

A QUALITATIVE STUDY OF THE  
RELATIONSHIP BETWEEN DISABILITY,  
ACCESS AND SERVICE PROVISIONS ON THE  
QUALITY OF LIFE OF THE DISABLED IN THE  
GREATER DURBAN METROPOLITAN AREA

by

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A dissertation submitted in partial fulfillment of the  
requirements for the Masters Degree in Town & Regional  
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## **DECLARATION**

Submitted in partial fulfillment of the requirements for the of Masters in Town & Regional Planning, in the Graduate Programme in the School of Housing, Architecture & Planning, University of Kwa-Zulu-Natal, Durban, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the Masters Degree in Town & Regional Planning in the Faculty of Humanities, Development and Social Science, University of Kwa-Zulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree in any other University.

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10 March 2008

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Lastly, but by no means least, I would like to thank my family and friends for supporting me by offering prayer, guidance and moral support during the course of my journey of discovery which seemed never-ending. I would also like to dedicate this piece of work in honour of my late dad, whom I know would have been extremely proud of this achievement.

## **ABSTRACT**

Disabled people live in a complex world encompassing the same interests and desires that motivate the balance of the earth's population. We have always known this, but as is often the case, society often plans without considering the needs of disabled people. Progress toward the acceptance of disabled persons as total human beings has not come about because equality is not a reality for disabled people. A point of departure for this research is therefore that disablement is a relation to the surrounding world, not a static phenomenon. It should perhaps be emphasized that this "relation" applies not only to the physical but also social environment. It is hoped that this study will demonstrate the inequalities that disabled people have to contend with, with reference to services such as housing, transportation, education, employment and recreational opportunities. The attitudes, value judgments and expectations of society and the disabled themselves contribute to the creation or breakdown of barriers to full participation and equality. It is recommended that a great deal more be done to achieve the equality that disabled individuals so rightly deserve especially in regard to the promotion of self-dependent life leading to enhanced quality of living.

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## **LIST OF ABBREVIATIONS**

Greater Durban Metropolitan Area (**GMDA**)

Office of the Status of Persons with Disabilities (**OSPD**)

South African Bureau for Standards (**SABS**)

South African Human Rights Commission (**SAHRC**)

Union of the Physically Impaired Against Segregation's (**UPIAS**)

United Nations (**UN**)

World Health Organisation (**WHO**)

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Research problem**

Disability is a critical issue that, until now, society has hardly considered (Choyinard 1994, Golledge 1993). This research is thus primarily an endeavor to promote the interest of the disabled and to encourage the integration of the disabled into the mainstream of society.

The majority of people with disabilities in South Africa have been excluded from full participation in all facets of economic, social and political life. If disabled people are to be fully integrated and are to participate on equal terms in the community, they have to be able to get anywhere, just as their non-disabled peers can. This means that we need an environment built for accessibility that is to say that all housing, transportation, places of work, schools and leisure facilities must be provided for and made accessible.

The fact remains, however, that society often plans and develops without considering the needs of the disabled. The result is that disabled people often find themselves on the periphery of society, isolated from their fellowmen and often excluded from or deprived of the most basic human rights. Therefore to equalise opportunities for the disabled, barriers to their full participation in society will have to be removed.

“If we understand the ways in which people with disabilities are denied their rights, then attitudes and practices can change, and barriers can be removed”(South African Human Rights Council Report, 2002). For the purpose of this research, the focus will be on the problems surrounding the optimisation of the quality of life of disabled people and the role that the creation of equality can and must play in this regard. In so doing the research will also encompass an investigation of the adequacy of policies and laws governing accessibility with regards to the built environment and social services.

The general systems of society such as the physical environment, housing, transportation, educational and employment opportunities including sport and recreational facilities that need to be made available and accessible to the disabled to ensure full participation in society will be examined closely. This includes the removal of barriers referred to. Ultimately, this would encompass the role that services and facilities can and must play in enhancing the lives of the disabled community.

## **1.2 Research Questions**

The research questions which were used to guide the study were:

- a) To what extent are the disabled catered for in urban environments with regard to services and access in the built and social environment?
- b) What are the most serious problems that the disabled face in the Greater Durban Metropolitan Area (GDMA) and what are the principal obstacles, which impede the physically disabled from being fully assimilated into mainstream society in the Greater Durban Municipal Area (GDMA)?
- c) What strategies and policies have been adopted to improve access to services for the disabled so as to eliminate social and physical barriers?
- d) What strategies should be adopted to improve the overall quality of life of the disabled in the Greater Durban Municipal Area (GDMA)?

## **1.3 Chapter Sequence**

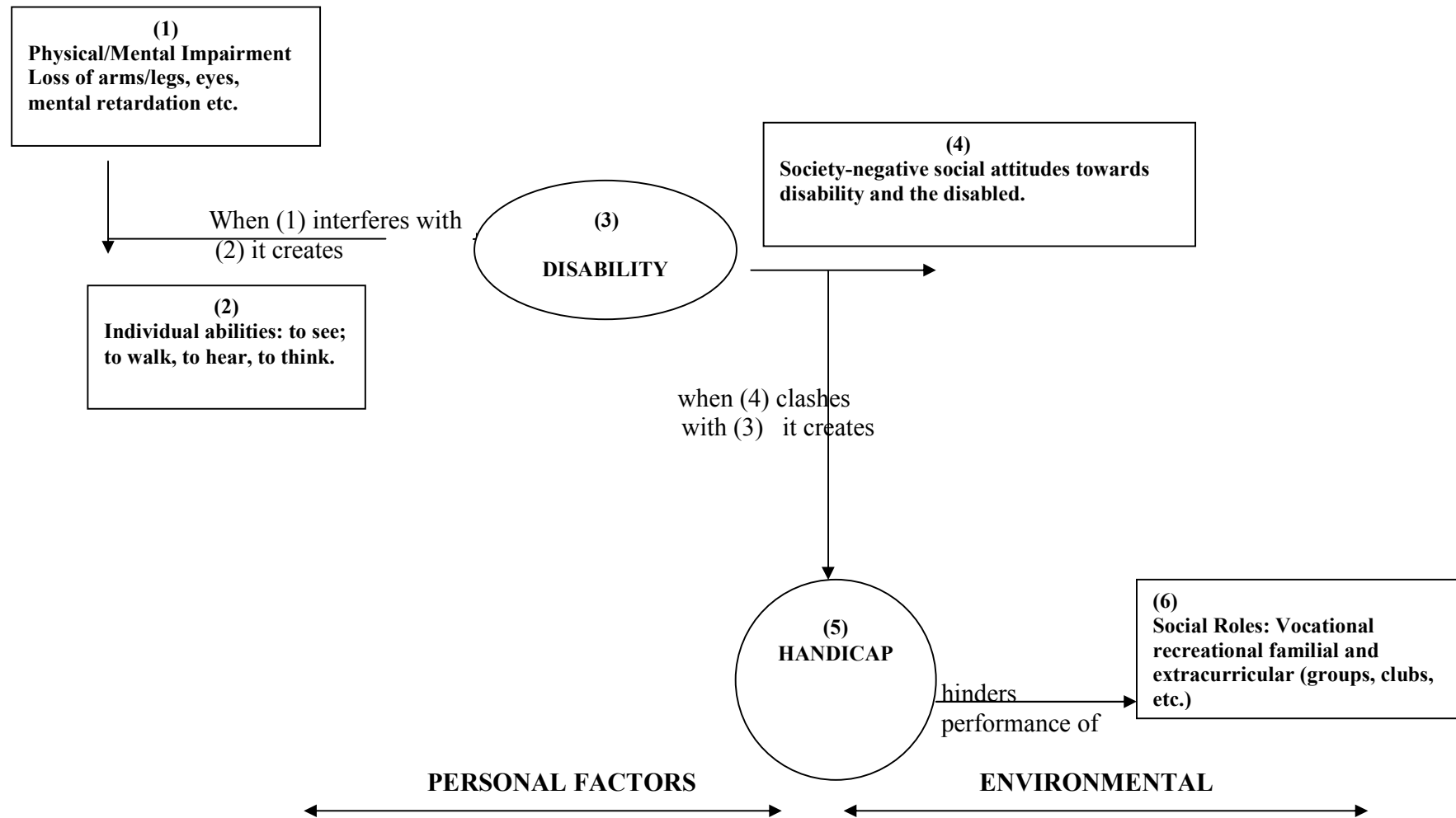
To enhance understanding, the problems that disabled people encounter in our society are contextualised within the wider background of the world of disability. This discussion is captured in chapter two which is the conceptual framework. In chapter three the role and effectiveness of pertinent disability legislation and policy will be examined within a South African context. Chapter four is the methodology. This deals with the method that was used to conduct the survey. The aims, objectives, hypothesis, interview experience, study area and a brief description of data sources consulted will be discussed in this chapter.

In chapter five, the researcher will analyze data which was collected by means of a questionnaire, interviews, direct observation and through secondary sources namely: books, journals and articles. The concluding is chapter six which is an evaluation of the whole research project. The recommendations will also be made in this chapter.

As demonstrated in Figure 1 on page 4, disability issues are largely influenced by socially constructed paradigms. It appears apparent that when prevailing society attitudes are negative toward the disabled, it inadvertently leads to a handicapped status which limits opportunities for equal participation in society. The subsequent emphasis on social environmental shortcomings will be the focus of study as it adopts the social model of disability.

The study will adopt a humanistic perspective which puts more emphasis on the attitudes and perceptions of individuals to measure the quality of life led by the disabled community by investigating the role that services and facilities play, in optimizing independent living

a) **FIGURE 1: Schematic Relationship Among Factors Related to Handicap/Disabled**



Adopted from Spiegel, A D (1981) Rehabilitating People with Disabilities into the Mainstream of Society, N M Publications, USA.

## **CHAPTER TWO**

### **CONCEPTUAL FRAMEWORK**

#### **2.1 Introduction**

This chapter serves as a theoretical basis for the study and serves to place the study in a broad context of research on the provisions made for the disabled community. The literature survey also seeks to clarify and highlight the major problems that disabled people encounter with regards to these provisions made. This would ultimately enhance our understanding of the motivation for the research under taken.

#### **2.2 Key theories**

##### **2.2.1 Medical model of disability**

According to the World Health Organisation's (WHO) International classification of impairments, disabilities and handicaps (2002), disability is defined as 'any restriction (resulting from an impairment or lack of ability to perform an activity in the manner or within the range considered normal for a human being'. This definition highlights disability as a functional limitation (e.g., the inability to walk) resulting from an impairment (e.g., spinal cord injury or amputation). This perspective identifies the disabled community as consumers of medical and social services and thereby considers disability as a problem of the individual, and not the relationship between the individual and his or her environment. The medical model thus creates dependency serving to disempower the disabled community by further isolation from mainstream society. Ultimately this resultant social exclusion prevents them from accessing fundamental social, political and economic rights.

In essence, the medical model associates obstacles as a disabled person's individual biological limitation rather than the man-made barriers of the physical environment or architecture, or oppressive practices that marginalize the disabled through exclusion from the mainstream society (Fine and Asch, 1988:9).

### 2.2.2 Social-constructivist model of disability

This perspective attributes the problems of disability to restrictive environments and disabling barriers created within society, rather than functional limitations of deficiencies. In other words, we are dealing with a socially-constructed category rather than a 'natural', self-evident phenomenon. Disability originates from the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities rather than from the inability of a disabled individual to adapt to the demands of society (Hahn, 1995:45). In summary the Social Model places vast emphasis on the shortcomings of society in respect of disability, and the abilities and capabilities of people with disabilities themselves.

