOR PERSONS WITH DISABILITIES

3.1 On admittance, the person/s (parents, relatives or guardian) responsible for the applicant's, is expected to sign an agreement.

3.2 The fee is paid monthly in advance and is

3.2.1 Twenty-five (25%) of the Disability Grant

4 TRANSPORT

4.1 Family or guardian to make arrangements for transport.

B APPLICATION FOR ADMISSION: COMMUNITY GARDEN FOR PERSONS WITH DISABILITIES

This form should please be completed in block letters signed and returned to the address above.

1. IDENTIFYING DETAILS OF APPLICANT

1.1 Full Name and Surname _____

1.2 Name called _____

1.3 Present Residential Address _____

1.4 Postal Address _____

1.5 Tel Number _____

1.6 Date of Birth _____

1.7 Identity number _____

1.8 Nationality _____

1.9 Place of birth _____

1.10 Religion _____

1.11 Home Language _____

1.12 Marital status _____

1.13 Gender _____

1.14 Name, address and occupation of two professional persons (e.g Teacher, Priest, Doctor, ect) known to the applicant.

I. Name _____ Occupation _____ Address _____

II. Name _____ Occupation _____ Address _____

2 NAMES AND ADDRESSES OF RELATIVES

Name and Surname	Relationship	Address	Contact details	Occupation

3 SCHOOL QUALIFICATIONS.

Name of schools/special schools/centres attended:

- (a) _____
 (b) _____
 (c) _____

3.2 Highest Qualification _____

3.3 Name and address of previous Employer/Last Employer _____

4 FINANCIAL CIRCUMSTANCES.

4.1 Income

4.1.1 Salary _____

4.1.2 State Pension: 4.1.3.1 Type _____

4.1.3.2 Amount _____

4.1.3 Civil Pension _____ Ref _____

4.1.4 Do you receive any financial help from family or friends _____

4.1.5 Do you have any other source of income _____

4.1.6 Do you own any land or assets _____

4.2 Expenditure

4.2.1 Present rent or board per month _____

4.2.2 Insurance premium _____

4.2.3 Other regular expenditure _____

5. LEISURE ACTIVITIES.

5.1 Hobbies and other interests _____

5.2 Sport activities in which you participate/participated.

6 GENERAL:

Mention any other circumstances which should be considered in connection with your application.

7 STATEMENT:

I, _____ the undersigned hereby state that the particulars filled in my application/the application of the applicant are true and correct. The application will be accepted/not accepted on the ground of the above particulars. Should it be found that the particulars are untrue or the applicant has changed to such an extent that the particulars are no longer applicable, the application might be taken into re-consideration.

STATED AND SIGNED AT _____

ON THIS _____ DAY OF _____ 20____

SIGNATURE OF RELATIVE

SIGNATURE OF APPLICANT

C MEDICAL REPORT (CONFIDENTIAL)

This report must be completed by a doctor and returned to the address above (block letters)

1 DETAILS OF PATIENT:

1.1 Name and Surname _____

1.2 Present Age _____ Age when disability commenced _

1.3 Medical Diagnosis _____

1.4 Cause of Disability _____

1.5 Treatment already received.

1.5.1 Therapeutic:

1.5.2 Operations:

Type	Date	Doctor

1.6 Further medical treatment recommended _____

1.7 Therapeutic treatment suggested: _____

Occupational Therapy: _____

Speech Therapy: _____

Physiotherapy _____

Psychological treatment _____

Psychiatric treatment _____

Social Work Services _____

1.8 Prognosis: _____

2 CURRENT MEDICATION (As prescribed by a doctor): _____

3. PRESENT PHYSICAL STATE (mark with an X where applicable)		4. MEDICAL HISTORY (Mark with an X where applicable)	
3.1 MOBILITY		4.1 GENERAL HEALTH	

