

**SOCIAL WORKERS' PERCEPTIONS AND EXPERIENCES IN
PROVIDING SERVICES FOR ADULT PERSONS WITH
INTELLECTUAL DISABILITIES IN RESIDENTIAL CARE
FACILITIES**

by

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SOCIAL WORKERS' PERCEPTIONS AND EXPERIENCES IN PROVIDING SERVICES FOR ADULT PERSONS WITH INTELLECTUAL DISABILITIES IN RESIDENTIAL CARE FACILITIES

I declare that the above dissertation is my work and that all the sources that I have used or quoted have been indicated and acknowledged by means of using references.

I further declare that I submitted the dissertation to originality-checking software, which falls within the accepted requirements for originality.

I further declare that I have yet to previously submit this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.



NONKULULEKO INNOCENTIA
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Date: DECEMBER 2023

DEDICATION

This dissertation is dedicated to my two beloved boys, Nhlanhla and Kutlwano Shabalala, who have been my greatest motivators in fulfilling my academic journey. It is further dedicated to my pillars of strength, my parents, Jameson and Khethiwe Shabalala. Thank you for caring for my children while focusing on my career and academic journey. It was never easy, but the dream became a reality through your endless love, support, and words of encouragement.

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ABSTRACT

Background of the study: Limited research is available regarding the support needs of adults with intellectual disabilities in the South African context despite this high-incidence disability. This lack of information highlights the vulnerability of this group and the need for more comprehensive studies and an understanding of their specific support requirements. Social workers are the critical providers of service delivery and support to adult persons with intellectual disabilities in residential care facilities and their families. Many adult persons with intellectual disabilities, supported by their families, are living in communities. Still, adult persons with intellectual disabilities who cannot be managed in a community setting are accommodated in residential care facilities.

Aim This research study aimed to develop an in-depth understanding of social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities to proffer suggestions for social work practice.

Methods: A qualitative research approach was employed, using a phenomenological design supported by an explorative research design. The non-probability purposive sampling technique was used to select participants, and data collection was done through semi-structured interviews, assisted by an interview guide. Data obtained were analysed according to Tesch's classic systematic data analysis steps (Creswell 2014:196). Data were verified according to Lincoln and Guba's model (Lietz & Zayas 2010:443). The study complied with the ethical principles of informed consent, anonymity and confidentiality, privacy, not harming participants, and thorough information management.

Results: Social workers exhibited diverse perspectives and encountered positive and negative experiences while delivering services to adult persons with intellectual disabilities in residential care facilities. The constructive experiences fostered a sense of fulfilment and accomplishment, enabling effective fulfilment of job-specific expectations. These positive encounters included aspects acknowledged by participants as 'rewarding,' such as successful teamwork and witnessing improvements in persons with intellectual disabilities through social work interventions.

Conversely, the negative experiences affected the quality of care for adult persons with intellectual disabilities in residential care facilities. These challenges encompassed difficulties locating family members, inadequate financial and resource allocation, and a staff shortage within the residential care facilities.

Despite facing adverse experiences, social workers in residential care facilities have developed various positive coping strategies to enhance service delivery. These strategies involve establishing and maintaining solid relationships with management, supervisors, colleagues, and families. Additionally, self-care practices, counselling, and training emerged as effective coping mechanisms, contributing to enhanced and quality care in service delivery.

Recommendations for improving service delivery to adult persons with intellectual disabilities in residential care facilities focused on both social workers and management. Suggestions included addressing staff shortages, reviewing social workers' salaries, and implementing specialised training to equip residential staff better. Encouraging social workers to allocate sufficient time for self-care is emphasised to cope positively with the daily challenges encountered during service delivery.

KEY CONCEPTS: Perceptions, experiences, social work services, persons with intellectual disabilities, residential care facilities.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS: Acquired Immunodeficiency Syndrome

APA:	American Psychiatric Association
COVID-19:	Coronavirus disease of 2019
CPD:	Continuing Professional Development
CRPD:	Convention on the Rights of PWDs
DSD:	Department of Social Development
DSM:	Diagnostic and Statistical Manual of Mental Disorders
FAS:	Foetal Alcohol Syndrome
HIV:	Human Immunodeficiency Virus
IASW:	Irish Association of Social Workers
ICD:	International Classification of Disease
ID:	Intellectual Disability
IDD:	Intellectual Developmental Disorder
INDS:	White Paper on an Integrated National Disability Strategy
NGO:	Non-Profit Organisation
NPD:	National Development Plan
OP:	Optional Protocol
OSDP:	Office of the Status of Disabled Persons
RCFs	Residential Care Facilities
SWC:	Policy on skills and work centres
POE:	Portfolio of evidence
PWD:	Persons with Disability
PWIDs:	Persons with Intellectual Disabilities
RSA:	Republic of South Africa
SACSSP:	South African Council for Social Service Professions
SASSA:	South African Social Security Agency
TB:	Tuberculosis
TBI:	Traumatic Brain Injury
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNCRPD:	United Nations Convention on the Rights of PWDs
USA:	United States of America
WHO:	World Health Organisation

CHAPTER ONE: GENERAL OVERVIEW OF THE STUDY

1.1 INTRODUCTION

This introductory section provides a brief overview of the topic under investigation. The research problem is formulated and stated, the rationale for undertaking the study is discussed, and the theoretical framework for the research is presented. Subsequently, the process further involves establishing the research questions, goals, and objectives. An overview of the research methodology and methods are discussed, including data collection, analysis, verification methods, the ethical considerations underlying the research, the clarification of key concepts used in the study and the composition of the structure and format of the research report. Chapter Three provides a further detailed discussion of applying the research methodology and methods.

1.2 BACKGROUND OF THE RESEARCH STUDY

Disability is described as part of the universal human condition. As indicated by the World Health Organisation (WHO 2015:2), many people are likely to experience long-term physical, mental or intellectual impairments, which may hold back their full participation in and contribution to society at some time during their lifetimes. Many extended families worldwide have a relative who is disabled in some way. Moreover, not all persons with disabilities (PWDs) require rehabilitation and support services (WHO 2015:14). Therefore, numerous without disabilities are challenged by having to take responsibility for supporting and caring for relatives with disabilities (WHO 2015:15). The number of people with disabilities is globally increasing because of population ageing and the increase of chronic health conditions like diabetes, mental illness and cardiovascular diseases which can be associated with a higher risk of later disability (WHO 2015:2).

More than 15% of the one billion people worldwide are living with some form of disability, which may include physical, sensory, intellectual or mental health impairment that influences their daily functioning (WHO 2015:2). PWDs represent almost 25% of the

world's poorest people in low-income and developing countries (Capri, Abrahams, McKenzie, Coetzee, Mkabile et al. 2018:1). One of the first research studies using internationally comparable data to draw an economic profile of PWDs in 15 developing countries, concluded that disability is found to be significantly associated with higher multidimensional poverty as well as lower educational qualifications, more unemployment rates and higher medical expenditures (Mitra, Posarac & Vick 2013:1). More than half of the South African population, comprising 55.5%, equivalent to 30.4 million individuals, are experiencing conditions of poverty (Statistics South Africa (StatsSa) 2017). This pervasive poverty situation thus has broader implications, and one crucial aspect deserving attention is its impact on PWDs, including persons with intellectual disabilities.

The scope of this study focuses on adult intellectual disability (ID), which is recognised as one type of disability. Adult ID affects approximately 200 million people worldwide, making it the most widespread disability worldwide (Capri et al. 2018:1). The authors further articulated that adult persons with ID well-being are diminished by isolation, stigma and limited support provision, particularly in the African continent (Capri et al. 2018:1). The support needs for adult persons with intellectual disabilities (PWID) are identified as a research gap in the South African context (Mckenzie, McConkey & Adnams 2013:481).

In setting the scene for this study, disability and ID are conceptualised, the global scope of persons living with intellectual disabilities is described, the current state of knowledge on the topic is explored, legislation relating to disability is investigated, and social work services to PWIDs are portrayed.

1.2.1 Disability and intellectual disabilities: Exploring the concepts

Defining the concept of 'disability' remains a challenge because there is no single definition of disability that has achieved international agreement as indicated in the White Paper on the Rights of PWDs (South Africa 2016a:18). The term 'disability' includes a continuum of different characteristics and severities. It can, therefore, be described as a complex, multi-dimensional and dynamic concept (Thompson 2017:3). The WHO report

(2015:1) anticipated that disabilities can be conceptualised on a continuum from minor difficulties in functioning to significant impacts on a person's life which may lead to low standard of living. The definition of the United Nations Convention on the Rights of PWDs (UNCRPD) (2006) confirms that PWDs include "those who have long-term physical, mental, intellectual or sensory impairments" who may experience barriers in their interaction with their environment to participate in society on an equal basis with others meaningfully.

The first South African democratic social welfare policy framework with a developmental approach was adopted in 1997 in the form of the White Paper for Social Welfare (South Africa 1997). This is the guiding framework for service delivery by social workers in South Africa. Developmental social work mainly reaffirms and recognises delivery through implementing a human rights perspective to vulnerable people like PWDs (Lombard 2019:51). Defining disability from a human rights-based perspective is therefore essential for the social worker rendering services to this vulnerable part of the population. The rights-based perspective focuses on people's abilities and strengths, not their disabilities.

The concept of disability consists of the following characteristics from a human rights-based perspective as postulated in The White Paper on the Rights of PWDs (DSD 2016a:17):

- The presence of a disability that may be permanent or temporary is acknowledged.
- The persons with a disability are experiencing limitations that prevent them from fully participating in community activities.
- The persons with a disability have limited access to opportunities to exercise their human rights on an equal basis with others and access employment and education because of environmental hurdles as well as discriminatory attitudes of society.

PWIDs are recognised by deficits in their cognitive and adaptive abilities (Patel, Apple, Kanungo & Akkal 2018:1). The diagnosis of ID requires administering standardised tests for evaluating a person's mental and adaptive functions (Patel et al. 2018:8).

The term 'ID' which is regarded as an intellectual developmental disorder (IDD) in the fifth edition of the American Psychiatric Association's (APA) authoritative *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (APA 2013), is a replacement for 'mental retardation' which was previously used in the DSM IV edition (APA, 2013:1). Deficits in intellectual functioning are explained as experiencing difficulties in functioning of reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from instruction and experience, and practical understanding confirmed by both clinical assessments and standardised tests (Girimaji & Pradeep 2018:70). Deficits in adaptive functioning are explained as difficulties experienced in conceptual skills, social skills and practical skills by persons in performing their daily activities (Girimaji & Pradeep 2018:70). Conceptual skills involve the person having an ability to apply knowledge in reading, writing, mathematical reasoning, solving problems, decision-making and communication. Social skills are managing interpersonal interactions, relationships, and social responsibility, including rules, obeying the laws, and avoiding being a victim. Practical skills involve the ability to perform self-care, health and safety, occupational skills, recreation, use of money, transportation, and home appliances and devices (Girimaji & Pradeep 2018:70). Persons With Intellectual Disabilities may have all or some of the deficits mentioned.

Certain degrees of ID include mild, moderate, severe, and profound ID (Mourad 2019:53). This study aims to explore the perceptions and experiences of social workers providing services to all types of PWIDs residing in RCFs. Table 1.1 describes the degrees of severity of intellectual disabilities.

Table 1.1: Degrees of severity of intellectual disability (Mourad 2019:53)

DEGREE OF SEVERITY	INTELLECTUAL DISABILITY
Mild ID	Individuals on this level are generally self-independent, can adapt to social norms, and can achieve a certain level of academic education.
Moderate ID	Individuals at this level can be employable and care for themselves daily. However, they may need more conceptual or social skills and support in dealing with stressful life events.
Severe ID	Individuals on this level need better communication skills and can learn minimal self-help skills. Therefore, they need supervision.
Profound ID	Individuals at this level experience little cognitive or motor ability and often require 24-hour care and support.

The severity of IDs differs depending on the type of care and support a person needs. PWIDs many times need life-long support in various degrees to function effectively (Patel et al. 2018:1).

1.2.2 Intellectual disabilities in a global context

The prevalence of people living with an ID worldwide is estimated at 200 million (Capri et al., 2018:1). ID is also recognised as one of the world's most prevalent disabilities. People with IDs frequently experience violations of a variety of their human rights (Capri et al. 2018:1). Intellectual disabilities are also one of the largest impairment categories on the continuum of disabilities, found across the continent of Africa, and a paucity of published research and literature about PWIDs living in African countries exists (Adnams 2010:436; Mckenzie, Mcconkey & Adnams 2014:46). The rights of people with ID compared to other

disabilities have also not yet been fully recognised regarding issues like the availability of housing and employment opportunities for them (Mckenzie et al. 2014:46).

The prevalence of ID in low-income countries is rated at 16,41 per 1 000 persons, 15,41 per 1 000 persons in middle-income countries and 9,21 per 1 000 persons in high-income countries (Patel et al. 2018:1). Low and middle-income countries with a much higher rate of PWIDs than in high-income countries, are therefore struggling with providing the necessary support to PWIDs. Globally, persons with a mild ID amount to 85% of the global population; 10% have a moderate disability, 4% have a severe ID, and 2% have a profound ID (Igdalsky 2016:1).

The prevalence of IDs in South Africa is still being determined, but it is estimated that between 0.27% and 3,5% of the population have IDs (McKenzie et al. 2013:481). Researchers agree that the prevalence of ID will be higher and more debilitating in Africa because of poverty, poor nutrition, and a lack of essential services (McKenzie et al. 2013:481).

South Africa has the most significant incidence of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) epidemic in the world; estimated in 2018 that 7.7 million people were living with HIV and AIDS in South Africa (Joint United Nations Programme on HIV/AIDS (UNAIDS) 2017:18). The HIV and AIDS epidemic in South Africa also contributes to the significant prevalence of ID under children because of vertically transmitted HIV and AIDS from mother to child, which affects the cognitive development of the children (Smith, Adnams & Eley 2008:107). A first research study completed on a group of HIV-infected children enrolled on the antiretroviral treatment programme at the Red Cross Children's Hospital in Cape Town concluded that HIV and AIDS are significant determinants of neurocognitive dysfunction in children (Smith et al. 2008:107). South Africa also has a high prevalence of lifetime visual-spatial and motor deficits, as well as neurological impairment, seizures and encephalopathy in children born with HIV and AIDS and those who survived without early treatment (Adnams 2010:438).