### 2.3 Key concepts

The social dimension model of disability is based on a distinction between impairment and disability. The Union of the Physically Impaired Against Segregation's (UPIAS) (1976, 3-4) definition will be endorsed in this dissertation. It includes:

**Impairment:** lacking part or all of a limb, or having a defective limb, organ or mechanism of the body.

**Disability:** the disadvantage or restriction of activity caused by a contemporary social organization, which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities.

**Mobility:** ability to move easily without hindrance.

**Barriers:** things that prevent or control advancement or access.

**Barrier-free design:** this term covers a wide range of architectural hazards encountered by people with disabilities.

**Handicap:** this term means the loss or limitation of opportunities to take part in the life of the community on an equal level with the others. The purpose of this term emphasizes the focus on the environmental shortcomings and in many organized activities in society e.g. Information, communication and education which prevent people with disabilities from participating on equal terms.

**Access:** this term is very broad and all embracing. It can refer to access to namely: education, employment, leisure, sports, transport, buildings and public spaces (barrier-free design).

**Rehabilitation:** the UN Standard Rules define rehabilitation as: '... a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for a functional limitation. The rehabilitation process does not involve initial medical care. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities for instance vocational rehabilitation.'

## **2.4 Rehabilitation: A retrospective challenge**

"Rehabilitation in its widest sense signifies the whole process of restoring the disabled person to a condition in which he is able to resume an active life" (NICHOLS and GOBLE, 1971: 1).

### **2.4.1 Scope of the challenge**

In order for disabled individuals to lead a normal, healthy and active life, they would have to achieve independence, self-care and work potential in the first instance. It is therefore imperative to make such individuals aware of their potential and thus provide the means of attaining that potential. The primary needs of the disabled person is thus mobility, a place to live, adequate education to get a job, a job to provide sustenance and leisure activities to round out life. The key sections that are featured in this chapter are therefore housing, transportation, education, employment, sport and recreation.

Whilst the next section emphasizes housing, it could apply equally well to the elimination of architectural barriers-anywhere-at home, at work or at play. Specific details are given relative to a wide variety of problems encountered in relation to experiences of the disabled in gaining access to suitable housing structures. There is also evidence that offer encouragement for the resettlement of disabled persons in community housing.

The next section identifies transportation as the key to independent living for the disabled individual. A variety of transportation mechanisms are discussed including walking as an under-utilized means.

Without an adequate education, disabled people will be unable to find suitable employment. This section deals with the problems relating to the lack of basic educational structures and the consequences thereof.

Employment is the next topic covered. In theory, all the other areas lead up to securing gainful employment. A disabled person needs to be able to travel, have some place to live, and be educated with marketable skills. This discussion deals with dispelling the myths about the disabled worker who is mostly considered to be unemployable while still illustrating that problems can be answered if not completely by fostering an enabling employment environment, which is nondiscriminatory.

Recreation and sports are usually side streamed in rehabilitation, since so much effort is devoted to the huge pile-up of problems in other more pressing areas. These last two sections briefly demonstrate the need for definite progress in the field of sports and recreation. The discussion illustrates that creative efforts can yield positive and extremely worthwhile results for disabled people.

In summary, the six topics (viz. Housing, Transportation, Education, Employment, Sport and Recreation) of this chapter are an attempt to identify and highlight the problems that disabled people face daily. It should be pointed out that there is considerable overlap as to ideas and concepts within the topics.

It is clearly apparent that the needs of the disabled community are more obvious than solutions. Whether in housing or health, education or employment, a viable lifestyle needs to be created for disabled individuals to be assimilated into our society. As mentioned earlier, aspects discussed in this chapter impinge upon each other.

Poor housing and unemployment can have a negative effect on physical and mental health, lack of education can make job seeking hopeless; the unavailability of accessible transportation can thwart progress in all areas. Hopefully, the foregoing literature survey will help to conceptualize the barriers that need to be eliminated to attain equality to persons with disabilities.

**Figure. 2: Basic service components regarding disability**



*Adapted from Spiegel & Podair (1981)*

Figure 2 illustrates the various components linked to disability, centred on the social, physical and environmental spheres of provisions that cannot be treated in isolation as they are dependent and often impinge upon each other. These varying components are the central themes that will be explored in detail as the research positions itself in the paradigms of society which is socially constructed.

## **2.4.2 Access and Design**

### **a) Architectural barriers**

The physical inaccessibility of an environment is a major barrier to the disabled person's participation in life. If a flight of stairs makes it difficult for a disabled person in a wheelchair to gain access to a place of employment, he/she cannot even report in person for a job. If public transport is inaccessible, the disabled person is unable to get to the building in which the interview is to be held. It is therefore imperative to make the environment more accessible to disabled people.

"A handicapped person is someone who is prevented from attaining his maximum functional level because of environmental constraints" (Jones and Catlin, 1978, 115). Most buildings, facilities, and equipment are designed for the average adult of average weight, height, stamina, agility, reaction time, eyesight and hearing. As is often the case the disabled person is not catered for. According to Jones (1978) design need only incorporate basic criteria for accessibility for disabled persons. This is problematic as the extent of the disability is varying in severity and need for individuals.

### **b) New Standards in Accessibility**

Critics state that standards go far beyond what is reasonable. They claim that requirements are extreme and unnecessary, and therefore will add extra expense to the building cost at a time when it can be ill afforded. Why should all this money be spent for the sake of one crippled employee, house hunter or student? The fact is that accessibility need not cost more money in new construction. The requirements for new buildings rarely demand special features. In fact, most of the items, details and specifications can be found in any public building that can be used by the maximum number of people. Levers can be used on doors for those with impaired upper limbs and hands. Clear door openings provide adequate space for a person to maneuver in a wheelchair, but are also welcomed by the man moving in with a new refrigerator (Topliss, 1975).

Accessibility benefits all people, and this is why the terms “handicap standards”, “handicap requirements”, or “handicap codes” all have negative connotations and must be abandoned in favor of “accessibility standards, requirements or codes” as they imply access for all people and an extremely positive attitude (Spiegel & Podair,1981).

When accessibility is an integral part of design from its inception the resulting design is rarely more expensive than it would otherwise be, and it is safe and usable by the vast majority of the population. Raising existing buildings to current standards is always more costly than if they were incorporated initially. Planning for new settlements or the adaptation of existing buildings must institute and reinforce accessibility such as the incorporation of lifts, automatic doors and a height restriction to alleviate inconveniences caused by thoughtless building design.

## **2.5 Housing for independent living**

Housing is generally regarded as one of the basic provisions for human existence and as a primary factor in determination of quality of life and contented living (Le Grand, 1982).

In order to participate fully in society disabled people should be able to live with and among others. For this reason housing that is economically as well as physically accessible should be provided by both the public and private sectors. Every effort should be made to encourage public-private partnerships for more effective housing delivery where both sectors play an equally significant role as custodians of the community in meeting basic needs.

"There is a tendency to consider the moderately or severely handicapped person as a helpless mass of flesh and bones. Public attitudes toward the handicapped may be the crux of the solution to housing for those with disabilities. A disabled resident maybe an anathema to a non-handicapped person. Among some segments of the population, the feeling persists that disabled persons should live in housing complexes restricted "to their own kind" (Spiegel & Podair, 1981: 171).

Social recognition can only become a reality when the person with a disability is accepted into the available public and private housing scheme and is treated equally as their non-disabled counterparts. This should be one of the principles of a democratic society.

Governmental agencies are becoming aware of the housing needs of the disabled. Bureaucrats are becoming sensitized to the fact that some disabled persons can function when living alone, while others may need support services supplied by the community. A primary objective of a housing program for the disabled is the removal of the architectural barriers that create road blocks to normal living. Architectural barriers must be removed whenever they would have an adverse effect upon the lives of disabled persons.

"A scarcity of moderately priced rental units, especially in urban areas, is a widespread problem for handicapped individuals. Private builders and real estate interests tend to build luxury apartment houses whose rentals are beyond the means of the mass of disabled consumers. In recent years, the availability of public housing has been reduced to the point where a long waiting list for an apartment is common. The South African context in meeting housing backlogs is certainly not unique and faces similar constraints. The disabled South African citizen has to not only contend with, competing with his or her non-disabled counterparts but also with the throngs of poor who are represented in mass. Until housing units are built in adequate number and apartments are rented at a reasonable cost, the housing problem for disabled citizens will remain critical" (Spiegel and Podair, 1981: 172).

According to Jones (1978) a limited number of housing developments that consider the needs of the handicapped do exist. Accessibility in housing can transform a lonely existence into an active and fruitful life. It is extremely difficult for disabled individuals to obtain adequate housing facilities as they have to continually compete with other segments of the community for a limited supply of housing within an affordable ban.

An expanding consciousness by community leadership for responsibility in creating adequate housing for the handicapped citizen can offset negative attitudes by public-at-large. The state should share a concern for the provision of services to severely disabled persons. A focus should emerge that illustrates, with examples, the concerns for activities, which promote, maximum "integrated living" and individual independence for severely disabled individuals in the community. In summing up, it is apparent that even a full range of modification invariably proves to be less costly to the community than institutional placements.

## **2.6 Transportation is vital**

Accessible transportation serves both as a practical necessity and as a philosophical basis for independent living. Without means of transportation to educational, vocational, cultural and commercial facilities in the community, it is virtually impossible for most severely disabled people to live outside an institutional environment (Topliss E, 1975).

In this sense transportation is the hub of independent living. Its availability expands the alternatives from which a disabled individual can design his or her life. Accessible transportation makes possible creativity and spontaneity, training that qualifies the person for employment commensurate with his abilities, provision life-support functions and services including medical care and daily sustenance and feasibility of employment remote from place of residence.

### **a) The provision of transport for the disabled**

It is perhaps convenient to dichotomize the handicapped population into those who travel, however moderately, on a less regular basis and those who are housebound. The fact that many disabled individuals do travel can be misleading in conveying the degree of difficulty involved; surveys indicate that often the disabled traveler suffers extreme difficulty and discomfort when moving around. Consequently, trip rates among disabled people are low. Studies show that the disabled have difficulties in:

- Obtaining access to public transport vehicles, because of walking problems and other mobility limitations.

- The use of the public transport mode itself, because of its design and operation (Gazely and Morris, 1977).

**b) Meeting transport needs**

Revis (1978) quoted in, Spiegel & Podair, 1981, 149-155, has identified seven categories of systems which can and do largely provide for the movement of the disabled:

**i) Walking**

No transport planner should underestimate the importance of walking as a means of movement of the handicapped. Indeed, for the majority of the handicapped, walking often represents either the only or the most important means of access to facilities and services. This fact is important to urban and transport planners and designers of residential and other urban areas as they can substantially improve the mobility of the disabled by thoughtful design which assists walking. This implies the provision and maintenance of adequate footways and the design of living areas in the urban context where many, if not all, of the everyday needs of the ambulant and mobile disabled without the use of vehicular transport.