Crutches	Good	
Walking frame	Average	
Wheelchair	Poor	
Callipers and crutches	4.2 CARDIO VASCULAR SYSTEM	
Artificial limbs	Hypertension/Heart Defects/Other	
Immobile	4.3 ENDOCRINE SYSTEM	
Other	Diabetes mellitus	
3.2 FUNCTIONAL USE OF :	Thyroid glands	
Both hands	4.4 SKIN	
R Hand	Eczema	
L Hand	Allergy	
Neither	Pressure sores	
3.3 FEEDING HELP	4.5 MUSCULAR SKELETON SYSTEM	
3.3.1 EATING	Arthritis	
Independently	Muscular dystrophy	
Independently after food has been cut	Other	
With help	4.6 RESPIRATORY SYSTEM	
Fed	Asthma	
3.3.2 DRINKING	Tuberculosis	
Independently	4.7 UROLOGICAL SYSTEM	
With Straw	S.T.I. + HIV.	
With help	Catheter/Condom	
3.4 PERSONAL HYGIENE	4.8 NEUROLOGICAL PROBLEM	
3.4.1 BATHING	Migraine	
Independently	Meningitis	
Lifted into bath	Other	
Must be washed/Need help	4.9 EAR, NOSE AND THROAT	
3.4.2 DRESSING	Sinusitis	
Independently	Dysphagia	
Dress with help	Other	
Must be dressed	4.10 GASTRO INTESTINAL SYSTEM	
3.4.3 USE OF TOILET	Constipation	
Independently	Hemorrhoids	
Incontinent	Chronic Diarrhea	
Help needed	4.11 OPERATIONS	
3.4.4. ORAL CARE	Hysterectomy	
Total independent	Urostomy/colostomy	
Needs supervision	Sterilization/vasectomy	
Needs Assistance	4.12 CONTRACEPTION	
3.4.5 BEARD AND HAIR CARE	Injection	

Independent	Oral	
Needs Supervision	Other	
Needs assistance	4.13 ALLERGIES	
Totally dependent	Medication food othe (lotion, soap etc)	
3.5 COMMUNICAION	Insects bites/stings	
Any problems with		
Language		
Hearing		
Speech		
Vision		
3.6MEMORY/COMPREHENSION/ORIENTATION		
No problem		
Some problems experienced		
Serious problem		

5 COMPLETED BY (Doctors Particulars)

ADDRESS: _____

CONTACT NUMBERS _____

DATE: _____

D SOCIAL WORKER'S REPORT

This report must please be drawn by a registered Social Worker and returned to the address above.

1 FULL IDENTIFYING PARTICULARS:

1.1.1 FULL NAME AND SURNAME _____

1.1.2 DATE OF BIRTH _____

1.1.3 ADDRESS _____

1.1.4 MARITAL STATUS _____

1.2 RELATIVES:

NAME	ADDRESS	RELATION	TEL NO.

2 PRESENT CIRCUMSTANCES

2.1 HOUSING (Please record information regarding the accessibility of water, electricity, toilets and food. Also consider the safety (including security, fire hazards, and structural safety) of the dwelling and environment) _____

2.2 CARE (Describe the extent of care and assistance needed by the applicant and the care provided) _____

3 SUPPORT SYSTEMS AVAILABLE TO THE APPLICANT:

(For example: children, families, service centres, homecare services, home nursing services, meals on Wheels, Church, etc.)_____

3.1 WHICH SUPPORT SYSTEMS ARE AVAILABLE?_____

**3.2 TO WHAT EXTENT DOES THE APPLICANT MAKE USE OF THE ABOVE?
Give reasons if not utilised?** _____

**3.3 TO WHAT EXTENT IS THE PRIMARY CAREGIVER ABLE TO MANAGE
HIS/HER OWN AND THE APPLICANT'S NEEDS? GIVE DETAILS:** _____