Considering these challenges, there may emerge a pressing need for residential care facilities (RCFs) catering to PWIDs in the future in South Africa. The nexus between the repercussions of the HIV and AIDS epidemic on the cognitive development of children and the heightened prevalence of associated conditions accentuates the critical need for specialised care and support tailored for individuals in anticipation of their future residence in RCFs.

1.2.3 Understanding Disability: Current Knowledge and Insights

In the South African context, the lack of published literature and research studies on ID is a reason for concern (Adnams 2010:436). Collecting appropriate data from research studies regarding ID is necessary to formulate and implement effective policies and guide the rendering of social work services to this minority group. Mckenzie et al. (2014:46) concurred that “the provision of residential services for adults with ID in developing countries has not been widely researched.” This includes the situation in South Africa. The National Development Plan (NDP) of South Africa (South Africa 2012a), which aims to reduce poverty and inequalities, acknowledged that PWIDs are experiencing difficulties and barriers to developing their full potential due to the limited research in this field. The researcher could not find any research studies regarding the perception and experiences of social workers employed in healthcare settings or residential facilities rendering services to PWIDs in South Africa. Substantial research should still be done in the field of disabilities and understanding service delivery to persons with IDs (Igdalsky 2016:1).

Residential facilities for PWIDs are in demand as the number of people with intellectual disabilities receiving residential care is increasing every year due to the various causes mentioned before (Woodman, Mailick, Anderson & Esbensen 2014:1). Studies focusing on PWIDs are scant, with limited availability and involvement across a few disciplines, as elaborated upon in the subsequent discussion. Four national studies related to the topic were conducted in psychology. Three of these studies focused on primary caregivers’ and parents’ experiences of taking care of children with IDs, whilst the fourth study focused on an inter-subjective approach regarding care for persons with IDs (Dibakoane 2016; Nhlabathi 2016; Abrahams & Rowhani 2015; Capri 2016).

One of the noteworthy research studies on residential facilities for adults with ID in the Western Cape was conducted by the Departments of Nursing and Psychiatry of the University of Cape Town from 2011 to 2012, capturing the scope of psychiatric nursing services (Mckenzie et al. 2013b). The scholarly article "Perspectives of Service Providers on Services Delivered to Individuals with Disabilities and the Imperative for Family Preservation Services," authored by Strydom (2015), examined the provision of family preservation services for PWDs from a social work perspective. However, it did not encompass the viewpoints and experiences of social workers in delivering services precisely to PWIDs within RCFs.

Another related study in social work by Muswera and Kasiram (2019) focused on understanding the sexuality of PWIDs in RCFs. Research was also undertaken in environmental and public health regarding community barriers to children's IDs for accessing health care highlights children with IDs (Mkabile, Garrun, Shelton & Swartz 2021:1). The researcher found no other studies related to this topic from a social work perspective. Therefore, the researcher identified limitations in the relevant literature regarding the subject under investigation. A gap in the social work body of research literature exists in investigating the perceptions and experiences of social workers providing services to adult persons with IDs in residential facilities to inform social work practice.

1.2.4 Legislation and Disability

Until the Convention on the Rights of PWDs (CRPD) and its Optional Protocol (OP) (United Nations, 2006) were adopted in December 2006, none of the other human rights instruments addressed disability issues. The Convention on the Rights of PWDs (CRPD), a human rights convention, focuses on promoting PWDs' full participation in society around the globe (Higashida 2018:94). The United Nations Convention on the Rights of PWDs has also recognised all types of PWDs and aims to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by PWD and

to promote respect for their inherent dignity (WHO & World Bank 2011:9). South Africa signed and ratified the CRPD and its Optional Protocol (OP) in 2007 and is obligated under this convention to fulfil its commitments in terms of implementation and reporting of services rendered to PWDs (United Nations, 2006). Awareness of scientific information on disability issues was lacking. Therefore, the WHO Director-General compiled a World Report on Disability 2011 with various stakeholders (WHO & World Bank 2011). The report aimed to provide governments with scientific information and to make recommendations for action at national and international levels.

Legislation plays a vital role in protecting PWIDs globally against unfair discrimination, which is regarded as one of the most vulnerable groups in southern African countries (Sibanda 2015:1). The South African Constitution (South Africa 1996: section 12(1)) also protects the rights of PWIDs. It affirms the democratic values of human dignity, equality and freedom. However, PWIDs struggle to exercise their constitutional rights when confronted with service barriers and the low political prioritisation of care (Capri et al. 2018:11). Despite legislation which aims at improving PWDs' biopsychosocial functioning, many PWIDs are still marginalised (Foskett 2014:10).

The National Department of Social Development (DSD) has implemented a White Paper for PWDs to improve the lives of PWDs and to advocate the move to a fully inclusive society (South Africa 2016a:7). A national strategy for the deinstitutionalisation of PWIDs from a long-term stay in government hospitals and institutions has also been implemented (Foskett 2014:9). Educational policies in South Africa provide for the inclusion of learners with intellectual disabilities in the mainstream educational system and specialised educational support (Adnams 2010:439). The White Paper on the Rights of PWDs (South Africa 2016a) now reinforces the enrolment of children with any severity of ID for special educational needs, previously refused access (Capri et al. 2018:6). Children with disabilities are not only more likely to be out of school, but they are also less likely to complete their primary education than children without disabilities, which results in persons with a disability having lower literacy rates than persons without a disability (UNESCO 2018:4).

Social security programmes in South Africa (also referred to as social protection measures) are well-known tools for reducing poverty and income inequality (Patel 2015:160). If a person has a physical or mental disability that makes them unfit to work for more than six months, they may apply for a disability grant. The uptake of disability grants has considerably increased in recent years, but many people who qualify for them still do not access this benefit (Adnams 2010:439).

The National Mental Healthcare Act 17 of 2002 (South Africa 2002: section 4) addresses the rights of mental healthcare users, including users with ID. South Africa has policies and services for members of the population with intellectual disabilities, but the recognition of and provision for their needs still carries a low priority. Due to financial constraints and limited resources, the policies' application could be more effective (Adnams 2010:436).

In conclusion, the landscape of rights and support for PWIDs in South Africa reflects a mix of legislative initiatives, international commitments, and policy frameworks. Adopting the Convention on the Rights of Persons with Disabilities and its Optional Protocol in 2006 marked a significant milestone, obligating South Africa to uphold the rights and well-being of PWIDs. Despite constitutional protections and dedicated policies, challenges persist in translating these measures into effective and inclusive practices. Barriers such as service limitations, political prioritisation, and financial constraints underscore the ongoing struggles faced by PWIDs in accessing education, healthcare, and social security programmes. Efforts towards deinstitutionalisation and inclusive education signal positive steps. Yet, continued advocacy, resource allocation, and improved implementation remain imperative to ensure the complete integration and empowerment of Persons with Intellectual Disabilities in South African society.

1.2.5 Social work services to persons with intellectual disabilities

The Life Esidimeni tragedy in 2016, when 144 mental health care patients died because of exposure to torture, trauma and poor health outcomes when 1 500 state patients were relocated from mental health facilities in South Africa to cheaper community care settings,

many of which were later found to be unlicensed and grossly under-resourced, raised critical questions regarding service delivery, policies and practices surrounding persons with ID (Stein, Sordsdahl & Lund 2018:147). As postulated by Stein et al. (2018:147), leadership for PWIDs is needed to introduce innovative services, conduct research, provide policy guidance, and advocate for the rights of PWIDs.

Different organisations and professions in South Africa render services to PWDs and PWIDs. Non-government organisations also generate social work services for service delivery of this vulnerable group (Strydom 2015:379). A community-based setting is seen as the best alternative for PWIDs in providing them with a family network and support. However, limited financial resources and families experiencing a lack of sufficient knowledge in taking care of PWIDs are challenging families to place their PWIDs in a residential facility for intensive care and support (DSD Africa 2016a:68).

The Department of Social Development is mandated in the White Paper for Social Welfare (South Africa 1997) to regulate and manage subsidies allocated to residential facilities for temporary or permanent care, protection, support, stimulation and rehabilitation of PWDs when the need can no longer be met at home. Any facility for PWIDs accommodating more than 120 residents must appoint a full-time qualified social worker (Bern-Klug & Kramer 2013:2). A South African research study regarding poverty and disability stated the critical role of social workers in rendering services to PWIDs, where 31% of the respondents participating in this study with a disability indicated that a social worker was the predominant form of social support available to them (Graham, Selipsky, Moodley, Maina & Rowland 2010:5). Social work service delivery to this vulnerable group is thus an essential service.

In South Africa, the National Mental Healthcare Act 17 of 2002 (South Africa: 2002) supports institutional care for adults with severe and profound ID. However, it lacks rights governance for adults with any severity of ID living in community settings (Capri et al. 2018:12). Rendering effective social work services to PWIDs in residential facilities is regarded as an essential function of social workers in the field of disability. The residential

social worker's role is to assist residents and families, link PWIDs to community-based social and health resources and strengthen relationships between PWIDs and their families (Bern-Klug & Kramer 2013:4). The residential social worker is also responsible for facilitating the admission process of PWIDs, develop an individual care plan, promote the social and psychological well-being of all the residents together with their families and to involve the entire facility in meeting the PWIDs psychosocial needs (Bern-Klug & Kramer 2013:4). Therefore, conducting this research study on the perceptions and experiences of social workers rendering services to PWIDs, and the obstacles they experience in this regard, can contribute to the social work knowledge base by informing and guiding social work practice.

1.3 PROBLEM FORMULATION AND PROBLEM STATEMENT

The problem formulation is the first and most crucial step of the research process, and it is regarded as the identification of the destination of the study (Kumar 2011:57; Maree 2019:27). In embarking on the study, the researcher needed to formulate a problem statement that would have provided direction for the research design (Fain 2017:78). The problem statement is defined as a statement of the topic that is under investigation, indicating all the relevant facts within the study and proving justification for the choice of the subject (Fain 2017:78).

A research gap was identified regarding PWDs and, specifically, social work services rendered to adults with ID in residential facilities in South Africa, as discussed in section 1.1 of the introduction. Due to the lack of specific epidemiological data globally and limited research studies in the field of IDs, this study wanted to develop an in-depth understanding of social workers rendering services to PWIDs in RCFs to proffer suggestions for social work practices RCFs (Igdalsky 2016:1; Mckenzie et al. 2014:46; Adnams 2010:436).

1.4 RATIONALE FOR THE STUDY

The rationale for undertaking a study identifies the intention of the research by clarifying the knowledge that is to be acquired (Fain 2017:81). It contributes to improving the practice and policymaking relating to the matter being researched (Creswell & Creswell 2018:200). The inspiration for undertaking a study can originate from many potential sources, such as the researcher's experience gained from their personal life or workplace (Creswell & Creswell, 2018:184). In other words, the rationale serves as a statement of how a researcher developed a passion for a specific issue and why the researcher deems the research worthwhile (Maree 2019:30).

Disability has a research gap in the social work profession, particularly in the ID area and the support needed in the African context (Bigby, Tilbury & Hughes 2017:3; Mckenzie et al. 2013a:481). The researcher interacted with PWIDs (children, adults and older persons) in her capacity of previously having been a social worker in a residential care facility for people with disabilities. Therefore, the motivation to conduct this study regarding social workers' experiences in providing services to adults with ID in residential care facilities derived from the researcher's professional work experience as a previous residential social worker. The researcher has a passion for advocating the needs and the rights of PWIDs, as they are reported to be one of the vulnerable groups of people in South Africa, as discussed in the introduction (see Introduction 1.1).

During service delivery, adults with ID, especially the ones with severe and profound symptoms, usually are unable to ensure that their best interests are prioritised (Capri et al. 2018:12). Therefore, social workers are found to be essential support systems for PWID to address that their needs are being met (Clark 2015:8). The field of ID is regarded as an important field of social work practice because social workers are reported to be rendering essential services to adult PWIDs in RCFs and are the gatekeepers to see that social justice is part of the care for people with IDs (Bigby & Atkinson 2010:1).

Since the literature about adults with ID in residential care facilities was insufficient, the researcher conducted the study to mitigate the research gap. The study intended to contribute significantly to research on social work knowledge, and it further suggested guidelines for improving service delivery for social work practice with adults with ID in residential care facilities.

1.5 THEORETICAL FRAMEWORK

A theoretical framework is explained as a guide for a research study based on an existing theory in a field of inquiry that is related to the study (Grant & Osanloo 2014:13; Kumar 2011:52). A researcher needs to select the applicable theory that will serve to give direction on the matters that need to be investigated and the group of people to be studied (Grant & Osanloo 2014:12; Creswell & Creswell 2018:123). The purpose of the theoretical framework is to assist in resolving the research problem intended to be studied. As a result, the researcher utilised the social justice theory and ecological systems perspective for this research.

1.5.1 Social Justice Theory

Social justice theory is a framework with a political objective developed through social, environmental, and political policies to accept unique diversity and recognise the human dignity of everyone, including vulnerable groups (Taylor, Vreugdenhil & Schneiders 2017:47). It also aims to expand multiculturalism and facilitate social change (Fassinger & Morrow 2013:70).

The social justice theory is one of the critical 'guiding principles' of social work, and it has been reported to have a significant effect on service delivery in the social work profession (Taylor et al. 2017:54; Kam 2014:724). Social justice focuses on the fair and just distribution of equal opportunities. It believes that human beings are entitled to an equitable distribution of materials such as information, education, and social services (Sabbagh & Schmitt 2016:7). However, it is suggested that social justice should be

facilitated beyond the distribution of suitable materials to social relations by empowering people to develop their self-esteem and the capacity to enhance their functioning (Kam 2014:724; Taylor et al. 2017:47). Applying social justice allows social workers to reflect on their principles for practice, nurture their knowledge and skills and further prepare them for any social work challenges (Taylor et al. 2015:47).

Employing the social justice theory in this study served as guidance in addressing the research question, problem and purpose. During service delivery, social workers are expected to advocate for vulnerable groups (Kam 2014:724). PWID are reported to be susceptible and frequently experience violations of various human rights, as discussed in the Introduction (1.1). Therefore, social workers are mandated to promote social justice and protect the rights of PWID (Kam 2014:724). Hence, it is the responsibility of the social worker to facilitate distributive justice by ensuring that PWIDs who can no longer be managed in a community setting receive the best care and that they have access to all relevant information before admission in residential care facilities (Taylor et al. 2017:54).

During service delivery in the residential facility for PWIDs, social workers apply procedural justice by screening and assessing potential residents based on their admission policies to ensure a fair admission procedure. The social worker must also use social justice principles to address the barriers and inequalities that PWIDs typically experience. Social justice is interconnected with social relations for fairness, equality, and accessibility of basic needs and services (Taylor et al. 2017:47).