**ii) Conventional Public Transport**

For disabled people, public transport can present quite formidable travel problems. Conventional public transport is largely provided by buses although in some areas rail is also available. Although all these systems present certain specific difficulties, there is evidence that the mobile-handicapped use these systems frequently. For the handicapped, conventional public transport offers difficulty in these areas:

- facility and vehicle design
- operations
- costs

Design improvements involve the removal of steps, gaps, barriers and difficult changes in level which preclude or impede the movement of individuals in wheelchairs and even the ambulant disabled. Necessary improvements also include the use of adequate handholds and other supports (including seats) and other facilities, which enable the non-able-bodied to move around easily. New buses purchased must be fully accessible, meaning that there must be a specially designed bus with lift or ramp capabilities.

The cost problem of conventional urban transport can be related to the fact that the handicapped are most frequently in the low-income brackets as evidenced in South Africa and most developing countries where the urban poor are the major users of public transport.

### **iii) Specialized Transport**

Special systems from the viewpoint of mobility provision are close to being ideal. They have, however, one principal over-riding disadvantage; their relatively high cost. Further, facilities that are suitable for the most severely disabled, i.e. those in wheel-chairs, may not be at all suitable for the individual who walks with the aid of sticks or crutches. Very careful design specifications must therefore be used in selecting a vehicle which can meet all the requirements of a specialized system.

### **iv) School Buses**

Some limited use of school buses both internationally and in South Africa have been suggested and even undertaken because of the availability of these vehicles. However, there appear to be substantial difficulties here because of the usually unsuitable arrangements for insurance, administration, design, availability and routing. It is unlikely that these systems can make any substantial contribution to the solution of the problem.

### **v) Taxis**

The use of ordinary urban taxis is not widely institutionalized for specialized social trip service on an individual basis, taxis are largely unused by the disadvantaged, because of their high trip cost. This would include the use by of handicapped persons.

#### **vi) Private Systems**

In South Africa private systems provide a special service for handicapped individuals. However, while the service provided is good, the cost is very high. This type of operation is therefore a limited utility since, as has been noted, a large proportion of handicapped people fall within the lower income groups of society.

#### **vii) Personal Transport**

It should not be forgotten that a large number of handicapped persons do own and drive cars specifically designed for adaptation of his/her disability. The importance of the car must, therefore, not be underestimated. However most disabled people cannot afford personal transport as a direct result of their low- income status and the additional cost of modifying the vehicles.

It emerges that handicapped people with a better education and those who have employment are more independent as regards mobility. The most serious problems are presented by the inaccessibility and unavailability of transport facilities as a primary means of mobility. Attention has to be given to the problem of transportation as a means of mobility for disabled individuals.

### **2.7 Education for a future**

There has been much controversy regarding the right to an education, the right to treatment and the right to proper classification and placement procedures for members of the disabled community. The problems experienced are prohibited discrimination against disabled students by educational institutions and mandated adequate education for all handicapped children. In the past, local government have been reluctant to provide educational services for disabled children. Many parents of handicapped children had to strain the family budget almost to the breaking point when it became necessary to provide a private school education for a child (Topliss E, 1975).

While public schools must provide educational opportunities for the handicapped child, governments have not provided sufficient funding for these programs in many cases. Parents with moderate incomes, who are tax-paying members of the community, should not be expected to pay for a child's education

Extensive support for the development of specialized programs of education for the severely handicapped child is a measure of community participation. Parental pressure forced the educational establishments to develop new programs to meet the mandate of an education for every handicapped student. Despite these mandates, some children are still not being reached by these programmes (Topliss E, 1975).

Should disabled children be segregated in specialized classrooms or integrated with non-handicapped pupils? This question has been raised many times and still remains unanswered. In fact, the significance of integration or mainstreaming may be overemphasized. Some children progress in integrated situations; others do well in segregated ones. The needs of the individual child temper the decision. An evident need is for classrooms equipped with educational aides and with teachers trained in educating the handicapped student (Spiegel & Podair, 1981).

For the institutionalized child, the opportunity for education is limited. Again, the private high fee institution is beyond the reach of most parents. These private institutions offer highly trained staff and advanced equipment necessary for a viable educational experience. Public institutions face inadequate funding, with the resultant lack of staffing.

With the advent of educational funding for the handicapped, some colleges and universities expressed an interest in admitting disabled students. However, architectural changes to permit the wheelchair-bound and orthopedically impaired student to lead a normal life on campus have been slow in coming. Many university administrators object to provisions of the law which mandate structural alterations (Spiegel & Podair, 1981).

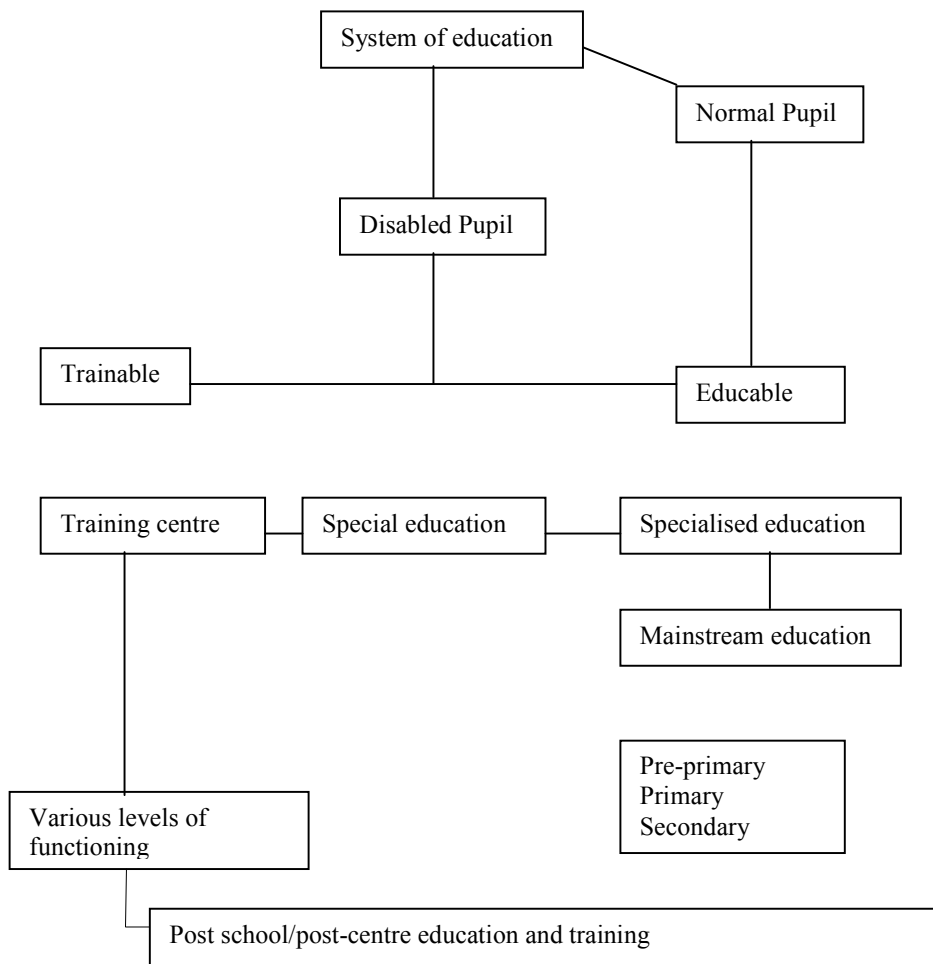
With institutions of higher learning feeling the economic pinches there is a reluctance to provide funds available to the handicapped for transportation to and from campus. Desires of these students to attend college should not be negated by the lack of suitable architectural modifications and the provision of transportation which would make academic life for some handicapped students a reality.

Representation of disabled persons on college faculties is practically non-existent. While colleges cling to the philosophy of equal opportunity for all citizens, presidents and deans of colleges and universities have not followed through with the appointment of qualified handicapped individuals to the faculty (Spiegel and Podair, 1981).

As with the rest of the population, not every handicapped person shows an interest in attending college. There is a need for stepped up availability of vocational training. If this training could be provided in communities where the disabled individuals reside, transportation difficulties may be eliminated. The average cost for educating a disabled child is at least twice the amount for able-bodied students; the funding impact on educational systems is a definite constraint. "If not educating handicapped individuals, society further burdens them with additional insecurities and feelings of inadequacy" (Spiegel and Podair, 1981, 131).

## South African Educational Approach

**Figure 3: System of Provision of Education**

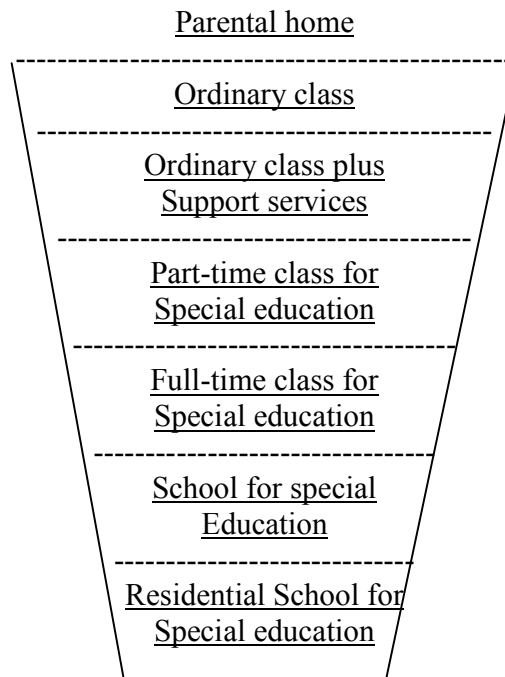


*Adapted from Department of National Health and Population Development, 1987. The Development of the Disabled Person in the Republic of South Africa, Volume 4, pp. 18.*

As illustrated in Figure 3: there are a number of alternative placements where the disabled child can receive education. These placements vary from the institutions that provide comprehensive service in terms of the daily functioning of the disabled child to the educational situations which gradually provide less individual, specialised support, such as the day schools for special education, full-time and part-time classes for special education, full-time and part-time classes for special education attached to ordinary schools, and to placement in an ordinary day school.

The objective in the case of a disabled child is to encourage him, on the basis of his individual abilities, to move in the direction of the ordinary educational situation. This is not only more economical in terms of time, staff, apparatus and actual costs, but will also make it possible for the disabled child eventually to be integrated more easily into the mainstream of life.

**Figure 4: A Continuum of Alternative Placements**



*Adapted from Department of National Health and Population Development, 1987. The Development of the Disabled Person in the Republic of South Africa, Volume 4, pp. 18.*

As illustrated in figure 4 the emphasis on the importance of the parental home underlines the relationship of partnership between the parent and education. This is especially important in terms of placement possibilities that enable the disabled child to go to school from his parental home. Assessment or diagnostic centres also have a prominent place in the possible educational choices available to the disabled student especially in respect of placement and guidance. As indicated in the figure above the different levels of schooling were placed on a continuous scale of least supportive (top) to the most supportive below). In this way a child may move gradually and without unnecessary barriers through this system as he realizes his potentialities.

## **2.8 Gainful employment is essential**

In our fast moving, work-oriented society, it is a waste of human resources and a 'living hell' for a disabled person to be an irrelevant, idle bystander. Yet, discrimination against the disabled in employment has a long history. For decades, employers have held the belief that most handicapped workers were unemployable.

Most people in our society must work in order to survive; few have the resources not to work at all. By being employed, people with disabilities will be able to participate and contribute to society and the economy of the country. If provided access and reasonable accommodation if needed, people with disabilities can become contributors in the workplace and be less dependent on state grants for survival.