**3.4 WHY DID THE SUPPORT SYSTEMS AND PREVENTATIVE MEASURES
FAIL?** _____

(Provide information about the applicant's sources of income and expenditure):__

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

5.1 MEDICAL DIAGNOSIS: _____

5.2.1 CONGENITAL DISABILITY (duration of pregnancy, place of birth, possibility of inheritance)_____

5.2.2 NON-CONGENITAL DISABILITY (type of cause, coma, injury, type of acute treatment)

5.2.3 DEVELOPMENTAL HISTORY (sit, crawl, talk, school, attendance).(further education, work history)

5.2.4 PRESENT PHYSICAL FUNCTIONING: General health, use of limbs and senses. Medication.

5.2.5 INDEPENDENCE/DEPENDENCE CONCERNING DAILY ACTIVITIES (toilet, eating, dressing, bathing, reading, writing, sleeping habits, transport)

5.3 SOCIAL/PSYCHOLOGICAL FUNCTIONING

5.3.1 EMOTIONAL STATE (aggression, depression, active, passive, moody)

5.3.2 INTELLIGENCE (normal or subnormal intelligence. If known-IQ)_____

5.3.3 ABILITY TO COMMUNICATE CONCERNING NEEDS. ADAPTABILITY. SELF DEFENCE MECHANISMS.

5.3.4 SELF-IMAGE

5.3.5 RELATIONSHIP BUILDING AND COMMUNICATION SKILLS

5.3.6 INFLUENCE OF PAST ON PRESENT FUNCTIONING

6 ABILITY TO ADAPT SUCCESSFULLY TO A COMMUNITY GARDEN FOR PERSONS WITH DISABILITY.

(Relationship and co-operation of relatives. Indicate any peculiar habits, e.g. smoking, use of alcohol etc. which may influence adjustment)._____

7 MOTIVATE THE NEED FOR COMMUNITY GARDEN CARE (The only option?)

8 RECOMMENDATIONS IF THE APPLICATION IS NOT SUCCESSFUL:

SOCIAL WORKER (name in full)
SIGNATURE

ORGANISATION

DATE

E CONFIRMATION OF INCOME

1. It is expected that written confirmation of the applicant's income is submitted.
2. It would be appreciated if this form could be taken to one of the under mentioned offices/persons:
 - 2.1 Districts office of the department of Health and Social Development (Social Security Section/SASSA)
 - 2.2 The Social Worker with knowledge of the applicants Circumstances
 - 2.3 Any other resource from where the applicant's income is received. Any other available document to confirm the income of the applicant may be attached.

3 INFORMATION CONCERNING THE APPLICANT:

- 3.1 Full name and Surname _____

- 3.2 Identity number _____

- 3.3 Address of the applicant _____

- 3.4 Nature of the grant _____

- 3.5 Amount of the pension/grant _____

- 3.6 Nature of Other Income _____
- 3.7 Amount of any other income _____

4 CONFIRMED BY:

- 4.1 Name _____
- 4.2 Capacity _____
- 4.3 Address _____

- 4.4 Date _____

F DEGREE OF DISABILITY

Please give one point on a scale of 1-5 to each of the 16 sections (1 being good, 5 poor/weak)

Mark level with an x	Family	Office	One point
1. Mobility			
• Moves independently, with or without assistive devices			
• Need assistance/partial supervision with mobility			
• Needs assistance getting in and out of bed			
• Needs assistance in and out of vehicle			
2. Personal hygiene			
2.1. Oral Care			
• Completely independent			
• Requires supervision			
• Requires assistance			
2.2 Care of hands, face and feet-bath/shower			
• Completely independent			
• Requires supervision			
• Requires assistance			
• Totally dependent			
2.3 Beard and hair care			
• Completely independent			
• Requires supervision			
• Requires assistance			
• Totally dependent			
3. Eating and drinking capabilities			
• Completely independent			
• Requires supervision			
• Requires partial assistance. E.g. to cut meat			
• Must be encouraged to eat			
• Totally dependent upon assistance			
• Dependent on tube feeding			
4. Dressing			
• Dresses/undresses completely independently			
• Needs assistance or supervision with buttons, zips, shoelaces			
• Totally dependent			
5. Sight			
• Good or fair			