Social workers servicing PWIDs have a responsibility to conduct disability awareness outreach programmes to combat discrimination against PWIDs, in terms of the White Paper on the Rights of PWDs (DSD 2016a:31). Social workers are also authorised to advocate on behalf of PWIDs by challenging policies that do not prioritise PWIDs to allow them to exercise their equal rights of meeting their basic needs as stipulated in the South African Constitution (Kam 2014:7245). In residential care facilities, social workers commonly engage with practitioners from other professions and stakeholders in a multi-disciplinary team to advocate on behalf of PWIDs and ensure that their needs are

adequately met. PWIDs must be empowered to participate in decision-making in matters affecting their lives entirely. That can be done through promoting social justice and educating them about their rights and responsibilities.

1.5.2. Ecological Systems Perspective

The ecological system perspective that Bronfenbrenner developed is a valuable framework widely and a tool for guiding social work interventions (Eriksson, Ghazinour & Hammarstro 2018:414). It focuses on understanding human development in environmental interaction (Teater 2014:1; Eriksson et al. 2018:416). The ecological systems perspective's point of departure is that humans have relationships with other people in the context of their environment and that people influence one another. Still, environmental factors also affect them, contributing to shaping individuals' well-being and functioning (Teater 2014:3).

During service delivery, the social worker can apply the ecological systems perspective to ensure a better understanding of PWIDs and their environments and to improve the quality of their interactions and transactions (Ahmed, Amer & Killawi 2017:49). The ecological systems perspective explains that social systems surround an individual in concentric circles and consist of the microsystem, mesosystem, exosystem, macrosystem and chronosystem (Ahmed et al. 2017:49). Recognising the influences of the different social systems and their environments in terms of the ecological systems perspective, assisted the researcher in obtaining a better understanding about the perceptions and experiences of social workers rendering social services to PWIDs in residential care facilities.

In residential care facilities for PWIDs, social workers work with various systems, including the micro-, meso-, exo- and macro systems. Therefore, in applying the ecological systems perspective to this study, the researcher explored and determined the influence of the interaction between the social workers' working environment in a residential facility for adults with ID, their interaction with welfare policies, the organisation

and the multi-disciplinary staff as follows in terms of the different levels or systems of the ecological system perspective:

- On a *micro level*, the social worker working in a residential care facility interacts with adults with ID and their families to provide the best care and services available to the wholeness of the family system. The microsystem includes the relations between the individual (PWIDs) and the close environment whilst living in a residential facility, among other things, comprising of the different residents, caregivers and contact with their significant others (Ahmed et al. 2017:49; Eriksson et al. 2018:419). Social workers are responsible for facilitating individual therapeutic activities to assist adults with ID to adjust to living in a residential facility and to create and maintain a sense of belonging.
- The *mesosystem* of the PWIDs consists of the interrelations between components in the microsystem, such as the neighbourhood, church, clinics and hospitals (Ahmed et al. 2017:50). Based on the meso level, social workers have a responsibility to strengthen the relationships between the adults with ID and their environment by encouraging the families to maintain contact with the PWID and to provide services to the families in sustaining the system to remain functional. On this level, different therapeutic programmes are provided to adults with ID in a residential facility. The social worker should ensure that all services are accessible to all concerned. The programmes offered within the facility include therapeutic and educational groups allowing PWID to adjust, create and maintain the relationships among them. The PWID within the residential care facility are from different ethnic groups, backgrounds, beliefs, cultures and religions. Hence, social workers must consider diversity when rendering services to accommodate everyone.
- The *exosystem* within the ecological systems perspective is the link between the factors in settings that affect the person where the individual is not directly involved (Eriksson et al. 2018:421 Ahmed et al. 2017:49). Persons within the facility are

from different communities, which implies that in the facility they now form one community with different perspectives. However, their backgrounds and what happened in their original community will likely continue to affect them. Apart from their professional education and training, social workers have in-service training and supervision sessions, which are a part of the support system for social workers in the residential facility, influencing the services rendered to PWIDs.

- Social workers in a residential facility also work in a *macrosystem* where the cultural, religious, political and socioeconomic factors of the society contribute to shaping the persons' behaviour and developmental processes (Ettekal & Mahoney 2017:5; Ahmed et al. 2017:49). On this system level, social workers are guided by various legislative guiding principles, procedures and documents in providing effective services to adults with ID within the residential facility, which includes internal institutional policies, national policies such as social welfare policies, the disability policy and the White Paper for PWDs (DSD 2016a).
- The ecological systems perspective further involves the *chronosystem*, which focuses on each socio-historical life event that may have an impact on the development of the individual during the adaption or transition period as indicated by the National Development Agency (NDG) (South Africa 2016b:3). The adults with ID have experienced different events in their lifetime before having been placed in a residential facility, which might have influenced the decision of them being removed from the community setting and be put in a residential facility. The decision for a PWID to be institutionalised might have been influenced by events experienced, such as the stigma and violation of their rights in a community setting, as well as poverty contributing to a lack of resources to manage the PWID or the death of the person's primary caregiver and the necessity of considering care in a residential facility.

Employing the ecological systems perspective ensured that the researcher considered all systems and their reciprocal interrelationships in conducting the research. The

environmental systems perspective for this study required the researcher to develop a multidimensional understanding of the positive and negative aspects that are likely to affect a social worker's personal and work-related well-being and operation in delivering services to adults with PWIDs in RCFs.

1.6 RESEARCH QUESTION, GOAL AND OBJECTIVES

The study's research question, goal and objectives entailed the following:

1.6.1 Research question

The study was guided by research questions (Leavy 2017:71). Research questions were employed because there was insufficient knowledge about a specific phenomenon, and the researcher aimed to initiate an investigation into it (Fain 2017:131).

The research question for this research has been formulated as follows:

What are social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities?

1.6.2 Research goal

A research goal refers to what the researcher wants to accomplish (Creswell & Creswell 2018:206), including presenting information about the focus of the study, the participants and how and where the research will be conducted (Leavy 2017:128). The research goals are set based on what the researcher intends to achieve by conducting the research study.

The researcher's goals in this study were put into words as follows:

- To develop an in-depth understanding of social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities.

- To proffer suggestions on how social workers can render effective social services to adult persons with intellectual disabilities in residential care facilities based on the participants' perspectives.

1.6.3 Research objectives

Research objectives are more specifically formulated than the research goal. They are associated directly with the research question to guide the researcher in the necessary steps (Doody & Bailey 2016:22). The research objectives direct the researcher in the activities required to achieve the study's formulated goal.

To achieve the goals of the study, the researcher has formulated the following objectives:

- To explore social workers' perceptions and experiences in providing services to adult persons with intellectual disabilities in residential care facilities.
- To describe the social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities.
- To draw conclusions and make recommendations about the social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities.

Having obtained clarity on the research question, the research goal and purpose, and the research objectives that have had to be applied to achieve the goal, the focus now addresses the research methodology used in the study.

1.7 OVERVIEW OF THE RESEARCH METHODS

This section provides an overview of the research methods employed in the study investigating social workers' perceptions and experiences in delivering services to adult individuals with profound and multiple intellectual disabilities in RCFs. The chosen research paradigm for this study was interpretivism or social constructivism, which

emphasises the review and interpretation of participants' social reality in understanding their world and constructing meaning from their experiences (Creswell & Poth 2018:24).

The qualitative research approach was selected based on the alignment with the study's aims and objectives, coupled with the nature of the phenomenon under investigation (Babbie & Mouton 2016:49). This approach aimed to elucidate and explore social workers' experiences and perceptions in providing services to adult PWIDs in RCFs.

Within the qualitative approach, the research design adopted a phenomenological framework complemented by an explorative design. This combination facilitated an in-depth exploration and understanding of participants' reality as they engage in service provision to PWIDs in their everyday lives (Cropley 2022:38; Nieuwenhuis 2019:85). The phenomenological design allowed for a profound understanding of the lived experiences of social workers within their natural context, their working environment about the phenomenon being researched (Creswell & Poth 2018:75). The explorative research design focused on presenting a detailed picture of the relatively unknown researched phenomenon, on discovering more about it in addressing the research question (Neuman 2014:40).

The study's population comprised social workers providing services to adult PWIDs in residential care facilities in Gauteng. Due to the qualitative nature of the study, the sample was purposively chosen. This method ensured the selection of participants who could offer the most relevant data, leading to rich research findings (Leavy 2017:79).

Data collection involved semi-structured face-to-face interviews assisted by an interview guide, incorporating open-ended questions to facilitate participants' free expression of their experiences (Makofane & Shirindi 2018:40). Eleven participants participated in the study and data collection was continued until data saturation was reached. Various interviewing skills were applied to capture all critical data, and an audio recording of the interviews was employed with the participants' permission. Transcription of all interviews occurred before commencing the data analysis process (Makofane & Shirindi 2018:38).

Data analysis followed the eight steps proposed by Tesch, with an independent coder involved, and consensus reached among the coder, researcher, and supervisor on emerging themes, subthemes, and categories (Creswell 2014:196).

Credibility was established through strategies like maintaining an audit trail, prolonged fieldwork, peer debriefing sessions, and independent coder and member checks (Schurink, Schurink & Fouché 2021:395). Participant trust was fostered by spending ample time in participants' working environments during data collection, with some participants providing feedback on their interview transcripts to validate the data. Transferability was ensured through meticulous research design, comprehensive planning, and detailed data descriptions, allowing readers to assess the applicability of findings to their contexts (Anney 2014:12). Dependability was maintained through an audit trail, detailed records, and thick descriptions of the research process and data collection methods. Confirmability was addressed to ensure the accurate reflection of participants' views in the data and interpretation of results (Schurink et al. 2021:394).

Feasibility was secured through ethical clearance from the University of South Africa's Department of Social Work's Research and Ethics Committee (CREC Reference # : 43921558_CRECHS_2020; see addendum E) and permissions from all involved residential facilities. Participation was voluntary, and participants provided informed consent, adhering to the ethical considerations of anonymity, confidentiality, benevolence and privacy (Addenda C and F).

Chapter Three of this study presents a detailed description of the application of the research methods and ethical considerations in this research.

1.8. CLARIFICATION OF KEY CONCEPTS

This section defines and clarifies the key concepts central to this research study.

1.8.1 Experiences

Experiences, as articulated by Ngubane (2021:2), are tangible manifestations of real-life encounters, signifying the dynamic amalgamation of knowledge and skills acquired over time. Grobler, Schenck, and Mbedzi (2013:17) emphasise the inherent centrality, distinctiveness, and personalisation embedded within each individual's experiential world. In the specific domain of this study, the term "experiences" alludes explicitly to the social worker's firsthand interactions and engagements while delivering services to adults with intellectual disabilities residing in care facilities. These encounters are the foundation for the social worker's nuanced understanding of the unique needs, challenges, and contextual intricacies in supporting this demographic within care settings.

1.8.2 Social worker

In South African legal terms, a social worker is a person who is registered in terms of section 1 of the Social Service Professions Act, 1978 (Act No 110 of 1978) as amended, as a social worker under section 17 of the Act (SACSSP, 1999:1-2, 1-14, 1-15). The South African Council for Social Service Professions (SACSSP) may "register as a social worker any person who holds the prescribed qualifications and satisfies the prescribed conditions, and who satisfies the council that he is a fit and proper person to be allowed to practise the profession of social work" in terms of section 17(1) of the Act (SACSSP, 1999:1-14, 1-15). To register as a social worker, a person must have obtained a four-year Bachelor of Social Work qualification as prescribed in regulation 2(1) of the Regulations regarding the registration of social workers, made under the Social Work Act, 1978 as amended (SACSSP 1999:7-2). Only a person registered as a social worker with the SACSSP may use the title of social worker (SACSSP, 1999:1-15).

In general terms, social workers are referred to as change agents in society, focusing on problem-solving, promoting and facilitating change by encouraging individuals to take

responsibility for reaching their full potential (Teater 2014:2). For this study, a social worker is an individual registered under section 17 of the Social Service Professions Act no. 110 of 1978 as amended, as described above, who is rendering social work services to a government department or an NGO, with specific reference to social work services rendered to PWIDs in residential facilities.

1.8.3 Social work and social work practice

In 2014, the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) approved the global definition of social work. South Africa also accepted this definition, which can be summarised as follows: Social work represents both a profession grounded in practical application and an academic field dedicated to fostering social transformation, societal unity, and the empowerment and emancipation of individuals. It adheres to fundamental principles of upholding social justice, safeguarding human rights, promoting collective accountability, and valuing diversity within social work. Supported by the theoretical frameworks of social work, social sciences, humanities, and indigenous wisdom, social work actively involves individuals and societal systems in addressing life's obstacles and promoting overall well-being (IFSW 2014).

This definition applies to this study within the context of social work service delivery to PWIDs in residential facilities. The goal is to promote their social change and development, social cohesion, empowerment, and liberation by engaging with them and their structures to address their life challenges and enhance their well-being.

Social work practice is described in the White Paper of Social Welfare (South Africa 1997:100) as the professional services of social workers that aim to promote the social function of individuals, families, groups, and communities. Social work practitioners use human behaviour theories and social systems to facilitate their interventions, interacting with individuals to promote social justice and human development (Teater 2014:2). In this research context, social workers' professional services are rendered to PWIDs in residential care facilities.

1.8.4 Perceptions

Perceptions are collectively human reactions and the creation of meaning aligned with an individual's reality (Grobler et al. 2013:21). Perceptions are further explained as the awareness of the truth of something from the unique source of experiences (Demuth 2013:16).

For this study, perception was explained as the creation of meaning by different residential social workers regarding rendering services to adult persons with intellectual disabilities.

1.8.5 Challenges

Challenges are regarded as situations that affect individual abilities and demand one to put extra mental or physical effort into completing something successfully (Cambridge 2019, sv "challenges"). It is further explained as experiencing difficulties in the line of duty and needing great determination and skills to complete the tasks successfully (Cambridge, 2019 sv "challenges"). The challenges social workers experience in rendering services to PWIDs can be described as circumstances that impact the social worker's capabilities, encountering difficulties during one's responsibilities, and requiring substantial determination and skill to accomplish tasks effectively.