There is often a belief that people with disabilities cannot work or are just lazy. Quite to the contrary, provided that special needs are recognised, disabled people are capable of contributing to the country's economy. As with any other person, work is a critical element for a person with a disability. It boosts self-esteem and provides a sense of purpose and accomplishment. It enables people to re-enter the mainstream of society.

The primary concern of the rehabilitation of disabled persons should therefore be to place them in work as soon as possible because satisfying and productive work is one of the principle objectives of human development. Work has a great potential for giving satisfaction and life fulfillment or, on the other hand, for causing frustration and personality disintegration. There is furthermore general concern about the loss to society of thousands of talented persons. Facilitating the incorporation of disabled people into the working world and their subsequent vocational adjustment is therefore a critical social and economic responsibility (Schoeman, 1980). Unfortunately most people with disabilities are 'prevented' from being employed because they do not receive the necessary support.

There are several factors that mitigate against successful employment of disabled persons. In spite of years of active public dialogue many employers are still reluctant to employ the handicapped. Employer concerns range from fears of on the job injuries, acceptance by fellow workers, first aid and other physical support and expenses in making the workplace accessible. In addition to all these problems the employer may still have doubts about the handicapped person's ability to do the job (Schoeman, 1980).

Architectural barriers are the most obvious obstacles. There are also certain less obvious employment barriers of handicapped persons. Pre-employment medical examinations are frequently an artificial barrier preventing the employment of persons who could actually do the job thus barring many capable workers from productive employment.

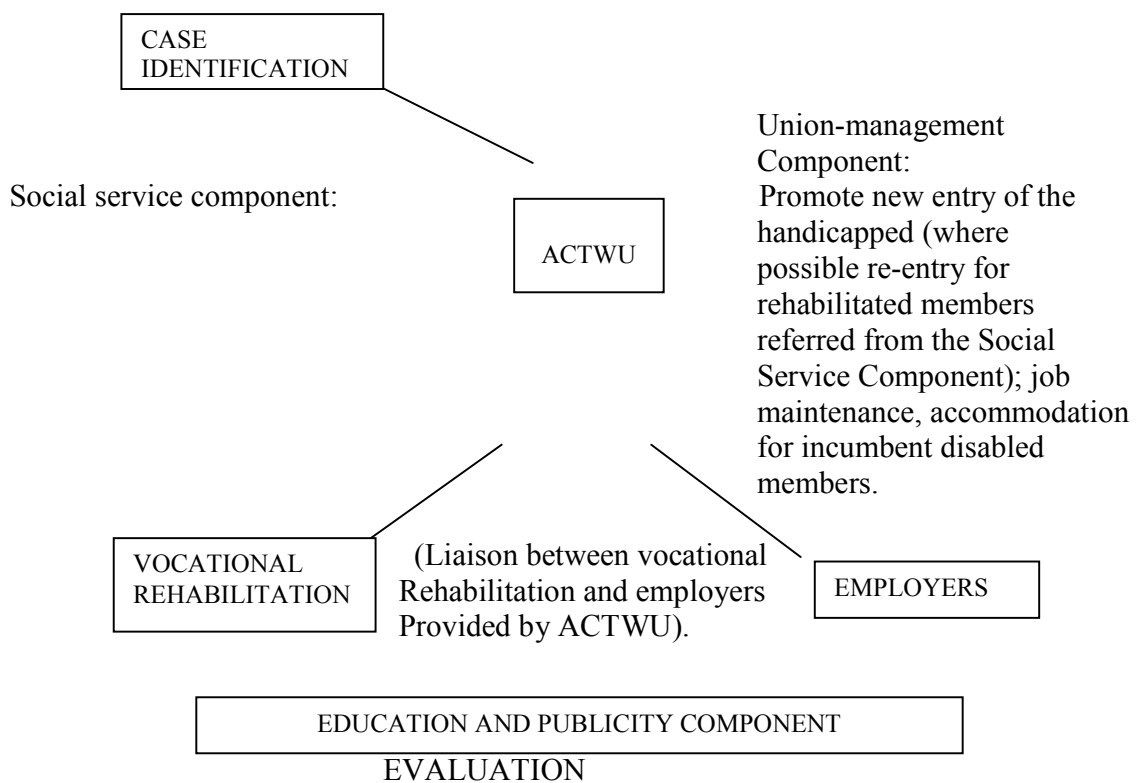
Arbitrary educational requirements constitute yet another artificial barrier to employment. Status conscious and image building employers often set minimal educational requirement that has little to do with the actual level of functioning in the job (Topliss E, 1978),

It has been the experience of job placement officers that handicapped work seekers who have followed the practical course often cannot find employment for which they are adequately trained or receive recognition for their educational level if they are in fact employed. High school drop-outs are unjustly stigmatized by educators themselves and it is not surprising that employer's look askance upon such applicants (Schoeman, 1980).

It appears therefore that many disabled people are employable i.e. able to function adequately on a job, but not placeable, because they are discriminated against because of their disabilities or educational standard. Employment depends not only on the disabled but upon social conditions and attitudes. Jobs must be available and employers must be willing to employ the disabled. The community must be prepared to accept the disabled person as a potential worker. In a complex industrial society such as ours, placement has become a highly specialized process requiring specialized preparation and skills, it is therefore imperative that every effort be made to equip the disabled to becoming employable by skills promotion and accessible training opportunities.

The entire community must assume responsibility for the co-ordination and facilitation of efforts toward employment of disabled persons. The elimination of architectural and arbitrary medical and educational requirements and increased involvement of employers as partners in a joint venture to employ the disabled can bring added profit to the economy and enhanced value to humanity.

**Figure 5: Activity Affirmative Action Model**



*Adapted from Spiegel & Podair (1981)*

As demonstrated in figure 5 the supportive structures that need to be in place during re-entry of the disabled employee into the mainstream of the work realm cannot be seen in isolation. Employers support, social services and vocational training need to be fully integrated as a holistic rehabilitative approach when dealing with the disabled.

## **2.9 Sports are important**

"The games rebuild lives" Nothing truer or more to the point could be said about sports for the physically handicapped than those words uttered by Sir Ludwig Guttman adapted from *Rehabilitating People with Disabilities into the Mainstream of Society*, Spiegel and Podair, 1981).

### **2.9.1 Rehabilitation**

It is not too long ago that physically handicapped people were considered as "cripples" and lived on the border of, if not completely outside of the accepted social structure. All the efforts made today to give the handicapped person a reasonable chance to develop his capabilities, education and the opportunity to earn a living, and thus take his rightful place in society should be considered as rehabilitation.

Firstly, there is the medical rehabilitation, where everything possible is done to ensure physical well-being. Then comes his vocational rehabilitation, where he is taught the best possible manner of earning a living, according to his abilities. Lastly there is social rehabilitation; here sport is playing an increasingly important role.

Sport for the handicapped serves to maintain a high level of performance, supplying training suitable to the disabled in question, as well as establishing social contacts and relationships. In competitive sport the various types of handicaps, from the lightly affected to the very badly handicapped athletes, can measure and demonstrate their capabilities. They can prove that while they cannot match the performances of their able-bodied counterparts, they can in fact perfect the self-same sports, but at their own disability level. The change in the public view of the handicapped has been expressed in their widespread interest in the sports activities practiced.

## **2.9.2 Benefits of Sport**

### **a) To the individual**

Sport and recreation is almost more important for the disabled person than it is for the able-bodied. Although not every disabled individual has the desire to be an athlete and some might prefer stamp collecting, music or art as a recreational outlet, participation in sports does improve mobility, balance, endurance, decrease in weight, and perhaps, more important than any of these physical advantages, eliminates or helps to diminish the sense of depression that so often accompanies a serious and permanent physical disability.

### **b) To society**

Disabled persons who rise beyond the rehabilitative and recreational aspects of sport to engage in competition at national or international levels are obviously at the apex of the pyramid. Through their efforts, benefits accrue to all the physically disadvantaged persons in the community. The publicity attendant upon a disabled athlete achieving some remarkable feat does a great deal toward removing social stigma and economic barriers that exist between the handicapped and the able-bodied community.

The prospective employer, for example, faced with a wheelchair-bound applicant, might have favorable second thoughts concerning the person's job capability, if he is aware that a similar wheelchair-bound person has raced a mile in just 5 minutes or lifted a bench press of almost 600lb (Spiegel and Podair, 1981).

Similarly, architects might think more about the structural barriers that impede wheelchairs, such as stairs or narrow checkout channels in supermarkets. Restaurants might have a Braille menu available on request. All of these and more benefits can materialize when the community is made aware of the potential of the disabled athlete, and the problems of all disabled people.

### **2.9.3 Lack of Opportunity**

A major problem facing the physically disadvantaged athlete is that the opportunities to train and compete are not as great as those for the able-bodied athlete. Government should make such facilities available. Swimming pools and gymnasiums should be made accessible to wheelchairs. Support is also necessary in terms of manpower, with coaches and fundraisers from the communities helping the handicapped sportsmen achieve their goals.

Sport has been instrumental in promoting integration and providing a means for seriously disabled people to re-enter the mainstream of life. Eventually, sports and programs will and should be in existence to accommodate any person with any physical handicap, should he or she seriously wish to get involved in a recreation or competitive sporting activity.

In summary, it is important to note that sport has done a lot toward making people realize that sickness and disability are not synonymous, and that it is not what you have lost, it is what you have left that counts.

### **2.10 Recreation is a part of living**

Recreation is one of the most neglected areas in the lives of disabled individuals. Everybody realizes that the disabled person should engage in leisure time activities but most helping professionals (namely social workers, therapist etc) are preoccupied with the myriad of other, perhaps more immediate, pressing problems to resolve. Many disabled individuals have an abundance of leisure hours but few opportunities of doing anything during them.

It is important to remember that recreation is another facet of a full life and can stimulate a person's vitality. "Physically, recreation can help reactivate bodily functions. Psychologically, recreation strengthens ego satisfaction and accomplishment aspirations", (Spiegel, 1981, p. 305). Thus leisure activities combine the necessary benefits for that contribute partially to optimum living.

In recent years a number of sports organizations have been established in South Africa to serve handicapped persons such as bowling clubs, wheelchair basketball etc. This brief listing illustrates the scope of recreational facilities for activities in which disabled individuals can indulge in. There is even an Olympiad for the Physically Disabled and the accomplishments of disabled athletes are worthy of the attention of world recognized Olympians.

While special programs do exist in areas such as organized activities, the support of the community is vital if recreational activities are to be available on a routine basis for disabled people. Adequate community support will enable disabled persons to utilize the existing recreational facilities without discrimination. This mutual leisure time interaction could go a long way toward the erasing of attitudinal barriers and have been for all concerned (Spiegel, Podair, 1981).

The 2008 Para-Olympics drew tremendous attention in the media and the successes of the South African athletes in their outstanding performance were a great accolade to the disabled community. This not only brought national pride to the citizens of South Africa but was a great source of admiration and acclaim the world over. Events such as the Olympics can be considered as a great opportunity for the injection of self worth and a feeling of accomplishment more especially for the disabled.

## **2.11 Conclusion**

In the light of the preceding discussion, the researcher attempted to place the position of the disabled community within the wider context of international and local precedent regarding general provisions for the disabled and the generic lack or inadequacy of services and facilities available. This was done by reviewing the relevant literature and assessing previous research findings. It is hoped that the results of this study will succinctly demonstrate the contingent shortcomings in respect of the adequacy and accessibility of services and facilities in the disabled environment. In addition it is hoped that the research findings will highlight the existence of contingent barriers that prevent optimal living by disabled individuals.