Mark level with an x	Family	Office	One point
• Weak			
• Blind/partially sighted/Blind			
• Requires partial assistance			
• Totally dependent on assistance			
6.Hearing			
• Good or fair			
• Weak			
• Deaf or almost deaf			
• Hearing impaired: Communicates with difficulty and or disturbance to others			
• Hearing impaired a risk to him/herself and for others			
7.Memory			
• Normal-no support required			
• Weak-failing memory eg: recollection of where articles were placed			
• Serious loss of memory/confused/anti-social behaviour or aggressive			
8. Comprehension			
• Good ability to follow simple instructions and to understand motives and situations			
• Able to follow simple instructions but poor understanding of motives and situations			
• Poor ability to follow simple instructions and poor understanding of motives and situations			
• Unable to follow either simple instructions or understanding motives and situations			
9. Orientation(in respect of time, place and person)			
• Normal			
• At times disorientated			
• Often disorientated, restless, wanders			
• Continuously disorientated, but does not disturb others			
• Total disorientation, goes astray/must be attended to/disturb others/Apathetic			
10. General Mental Condition			
• Normal			
• At time disturbed or confused			
• Completely disturbed, confused or psychotic			
11. Medical care			
• Needs medical attention daily			
• Once a week			
• Once a fortnight			

Mark level with an x	Family	Office	One point
• Once a month			
• Less than above			
12. Toilet habits			
• Self-sufficient. Complete control of functions			
• Self-sufficient but experiences problems with stress or mild incontinence/Requires encouragement to practice bladder control/requires supervision with use of toilet			
• Periodic accidents with no prior preventative measures			
• Requires catheter and or colostomy care			
• Total urine and faecal incontinence			
13. Therapeutic activities			
• Requires no motivation or support			
• Requires 15-30 minutes support per day			
• Requires 30-60 minutes support per day			
• Requires support in excess of 60 min per day			
14. Emotional Support (Counselling)			
• No support required			
• Requires support 15-30 min per day			
• Requires support in excess of 30 min per day			
15. Communication capability			
• Normal communication			
• At times unable to communicate desires/needs			
• Total absence of communication			
16. Work ability			
• Able to work in sheltered employment/open labour market			
• Able, after instructions, to perform gardening work with little supervision			
• Requires regular supervision to perform work			
• Unable to perform work in a garden setting			
• TOTAL:			

Specialized Tools and assistive devices

Specify

In need of any specialised tools e.g specialized forks etc	
In need of any assistive devices	
Need of any reasonable accommodation e.g raised seedbeds	

Appendix N: Informed consent: Social Workers



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Department of Social Work & Criminology



Date: 8 April 2023

Name: Brian Tigere

Email: brian Tigere@yahoo.com

Cellphone No: 0848076927

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information

This letter serves to invite you to participate in a study on the development of social work guidelines for community gardens for people with disabilities. The informed consent gives a brief explanation of the purpose and procedure of the research and the rights of participation. Please go through the form before you make an informed decision regarding your participation.

Title of the study

Developing social work guidelines for community gardens for persons with disabilities in Limpopo Province. A social development approach.

Purpose of the study

The purpose of the study is to develop guidelines for community gardens for persons with disabilities within a social development approach.

Procedures

You have been informed of the study and provided your contact details for researcher to contact you to partake in the study. The researcher will be responsible for conducting a face-to-face interview in order to collect data on your experiences in relationship to community gardens for persons with disabilities you work with as social workers. Once you sign this letter, you agree to take part in the study. The researcher will arrange to conduct an individual interview with you when it suits you best. The interview will be

recorded, with your permission, to ensure that all the information you are sharing is captured for research purposes. The interviews will be approximately 45 minutes to an hour. A semi-structured interview schedule will be used during the interview to guide the interviewing process. Please note that the recording will only be used for the purpose of data analysis of the research and will be kept confidential.

Risks and discomforts

Please note that the researcher does not intend to put you under any risk or discomfort with the information you will share. There are no any perceived dangers of partaking in this study. Any questions you feel may cause discomfort in you, will be skipped. Should you encounter any emotional distress, a social worker from the nearest department of Social Development One Stop Centre will be made available for counselling purposes.