1.8.6 Adult persons

An adult is defined as a fully developed and matured person who has reached an age where they are regarded as legally responsible for their deeds (Collins 2018 sv "adult person"). In addition, "the typical age of attaining legal adulthood is 18 years" (Collins 2018 sv "adult persons"). An adult person is described in three categories according to Erik Erikson's well-known eight stages of psychosocial development, namely that of young adult (19-40 years), middle adulthood (40-65 years) and older adulthood from 65 plus (Sacco 2013:140).

For this study, the researcher has adopted Erik Erikson's developmental stage as per the human life cycle; an adult is regarded as an individual in the young and middle adulthood stages of development, namely persons from the ages of 19 years to 65 years old (Sacco 2013:140).

1.8.7 Persons with disability (PWD)

The term "disability" encompasses a diverse spectrum of physical, psycho-social, sensory, or intellectual impairments, some of which may impact an individual's capacity to perform their daily tasks, including the individual's occupational responsibilities (International Labour Organisation 2018:1). Disability results from a combination of individual elements, referred to as impairments, and societal aspects recognised as obstacles (African Union 2020:6-7). The concept of disability is multifaceted, involving particular impairments and societal barriers, and in the context of the study, the focus is on a specific disability, which is PWIDs.

1.8.8 Persons with an intellectual disability (PWID)

The term 'ID' is regarded and referred to as an intellectual developmental disorder (IDD) in the latest edition of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (APA 2013). It is characterised by persons with deficits in cognitive and adaptive abilities (Patel et al. 2018:1; APA 2013:1) experiencing difficulties in performing basic daily activities and adapting to environmental demands (Woodman et al. 2014:1; Girimaji & Pradeep 2018:70). Individuals with IDD exhibit deficits in both cognitive and adaptive abilities, these deficits manifest as challenges in carrying out fundamental daily activities and adapting to the demands of their environment. The study focuses on service delivery for these PWIDs residing in residential care facilities.

1.8.9 Residential care facilities (RCFs)

Residential care facilities refer to institutions that offer accommodation and a 24-hour service to older persons, children and PWDs as stipulated in South African legislature, such as the Older Persons Act (Act 13 of 2006) (South Africa 2006: Section 1) and the

White Paper of Social Welfare (South Africa 1997:98). In terms of the National Department of Social Development's Minimum Standards on Residential Facilities for PWDs (DSD 2010) the 24-hour service presented by these institutions offering a 24-hour service, include the care, protection, support, stimulation skills development and rehabilitation of the residents and their admission in the facility, can be temporal or permanent, depending on the kind of social situation concerned.

In this study, 'residential care facilities' refers to registered institutions offering 24-hour accommodation and care for PIWDs. Admission to a residential care facility can be permanent or temporary. The care includes offering protection and support to the person, depending on the severity of the disability.

The following section presents the structure and format of the report.

1.9 STRUCTURE/FORMAT

The structure and format of the research report are divided into five chapters presented as follows:

Chapter 1: General overview of the study:

This chapter introduces the study, including the problem statement, rationale, research questions, and goals and objectives. It also outlines the research methods and clarifies the key concepts used.

Chapter 2: Literature review:

This chapter comprises a literature review and focuses on the perceptions and experiences in providing services for adult PWIDs in residential care facilities.

Chapter 3: The research methodology and methods of the study:

This chapter extensively describes the application of the research methods followed in this study.

Chapter 4: Research findings:

The chapter presents the study findings as analysed and interpreted from the data collected, which are arranged into themes, subthemes and categories and compared with recent literature related to the topic.

Chapter 5: Summary, conclusion and recommendations

The final chapter summarises and concludes each chapter. It further describes the key findings of the research, including the recommendations made for social work practice, policy development, education, and future research.

1.10 SUMMARY OF THE CHAPTER

This chapter presented the study's background, problem statement, rationale, theoretical framework, research methodology, research methods, data collection, data analysis and verification method, ethical considerations, and clarification of key concepts. The next chapter indicates an outline of relevant literature.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

A literature review can be defined as an action to review various research studies regarding the specified research topic to give a background description of existing research studies and their outcomes conducted in the specific field of investigation (Creswell & Creswell 2018: 78; Leavy 2017:56). A literature review further builds bridges between related topics and allow the researcher to identify the dominant issues in the field of investigation (Creswell 2014:61).

This chapter presents the historical background of social work services to adult PWIDs in RCFs and the functioning and accessibility of RCFs for adult PWIDs in South Africa. It explains the South African policies and legislative framework which guide social workers' services to adult PWID in RCFs. The various services provided within the facilities, the roles and responsibilities of social workers providing services to adult PWIDs in a residential care facility, challenges experienced by the social workers and their coping mechanisms and support structures in rendering services to these vulnerable groups are also discussed.

2.2 HISTORICAL BACKGROUND ON ADULT PERSONS WITH INTELLECTUAL DISABILITIES IN SOUTH AFRICA

PWIDs frequently experience violations of their human rights because they often face societal stigma and discrimination and insufficient availability of support services, including healthcare, rehabilitation, and mental health services (Capri et al. 2018:1). A South African review on public policy and benefits for PWIDs, reported that there are no reliable data on aetiology of PWIDs in the country and the prevalence rate may be higher in South Africa than in other low-and middle-income countries, due to high rates of other conditions prevalent, such as nutritional deficiencies, tuberculosis meningitis, foetal alcohol spectrum disorder, HIV and AIDS and trauma (Kleintjes, Mckenzie, Abrahams & Adnams 2020:1). This study, conducted with the aim of improving health outcomes for

PWIDs, revealed that PWIDs are indeed experiencing poor health due to their struggle in accessing mainstream health services, compared to individuals without PWIDs (Khoeniha, Cameranesi, McCombe Demczuk & Shooshtari 2021:1). Therefore, the unmet healthcare and service delivery needs experienced by PWIDs, have further exposed them to be at a higher risk of experiencing the occurrence of comorbid physical and mental health disorders and it has been reported that they have a shorter life expectancy (Khoeniha et al. 2021:1). In addition, PWIDs still have been experiencing various challenges, such as social exclusion and stigma from society, during and after the apartheid era.

During the apartheid era, most PWIDs faced social exclusion and discrimination in most activities, such as having no opportunities for better employment and inclusion in the educational system (Van Der Byl 2014:10). During the apartheid era in South Africa, PWIDs experienced social exclusion and discrimination due to several interconnected reasons which included low functioning and lack of knowledge. Subsequently, the literature analysed by the Presidency, in collaboration with other government departments, in reviewing the disability background in South Africa, revealed that the limited availability of disability statistics and the lack of understanding of disability as a human rights issue have contributed to the lack of policy development about it (Van Der Byl 2014:10). Insufficient statistics on PWID before 1994, affected the policymakers not to develop suitable policies to present PWID with needed resources and opportunities in the society (Van Der Byl 2014:11).

Inequality was observed in the apartheid legislature between the black and white population groups, as all facilities excluded black PWIDs, forcing them to utilise treatment by traditional healers (McKenzie, Abrahams, Adnams & Kleintjes, 2019:2). The context and practices of apartheid provided white adult PWIDs with better services and the black population mainly were neglected (Policy on DSD for PWDs 2018:14). The black population group with PWIDs was further separated in accessing the healthcare and mental services, including residential care facilities, while the government system was favouring the white population group (McKenzie et al. 2019:2).

The Disability Rights Charter of 1992 is one of the critical instrumental guidelines that created the minimum requirements for adult PWIDs in preparation for their enjoyment of their rights, democracy and breaking the inequality regarding access to healthcare and other needed services in South Africa (Van Der Byl 2014:3). Post 1994, the South African Government has established and has been implementing transformation programmes that aimed at building a just and equitable society for everyone, including PIWDs, as indicated in the White Paper on the Rights of PWDs (DSD 2016a:19). The transformation programmes aimed at removing a barrier for PWIDs and to allow them to participate in all spheres of activities.

The government showed progress in implementing the changed programmes for PWDs, as in 1995, they successfully developed the first disability programme, which also accommodated PWIDs, as the office of the Reconstruction and Development Programme (RDP) reported in the White Paper on the Rights of PWDs (DSD 2016a:19). In 1996 Parliament passed the Constitution of the Republic of South Africa (Act no. 108 of 1996) (South Africa 1996) containing the essential rules of our political system, that emphasised the inclusion of persons with disabilities and recognition of PWDs as equal citizens of the country (Van Der Byl 2014:12). The government has shown interest and created programmes aimed at protecting the rights of PWID and the RDP evolved into the Office of the Status of Disabled Persons (OSDP) from the Presidency. As a result, the OSDP successfully released a policy paper, the White Paper on an Integrated National Disability Strategy (INDS), 3 December 1997, based on the Constitution, emphasising the creation of equal opportunities for PWDs (Van Der Byl 2014:13). The OSDP has taken the responsibility in monitoring and implementing of INDS in various government departments.

Progress was made in mainstreaming disability programmes during the post-apartheid period. It was however, not sustainable due to poor coordination of the agenda as coordinators did not implement it according to the initially planned actions (DSD 2016a:20). The inconsistency in implementing disability programmes towards adult PWID

is likely to be also associated with the gap in legislations due to a lack of understanding in the field of intellectual disabilities by policy developers and implementers (Kleintjes et al. 2020:19). The currently legislative utilised to protect the rights of PWIDs is discussed in section 2.6. There is an indication that South Africa has some of the utmost progressive human rights-based policies; however, the care and development of PWIDs are one of the areas that were not prioritised because of limited resources (Bullen, Luger, Debbie & Geiger 2018:1). As a result, this has led to slow transformation of policy enhancement into improved quality of life for PWID (Kleintjes et al. 2020:19).

In trying to understand the field of adult PWIDs, it is vital to consider the causes of ID; there are various medical issues individuals encounter that are likely to be associated with ID (Wallace 2022:1), as discussed in the next section.

2.3 CAUSES OF INTELLECTUAL DISABILITIES

A disability may happen during a person's lifetime. In other cases, it may be present from birth (Chitereka 2010:82). A PWID have neurodevelopmental deficits categorised by restriction in intellectual functioning adaptive behaviour (Lee, Cascella & Marwaha 2019:1). The person can have an ID for a multitude of reasons. The cause is usually unknown (Shree & Shukla 2016:10). However, various life experiences and medical conditions are related to ID in any life cycle, including childhood adversity, medical conditions and unhealthy lifestyles, and differences between the causes of adult and children's intellectual disabilities.

2.3.1 Childhood adversity

Individuals who experienced adversity during childhood, such as parental separation or loss, witnessed violence among parents and had a parent with mental health issues have been shown to have a higher risk of developing IDs throughout their life span (Scheffers, Van Vugt & Moonen 2020:1). The WHO (2023) mentioned that adverse experiences include multiple types of abuse; neglect; violence between parents or caregivers; other

kinds of severe household dysfunction such as alcohol and substance abuse; and peer, community and collective violence which may be related to the development of IDs. There is further affirmation from a study conducted in the USA that toxic stress during childhood, such as experiencing physical, emotional, or sexual abuse, chronic neglect and being without adult supervision, is related to ID as it is likely to disturb brain development and lead to cognitive impairment (Nelson, Bhutta, Harris, Danese, Samara et al. 2020:1). As a result, experiencing hardship during childhood is highly connected to IDs. The effects can initially be observed during the first three years after the events occurred (Nelson et al. 2020:1). In conclusion, childhood adversity emerges as a significant causal factor in the development of intellectual disabilities. The array of adverse experiences, as outlined by the WHO, underscores the complex interplay between environmental stressors and cognitive development. Understanding these links is crucial for developing targeted interventions to mitigate the impact of childhood adversities and foster healthier developmental trajectories, thereby reducing the risk of IDs in the affected individuals.

2.3.2 Medical conditions and unhealthy lifestyle

In section 2.2 of this chapter, a South African report reviewing public policy and services for persons with ID mentions that there are no reliable data on the aetiology of ID in the country and that the prevalence rate may be higher in South Africa than in other low- and middle-income countries (LMICs) due to high rates of other conditions prevalent, such as nutritional deficiencies, tuberculosis meningitis, foetal alcohol spectrum disorder, and trauma (Kleintjes et al. 2020:1).

Individuals with various medical conditions have been shown to have a great connection to the aetiology of ID during adulthood as it disrupts cognitive functioning (Wallace 2022:1). Therefore, PWIDs are linked to poverty because, many times, poor people lack the necessary resources to maintain healthy well-being and manage preventable conditions which may cause IDs (McKenzie et al. 2019:1). It can be concluded that medical conditions play a substantial role in the aetiology of IDs, with socioeconomic factors, such as poverty, exacerbating the impact by limiting access to healthcare resources and preventive measures. Understanding these complex interconnections is

crucial for developing targeted interventions and public policies aimed at mitigating the prevalence and consequences of intellectual disabilities, particularly in contexts where reliable data on the subject may be limited.

The following are the various medical conditions that are found to be linked with the development of ID:

2.3.2.1 Poor Prenatal Care

South African research conducted about ID has revealed that poor prenatal care, iodine deficiency, and lack of access to suitable healthcare facilities in managing common health problems have an occurrence of child ID (Foskett 2014:4). The evidence presented on the possible causes of intellectual disability is undoubtedly supporting that. Children born through poor prenatal care, such as the mother's unhealthy and deficient eating habits and the mother's chronic illness without receiving proper treatment, have high chance of the children developing IDs within their lifespan (Adnams 2010:437; Nhlabathi 2016:4). It is essential to maintain a healthy lifestyle during pregnancy, consuming large amounts of alcohol during pregnancy and the use of drugs were also found to cause ID for unborn babies (Nhlabathi 2016:4).

The significance of promoting healthy lifestyles among pregnant women and raising awareness about the adverse effects of alcohol and drug consumption during pregnancy should always be prioritised. Overall, these insights underscore the need for comprehensive healthcare policies and social support systems to improve the quality of life for individuals with IDs.

2.3.2.2 Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) and Tuberculosis Meningitis

That HIV and Aids are affecting many pregnant women in South Africa is highlighted in Chapter One (section 1.1). Thus, women who are infected with HIV and Aids and fail to receive early treatment have been proven to affect the well-being of their unborn babies, whilst their well-being is also affected (Nhlabathi 2016:4). Moreover, HIV and AIDS are

reported to have a significant impact on ID as it has been shown to influence the development and neurodevelopment of HIV-infected children (Capri 2016:79). Globally 15% of the population who are HIV and AIDS infected are mostly aged between 15 to 49 years old and the majority of them are also reported to be living with ID in South Africa because of HIV and AIDS (Adnams 2010:438)

In addition, HIV and AIDS co-infection has been revealed to increase the risk of developing tuberculous meningitis (TBM), which might contribute to an individual living with co-morbid ID (Adnams 2010:438; Capri 2016:96). Thereby, TBM is a possible cause of moderate and severe ID in young South Africans as it is related with poor cognitive results if treatment is delayed (Adnams 2010:438). Furthermore, South Africa has been reported to have the highest rate of HIV and AIDS globally and consists of a 64% TBM population. Therefore, these health conditions, directly and indirectly, affect PWIDs (McKenzie et al. 2019:2).