## **CHAPTER THREE**

### **DISABILITY PROVISIONS IN SOUTH AFRICA**

#### **3.1 Introduction**

This chapter serves to further contextualize the challenges faced by the disabled within a South African context by reviewing the role and effectiveness of disability legislation in South Africa and establishing the scale of the issues at a regional level more specifically in the Greater Durban Metropolitan Area (GMDA) in Kwazulu-Natal.

#### **3.2 Prevalence of disability in South Africa and the GDMA**

According to the World Health Organisation (WHO, 2003), people with disabilities are estimated at 10% of the world population. In South Africa there are unfortunately no reliable statistics on the prevalence and nature of disability due to amongst other things, the differences in the definition of disability as well as the criteria used to assess the nature and severity of disability. A estimated figure, however, according to the Department of Health is estimated to vary between 5,9% and 12%. Estimates, however, from a range of different sources suggest that more than 7% of the total population or over three million people have a moderate to severe disability in South Africa (SAHRC, 2002).

The capacity to gauge the quality of life of disabled people with accuracy is problematic due to lack of comprehensive socio-economic and demographic information in both the Greater Durban Metropolitan Area (GMDA) and in South Africa generally. The lack of appropriate and reliable statistics imposes severe limitations on integrating disability with planning provisions more specifically around access issues.

#### **3.3 South African legislation and policy relating to disability provisions**

In the wake of South Africa's new democracy expectations were high especially among the disabled as it meant that advocacy on the inclusion of the disabled in the transformation and reconstruction of South African society was possible.

The signal of a new era of change, transformation and renewal, was the ultimate responsibility of government, specifically for providing equalization of opportunities. As former President TM Mbeki noted in his historic address of the nation: “*The success in the development of a nation is measured by what it provides for its disabled citizens*”. This statement heralded a milestone in the history of South Africa as it was the first time disabled persons issues were elevated to the forefront of the development agenda. (Office of the Status of Persons with Disabilities (OSPD), 2002).

Since then the country has developed some of the most progressive legislation and policies aimed at protecting the rights of disabled people comparative to none in the world to date. The government firmly entrenched disability issues in the constitution by proclaiming that no one in South Africa may be discriminated against on the basis of being disabled. Following from this a number of related pieces of legislation have been promulgated, which target disability discrimination specifically. These include and are not limited to:

**a) Employment Equity Act, No. 55 of 1998**

This act acknowledges that people with disabilities are unfairly discriminated against in society and in employment, because of widespread ignorance, fear and stereotypes. As a result, people with disabilities experience high unemployment levels and, if they are employed, often remain in low status jobs and earn lower than average remuneration. In terms of the Act, all legal entities that employ more than 50 people must submit Employment Equity Plans to the Department of Labour, showing how many people with disabilities are employees and what position they hold (South African Human Rights Commission (SAHRC) Report, 2002, p.22).

**b) The Promotion of Equality and Prevention of Unfair Discrimination Act**

**2000:** This Act deals with the prevention, prohibition and elimination of unfair discrimination guaranteeing equality before the law. The Act states that neither the state nor any person may unfairly discriminate against any person on the ground of disability, including;

- denying or removing from any person on the ground of disability, any supporting or enabling facility necessary for their functioning in society
- contravening the code of practice or regulations of the South African Bureau of Standards that govern environmental accessibility
- failing to eliminate obstacles that unfairly limit or restrict people with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such people.

Significantly, the Act rules that the promotion of equality is the responsibility of persons operating in the public and private domains which include and are not limited to the government, the private sector, parastatals and the community at large (South African Human Rights Commission (SAHRC) Report, 2002, p. 21)

**c) Skills Development Act (SDA), No. 97 of 1998**

This Act sought to implement structures and processes to transform skills development in South Africa. One of the purposes of the Act is to improve the employment prospects of people previously disadvantaged by unfair discrimination, and to redress those disadvantaged through training and education.

**d) South African Schools Development Act 1996**

This Act provides for the inclusion of learners with special educational needs. Public schools are required by law to admit all learners and provide the necessary educational requirements without discrimination.

**e) Social Assistance Development Act, No.59 of 1992**

This Act provides for assessments for disability and care-dependency grants which are conducted by medical practitioners who evaluate information and determine disability to qualify for the disability grant. The government provides an amount of R940 on a monthly basis upon successful evaluation and acceptance of application.

**f) National housing modification subsidies**

Nationally disabled people are eligible to apply for a housing subsidy which cater for home modifications if they in a household with a monthly income of R3500 or less, over and above this they are also eligible to apply for an increase in the subsidy amount to cover housing modifications that would adapt their home to their specific needs. Depending on the nature and severity of a beneficiary's disability, the following additional provision may be granted:

- R720 to provide 12 square metres of paving and a ramp at the entrance to a home;
- R300 to provide fit plates to doors;
- R1100 to provide grab rails and lever action taps in bathrooms; and
- R700 to provide visual doorbell indicators. (Department of Housing, 2000, p.183-184).

These pieces of legislation provide for an excellent basis for promoting the human rights of disabled people. The challenge however is the realisation, as, evidence exists that implementation has been slow in coming due to insufficient follow-up efforts.

**3.4 The role and effectiveness of disability policies and legislation**

“Although anti-discrimination caveat in the Constitution makes specific reference to disability, having such principles present in law does not mean that the rights of disabled people are secured on the ground. Legislation alone cannot guarantee that human rights are realized; rather, it simply provides a framework of directives with which to begin a process of exploration and redress” (Nhlapo, Watermeyer & Schneider, 2006).

Notwithstanding the support for the adoption and formulation of policy, the real risks lie in the lack of implementation. Severe capacity constraints as well as budgetary limitations have prevented effective implementation of policy. The South African government has not been consistent due to poor championing, inadequate institutional arrangements and a general lack of capacity and poor monitoring of the law.

Although specific legislation has created a renewed sense of awareness around access and disability needs few policies have had any real major impacts on the lives of the majority of disabled people in South Africa. Problems associated with the lack of fiscal resources, ignorance of civil servants responsible for policy implementation, and bottlenecks in procedure are amongst others, the main causes of ‘policy evaporation’ within the South African context.

### **3.5 Universal Access regulations and strategies**

“The shaping and reshaping of South African urban settlements is the shared responsibility of residents, design professionals, municipal officials, local and national politicians, financiers and developers, yet in South Africa the concept of ‘universal access’ is rarely discussed. Universal access means that individuals should be able to move from home to the community to public buildings without barriers in their way,” (Economic and Social Commission for Asia and the Pacific (ESCAP), 1995, p.1)

#### **a) The National Building Regulations of 1986, Section S**

There is a tendency to think that there is a non-existent regulatory framework for universal access especially in regard to barriers that exists in the physical environment in South Africa., however, one cannot discount the National Building Regulations of 1986, Section S, which relates specifically to more accessible building designs (South African Bureau for Standards (SABS),1990). Although this regulatory framework exists, one of its major deficiencies is the apparent ‘let out clause’, which postulates that ‘reigning economic conditions may make it difficult to provide facilities relating to universal access in all buildings. Another flaw of Section S of the building regulations is the lack

of influence on dwelling spaces as it does not extend to dwellings and therefore legislatively there is no requirement that professionals including designers, engineers, planners and builders involved in the construction of dwellings take note of Section S.

A review of built environment legislation and disability by the South African Human Rights Commission's (SAHRC, 202, p.8) also highlighted that currently insufficient enforcement of Section S by building control officers has led to the majority of public buildings in South Africa being inaccessible as also evidenced strongly in the Greater Durban Metropolitan Area (GDMA).

**b) Imagine Durban Initiative**

A key theme identified by eThekweni's Imagine Durban process is that of Universal Access which is aimed at improving accessibility to services and facilities for all residents of the municipality. In doing so a set of proposed goals for accessibility accompanied by an action plan for universal access is being proposed for the future as a strategic focus area for long-term planning. The overall strategic intent is centred on mobilizing society around plans and strategies to promote accessibility. Some of the strategies being proposed as it relates to disabled are:

- to devise a public awareness campaign that promotes awareness of the accessibility needs of the disabled;
- businesses to ensure that premises adhere to basic principles of universal access design and do not provide features/facilities that discriminate against the disabled;
- planning for the disabled in terms of housing, transport and everyday facilities.

These recent strategic proposals have generated some interest among the various stakeholders and are highly visionary in terms of their outlook, however the challenge lies in further action and concrete results yet to be actualized.

### **3.6 Strategic initiatives regarding disability provisions in the Greater Durban Metropolitan Area (GDMA)**

In November 2006 the eThekweni Municipality embarked on a public engagement process in the form of a workshop to establish the nature of the challenges that the disabled community from the Greater Durban Metropolitan Area face. The purpose of this initiative was primarily to establish a relationship/partnership with the disability sector within its municipal region and prepare a programme of action. Following this an interim disability structure was established.

Some of the most pertinent challenges stemming from discussions with community members affected by disability issues were the inaccessibility of information and a lack of consultation on policy development relating to disability provisions. As a way forward an agreement between the disabled community and the municipality was reached in which a commitment to enhance and foster a partnership between both parties and the business sector on issues pertaining to disability was reached. The concerted efforts on the part of the municipality can be regarded as highly progressive and the first step in the right direction, however more meaningful actions have not materialised to date.

### **3.7 Conclusion**

In the foregoing discussions it is clear that planning legislation and guidelines in South Africa and at a local level in the Greater Durban Metropolitan Area (GDMA) has failed to fully integrate the needs of people with disabilities through barrier-free provisions and access policy. It becomes apparent that legislative requirements need to be more regularly updated, strictly monitored and imposed, and the repercussions for non-compliance more acutely stressed. The earlier discussions about seemingly progressive legislation and policy, when juxtaposed with the realities of the disabled people living in South Africa and more specifically in the Greater Durban Metropolitan Area, illustrates that in a country where the rights of freedom and non-discrimination are constitutionally enshrined, there remains an immense gap between intention and reality. It is on this premise that the motivation for the research following was undertaken.

## CHAPTER FOUR

### RESEARCH METHODOLOGY

#### 4.1 Introduction

According to Oliver (1992), research on disability has had little influence and has made no contribution to improving the lives of disabled people. Zarb (1992:127) acquiesces: “Research has done nothing to contribute to the empowerment of disabled people.” Traditionally disabled individuals have viewed research in a negative light as it has failed to materialize benefits to them in terms of improving their material circumstances and quality of life.

As such research was perceived as a violation of their experience and insensitive to their needs. Past researchers dealing specifically with disability issues (most of whom were able-bodied) have tended to reproduce and reinforce a personal tragedy view of disablement, seeing the problems that the disabled people face as being caused by their individual impairments (Abberley, 1993).

In order for the research to be meaningful and not in itself a mechanism of alienation, the disabled themselves needed to be active participants in the study. Adopting the social definition of disability meant that the quality of linkages between people with disabilities and their physical, social and economic environment was studied. For this reason qualitative as well as quantitative research methods were adopted to enhance understanding of disability and perceptions of how society relates to the disabled.

#### 4.2 Motive and aim of the investigation

The need was felt to take a systematic look at principal factors relating to disability provisions. What has been done so far and has to be done; what experience has been gained; what views and wishes exist concerning the provisions made for the disabled. Further, it is intended to use the results of this research as a basis for further action.