Benefits

You will not receive any form of remuneration/ compensation/ incentives for participating in the study. The study is however about development of social work guidelines for community gardens of people with disabilities. The findings of this study can also help social work practitioners when working with people with disabilities.

Participants' rights

Your participation in the study is entirely voluntary and you may withdraw from participation at any time and without negative consequences to you or your family members. Should you wish to withdraw from the study, all data gathered in respect of your interview will be destroyed.

Confidentiality

The information shared during the interview will be kept confidential and will be used for the purpose of the study only. The researcher will also not identify you by name during the report, using only pseudonyms to protect your identity. The only people who will have access to the data, will be the researcher and the supervisor.

Data usage and storage

Please note that the data collected might be used in the future for further research purposes, a journal publication or conference paper. The data collected will be stored in the Department of Social Work and Criminology, University of Pretoria for the period of 15 years as required.

Access to the researcher

You may contact the researcher using the contact details provided above for the duration of the study, should there be any questions or uncertainties regarding the study and your participation.

Please sign Section B on the next page if you agree to participate voluntarily in the study.

Yours sincerely,

Brian Tigere (Researcher)

SECTION B: INFORMED CONSENT OF PARTICIPANT

I, (*Full Name of participant*) hereby declare that I have read and understood the above information. I was given adequate time to consider my participation in the study. I was also given the opportunity to ask questions and all of them were answered to my satisfaction. I hereby give consent to participate voluntarily in this study.

Participant:

Date:

Signature:

I.....(*Full Name of researcher*) hereby declare that I have explained the information in Section A: Research Information to the participant and he/she indicated understanding the contents and was satisfied with the answers to questions asked.

Researcher:

Date:

Signature:

Appendix O: Informed consent: Persons with disabilities



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomo

Department of Social Work & Criminology



Date: 8 April 2023

Name: Brian Tigere

Email: brian Tigere@yahoo.com

Cellphone No: 0848076927

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information

This letter serves to invite you to participate in a study on the development of social work guidelines for community gardens for people with disabilities. The informed consent gives a brief explanation of the purpose and procedure of the research and the rights of participation. Please go through the form before you make an informed decision regarding your participation.

Lintlha tsa Lipatlisiso

Lengolo lena le sebeletsa ho u memela ho kenya letsoho thutong e mabapi le nts'etsopele ea litataiso tsa mosebetsi oa sechaba bakeng sa lirapa tsa sechaba bakeng sa batho ba nang le bokooa. Tumello e nang le tsebo e fana ka tlhaloso e khutšoanyane ea morero le mokhoa oa ho etsa lipatlisiso le litokelo tsa ho kenya letsoho. Ka kopo, sheba foromo pele u etsa qeto e nang le tsebo mabapi le ho kenya letsoho ha hao.

Title of the study

Developing social work guidelines for community gardens for persons with disabilities in Limpopo Province. A social development approach.

Sehlooho sa thuto

Ho theha litataiso tsa mosebetsi oa boiketlo ba sechaba bakeng sa lirapa tsa sechaba bakeng sa batho ba nang le bokooa Profinseng ea Limpopo. Mokhoa oa ntlafatso ea sechaba.

Purpose of the study

The purpose of the study is to develop guidelines for community gardens for persons with disabilities within a social development approach.

Sepheo sa thuto

Sepheo sa thuto ke ho hlahisa litataiso bakeng sa lirapa tsa sechaba bakeng sa batho ba nang le bokooa ka har'a mokhoa oa ntlafatso ea sechaba.

Procedures

You have been informed of the study and provided your contact details for researcher to contact you to partake in the study. The researcher will be responsible for conducting a face-to-face interview in order to collect data on your experiences towards menstruation hygiene management as a female youth. Once you sign this letter, you agree to take part in the study. The researcher will arrange to conduct an individual interview with you when it suits you best. The interview will be recorded, with your permission, to ensure that all the information you are sharing is captured for research purposes. The interviews will be approximately 45 minutes to an hour. A semi-structured interview schedule will be used during the interview to guide the interviewing process. Please note that the recording will only be used for the purpose of data analysis of the research and will be kept confidential.