This information highlights the multiple challenges that PWID in South Africa may face, including the increased risk of children being born to mothers with HIV and AIDS, potential developmental issues, and the risk of co-morbid conditions like tuberculous meningitis. It underscores the need for comprehensive healthcare and support services to address the specific needs of PWID in the context of these health challenges.

2.3.2.3 Physical injuries and violence

In South Africa, violence and injuries are reported to have the highest mortality rate (McKenzie et al. 2019:2). Chances are excellent that persons injured in violent incidents who are likely to develop traumatic brain injuries will suffer intellectual problems. Therefore, suffering physical injuries and violence is linked to persons acquiring IDs (McKenzie et al. 2019:2). Moreover, most of the reported violence and injury incidents likely to lead to the development of ID are traumatic brain injuries sustained during car accidents and physical assault. These types of damages affect both adults and children (McKenzie et al. 2019:2). According to a research paper from the National Health Insurance, which focuses on estimating the worldwide occurrence of traumatic brain

injuries (TBIs), approximately 69 million people experience TBIs annually (Gxolo 2021:2). The study highlights that the highest percentage of TBIs caused by road traffic accidents is found in Africa and Southeast Asia, where 56% of these injuries can be attributed to such incidents. In other words, many TBIs in these regions result from road accidents (Gxolo 2021:2).

The prevalence of traumatic brain injuries resulting from violence and accidents in South Africa highlights the heightened vulnerability of PWIDs. Addressing this issue requires not only preventive measures to reduce the incidence of traumatic brain injuries but also ensuring that individuals with intellectual disabilities receive adequate and accessible medical care, rehabilitation, and support services to mitigate the impact of such injuries on their intellectual abilities and overall quality of life.

2.3.3 Difference between causes of adult and children's intellectual disabilities

Various physical injuries have been reported to contribute to ID among the discussed injuries. It was discovered that newborns are more at risk of being physically injured. Therefore, different causes of ID have been identified in the case of infants, which can be due to prenatal, perinatal, neonatal and postnatal factors (Capri 2016:66). Another possible cause of ID for children is damage that occurs during birth, such as as an umbilical cord problem, birth canal issues, blocked airways and placental eruptions which imply that a child can develop ID during the perinatal period (period since becoming pregnant up to a year after giving birth) (Nhlabathi 2016:5). Injuries sustained during the perinatal process are having an impact toward the causes of ID to babies due to the fact they are likely to lead to brain damage as the oxygen flow to the brain gets interrupted (Nhlabathi 2016:5). As a result, TBI is categorised to have a massive contribution to the development of ID in South Africa (Nhlabathi 2016:5).

Causes of ID may also be because of the abuse of alcohol by the mother, as the baby is likely to be born with the lifelong impairment recognised as foetal alcohol syndrome (FAS). FAS is the leading easily preventable cause of ID, which occurs due to poor prenatal care from the mother; however, it has also been found to be genetically

transmitted (Capri 2016:36; Foskett 2014:4). It is estimated that one million individuals within South Africa are diagnosed and living with FAS (Foskett 2014:4). ID can also be present as early as from birth, as infants' birth parents who are living with ID may cause the children to inherit ID genetically (Nhlabathi 2016:5).

Adults who did not acquire ID during childhood but may experience health and medical issues may experience deterioration of their cognitive functions throughout their lifecycle (David, Lotan & Moran 2022:13). Whilst it is common for individuals to develop a cognitive decline due to ageing, appropriate standardised tests for evaluating a person's deteriorating cognitive functions relating to ageing are used (David et al. 2022:14). The diagnostic tool used to determine the degree and nature of IDs varies when measuring children and adults who in later life develop IDs (David et al. 2022:14).

Although ID may develop during childhood, it is no longer considered a paediatric condition but rather a condition that affects the entire lifecycle (Carfi, Ventrano, Meloni, Villani, Acampora et al.2019:625). This perspective acknowledges that adults can continue to grapple with IDs and that the challenges associated with ID may persist or evolve as individuals age.

If ID is diagnosed before the age of 18 years, it becomes part of the individual's diagnosis for a lifetime. In this regard, it cannot be omitted or overlooked that research found that there are possibilities for the sudden development of ID during adulthood, which might be caused by underlying chromosomal or DNA mutation (Wallace 2022:1). This underlying mutation may impact upon known and unknown mechanisms in neuronal function, anatomy, metabolism, and also on cellular functions in other organs, giving growth to the syndrome (Wallace 2022:1). Based on this discussion it is clear ID can develop at any time during the individual lifespan and brain impairment can occur at any age.

In the following section, the challenges faced by adult PWIDs are discussed.

2.4 CHALLENGES OF ADULT PERSONS WITH INTELLECTUAL DISABILITIES

PWIDs experience various challenges in South Africa. Most PWIDs are reported to be unemployed due to having no educational background (Foskett 2014:3). Adult PWIDs are said to be one of the most vulnerable and marginalised groups. They are facing inequity within society (Adnams 2010:436). One of the primary reasons for this is the presence of societal stigma and discrimination. PWIDs often encounter prejudice, stereotypes, and negative attitudes from others, which can limit their opportunities for education, employment, and social inclusion. Additionally, inadequate support systems and services can contribute to this inequity. Limited access to healthcare, education, and employment opportunities can hinder the overall development and well-being of adults with intellectual disabilities. Lack of appropriate accommodation and accessible environments further restrict their participation in various activities, exacerbating the inequity they face (McKenzie et al. 2019; Capri 2016).

The further discussion delineates challenges encountered by adult PWIDs, encompassing difficulties in education and employment, constraints associated with limited resources within RCFs and healthcare services, and difficulties in communication, social interaction, and self-care skills.

2.4.1 Educational and employment challenges for persons with intellectual disabilities

PWIDs encounter significant challenges in accessing education. Those few PWIDs who manage to secure admission face numerous difficulties, including the absence of guidelines and policies accommodating their unique needs within educational institutions (Mutanga, 2017:136). PWIDs are perceived as one of the most underprivileged groups, lacking opportunities and freedom to pursue further education (Mutanga, 2017:137). According to the Social Development Services policy for PWDs (DSD, 2018:24), children with intellectual disabilities are discriminated against and denied educational opportunities due to, amongst other things, resource constraints.

Research conducted by McKenzie, McConkey and Adnams (2013b:1751) on ID in Africa revealed that one-third of the 77 million children worldwide not attending school are children with disabilities. In Africa, children with IDs are particularly disadvantaged, being the least likely among children with disabilities to participate in any school facility (McKenzie et al. 2013b:1751). Studies on ID in South Africa indicated that children with severe and profound ID were often denied admission to special schools, leading to limited access to education (Foskett 2014:15; McKenzie et al. 2013b:1751). Consequently, special care centres subsidised by the Department of Health were established for their care and protection (Foskett, 2014:15). To enhance access to education for children with disabilities, the Department of Basic Education in South Africa implemented an inclusive educational policy. Presently, all nine provinces in South Africa have special schools catering for children with various disabilities, but those children with profound IDs continue to be excluded (Foskett, 2014:16).

According to the National Strategy on Integrated Services to Children with Disabilities (DSD 2019b:36), restrictions on access to education during childhood contribute negatively to later life for adults with ID as they lead to the inability to access employment opportunities due to a lack of educational background and relevant skills to qualify for employment. Additionally, the inability to access proper education is also linked to the poverty of PWDs (DSD 2019:36).

In South Africa, various reasons are reported that negatively affect PWIDs to be deprived of job opportunities, including lack of skills, experience, and a limited educational background. (Maja, Mann, Sing, Steyn & Naidoo 2012:27). According to Siperstein, Parker and Drescher (2013:158), adult PWIDs are experiencing challenges in attaining proper jobs, as only less than one out of four have reported being in the labour force. The unemployment rate for PWIDs is more than twice as high compared to individuals without disabilities (Siperstein et al. 2013:161). The high unemployment rate among PWIDs may be because most of them cannot communicate well. At the same time, the employers also lack reasonable accommodation for their unique needs (Tinta, Steyn & Vermaas

2020:60). PWIDs are reported to have a restricted concentration span, hence making them struggle to participate in economic activities and employment (Tinta et al. 2020:5).

South Africa is exposed to little labour market absorption of PWDs (DSD 2016a:38). The unemployment figures show that rates for this could be between 40% and 60% higher than for individuals without disabilities (Mckenzie et al. 2013b:1753).

The South African Government has aimed to employ at least 2% of PWDs after releasing the first White Paper on the Transformation of Public service in 1995, however from 1995 to 2014 they have managed to appoint only 0.83%, the highest number which falls far short of the planned 2% (Foskett 2014:11; Van Der Byl 2014:22). Only 50 867 PWDs out of 5 593 326 employees were employed and most of them could only secure semi-skilled, unskilled, or temporary posts and work in protective workshops for PWD (Foskett 2014:12; DSD 2016a:38). The Department of Social Development has registered 293 protective workshops in South Africa that are being managed for PWDs (Foskett 2014:12). Protective workshops are regarded as institutions or organisations that offer rehabilitation services and job-related opportunities for PWDs who cannot access the open workforce due to intellectual or physical impairment as explained in the Policy framework services for PWID (DSD 2015:15). Thus, the protective workshops across the country have successfully managed to employ 14 212 PWD including PWID (Foskett 2014:12), but the need for such workshops are far more significant.

Despite all the efforts made by the South African government to employ PWDs, they have failed to meet the 2% target (Ximba 2016:6). However, excessive progress has been made by the Western Cape government by increasing the entrepreneurship programmes and establishing a new protective workshop in 2014-2015 specifically for youths with ID who cannot advance their careers (Foskett 2014:12).

In South Africa, there are still no data showing the breakdown of the type of PWDs under which PWIDs are accommodated and participating in the workforce (Foskett 2014:12). However, international studies conducted in terms of employers' willingness to employ

PWIDs have revealed that employment rates for PWIDs in the USA, Canada and the United Kingdom are estimated to be between 9% and 28% while the rates for general individuals without disabilities range from 75% to 90% (Duvdevany, Or-Chen & Fine 2016:34). This is an indication that PWIDs are under-represented in the labour market, primarily due to low cognitive functioning which is likely to lead to poor production.

2.4.2 Challenges regarding limited resources within residential care facilities and health services

The rights of PWIDs are acknowledged, yet there exists a significant impediment to their access to healthcare services, primarily attributed to prevailing stigma, discrimination, and a shortage of allocated resources. Despite the entitlement of PWIDs to healthcare services, a notable challenge lies in the inadequacy of healthcare workers' skills, thereby erecting an additional barrier to their access to healthcare (McKenzie et al. 2019:4).

Consequently, it is imperative to implement additional in-service training for healthcare personnel tasked with providing services to PWIDs. The tragic incident known as the Life Esidimeni tragedy, which happened in 2016, serves as a poignant illustration of the under-resourcing and low prioritisation of proper residential services for PWIDs, as elaborated in Chapter One of this study (see section 1.2.5) (McKenzie et al. 2019:4). Furthermore, it has been reported that residential facilities grapple with inadequate funding and limited capacity to accommodate and support PWIDs, potentially being the primary reasons behind the failure of Esidimeni to meet its mandate. These events collectively underscore the neglect of the health conditions and requisite support for PWIDs during their adult years within the South African context.

2.4.3 Communication, social and self-care skills of adult persons with intellectual disabilities

The severe forms of PWIDs face challenges in performing their daily activities as they struggle to feed themselves, use the bathroom and put on their clothes. Furthermore, they have difficulties in building and maintaining relationships with people close to them due to their poor communication skills and impulse control (Lee 2019:40). They are highly

dependent on others for support and lifelong care due to complex cognitive and communicative challenges that make it difficult for them to express themselves. Their inability to speak up for themselves will likely lead to neglect in caring practices (Gjermestad 2017:2). They may use non-verbal expression and body language as an alternative communication method, which might need to be interpreted. However, these appropriate services are lacking (McKenzie et al. 2013a:481).

In general, PWIDs experience a high level of dependency on others for their daily functioning and require specialised care and support to navigate their lives effectively. Addressing their unique communication needs and providing tailored services are crucial to improving their quality of life and ensuring they receive the care and attention they require.

2.5 ESTABLISHMENT AND ACCESSIBILITY OF RESIDENTIAL CARE FACILITIES FOR ADULT PERSONS WITH INTELLECTUAL DISABILITIES IN SOUTH AFRICA

Most of the adult PWID are found in residential care facilities with no opportunities for a career due to their impairment and poor educational background (as discussed in section 2.4 of this chapter). There has been a challenge with discrimination against and exclusion of PWDs and vulnerability due to a high rate of poverty among them. As a result, the Department of Social Development and Department of Health funded NPOs (South Africa 2019c:19) for residential service in Gauteng and Western Cape provinces (McKenzie et al. 2014:46). The residential facilities aim to facilitate the protection of full and equal enjoyment of all human rights by all PWD, including adult PWID, particularly when their needs can no longer be met at home. The Department of Social Development (South Africa 2019c:11) further implemented and registered 149 residential facilities in South Africa, of which 39 are in Gauteng and 37 in the Eastern Province (Foskett 2014:20). These RCFs have been implemented as a support structure for families for PWIDs whose families are unable take care of them and to address the various challenges face by PWD in the society the National Disability Policy (DSD 2015:12).

The demand for residential facilities for PWIDs has risen due to the high number of adults with PWID who need more extensive care than a family member can offer. Therefore, RCFs aim to allow adult PWIDs to improve their quality of life and provide support to families (Woodman et al. 2014:12; Sun et al. 2021:2). It was reported that adult PWIDs are at risk of poor physical and mental health as their self-care abilities continue to decline (Sun, Ding, Cui, Zhu, Li et al. 2021:2). Additionally, the inability to perform daily activities, dysfunctional families, and lack of support from the community have also been identified as contributing factors to the relocation of PWID to RCFs (Sun et al. 2021:1; Woodman et al. 2014:2). Hence the establishment of RCFs is regarded to play a crucial role in meeting the long-life support needs of adult PWID (McKenzie et al. 2013a:481).