To devote more attention to service provisions pertaining to the disabled may in fact mean: improvement of the integration of the disabled people into the community and enhancement of their independence, or, as a blind man once said, ‘independence is the precondition to normal social functioning’ as quoted in Spiegel & Podair, 1981.

### 4.3 Study area

The study area is the Greater Durban Metropolitan Area, where the Association for persons with Physical Disabilities (KZN) was used as contact for persons with disabilities within the region. It is important to note at this point that respondents qualified as participants for the research due to the fact that they reside, work or attend school in the Greater Durban Metropolitan Area.



Figure 6: Map of GDMA Source: *eThekwini GIS*

#### **4.4 Aims and objectives**

The aim of the study was to investigate the provisions made for the disabled community in Greater Durban Metropolitan Area with regard to services, facilities and their availability and accessibility. The study also sought more specifically to ascertain the impact on the quality of life led by the disabled community due to the inadequacy of services and facilities provided.

The objectives of this study were to:

- investigate the accessibility of services and facilities for the disabled;
- determine the adequacy of the existing facilities provided;
- evaluate the impact of a lack of services and facilities on the quality of life by disabled individuals;
- forward recommendations and frame guidelines for future action.

#### **4.5 Hypothesis**

There is a general lack of services and facilities for the disabled in the Greater Durban Metropolitan Area. There is a problem of accessibility with regard to existing facilities. This creates barriers to independent living and therefore results in a poor quality of life led by disabled individuals residing in the Greater Durban Metropolitan Area.

#### **4.6 Data sources**

##### ***Primary research***

The research hypothesis being tested is exploratory and qualitative in nature. The multi-faceted subject explored in this dissertation required in-depth understanding of disability and access provisions in the GDMA. It therefore appeared important to seek opinions more particularly of disabled individuals who are directly affected by the critical issues raised concerning the accessibility of services available to the disabled, furthermore persons specially concerned with disability working at the principal organizations in the field of welfare for the disabled society as well as private welfare organizations and disabled people's organizations were interviewed and consulted for their in-depth knowledge or understanding of disability and provisions made to date.

Since disability is a cross-sectoral issue, it was considered beneficial to gather wide-ranging perspectives of key participants which engendered a more holistic understanding of the themes in this study. For this reason the research in the form of a pilot study was conducted on the following lines: a questionnaire that held open ended and close ended questions was applied to an available sample of 100 disabled people residing in the Greater Durban Metropolitan Area (GDMA) in November 2006 spanning a two week period. Respondents were chosen due to their link with the Associations for Persons with Physical Disabilities (KZN).

This inquiry which was held by the researcher yielded information on disability, the problems they encounter in connection with being disabled, wishes for the future, and information on a number of personal particulars with regards to housing, transport, education, employment, sports and recreation. Parents, relatives and friends of disabled persons as well as the disabled themselves were interviewed in considerable detail concerning the various aspects of disability and the perceived quality of life that these individuals lead.

Due to the complexity of the subject explored in this dissertation structured and unstructured interviews were conducted with key participants and the questions posed were contingent upon the area of expertise of the person being interviewed. The key participants included amongst others, private welfare organizations and social workers, commerce and industry, local government representatives, educators as well as families and parents of the disabled. The research was also conducted via direct observation of the provision issues central to the study from the period of 2002 to present which demonstrated the dynamic nature of how new thinking about disability has evolved over time. The key participants who shared their extensive experiences of the problems they encountered and their relevant understanding of the issues at stake, were an important catalyst which stimulated and influenced the researcher's views and understanding of the research at hand.

### ***Secondary research***

An extensive literature review of books and journal articles (both South African and international) comprised an integral component of this study, especially the formulation of an appropriate theoretical framework from which to work. The bulk of the secondary resource material was obtained through searching bibliographic databases, the internet and printed indexes.

## CHAPTER FIVE

### RESEARCH FINDINGS

This chapter presents the research findings and the presentation of results. Interviews were conducted, a questionnaire was administered in November 2006 and the responses were recorded. The respondents qualified as participants of this study due to their physical disability status. All people above the age of 15 years qualified as respondents as this is considered to be an average school leaving age. In constructing the sample, a key concern, was to identify a sample size that was large enough to highlight patterns of experience but small enough that it was manageable for the researcher. As a result of time constraints and high costs only 100 questionnaires were administered based on an availability sample.

#### 5.1 Demographic and employment characteristics

##### a) Gender

Of the sample 60% were male and 40% were female. The 2001 South African census reports 52% of people with disabilities in South Africa are female and 48% are male.

##### b) Age

The largest percentage of the disabled 27%, fall into the 65 and above age group bracket. This could be attributed to the high incidence of disabilities over the age of 65 years due to old age diseases such as arthritis.

**Table 1: Age Distribution of Respondents in Relation to Gender**

Age in years	Males	Females	Total
	%	%	%
15 - 24	7	3	10
25 - 34	16	7	23
35 - 44	10	10	20
45 - 54	4	3	7
55 - 64	10	3	13
65+	14	13	27
Total	60	40	100

Source: Disability Survey 2006

**c) Marital status**

The largest proportion of the sample (43%) were married, 27% were single, 23% were widowed and 7% were divorced.

**d) Occupational Status**

Of the sample the largest percentage (64%) were unemployed, 23% were unskilled, 3,3% were professionals, 3,3% were employed in skilled manual and non-manual jobs, 3,3% were semi-skilled workers, 3% were self-employed and none of the respondents had managerial status. The high percentage of unemployment amongst the respondents is directly proportional to a large number of respondents being dependent on state social disability grants. The low percentage of respondents shown to be professionals demonstrate limited scope for advancement of the disabled to senior management positions due to limited opportunities for progression as a result of prevailing discriminatory attitudes and lower educational qualifications.

**e) Occupational classification**

Table 2: A national classification is used to categorize employment status as follows:

<b>Occupational Status</b>	<b>%</b>
Professional	3,3
Managerial	0
Skilled manual & non-manual;	3,3
Semi-skilled	3,3
Unskilled	23
Unemployed	64
Self-employed	3

Source: Disability Survey 2006

**f) Income Status**

The survey revealed that the largest proportion of respondents in the GDMA (67%) had an average monthly income in the R700-899 bracket. This is due to their unemployed status. Of these respondents with low incomes, large percentages are welfare-grant holders and those that are self-employed are mostly unskilled and poorly educated and earn a living through engaging in menial activities.

Only one respondent had a monthly income of more than R2000 which is due to his status of being a skilled worker and therefore having the required training to be able to earn more than most of his counterparts. The low income status of respondents demonstrates their subsequent poverty. This could generally be attributed to disabled people being more likely to have lower education and literacy levels than their non-disabled counterparts.

Participants in the survey expressed that their low levels of employment was due to their low levels of skills and training. The survey also highlighted that there is a direct correlation between social exclusion and marginalisation from having limited opportunities to contribute their to self sustenance, households and the community at large.

The lack of adequate and appropriate transportation, physical inaccessibility of the environment and the associated lack of learning opportunities have created barriers in accessing employment and educational opportunities as well as reducing opportunities for social and economic participation is evidenced by the respondents in the survey. It can thus be concluded that due to their low levels of income, the respondents lead a poorer quality of life.

Disabled people and their families are burdened by the exceptional risks of economic hardship, due to heightened demands on family resources and the reduced availability for employment, ultimately a poorer quality of life is attributed to limited opportunities for the disabled in spheres such as the educational and employment sectors namely professional, skilled, semi-skilled and general labour.

**g) Educational levels**

According to the survey the majority of respondents (57%) have received a primary level of education, 33% have had a secondary level of education and only 7% of the respondents have had a tertiary level education, 3% had no formal education at all. These figures suggest the general lack of educational provisions available for the disabled.

Further research based on the study revealed the respondents' collective desire to attend tertiary institutions. This is however problematic as tertiary education are more often than not inaccessible to disabled students. In addition, the respondents expressed extreme dissatisfaction with the long distances that disabled students have to travel to schools which catered for their disabilities.

In addition most respondents declared that the reasons for not reaching their desired educational levels included a shortage of money, a lack of schools catering for their needs and environmental barriers that prevent them from participating in higher education and learning.

These findings demonstrate the urgent need to provide accessible schooling for disabled students in the Greater Durban Metropolitan Area. Based on the inadequacy and inaccessibility of tertiary education and other general educational provisions for the disabled, there is an urgent need of upgrading existing facilities by making suitable changes for disabled students such as physical adaptations by the inclusion of ramps, automatic doors and additional lifts.

#### **h) Employment**

The survey found that a substantial proportion of respondents in the GDMA, 77% experience difficulty in finding suitable employment due to a lack of employment opportunities. Only 23% had jobs. Almost all of the respondents (90%) experienced some form of bias in the workplace due to their disability status.

The results of the study thus show that negative and discriminating attitudes and practices towards disabled persons are widely spread among the realm of the working world. There is thus an urgent need to promote equal opportunity in the workplace in the GDMA to improve the living conditions of the disabled.

As evidenced in the survey sample, disability is often synonymous with poverty and unemployment. The respondents employment rates were unusually low due to reduced opportunities to access education, low literacy rates, limited skills and levels of training are relative to their unemployed and under-employed status.

A substantial amelioration of barriers against and attitudes towards the disabled and the chances for a comprehensive integration can and should be achieved. All effort to promote employment opportunities for the disabled should be made and treated as the 'flagship policy sector'. It is certainly necessary to improve the overall quality of life of disabled persons through economic integration.

## **5.2 The housing environment**

### **a) Suitability of design of accommodation**

Of the sample of disabled respondents in the GDMA, 87% reside in unsuited accommodation as the design of their homes does not cater for comfortable living and only 13 % of the remaining respondents live in homes designed to cater for their disability. The Participants in the survey outlined a range of issues centred on the inability of their home environment to cater to their personal levels of needs and comfort.

Great difficulty was experienced by the respondents especially with regard to the inability to use toilets as more often than not, these were not modified to suit their disabilities. Others mentioned the need for grab rails to assist mobility and movement in the home and expressed their dependence on family and others to ensure movement around the home environment.

The respondents also experienced problems at their home entrances, the width of their corridors not being wide enough for wheelchair-use, lack of handrails in bathrooms, and in general problems of unsuitability of living area such as bedrooms and living rooms which were physically unsuited to the respondents needs. These findings reveal that many disabled persons in the GDMA are unsuitably housed and need substantial improvement to their accommodation.

Although government subsidies are available to cater for modifications in the home environment the survey found that none of the respondents have applied for this subsidy or even heard of it. The problem would seem to be one of poor advertising and the general lack of awareness as regards access to information amongst the disabled community especially in the study area of the GDMA.

The need for purpose-built accommodation in the GDMA for disabled tenants is abundantly clear. This would invariably result in greater mobility and comfort within the home environment invariably thereby contributing to increased feelings of self-dependence and overall improved quality of life.

It would thus seem that attaining freedom from physical barriers in the home environment is a relatively surmountable task without necessarily being a costly affair. Stemming from this the survey has revealed that greater commitment to the sensitive design in the GDMA needs to be applied with regard to building approvals specifically for both public and private developments by enforcing accessibility principles. Professionals (architects, planners and engineers) have to be held accountable due to their contribution to the legacies of barrier-free access within the context of the home environment.