Mekhoa

U tsebisitsoe ka phuputso ena 'me u fane ka lintlha tsa hau tsa ho ikopanya le mofuputsi hore a ikopanye le uena ho nka karolo thutong ena. Mofuputsi o tla ba le boikarabello ba ho etsa lipuisano tsa sefahleho le sefahleho e le hore a bokelle lintlha tsa liphihlelo tsa hau mabapi le taolo ea bohloeki ba ho ilela khoeli joaloka mocha oa basali. Hang ha o saena lengolo lena, o dumela ho nka karolo phuputsong. Mofuputsi o tla lokisetša ho etsa lipuisano le uena ka bomong ha e u tšoanela ka ho fetisisa. Puisano e tla rekotwa, ka tumello ya hao, ho netefatsa hore tlhahisoleding yohle eo o e abelang e hapuwa bakeng sa merero ya dipatlisiso. Lipuisano li tla nka metsotso e ka bang 45 ho isa ho hora. Lenane la lipuisano tse hlophisitsoeng hantle le tla sebelisoa nakong ea lipuisano ho tataisa tšebetso ea lipuisano. Ka kopo hlokomela hore rekotiloeng e tla sebelisoa feela molemong oa tlhahlobo ea lintlha tsa lipatlisiso mme e tla bolokoa e le lekunutu.

Risks and discomforts

Please note that the researcher does not intend to put you under any risk or discomfort with the information you will share. There are no any perceived dangers of partaking in this study. Any questions you feel may cause discomfort in you, will be skipped. Should you encounter any emotional distress, a social worker from the nearest department of Social Development One Stop Centre will be made available for counselling purposes.

Likotsi le mathata

Ka kopo hlokomela hore mofuputsi ha a rera ho u beha kotsing leha e le efe kapa ho sa phutholoha ka boitsebiso boo u tla bo arolelana. Ha ho na kotsi ea ho nka karolo phuputsong ena. Lipotso life kapa life tseo u ikutloang hore li ka baka ho se thabise ho uena, li tla qheleloa ka thoko. Haeba u ka tobana le khatello ea maikutlo, mosebeletsi oa boiketlo ba sechaba ho tsoa lefapheng le haufi la Social Development One Stop Center o tla fumaneha molemong oa tlhabollo.

Benefits

You will not receive any form of remuneration/ compensation/ incentives for participating in the study. The study is however about development of social work guidelines for community gardens of people with disabilities. The findings of this study can also help social work practitioners when working with people with disabilities.

Melemo

U ke ke ua fumana mofuta ofe kapa ofe oa moputso/ matšeliso/ likhothatso bakeng sa ho nka karolo phuputsong. Leha ho le joalo, boithuto bo mabapi le nts'etsopele ea litataiso tsa mosebetsi oa sechaba bakeng sa lirapa tsa sechaba tsa batho ba nang le bokooa. Liphuputso tsa thuto ena li ka boela tsa thusa basebetsi ba boiketlo ba sechaba ha ba sebetsa le batho ba nang le bokooa.

Participants' rights

Your participation in the study is entirely voluntary and you may withdraw from participation at any time and without negative consequences to you or your family members. Should you wish to withdraw from the study, all data gathered in respect of your interview will be destroyed.

Litokelo tsa barupeluo

Ho nka karolo ha hao phuputsong ke ha boithaopo ka boithaopo 'me u ka ikhula ho seabo nako efe kapa efe ntle le litlamorao tse mpe ho uena kapa ho litho tsa lelapa la hau. Haeba u lakatsa ho ikhula thutong, lintlha tsohle tse bokeletsoeng mabapi le lipuisano tsa hau li tla senyeha.

Confidentiality

The information shared during the interview will be kept confidential and will be used for the purpose of the study only. The researcher will also not identify you by name during the report, using only pseudonyms to protect your identity. The only people who will have access to the data, will be the researcher and the supervisor.