2.6 POLICIES AND LEGAL FRAMEWORK OF RESIDENTIAL CARE FACILITIES FOR PWID IN SOUTH AFRICA

Various policies and laws were developed after 1994 that aimed to protect the rights of PWDs (Sibanda 2015:1). South Africa does not have a specific act connected to the rights of PWDs. However, instead of this, one may find protection for them in policies and other acts, as it addresses all the citizens of South Africa, including PWD (Sibanda 2015:1). The following national policies to deal with and protect adult PWID and acts that also deal with adult PWID, have been developed:

2.6.1 Policy on Residential Facilities and Independent Living Centres for Persons with Disabilities

In 2019, the National DSD developed its Policy on Residential Facilities and Independent Living Centres for PWDs (DSD 2019c) to protect the rights of PWDs within the residential facilities. This policy was developed after the Life Esidimeni incident between March and December 2016. The policy aims to show the government's solid commitment and ability to respect, protect, defend, and uphold the human rights of all its residents in living centres for PWDs. The incident has proven that the rights of the PWIDs were violated. Therefore, there needs to be more compliance with the present legislature regarding residential

facilities (DSD 2019c:9). This policy aims to ensure compliance for all residential facilities. It clearly outlines the roles and responsibilities of all government departments and relevant stakeholders (Policy on Residential Facilities and Independent Living Centres for PWDs 2019c:18).

Every residential facility is expected to be registered with a specific board; therefore, the policy also aims to guide administration and programmes to be implemented and ensure that PWIDs living in residential facilities have an improved quality of life and that their needs are met in a dignified and respectful manner (Policy on Residential Facilities and Independent Living Centres for PWDs 2019c:22).

This policy ensures that adult PWIDs in residential care facilities are accommodated in registered facilities that comply with all the requirements to ensure that adult PWIDs are safe and protected. The policy also guides the social workers on suitable social work programmes for PWIDs, integrated interventions in the adult PWIDs' best interest, and how the protective workshop should operate within the facility. This policy directs residential facilities' transformation, management, and governance. It clarifies the levels of care needed by adult PWIDs for appropriate services and the infrastructure required for each level of care as directed in the Policy on Residential Facilities and Independent Living Centres for PWDs (DSD 2019c:10). The Policy on Skills and Work Centres for PWDs is discussed further, explaining the operation of the protective workshops, particularly in residential facilities for PWIDs.

2.6.2 Policy on Skills and Work Centres for Persons with Disabilities

The Policy on Skills and Work Centres for PWDS was developed by the DSD in 2019 to ensure that PWDs have access to employment and economic opportunities highlighted in the Policy on Skills and Work Centres (SWC) for PWDS (DSD 2019d:7). PWDs who can participate in entrepreneurial activities are now accommodated in protective workshops facilities (DSD 2019d:7). This policy plays a vital role in ensuring that the constitutional rights of PIWDs are fully observed and accomplished (DSD 2019d:8).

The Skills and Work Centres (SWC) policy model advocates developing the various skills and abilities of PWDs to allow them to work as employees in supported employment programmes. It aims to restore the dignity and respect of PWDs, including adult persons with IDs, and improve the quality of their lives (DSD 2019d:9). The SWC offers relevant skills development and training opportunities specifically to PWIDs to ensure sound management of SWCs.

This policy promotes accommodating adult persons with ID in dental care facilities so that they can participate in the labour market. The protective workshops offer different types of work activities that are helpful to the skills and abilities of PWDs, including adult persons with IDs, and aim to provide them with minimal participation opportunities in socio-economic life in a safe and structured environment, as set out in the Policy on Skills and Work Centres for PWDs (DSD 2019d:7).

2.6.3 Mental Health Care Act 17 of 2002

The National Mental Health Care Act, 17 of 2002 (South Africa, 2002), addresses the rights of mental healthcare users, including users with ID. The Act stipulates that all cognitive users are treated with respect and dignity and should receive appropriate care, treatment and rehabilitation services to improve their mental capacity. Furthermore, mental health service users, including the PWIDs, have a right to participate fully and be included in community life activities according to the Mental Health Care Act 17 of 2002 (South Africa 2002: section 8(1)(2)). The Mental Health Care Act of 17 of 2002 is commonly used through integration with the Policy on Residential Facilities and Independent Living Centres for PWDs to ensure PWID's rights are protected in all centres.

Some older persons with IDs need help to make informed decisions based on their need for care. Therefore, this Act can also be utilised to apply for involuntary care so that the individual can receive appropriate treatment and care in the residential facility as indicated by the Policy PWDs and the Mental Health Care Act of 2002 (South Africa 2002: section 32(c); South Africa 2019a:32). It further guides the social workers on facilitating the

admission, discharge and transferring process of adult persons with ID within various residential care facilities.

2.6.4 Policy on Social Development Services for Persons with Disabilities

The Policy on Social Development for PWDs was implemented in 2018 to ensure that the delivery of social development services offered by the DSD to PWDs improves the overall quality of their lives (DSD 2018:8). The DSD has the mandate to implement the disability mainstream programmes by collaborating with other government departments as required in terms of the policy on Social Development for PWDs (DSD 2018:9). The Policy on Social Development for PWDs' provision of services to PWDs is aligned with the White Paper on the Rights of PWDs, as the DSD has the mandate to ensure that the rights of PWDs are protected and that their dignity is always maintained.

Most residential care facilities for PWDs are registered with the DSD. This policy guides the appropriate social work programmes for each residential care facility that accommodates adult persons with IDs. It can also collaborate with the Policy on Disability and White Paper on the Rights of PWDs.

2.6.5 National Disability Policy

The National DSD implemented the National Disability Policy and aims to direct the development and implementation of effective programmes to protect and empower PWDs as required by the National Disability Policy (DSD 2015). In addition, other guides update and implement allied and integrated service delivery to PWDs. The National Disability Policy is one of the essential prescribed courses of action that guide the DSD in addressing social barriers that exclude PWDs, which delays their full and equitable integration and inclusion into mainstream society (DSD 2015:7). This policy prioritises the provision of suitable social services that aim to improve the lives of PWDs, by reducing levels of poverty and unemployment amongst PWDs and enabling their full inclusion and participation in all social and economic activities the National Disability Policy (DSD 2015:7).

This policy can be used with the Policy on Social Development for PWDs, as indicated in the above discussion. In addition, it serves to guide the social work officials on the suitable type of services to be delivered for adult persons with IDs in ensuring that their rights are protected and that they are offered an opportunity to participate in some activities, such as protective workshops.

2.6.6 The Older Persons Act, 2006 (Act 13 of 2006)

Some older persons also fall in the group category of PWDs due to their age and intellectual impairment. Therefore, they must be protected from exploitation and abuse (Stevens 2021:278). Consequently, the social workers in the residential facilities utilise the Older Person Act, 2006 (Act 13 of 2006) to address residents' social services needs and make provisions that their rights are maintained and protected and that their need for safety and security are always satisfied (South Africa 2006; Bern-Klung et al. 2013:1; Stevens 2021:278).

The Older Persons Act, 2006 (Act 13) of 2006, specifies the rights of older persons in residential care facilities, including older PWDs (South Africa 2006: section 16). All older persons with ID in residential facilities can appoint a representative. They need to be allowed to have visitors and participate in any social and community activities of their choice, as determined in the Older Person Act, 2006 (Act 13 of 2006) (South Africa 2006: Section 16 (a)(b) and (f)). It is also determined in the Act that older persons in the residential facility have a right to have access to primary care, and should the facility decide to discharge the resident for any reason, they should be given at least 30 days' notice of proposed discharge or transfer (South Africa 2006: Section (d), (i)).

The Older Persons Act, 2006 (Act 13 of 2006) also prescribes the services to be available in the facility, which includes 24-hour care, supervision and support services to those who need special attention (South Africa 2006: section 17(a)(b)). Furthermore, this Act emphasises that residents in the facility should be provided with counselling services together with their family members provided by the facility's social worker, and they

should also be involved in participating in outreach programmes (South Africa 2006:17 (e)(f)).

The social work services in RCFs, such as admission and discharge procedures, must also be aligned with this Act. More social work programmes are deemed necessary to accommodate the needs of older persons with IDs. Therefore, the stipulations of the Older Persons Act, 2006 (Act 13 of 2006) cooperate with the White Paper on the rights of PWDs and the Mental Health Care Act 17 of 2002 in guiding the social workers in facilitating their admission and discharging processes in a residential care facility accommodating adult PWIDs. The White Paper on the rights of PWDs is discussed below.

2.6.7 The White Paper on the Rights of Persons with Disabilities

The Cabinet approved the White Paper on the Rights of PWDs (DSD 2016a: 9), which aims to commit duty bearers to recognise the rights of PWDs by removing discriminatory barriers and allowing them full access and participation in aspects that affect their lives. PWDs are regarded to be at risk of compounded marginalisation. This white paper aims to protect their rights and encourage self-representation by acknowledging the uniqueness and abilities of PWDs. The White Paper on the Rights of PWDs (South Africa 2016a) believes that PWDs are limited from participating in social, economic and community life due to the lack of access to needed assistive devices; therefore, it also aims to guide on addressing issues faced by PWDs as reported in Policy of Social Development for PWDs (DSD 2018:23).

The White Paper on the Rights of PWDs plays an essential role in clarifying the responsibilities of different stakeholders in ensuring appropriate, effective and efficient integrated service delivery to adult persons with IDs, as indicated in the Policy of Social Development for PWDS (DSD 2018: 34). Residential care facilities for PWID employ practitioners from different professions. This document aims to guide the professions' roles to minimise the possibility of their roles clashing. Together with the Constitution of the Republic of South Africa (Act, 108 of 1996) (South Africa 1996), the White Paper on the Rights of PWDs (DSD 2016a) ensures that adult persons with IDs in the residential

care facilities experience full and equal enjoyment of all rights and experience the same freedom as all other citizens of the country and are protected from any unfair discrimination (DSD 2018:34).

2.6.8 The Constitution of the Republic of South Africa (Act 108 of 1996)

The South African Constitution is the country's supreme law, providing the legal foundation for the Republic's existence, setting out its citizens' rights and duties and defining the government's structure (South Africa 1996). It emphasises that all citizens are equal before the law and have a right to protection and benefit from it (South Africa 1996 section 5). These rights in the South African Constitution apply to everyone, including the PWIDs. It further indicates that no one should be unfairly discriminated against, and all citizens should enjoy equal rights and freedom (South Africa 1996 Section 9).

The social workers within the residential care facilities should ensure that all PWIDs receive the necessary social work services and that no one is discriminated against regarding their background or disability status. The social workers must be knowledgeable about the South African Constitution; the government mentioned above policies, laws and white paper to ensure that the PWIDs are provided with all the social work programmes and other programmes offered in residential care facilities, such as working in a protective workshop and participating in different activities.

2.7 ROLES AND RESPONSIBILITIES OF SOCIAL WORKERS IN RESIDENTIAL CARE FACILITIES

Advocacy is crucial to fulfilling the global social justice mission of social work (Chibonore & Chikadzi 2017:1). It is one of the vital roles of social workers and is an ethical obligation for them. In RCFs, social workers have the mandate to assist clients and their families in understanding the nature of the client's disability and effectively dealing with the psychological, social, and economic challenges that occur with the disability (Okafor, Onalu, Ene & Okoye 2017:136).

The roles of the social workers in RCFs include assisting the clients in coping with the difficulties of living with their conditions, regularly assessing the care they receive and providing assistance that will help PWIDs meet their basic needs (Okafor et al. 2017:137). During the assessment, the social worker must also develop and implement the care and discharge plans to determine when and if the ID client needs to be discharged. In addition, the social workers in the residential facility are responsible for facilitating therapeutic programmes. The PWIDs and their families rely on the social workers for support as a coping strategy (Lee, Splawa-Neyman & McDermott 2022:64). Lee et al. (2022:64) reported that the families of PWIDs and residents of RCFs feel unsupported and distressed in the residential facilities where social workers are not employed, which implies that the residential social worker plays a vital role in their well-being. Social workers play an essential part in the lives of adult persons with IDs in long-term residential care facilities by ensuring that the disability policies, legalisation, and facilities' strategies are well implemented so that their needs are always protected and provided for (Lee et al. 2022:66).

2.8 SERVICES PROVIDED IN RESIDENTIAL CARE FACILITIES FOR ADULT PERSONS WITH INTELLECTUAL DISABILITIES

Social workers employed in RCFs are tasked with providing programmes and services to residents on a daily or regular schedule. The formulation of these programmes is guided by the specific needs of the residents, as outlined in the Policy on Residential Facilities and Independent Living Centres for Persons with Disabilities (DSD 2019c:57).

A prevailing consensus exists among residents within such facilities, indicating a common requirement for assistance in financial management, personal care, and telephone usage. Notably, residents are exempted from contributing to household chores (McKenzie et al. 2013a:483). Furthermore, particular residents within RCFs exhibit physical health challenges, mental health issues, and behavioural problems necessitating medication.

The facility is pivotal in facilitating access to essential health services for those requiring medical attention (McKenzie et al. 2013a:482).

In the context of round-the-clock care facilities, social workers are obligated to ensure the provision of daily social work services and specialised nursing care for individuals with intellectual disabilities, underscoring the commitment to address their unique needs comprehensively (McKenzie et al. 2013a:483; Bern-Klug & Kramer 2013:2). Social workers operating in RCFs are mandated to conduct comprehensive assessments and devise care plans that holistically support the physical, mental, and psychosocial well-being of each resident (Cirillo 2022:1).

Therefore, social workers deliver various programmes, such as therapeutic and rehabilitation interventions, sports, recreation, leisure, and spiritual initiatives.

2.8.1 Therapeutic/ Rehabilitation Intervention Programmes

Therapeutic/rehabilitation services in RCFs must be designed to restore and develop higher levels of independence by enabling the residents to reach their optimal physical, sensory, intellectual, emotional, mental, and social functioning levels, as required in the policy on residential facilities and independent living centres for PWIDs (DSD 2019c:57).

Social workers have a role in conducting the need assessment of the client during the admission process and provide psychosocial support through individual and group counselling to admitted clients, according to the Irish Association of Social Workers (IASW) 2011:1). Social workers practise a holistic model and are responsible for providing psychosocial support to the residents in the institution and their affected families (Wang, Chan & Chow 2018:1). They further have the mandate to provide educational programmes to empower, support and encourage clients to gain the ability to act on their behalf with what is affecting their lives (IASW 2011:5; Wang et al. 2018:2).