**b) Accessibility of public environment in relation to design**

According to the survey a large proportion of the respondents in the GDMA (80%) found their environment to be inaccessible thereby restricting movement, 13% found it to be moderately accessible and only 7% of the respondents found the environment in the to be accessible allowing for easy movement. When asked about the public realm, there were three main areas of concern that were frequently raised by the participants, namely roads and pavements, access to public buildings and the outdoor environment in general. The participants experienced problems related to poorly designed pavements, high kerbs which necessitated a struggle to move on and off roads in the GDMA generally.

Public and commercial buildings also provide an opportunity to create conditions for universal access. Participants highlighted problems with accessing public toilets in many public buildings, with no provision to sit, even at pension offices which were specifically meant to cater for the elderly. The access, only by stairs to many buildings which include banking institutions, schools, universities, shopping malls, libraries and public recreational buildings within the GDMA adversely affected the mobility of the majority of the respondents and were viewed as stumbling blocks in their daily living patterns.

These findings are consistent with the view that most buildings, facilities and equipment in the GDMA are designed for the average normal person. The disabled person is not catered for. In order to maximize optimal living with regard to mobility and comfort, it is therefore imperative to make the public and outdoor environment more accessible to disabled people in the GDMA which would significantly improve the quality of lives of disabled people in general.

### **5.3 Transportation**

#### **a) Frequency and accessibility of traveling**

The survey revealed that some of the greatest barriers experienced by the participants in the GDMA were in the area of public and private transport. There is a strong correlation between respondents' frequency of traveling and the accessibility of transport facilities available in the GDMA (see Table 3). Seventy percent of the respondents only travel occasionally and eighty three percent of the respondents do not have access to transport facilities. This demonstrates that the lack of accessible transport facilities available to disabled individuals prevents them from traveling very often.

Limited effort by local government, since the survey, has been tested to try and ameliorate these access problems such as the subsidisation of special public buses designed to cater primarily for the disabled which run mainly between employment centres and the peri-urban settlements within the GDMA.

Another service concept initiative by local government has been the introduction of a fixed-route schedule bus service. Two used buses were fitted with wheelchair lifts and other features, and used to transport disabled passengers daily from two outlying areas to the city centre. The route ran via frequently visited destinations such as hospitals, special schools, and pension pay points. This service was very popular with users and demonstrated the need for more public transport services to be made available in the GDMA to cater for disabled people especially those with reduced mobility.

This is an important first step in a society where disabled people are still largely invisible and public perceptions need changing. These efforts have also helped leverage local political will such as being a part of the Imagine Durban process where universal access is being advocated which will continue to expand the services within the GDMA.

**Table 3 Frequency and accessibility of Traveling of Respondents.**

<b>Frequency</b>	<b>%</b>	<b>Accessibility</b>	<b>%</b>
Very often	10	Have access	17
Occasionally	70	Do not have access	83
Rarely	20		
<b>Total</b>	100		100

Source: Disability Survey 2006

**b) Propensity to use public transport if available to the disabled**

For people with disabilities in the GDMA the main forms of transport available to them are taxis or the public bus system. Access to public transport was an issue that was raised by most participants of the survey. The main concerns expressed by the respondents of the survey were the insensitivity of taxi and bus drivers to the disabled and their perceived reputation for being aggressive, contributing towards negative attitudes towards the disabled and their reduced use of public transport; the inability to afford regular taxis; the long distances between taxi and bus stands and home or destinations; and extreme difficulty in getting on and off bus and taxis.

In spite of these actual and perceived problems in accessing public transport, the survey revealed that a large percentage of respondents would use public transport if it were adapted and made more accessible to them for some purpose or the other as demonstrated in the Table 4. This demonstrates the urgent need to step up accessibility in transforming the public transport system in the GDMA as it is considered to be an integral component to enhanced living.

The importance of meeting the transport needs of the disabled in the GDMA is central to attaining barrier free living as inadequate transport facilities can prevent optimal living due to inability to access jobs, services such as education and recreational opportunities.

**Table 4: The propensity of disabled people to use public transport if available**

<b>Trip purpose</b>	<b>%</b>
Work	57
Shopping	60
School	42
Social Trips	70
Leisure Activities	83
Medical	42
Other Purposes	28

Source: Disability Survey 2006

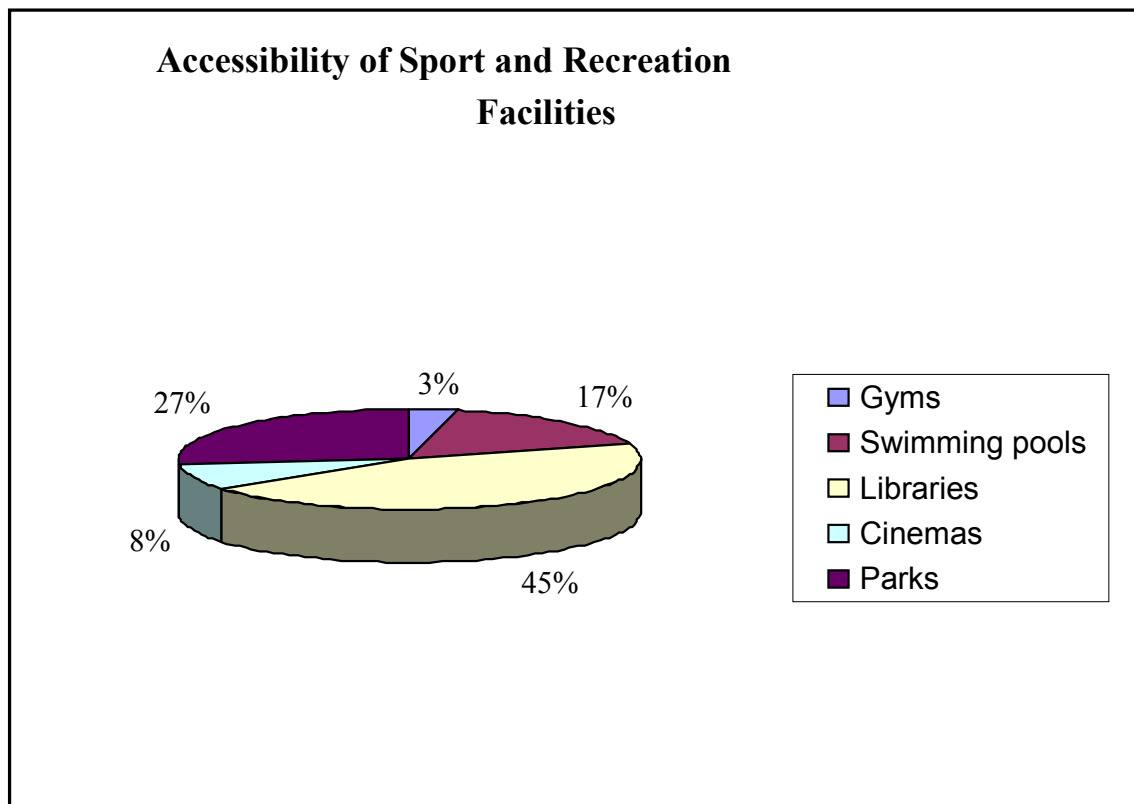
**c) Accessibility of sports and recreational facilities**

Respondents expressed low levels of participation in recreation and leisure activities due to a lack of transport to get to facilities and poor design of the facilities available. The survey highlighted overall the lack of accessibility to recreational facilities due to physical barriers relating to the built environment. Of the sample only 27% of the respondents had access to libraries, 16% had access to parks, only 10% had access to swimming pools, only 5% of respondents had access to cinemas and only 2% had access to gyms in the GDMA (see Figure 7).

In the opinion of the respondents, existing public facilities such as change rooms, lockers, showers, toilets and so on tended to be largely inaccessible. From these findings, it is clearly evident that there is an urgent need to make sporting and recreational facilities available, accessible and structurally adapted to suit disabled people in the GDMA. It is clear from the survey that respondents have limited opportunities to actively recreate due to artificial barriers and inaccessible transportation.

Recreation can play a critical role in physical development and health promotion of the disabled and the benefits would increase self-esteem, and improve courage and endurance.

**Figure 7: Accessibility of sports and recreational facilities**



Source: Disability Survey 2006

#### **5.4 Conclusion**

The findings in this chapter support the hypothesis. There is definitely a lack of services and facilities with regard to housing, transportation, education, employment, sports and recreation in the Greater Durban Metropolitan Area. This indeed creates barriers to independent living and further impedes their full participation in all facets of life, resulting in a poorer quality of life being led by disabled individuals. It therefore can be said that the unavailability and inaccessibility of services and facilities provided impacts negatively on the optimal living conditions of the disabled community in the Greater Durban Metropolitan Area. The survey and observations confirm what was thought to be the case and provided some qualitative dimensions.

## **CHAPTER SIX**

### **EVALUATION, CONCLUSIONS AND RECOMMENDATIONS**

#### **6.1 Introduction**

In the foregoing chapters the provisions made for the disabled community with regard to services and facilities have been examined from various angles. Shortcomings in the existing services in the Greater Durban Metropolitan Area (GDMA) have been found. The inaccessibility and unavailability of services and facilities in the Greater Durban Metropolitan Area (GDMA) have been shown to create barriers to independent living. The important matter of creating equal opportunities with regard to delivery and access to education, employment, housing, transportation, sport and recreation in the Greater Durban Metropolitan Area (GDMA) is needed for the improvement of the quality of life led by these disabled individuals. This chapter contains a summary of the study followed by the recommendations.

#### **6.2 The housing environment**

It would be unrealistic to improve the quality of life led by disabled individuals without considering their housing needs. A home where a disabled person is not able to move about in reasonable comfort is not only frustrating, but also creates a situation which is intolerable. It is therefore of utmost importance that structural adaptations are made to existing homes future homes of disabled residents in the Greater Durban Metropolitan Area (GDMA) to promote their physical, social and psychological well-being. The research undertaken thus far supports the view that disabled individuals are most often unsuitably housed.

#### **Recommendations**

- a) An investigation be undertaken in order to determine the exact housing needs of disabled people with regards to their specific disabilities in the GDMA (Housing needs audit).

- b) The necessary steps are taken so that basic structural modification and adaptation of residences as needed by disabled people, may be realised with the help of improvement loans from National Housing Funds, irrespective of whether they are privately owned or rented buildings.
- c) Embark on a regional awareness campaign to educate the disabled in the GDMA on their right to acquire housing modification subsidies upon application to help with structural adaptations in their home environments.

### **6.3 The public physical environment**

The physical environment of Durban Metropolitan Area (GDMA) such as public buildings and premises is also major impediment to optimal living of disabled people. This needs to be made accessible by enforcing structural adaptation to buildings to promote free movement as well as comfort. There is also a dire need of improving the public physical environment in the Durban Metropolitan Area (GDMA to suit the specific needs of its disabled citizens.

#### **Recommendations**

- a) The eThekweni Municipality being the local authority should ensure that physical environment i.e. public buildings and streets are made accessible to all disabled people, so as to create a barrier-free environment by enforcing its influence over planning for barrier-free access for disability provisions by:
  - i) undertaking Access Audits to existing public buildings or review architectural plans to gauge sensitivity of designs from the point of view of independent and safe access by persons with disabilities and;
  - ii) to point out the inaccessible features to both the public and private sectors via professionals (architects, planners & urban designers) and alternatively suggesting accessible design improvements;
  - iii) optimal design or adaptation of urban space including sidewalks, pedestrian overpasses, crosswalks, parking facilities for accommodating people with disabilities and promoting universal access;

- iv) general adaptations to public buildings and facilities including entrances, leveling of pavements, corridors, openings, stairs, ramps, elevators, toilets and signposting for use by disabled persons.
- v) Offering incentives to private developers and business interest for accessibility measures.