Lekunutu

Lintlha tse arolelanoang nakong ea lipuisano li tla bolokoa e le lekunutu 'me li tla sebelisoa molemong oa thuto feela. Mofuputso le eena a ke ke a u tsebahatsa ka lebitso nakong ea tlaleho, a sebelisa mabitso a maiketsetso feela ho sireletsa boitsebiso ba hau. Batho feela ba tla fumana data, e tla ba mofuputso le mookameli.

Data usage and storage

Please note that the data collected might be used in the future for further research purposes, a journal publication or conference paper. The data collected will be stored in the Department of Social Work and Criminology, University of Pretoria for the period of 15 years as required.

Tšebeliso ea data le polokelo

Ka kopo hlokomela hore lintlha tse bokelletsoeng li ka sebelisoa nakong e tlang molemong oa lipatlisiso tse ling, khatiso ea koranta kapa pampiri ea likopano. Lintlha tse bokelletsoeng li tla bolokoa Lefapheng la Mosebetsi oa Sechaba le Botlokotsebe, Univesithi ea Pretoria nako ea lilemo tse 15 kamoo ho hlokahalang.

Access to the researcher

You may contact the researcher using the contact details provided above for the duration of the study, should there be any questions or uncertainties regarding the study and your participation.

Ho fihlella ho mofuputsi

U ka ikopanya le mofuputsi ka ho sebelisa lintlha tsa ho ikopanya tse fanoeng ka holimo nakong ea thuto, haeba ho ka ba le lipotso kapa lipelaelo mabapi le phuputso ena le ho kenya letsoho ha hao.

Please sign Section B on the next page if you agree to participate voluntarily in the study.

Ka kopo, saena Karolo ea B leqepheng le latelang haeba u lumela ho nka karolo ka boithaopo thutong.

Yours sincerely,

Brian Tigere (Researcher)

SECTION B: INFORMED CONSENT OF PARTICIPANT

I, (*Full Name of participant*) hereby declare that I have read and understood the above information. I was given adequate time to consider my participation in the study. I was also given the opportunity to ask questions and all of them were answered to my satisfaction. I hereby give consent to participate voluntarily in this study.

Ke, (*Lebitso le felletseng la morupeluo*) ke phatlalatsa hore ke balile le ho utloisisa lintlha tse ka holimo. Ke ile ka fua nako e lekaneng ea ho nahana ka ho nka karolo ha ka thutong. Ke ile ka boela ka fua monyetla oa ho botsa lipotso 'me kaofela ha tsona li ile tsa arajoa ka tsela e nkhotsofatsang. Ka hona ke fana ka tumello ea ho nka karolo ka boithaopo thutong ena.

Participant: -----

Date: -----

Signature: -----

I.....(*Full Name of researcher*) hereby declare that I have explained the information in Section A: Research Information to the participant and he/she indicated understanding the contents and was satisfied with the answers to questions asked.

Ke.....(*Lebitso le Felletseng la mofuputsi*) ke phatlalatsa hore ke hlalositse karolo ea A: Lintlha tsa Lipatlisiso ho monkakarolo mme a bonts'a hore o utloisisa litaba tse ka hare. khotsofetse ke likarabo tsa lipotso tse botsitsoeng.

Researcher: -----

Date: -----

Signature: -----

Appendix P: Informed Consent: Community Garden Managers



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Department of Social Work & Criminology



Date: 8 April 2023

Name: Brian Tigere

Email: brian Tigere@yahoo.com

Cellphone No: 0848076927

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information

This letter serves to invite you to participate in a study on the development of social work guidelines for community gardens for people with disabilities. The informed consent gives a brief explanation of the purpose and procedure of the research and the rights of participation. Please go through the form before you make an informed decision regarding your participation.

Title of the study

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Purpose of the study

The purpose of the study is to develop guidelines for community gardens for persons with disabilities within a social development approach.