The therapeutic intervention includes crisis intervention through using the bereavement approach; the residential social workers are reported to be working primarily with people

in critical health conditions facing their death phase; for instance, they are expected to provide grief counselling to the remaining residents and the family of a client who died. They continued rendering this service even during the COVID-19 pandemic that affected the whole world (Whang et al. 2018:1; McGarry, Cuskelly, Reilly, Coffey, Finucane et al. 2020:1). Crisis intervention is a social work model that is mainly utilised when an adult person with IDs and their families are faced with a traumatic event such as the death of a loved one. The crisis, such as the death in the family, is explained as acute emotional distress arising from a specific traumatic event that usually leads to a disruption in an individual's regular family pattern of functioning (Turner 2017:117).

The therapeutic programme assists adult PWIDs in RCFs and their families to cope with the situation of the death of a family member and move on positively. The social workers' mandate to provide therapeutic services to adult persons with IDs in residential facilities is supported in the Older Person's Act, 2006 (Act 13 of 2006) (South Africa 2006: section 17(e)), as it clearly states that residents together with their families should be provided with counselling services that social workers are offering, should they be assessed to be needing it. Counselling services that strengthen the individual's coping strategies are also accessible to all adults with IDs (McGarry et al. 2020:1).

The social worker's role includes attending to the residents' complaints about the standard of care they are getting with the facility, advocating on their behalf, and ensuring that their rights are protected and that they receive the best care (IASW 2011:3).

2.8.2 Sport, Recreational and Leisure Programmes

Sport, recreational, and leisure programmes within RCFs are strategically designed to address several objectives, including mitigating idleness, optimising both physical and mental health and well-being, promoting independence and self-respect, and recognising the unique abilities of residents. This approach follows the guidelines outlined in the Policy on Residential Facilities and Independent Living Centres for Persons with Disabilities (DSD 2019c:57). It is crucial to emphasise that residents should not be coerced into

participating in these programmes; rather, their involvement should be voluntary. This principle extends to adult residents with IDs.

The spectrum of sports, recreational, and leisure activities encompasses games, as well as cultural events such as singing, dancing, drama, art, and entertainment, as specified in the policy above (DSD 2019c:57). Additionally, residential care facilities organise outings and holiday tours for residents to provide varied experiences.

For older PWIDs, engagement in recreational activities assumes particular significance, contributing substantially to their well-being and overall quality of life (Singh & Kiran 2014:24). While the importance of participating in recreational activities is acknowledged universally, PWIDs may encounter barriers, such as limitations imposed by poor intellectual functioning and adaptive behaviour. Notably, certain PWIDs may face exclusion from specific recreational activities due to challenges associated with visual-motor coordination (Potic, Stanimirov, Dordevic & Bankovic 2014:76).

Differential opportunities for participation in physical activities are observed among PWIDs, particularly those with cerebral palsy and autism, who may engage in sedentary leisure pursuits like watching television, listening to music, and playing chess (Potic et al. 2014:77). Participation in recreational activities for PWIDs is subject to evaluation and approval by physiotherapists or physicians, aimed at mitigating risks associated with certain activities. Hence, healthcare professionals, including physiotherapists, play a pivotal role in suggesting suitable activities aligned with the health needs of PWIDs (Kreinbacher, Ruf, Bartholomeyczik, Wieber & Kiselev 2023:6).

Social workers' responsibility is to actively facilitate and encourage residents to participate in residential care facilities' recreational programmes. Moreover, when considering the involvement of adult PWIDs in recreational activities, social workers must seek recommendations from physicians. This decision-making process will likely involve discussions within a multidisciplinary team setting (Kreinbacher et al. 2013, 2023: 6).

2.8.3 Spiritual programme

One of the programmes offered to residents in residential facilities as part of the social work intervention is a spiritual programme. The motivation for this is that “Spirituality is now formally recognised as a core dimension of assessment and intervention in social work” (Hughes, Wintz, Carbonell & Hodge 2018:4). It is further explained as one of the aspects of humanity where individuals get an opportunity to express meaning and purpose as they experience it, in different situations (Hughes et al. 2018:5; Gauerrero-Castaneda & Flores 2017:259). Meaning can be searched and expressed through beliefs, values, and traditions interconnected to the current nature of the self (Hughes et al. 2018:5).

Facilitating the spiritual programme in the facility requires professional collaboration as the residents cannot expect their physicians, nurses, and social workers to provide an in-depth spiritual programme. However, the social workers and other members of the healthcare team can screen the residents and families who need spiritual care, make recommendations in the intervention plan and connect them with their preference spiritual care specialist, who is a minister or pastor (Hughes et al. 2018:7). As individuals get older, they experience crises that are likely to affect their well-being negatively. Therefore, the spiritual programme should provide an effective coping and resilient mechanism. It can be delivered in different ways (Gauerrero-Castaneda & Flores 2017:259). The spiritual programme is regarded as an internal resource for human beings to connect with their inner being to maintain a positive life purpose (Gauerrero-Castaneda & Flores 2017:259). Participating in spiritual activities is likely to positively impact positive emotions, such as giving hope and forgiveness and improving self-esteem and love, which may be necessary for the mental health of PWIDs (Gauerrero-Castaneda & Flores 2017:260).

2.9 CHALLENGES EXPERIENCED BY SOCIAL WORKERS PROVIDING SERVICES TO PERSONS WITH INTELLECTUAL DISABILITIES IN RESIDENTIAL CARE FACILITIES

Social workers worldwide and in South Africa experience challenges during service delivery, such as lack of resources, high caseloads, and lack of supervision (Viljoen 2020:57). This also applies to social workers rendering services in RCFs for PWIDs. The challenges of social workers in RCFs include challenges of stress and burnout, challenges regarding caseloads and a shortage of social workers in residential facilities, lack of organisational resources and funding, lack of supervision, challenges of social workers as part of a multidisciplinary team entailing the following:

2.9.1 Challenges of stress and burnout

As work stress often has adverse psychological, emotional, behavioural, and physical health side effects, it has been identified as one of the workplace ill-health factors for social workers (Amir & Kihoro 2014:34). Studies further indicated that residential social workers are likely to experience higher stress and burnout levels in comparison with non-residential social workers (Rohling 2016:7). Rohling (2016:7) further found high levels of client-related burnout and high work-related burnout amongst homecare workers and social workers in RCFs for PWIDs, which create a severe challenge in their work performance.

There are different causes of stressors and burnout in the working environment. Having a considerable number of clients with severe disabilities on social workers' caseloads has shown increased rates of burnout amongst social workers (Rohling 2016:8). Considering that clients with severe intellectual disabilities struggle to maintain their therapeutic relationships, display limited progress over time and demonstrate minimal signs of improvement, this is very likely to be a negative contributing factor to the social worker's high-stress rate (Rohling 2016:8).

The challenge highlighted in the provided information underscores the significant impact of work stress and burnout on social workers, particularly those dealing with clients with severe disabilities. The increased stress levels, especially among residential social workers and those working with individuals with severe intellectual disabilities, pose a threat to both the well-being of the social workers and their ability to perform effectively. To address this challenge, organisations must implement supportive measures, such as workload management, mental health resources, and training programmes, to enhance social workers' resilience and coping mechanisms in these demanding roles.

2.9.2 Caseload challenges and the shortage of social workers in residential facilities

There is a severe shortage of social workers in South Africa, which contributes to the high caseload experienced by social workers and also negatively affects the operation of the institutions (Viljoen 2020:61). It was identified that the social workers show little interest in working within the ID field due to the lack of readiness in servicing PWID (John and Schrandt 2019:725). This challenge negatively impacts service delivery (Strydom 2015:6). Research has highlighted that workloads and caseloads significantly induce work-related stress and burnout among social workers (McFadden, Campbell & Taylor, 2015:1546–1563). When social workers are allocated an excessive caseload, it is also likely that they may experience burnout and a reduced level of commitment to their work (Chibonore & Chikadzi 2017:12). In addition, administrative duties are excessively burdening most residential social workers with little time to practice social work in authentic forms (Chibonore & Chikadzi 2017:12). A study by Lehto, Heeter, Forman, Shanafelt et al. (2020:6) found that social workers face significant challenges in providing effective services due to high workloads and administrative demands.

The need for more social workers in South Africa and the high caseloads and administrative tasks negatively impact institutions and service delivery by social workers. This contributes to social workers' stress and burnout. Addressing these issues is crucial to ensuring the well-being of social workers and enhancing the quality of social work services.

2.9.3 Lack of organisational resources and funding

There needs to be more resources and more funding in most of the institutions across South Africa, which are affecting the implementation of social work services (Ngubane 2021:46). The social workers in the RCFs are anticipated to develop and implement the social work programmes for PWIDs. However, most facilities do not have enough funds to initiate, maintain and manage the needed programmes (Ngubane 2021:46; McKenzie et al. 2014:50). Most of the RCFs lack the necessary resources due to the lack of funding from the government and, therefore, funding and resources are the utmost challenges faced by the social workers in the RCFs (Mckenzie et al. 2014:50).

The government offers 4 to 6% of the funding to NGO facilities, and salaries are 30% below government salary levels of similar posts. Hence, wages must be more consistent between salaries paid to social workers at NGOs and government-employed social workers (Mckenzie et al. 2014:53; Skhosana, Schenck & Botha 2014:215). Limited resources and low wages due to insufficient funds are among social workers' most demotivating and challenging conditions (Chibonere & Chikadzi 2017:11; Skhosana et al. 2014:215). In addition, most of the NGO residential facilities must rely on the residents' disability grants to manage the facility, which is not enough to cover all the necessary resources, including human resources, office equipment (computers, copying and printing machines), vehicles and sufficient office space (Mckenzie et al. 2014:53; Viljoen 2020:61).

In conclusion, the challenge of inadequate resources and insufficient funding severely hampers the implementation of social work services in South Africa, particularly in RCFs catering to PWIDs. Social workers in these settings need financial support to develop and execute programmes. This leads to a need for more essential human resources, office equipment, vehicles, and office space. The wage disparity between NGO-employed social workers and their government counterparts further exacerbates the issue, creating demotivating and challenging conditions. To address this challenge, there is an urgent need for increased government funding, salary parity, and alternative resource

mobilisation strategies to ensure the effective delivery of social work services in these critical settings.

2.9.4 Lack of Supervision

A lack of supervisory activities and tasks has been pointed out as a significant challenge experienced by most social workers in China, including residential social workers, as reported in research conducted in China titled “*Issues and Challenges Facing Social Work Supervision in the Twenty-first Century*” by O'Donoghue (2015). Supervision is a process that aims to address specific issues faced by social workers, and it needs to be interlinked with a personal development plan for the supervisees (Viljoen 2020: 60; South Africa 2012b:8). The supervision framework policy (DSD & SACSSP 2012b:11) confirms that social work supervision as a critical area that needs attention if retention of professionals is to be recognised. However, it is further acknowledged that the lack of supervision is contributing to a decline in productivity and quality of services rendered by social workers working in the RCFs (DSD & SACSSP 2012:11). There is also a concern about social workers, including social workers in residential facilities being supervised by non-social work managers from other departments and NGOs (DSD & SACSSP 2012:11).

The absence of adequate supervision impacts the quality of social workers' services, leading to decreased productivity. The Policy frameworks emphasise the importance of social work supervision, recognising its role in professional development and staff retention. However, the current situation involves social workers, including those in residential facilities, supervised by non-social work managers from different departments and NGOs. Addressing this challenge is crucial for enhancing social workers' overall well-being and effectiveness, necessitating a focus on improving and implementing appropriate supervision professional supervision practices.

2.9.5 Challenges of social workers in the multidisciplinary team

A multidisciplinary approach in social work entails collaboration with professionals of diverse backgrounds and expertise, joining forces to tackle a specific issue or area of concern (Kirst-Ashman 2017:423). One of the crucial roles of the social workers in RCFs

is being part of a multidisciplinary team with other professionals to discuss the care plans and challenges of the PWIDS in the RCFs in rendering services to them. The multidisciplinary team comprises social workers, psychologists, physicians, and nurses (Ambrose-Miller & Ashcroft 2016:101). Social workers may need help collaborating in a multi-professional team, especially when team members have different opinions. It is reported that the roles of social workers are only sometimes clearly understood by other professionals who form part of the multi-professional team. This is the most common factor that creates tension and conflict within the collaborative team (Ambrose-Miller & Ashcroft 2016:108).

Other professionals will likely only sometimes value the social worker's presence in the multi-professional team, especially if they do not understand the social worker's role in their scope of practice. Therefore, they might feel that there are essential competition priorities regarding the needed services (Krukenberg 2019:1).

In conclusion, the implementation of a multidisciplinary approach in social work, particularly in RCFs, brings together professionals from diverse backgrounds to address the care plans and challenges of PWIDs. However, challenges arise within the multidisciplinary team, with social workers often facing difficulties in collaboration, as other professionals may not clearly understand their roles. This lack of understanding can lead to tension and conflicts within the team, as some members may not fully appreciate the unique contributions of social workers. To overcome these challenges, there is a need for enhanced communication, mutual respect, and increased awareness among professionals about the distinct role and value workers bring to the multidisciplinary team in caring for PWIDs in RCFs.

2.10 COPING STRATEGIES AND SUPPORT STRUCTURES OF SOCIAL WORKERS IN RESIDENTIAL CARE FACILITIES.

Coping strategies, in this regard, refer to social workers' various cognitive and behavioural approaches to diminish, minimise, overcome, or endure the internal and external pressures within their work environment (Weiten, Dunn & Hammer 2015:99). Social workers' capacity to adapt to work-related stress is closely tied to their coping strategies and available resources (Gil & Weinberg 2015:551-561). Understanding and effectively utilising these coping mechanisms are crucial for social workers to navigate the demands of their profession and provide optimal support to those they serve.

Positive coping strategies include seeking support from family members, friends, and significant others while ensuring client confidentiality is not violated (Tariq & Khan 2013:331). Positive coping strategies include social workers engaging in religious activities, meditation, and cultural rituals positively, which may reduce stress (Hombrados-Mendieta & Cosano-Rivas 2013:231).

Support offered during supervision sessions and in attending training sessions has been identified as the most effective coping strategies that assist the social workers servicing PWIDs in dealing with their emotions and challenges that negatively impact their professional roles (Stevenson 2016:1; Rohling 2016:5). Social workers need to discuss their concerns, workloads or complex cases with their supervisors to get the necessary support. Unfortunately, the shortage of supervision is one of the challenges identified in the Framework for the Social Work Profession in South Africa (DSD & SACSSP 2012:25).