A constant interaction between disabled persons, researchers, architects, designers and planners within the GDMA should be encouraged, so that disabled people can be accommodated according to their needs. Good accessibility for the disabled calls for awareness in general planning and in the detail of physical design.

#### **6.4 Transportation**

Until now little has been done to the design of transport systems to accommodate disabled people in the GDMA. The existing transport systems are for the "able bodied person". For this reason the opportunities open to disabled people to participate actively in the life of the community in the GDMA is restricted. Disabled people need to be able to get to and from educational institutions, to places of employment, to shops, recreational and leisure facilities. At present limited transport facilities exist in the GDMA. The study reveals that a large percentage of disabled people do not have access to transport and therefore do not travel very often. This is very problematic. Transportation accessibility is strongly needed so that these people can reach their potential as productive citizens.

#### **Recommendations**

- a) Disabled people in the GDMA should be provided with adequate, affordable transport to ensure freedom of movement and active participation in the life of the community.
- b) In the future planning of transport systems in the Greater Durban Municipal Area the responsible authorities which includes both eThekweni Municipality and the National Department of Transport should ensure that the needs of disabled people are taken into account in their planning such as expanding the fixed route,

- scheduled bus services on service route models as well as including wheelchair lifts on all buses.
- c) Mobility allowance should be provided by eThekweni and or national government for disabled people who are not able to use the public transport system or who do not have access to public transport services provided specifically for disabled people. The qualifying criteria would be determined by motivated need based on selective assessment protocol.
  - d) Bus routes and bus stops in urban areas should be planned and located in such a manner as to permit ease of access to services suitable for use by disabled people.

## **6.5 Education**

The research has revealed that educational opportunities for the handicapped pupil in the GDMA have been severely restrained due to limited resources and capacity within the region. The government has not provided adequate and accessible schooling within the GDMA especially in regards to the peri-urban areas on the outskirts of the metro designed to cater specifically for physically disabled children. Most disabled students have to travel long distances to schools and the irony is that these students come from economically depressed backgrounds and the added travel expenses can be ill afforded. Tertiary institutions within the GDMA such as the University of KwaZulu-Natal, Durban Institute of Technology, Mangusuthu Technikon and other private colleges have hitherto not provided enough opportunities to accommodate disabled students by making structural changes more specifically as it relates to building designs and the physical environment on campus such as ramps, walkways and stairs. This creates a severe disadvantage to disabled students within the GDMA who may have aspirations to further their studies.

## **Recommendations**

- a) Accessible and adequate schooling should be made available to disabled students so that they would not have to travel long distances to schools that are poorly located.

- b) Education and training for disabled people should be undertaken to suit the individual abilities and needs of each disabled child.
- c) Parents should be active participants in the decision-making of their child's educational provisions.
- d) Tertiary institutions within the GDMA should take cognizance of the special needs of disabled people so far as physical facilities are concerned and make more concerted efforts in regard to making structural adaptations so that disabled students can be adequately accommodated.

## **6.6 Employment**

A feeling of self-worth and independence is essential to the well-being and happiness of any individual. This goes hand-in-hand with the ability to earn a living to support oneself and one's family adequately. The choice of a satisfying career is important in contemporary society employment prospects might be poor for a young adult who leaves school without a satisfactory education or further training which further erodes the employability prospects of potential workers.

Disabled persons have the additional burden of their disabilities to contend with and need to choose a career in keeping with the limitations imposed by their disabilities. The disabled are thus in direct competition with 'normal' individuals for the available employment opportunities. Past employment experiences of respondents reveal that a large proportion, if not all encountered difficulties in finding suitable employment and felt that employees were biased against the hiring of disabled people.

The general lack of educational provisions and vocational training has prevented the full employment potential of the disabled. It is thus of utmost importance to promote improvement in their quality of life, by firstly addressing the educational requirements of the disabled which would ultimately enhance their employability status and insisting on equal opportunity in employment for the disabled, the benefits of which are varied including a rewarding occupation, social status, working relationships and financial independence.

A substantial amelioration of the attitudes towards the disabled and the chances for a comprehensive integration can only be achieved by two means:

- by an improvement of the efficiency of the measures of changing the attitudes of the non-disabled, especially in the realm of work, and
- by an adequate preparation of the disabled for the prevailing attitudes of the non-disabled and for developing effective coping behaviors.

### **Recommendations**

- a) Measures should be taken to create and broaden employment opportunities for all disabled people in the Greater Durban Metropolitan Area.
- b) It is recommended that vocational training centres be established within the GDMA that will offer all disabled people the facilities where their employment potential can be assessed and developed to its maximum so as to ensure successful placement in a job and integration and reintegration into society.
- c) The education of employers within the GDMA is also recommended, as this would undoubtedly decrease prejudice and discrimination against the disabled and enhance the working relationship between employer and employee.
- d) All legislation should be examined with a view to remove any provisions that discriminate against disabled people in the employment sector and amendments to such legislation should be made in consultation with the disabled people of the country.

### **6.7 Sports and recreation**

Sport and recreation are integral components that need to be considered so that disabled individuals can lead healthy balanced lifestyles. The study reveals that existing facilities in the GDMA are not accessible and most often not suited for the disabled person's special needs. In light of this it is urgent that provisions are made for disabled people with reference to sporting and recreational facilities.

## **Recommendations**

- a) Government and the local authority should make sporting and recreational provisions for disabled people by making physical access adjustments to existing facilities as well as providing new purpose-built facilities that are accessible and affordable to disabled people.
- b) Disabled people should be afforded the opportunity of taking part in cultural, recreational and sporting activities in the community.
- c) The development of organizations and clubs for disabled people within the GDMA should be encouraged.

## **6.8 Concluding remarks**

The optimum development of disabled persons should be fundamental to planning in general. That is why the various systems for development (which include the social, physical and economic realms) have been discussed. All concerted efforts to improve the quality of life of all disabled people should be made with the disabled community being given a lead role in their own development by inclusion in policy-making and planning. The disabled would thus become a formidable and a large reservoir of manpower which is at present underutilized and could possibly be developed.

The study has shown that there is no proper provision of services and facilities for disabled people in our communities and society. The lack of adequate services such as housing, transportation, education, employment and recreational opportunities have created major barriers to independent living and disabled people's assimilation into society.

National and local government have been frequently hard pressed in the past few years to take more action to help the disabled and the demands have been accompanied by damning evidence that the disabled form a seriously disadvantaged section of our society. In total this adds up to a complex social and economic problem which is wasteful, not simply of resources and facilities since they cannot be utilized by all sectors of the community but more significantly, which is destructive of the quality of people's lives.

It is hoped that in the future, in response to research such as undertaken here, independent living, reasonable accommodation, accessible transport, increased employment opportunities, improved education and leisure for the disabled will be part of everyday planning and thinking. Only in this way effective action will be taken to improve the overall conditions for the disabled community.

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**APPENDIX**  
**DEPARTMENT OF TOWN AND REGIONAL PLANNING**  
**UNIVERSITY OF KWAZULU-NATAL**  
**DISABILITY SURVEY**

**CONFIDENTIAL**

**CONFIDENTIAL**

**QUESTIONNAIRE**

**A. SOCIO-DEMOGRAPHIC CHARACTERISTICS**

**1. PERSONAL DATA**

**Respondents name (optional):** \_\_\_\_\_

Age	Sex	Marital status	Disabilities

**Codes**

<i>Age</i>	<i>Sex</i>	<i>Marital status</i>
1. 5-14	1. Male	1. Married
2. 15-24	2. Female	2. Single
3. 25-34		3. Widowed
4. 35-44		4. Divorced
5. 45-54		5. Separated
6. 55-64		
7. > 65		

**B. EDUCATION, INCOME AND EMPLOYMENT**

Main Income	Employment Status	Educational Qualifications

**Codes**

<i>Income</i>	<i>Employment Status</i>	<i>Educational Qualifications</i>
1. < 300	1. Professional	1. No formal education
2. 300-499	2. Technical	2. Primary
3. 500-699	3. Managerial	3. Secondary
4. 700-899	4. Clerical	4. Tertiary
5. 900-1099	5. Sales	
6. 1100-1299	6. Craftsmen	
7. 1300-1499	7. Labourer	
8. 1500-1699	8. Retired/Pensioner	
9. 1700-1899	9. Housewife	
10. 1900-2099	10. Unemployed	
11. Other (state)	11. Self-employed	
	12. Other (specify)	

## **EDUCATION**

1. Are there schools in your area that cater for the disabled?

Yes	No

2. If not, do disabled students have to travel long distances to school?

Yes	No

3. Would you prefer to attend?

(a.) a special school for the disabled only	
(b) an integrated school for both abled-bodied and disabled students	

4. If tertiary education were to be made available and accessible to you, would you study further?

Yes	No

5. Do you feel that there is a lack of educational opportunities for the disabled?

Yes	No

## **EMPLOYMENT**

1. Did you as a disabled person encounter any problems finding suitable employment?

Yes	No

2. Did you experience any form of bias (negative attitude) towards you at the workplace due to your disabled status?

Yes	No

3. Did you find that the general lack of skills and vocational training centres available for disabled persons has prevented you from pursuing an appropriate career?

Yes	No

## **INCOME**

1. Is your current income adequate or sufficient enough to provide for you or your family?

Yes	No

2. Are you receiving a state or social welfare grant?

Yes	No

## C. HOUSING AND PHYSICAL ENVIRONMENT

1. Is your home?

Owned	Rented	Leased

2. Is the accommodation that you live in designed to cater for your disability?  
(e.g. Wheelchair-users, ramps and handrails)

Yes	No

3. Is your living conditions with regard to mobility and comfort?

Good	Satisfactory	Poor

4. Is your home accessible to amenities such as schools, shopping malls, post offices, religious centers etc.?

Yes	No

5. State whether the general design of buildings in your surroundings are accessible and cater for the disabled with regards to mobility and comfort?

a. Moderately accessible	
b. Accessible and allow for easy movement	
c. Inaccessible and impede or restrict movement	

6. Are you content with the present design of buildings?

Yes	No

## D. TRANSPORT

1. How often do you travel?

Very often	Occasionally	Rarely

2. Do you have access to transport facilities?

Yes	No

3. If not state the problem? \_\_\_\_\_

4. Are the existing modes of transport catered for your disability?

Good	Satisfactory	Poor

**5. If public transport were made available to the disabled, would these services be used for:**

Services	Yes	No
Work		
Shopping		
School		
Leisure activities		
Social and administration purposes		
Medical		
Other		

**10. Are you satisfied with the transport facilities available and accessible to the disabled community?**

Yes	No

## **E. SPORTS AND RECREATION**

### **1. Services and Facilities**

	Availability		Accessibility	
	Yes	No	Yes	No
Parks				
Gyms				
Swimming pools				
Libraries				
Basketball, netball and volleyball				
Horse riding				
Art clubs				
Dance clubs				
Cinemas				
Other				

### **2. Are these facilities accessible to you?**

Very often	Rarely	Sometimes	Not at all

### **3. Are the present or existing sporting and recreational facilities that are catered for the disabled?**

Good	Satisfactory	Poor

**FURTHER REMARKS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_