Procedures

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Risks and discomforts

Please note that the researcher does not intend to put you under any risk or discomfort with the information you will share. There are no any perceived dangers of partaking in this study. Any questions you feel may cause discomfort in you, will be skipped. Should you encounter any emotional distress, a social worker from the nearest department of Social Development One Stop Centre will be made available for counselling purposes.

Benefits

You will not receive any form of remuneration/ compensation/ incentives for participating in the study. The study is however about development of social work guidelines for community gardens of people with disabilities. The findings of this study can also help social work practitioners when working with people with disabilities.

Participants' rights

Your participation in the study is entirely voluntary and you may withdraw from participation at any time and without negative consequences to you or your family members. Should you wish to withdraw from the study, all data gathered in respect of your interview will be destroyed.

Confidentiality

The information shared during the interview will be kept confidential and will be used for the purpose of the study only. The researcher will also not identify you by name during the report, using only pseudonyms to protect your identity. The only people who will have access to the data, will be the researcher and the supervisor.

Data usage and storage

Please note that the data collected might be used in the future for further research purposes, a journal publication or conference paper. The data collected will be stored in the Department of Social Work and Criminology, University of Pretoria for the period of 15 years as required.

Access to the researcher

You may contact the researcher using the contact details provided above for the duration of the study, should there be any questions or uncertainties regarding the study and your participation.

Please sign Section B on the next page if you agree to participate voluntarily in the study.

Yours sincerely,

Brian Tigere (Researcher)

SECTION B: INFORMED CONSENT OF PARTICIPANT

I, (*Full Name of participant*) hereby declare that I have read and understood the above information. I was given adequate time to consider my participation in the study. I was also given the opportunity to ask questions and all of them were answered to my satisfaction. I hereby give consent to participate voluntarily in this study.

Participant:

Date:

Signature:

I.....(*Full Name of researcher*) hereby declare that I have explained the information in Section A: Research Information to the participant and he/she indicated understanding the contents and was satisfied with the answers to questions asked.

Researcher:

Date:

Signature:

Appendix R: Editorial letter

LET'S EDIT

EDITING CERTIFICATE

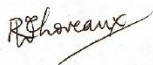
31 October 2024

TO WHOM IT MAY CONCERN

DECLARATION: Editing of Thesis

This is to certify that the Doctor of Philosophy (in Social Work) thesis titled “**DEVELOPING SOCIAL WORK GUIDELINES FOR COMMUNITY GARDENS FOR PERSONS WITH DISABILITIES IN LIMPOPO PROVINCE: A SOCIAL DEVELOPMENT APPROACH**” and submitted by **Brian Tigere** was edited for English language, grammar, punctuation and spelling by the undersigned. Editing also included addressing various formatting features of the document. The editor shall not be responsible for any subsequent additions or deletions made by the students in their document. Additionally, it is the final responsibility of the student to make sure of the correctness of the thesis.

Edited by:



Ruth Choveaux du Preez

Master of Arts (English Studies) (cum laude), Bachelor of Arts Honours (English Studies) and Bachelor of Arts (English and Psychology)

Reviewed by:



Khomotso Bopape

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Tel No.: **012 433 6584**, Fax No.: **086 267 2164** and Email Address: **editor@letsedit.co.za**

Appendix X: Turnitin Similarity report

PhD final draft edited Brian Tigere 7 November 2024.docx

ORIGINALITY REPORT

14%	10%	9%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	ulspace.ul.ac.za Internet Source	4%
2	repository.up.ac.za Internet Source	1%
3	Brian Tigere, Theresa Moyo. "Disability-inclusive community development: A case of a community garden in Limpopo province in South Africa", African Journal of Disability Internet Source	1%
4	Somzana, Sipokazi. "The Cultural and Spiritual Factors Influencing the Health-Seeking Behaviour of Xhosa People in Johannesburg", University of Pretoria (South Africa), 2023 Publication	<1%
5	Makgopa, Mpho. "The Spiritual Factors Influencing Health-Seeking Behaviour Among the Seventh Day Adventist Group Members in Tshwane Gauteng Province", University of Pretoria (South Africa), 2023 Publication	<1%

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