Social workers servicing PWIDs also utilise their colleagues as a resource for sympathy, advice, guidance, and case discussion when they are feeling overwhelmed. Peer supervision is also recommended in the Supervision Framework for the Social Work Profession in SA (DSD & SACSSP 2012:29; Stevenson 2016: 1).

In conclusion, effective coping strategies are essential for social workers, especially those serving PWIDs, to navigate the challenges of their profession. Positive coping mechanisms, such as seeking support from family and friends, engaging in religious or cultural activities, and participating in supervision and training sessions, play a crucial role in minimising work-related stress. Unfortunately, the need for more supervision emerges as a significant challenge, hindering the optimal utilisation of this vital coping resource. Peer support and discussions with colleagues serve as additional valuable coping mechanisms, emphasising the importance of a supportive professional network. Recognising and addressing these coping strategies are crucial for sustaining the well-being of social workers and ensuring their ability to provide optimal support to those they serve.

2.11 SUMMARY OF THE CHAPTER

RCFs are regarded as an alternative for PWIDs who cannot be taken care of by their family or cannot function well in the community structure. These RCFs provide 24-hour accommodation with various services, the core being social work and nursing services, ensuring their needs are always protected. Different laws and policies guide the operation and registration of RCFs. This chapter also highlights the social workers' roles in RCFs, challenges, and coping strategies in rendering their services daily. The next chapter explains the research methodology and methods applied in this research.

CHAPTER THREE: RESEARCH METHODOLOGY AND METHODS

3.1 INTRODUCTION

The research plan was implemented as discussed in Chapter One. The research study aimed to develop an in-depth understanding of social workers' perceptions and experiences in providing services for adult PWIDs in RCFs. Explaining the research methodology used demonstrates how the researcher has executed the study while combining the different elements of research (Leavy 2017:16).

The focal point of this chapter, which provides details about putting the research plan into operation, is the application of the research question, research approach, research design, data collection, data analysis, data verification, and ethical considerations in conducting the research. Applying the research methods aims to answer the research questions. It highlights how the research objectives were achieved to attain the research goal (Creswell 2014:50). Following the overview of the research approach, design and methodology presented in Chapter One, this presentation provides a detailed description of its application in this research.

3.2 THE RESEARCH QUESTION, RESEARCH GOAL AND OBJECTIVES

The research question, research goal and objectives of this research entailed the following:

3.2.1 Research question

Research questions play a vital role in ensuring the appropriate use of methodology, methods, the sample, sample size and data collection methods (Doody & Bailey 2016:19). Creswell and Creswell (2018:226) recommend that a researcher should ask one or two broad research questions that begin with words phrasing 'what' or 'how' to allow an open design and explore the different perspectives that the participants hold about the matter being researched. The following research question guided the researcher in this research:

What are social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities?

3.2.2 Research goal

The research goal specifies the overall intention of the research study (Fain 2017:81). The main aim of the research goal is to guide decisions concerning the research design to ensure that the research is worth conducting (Maxwell 2013:4). The goals of the study were to –

- develop an in-depth understanding of social workers' perceptions and experiences in providing services for adult PWIDs in RCFs and
- proffer suggestions on how social workers can render effective social services to adult PWIDs in RCFs based on the participants' perspectives.

3.2.3 Research objectives

Research objectives specify what and how the researcher intends to accomplish the goal through the research study (Moule & Goodman, 2014:80). The objectives should be aligned with the research question, specific, realistic and cover all factors of the problem (Doody & Bailey 2016:22). To reach the purpose of this study, the following objectives were formulated:

- To explore and describe social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities.
- Based on the participants' perspectives, suggest how social workers can render effective social services to adult persons with intellectual disabilities in residential care facilities.

3.3 APPLICATION OF THE RESEARCH METHODOLOGY AND METHODS

Research methodology encompasses a synthesis of procedures, methods, and theoretical frameworks that guide researchers in the execution of a study (Wagner, Kawulich & Garner 2012:271; Leavy 2017:14). For the current study, the researcher faced the imperative task of selecting an approach that would be most conducive to the research goals and subsequently delineating the specific procedures of inquiry and research methods to be employed (Creswell 2014:31). An essential consideration in this process is ensuring congruency between the chosen research methodology and the overarching research goal (Fain 2017:204). This alignment is crucial for the effective execution of the study. Additionally, the research methodology amalgamates diverse methods that guide the researcher in implementing a study that aligns with the research goal.

Chapter One provides a concise overview of the research methods employed in this study, including the chosen research approach and design. Subsequent sections delve into a comprehensive elucidation of the practical application of these fundamental aspects of the research methods.

3.4 APPLICATION OF THE RESEARCH APPROACH

The chosen research methodology for this study was rooted in a qualitative research approach, a decision guided by the study's aims, objectives, and the nature of the phenomenon under investigation (Babbie & Mouton 2016:49). Given the absence of available research on the perspectives and experiences of social workers in delivering services to adults with profound and multiple intellectual disabilities within RCFs, the researcher opted for a qualitative approach. The methodology of this approach comprehensively explores human experiences within their natural context (Fain, 2017:181; Creswell & Poth, 2018:100). The qualitative research approach was appropriate for this study as it enabled the researcher to obtain, interpret, and create meaning from the individuals who lived through the phenomenon being studied. It supports the study's research goal (Fain 2017:181).

The specific research question at hand necessitated a qualitative framework to unravel the personal perceptions and experiences of social workers in their service delivery to adults with PWIDs (Flick 2018:4). Flick (2018:3) emphasises that the qualitative research approach is particularly apt for the study of social relations and living patterns of individuals. Consequently, the study adopted a holistic approach to gain nuanced insights into the intricate dynamics of social work within the context of adult PWIDs living in RCFs.

The researcher adopted the following characteristics of the qualitative research approach and applied them to this study (Creswell & Poth 2018:46, Creswell & Creswell 2018:300).

3.4.1 Naturalistic setting

The research investigation unfolded within the participants' authentic operational milieu, namely, the RCFs. All participants were social workers and underwent interviews within the confines of their respective RCFs, where they carried out their daily social work responsibilities. To ensure confidentiality and a conducive atmosphere for candid responses, interviews were conducted in designated private and secure rooms situated on the premises. These interviews were arranged with the pertinent social workers when convenient within their professional settings.

This strategic choice of conducting interviews within the RCFs proved advantageous for the research. It facilitated the collection of valuable insights as participants engaged in the interviews within a setting familiar to them (Creswell & Poth 2018:46; Creswell & Creswell 2018:300). This approach aimed to foster a sense of comfort and familiarity among participants, thereby potentially enhancing the depth and authenticity of the information gathered.

3.4.2 The researcher as a key instrument

In executing this research study, the researcher was the primary instrument for the data collection. Data were gathered by facilitating face-to-face semi-structured interviews guided by an interview guide comprising open-ended questions. The researcher, as

interviewer and observer, utilised astute interviewing skills during the interviews, including active listening, clarification, and probing techniques. This approach was implemented to extract the most comprehensive and nuanced data about the research topic (Creswell & Poth 2018:46; Creswell & Creswell 2018:300).

3.4.3 Multiple methods

The researcher did not solely depend on a singular source and data collection method. To obtain the necessary information, the researcher interviewed social workers from different RCFs, observed their activities and behaviour during interviews, made detailed notes, and included additional literature pertinent to the topic (Creswell & Poth 2018:43).

3.4.4 Inductive and deductive analysis

The researcher developed the themes, subthemes and categories from the bottom up to organise the data inductively. A complete set of themes was created by repeatedly checking the themes and data. Deductive thinking was applied to examine the themes and subthemes to establish if they provide a precise and accurate reflection of the data collected from the participants regarding the topic. The researcher made use of an independent coder to process and analyse the data and discussed and compared the data analysis of the independent coder with her own data analysis to finalise the emerging themes, subthemes and categories (Creswell & Poth 2018:46; Creswell & Creswell 2018:300).

3.4.5 Multiple meanings and perspectives

In qualitative research, the researcher does not rely on one source only to collect data. Several sources from more than a few participants are consulted (Creswell & Poth 2018:46). In this research study, the researcher collected data from 11 social workers who shared their perceptions and experiences in providing services to adult PWID in the RCFs. The researcher focused on understanding the participants and their views from their perspectives; meaning was created from the perceptions and experiences of social workers providing services to adult PWIDs in the RCFs.

3.4.6 Context sensitivity

In qualitative research, a researcher must be flexible within the data collection process. This researcher considered the contextual features and how they influenced the participants' experiences. The researcher understood that different residential facilities were affected by COVID-19. During this time, visitation at the centres was limited to protect the vulnerable adult PWID and employees. The data were collected during the restrictions imposed by the government in reaction to the COVID-19 pandemic. The researcher was flexible and adhered to all the COVID-19 regulations so that access to the various facilities could be granted (Creswell & Poth 2018:46, Creswell & Creswell 2018:300).

3.4.7 Reflexivity

In the qualitative process, the researchers use reflexivity to review their experiences and assess how they may impact the interpretation of collected data, thus shaping the direction of the study (Creswell & Poth 2018:46, Creswell & Creswell 2018:300). Reflexivity is a proactive method involving researchers being aware of their effect on the research process, relationships and results of the research and dealing with it (McFadyen & Rankin 2016:82). The researcher has considered her background, values, beliefs and experiences and how it could shape or affect the research study. The researcher kept reflexive notes during the data collection phase, which were discussed with the supervisor.

Throughout the study, the researcher continuously reflected on this role and was flexible to accommodate the unforeseen factors that developed during the research process. It involved regular introspection to evaluate how the researcher's perspective might shape data interpretation and impact the study's direction and how to eliminate it. The researcher discussed this with peers or colleagues to obtain external perspectives and insights. These dialogues served as peer debriefing and offered valuable checks and balances to the researcher's subjectivity.

3.4.8 A developing (emerging) design

Qualitative researchers are tasked with the intricate endeavour of constructing a nuanced portrayal of the subject under investigation. This entails presenting diverse perspectives and comprehensively delineating all facets of a given situation (Creswell & Creswell, 2018:300).

The initial research plan demonstrated flexibility, not only in its execution but also in its adaptability during the data collection phase. Following a preliminary pilot test conducted through face-to-face semi-structured interviews, adjustments were made to the questions outlined in the interview guide. Furthermore, the researcher honed her interview skills to align with the overarching objective of the study—to cultivate a profound understanding of social workers' perceptions and experiences in delivering services to adult PWIDs in RCFs. This iterative process aimed to refine the researcher's application of the research approach and to ensure that the study's goals were met with depth and precision.

Employing the qualitative research approach, the researcher gained first-hand information from the participants about their perceptions and experiences in providing services to adult PWIDs in the RCFs.

The following section explains the application of research design.

3.5 APPLICATION OF THE RESEARCH DESIGN

The research design serves as a blueprint, guiding the researcher in the execution of the study. It plays a pivotal role in determining the appropriate methods for data collection and the techniques for analysing the gathered information (Wagner et al. 2012:21). Functioning as a structured framework of inquiry, the research design is intricately linked to the study's aim and research problem (Creswell 2014:41; Kumar 2011:95). Qualitative designs are instrumental in the exploration of knowledge, unravelling rich descriptions of meaning embedded in social experiences (Fain 2017:181)

In applying the qualitative approach in this research, the researcher used phenomenological and explorative research designs to achieve the objectives and aim of the study.

3.5.1 Phenomenological research design

A phenomenological design aims to understand individuals' experiences from their frames of reference (Taylor, Bogdan & DeVault 2016:8). Hence, the phenomenological research design was used because it fulfilled the researcher's aim of exploring, describing and contextualising social workers' perceptions and lived experiences in providing services to adult PWID in the RCFs (Creswell & Poth 2018:146). This design focuses on human consciousness and fully allows the researcher to understand how participants think and feel about their experiences (Leavy 2017:129; Fain 2017:182).

The phenomenological research design has allowed the researcher to collect first-hand knowledge from the participants and has assisted in providing suitable answers to the research questions. Employing a phenomenological design in this study has offered the researcher an opportunity to uncover and describe the social workers' perceptions and experiences in providing services for adult PWIDs in RCFs.

3.5.2 Explorative research design

The selection of the exploratory research design was driven by the scarcity of information in the existing literature regarding social workers' perceptions and experiences in providing services for adult PWIDs in RCFs. The exploratory research design was employed to address and delve into the answers to the study's research question, given the limited existing information on social workers' perceptions and experiences in delivering services to adults with profound and multiple intellectual disabilities in RCFs (Wagner et al. 2012:270; Leavy 2017:5). Using this design allowed the researcher to uncover new data and generate answers to the research question (Sreejesh et al. 2014:31). Consequently, this design provided the researcher with an opportunity to contribute to filling the gap in social work literature concerning research and information

about services provided to adults with PWID in RCFs, offering new ideas and emerging insights into the research problem (Sreejesh, Mohapatra & Anusree 2014:31).

3.6 RESEARCH METHODS

Research methods delineate the procedures the researcher employs in executing data collection, sampling, analysis, and interpretation within the research study (Creswell, 2014:296; Singh,2015:133). In adherence to the qualitative approach, the research methods in this study align with the prerequisites of such an approach (Singh 2015:134). Applying research methods is a crucial means to conduct the research study effectively. The research methods described below include population, sample and sampling, data collection, pilot testing, method of data analysis, and data verification.

3.6.1 Population, sample and sampling

The research population at which the research was aimed, the constitution of its sample and the sampling method applied entailed the following:

3.6.1.1 Research population

A research population is a collection of elements, events, objects, or individuals that are the subject of study (Leavy 2017:264; Fain 2017:134). This could encompass individuals or other unit groups, such as organisations and locations, considered defining units within the research scope (Fain 2017:135). The population comprises individuals sharing everyday experiences that pique the researcher's interest.

In the context of this research, the research population is confined explicitly to social workers providing services for adults with profound and multiple intellectual disabilities in Gauteng Province. This includes social workers employed at governmental and NGO facilities within the province. The NGOs running RCFs receive support from the Department of Social Development and the Department of Health, playing a crucial role

in caring for PWIDs who may face challenges in community-based settings (DSD 2016a:68).

3.6.1.2 Sample and Sampling

Due to time and financial resources limitations, the entire population was not incorporated into the study. Instead, a sample, a subset of the population, was drawn. Sampling involves obtaining data from a chosen group of participants from the research population through prescribed recruitment procedures (Korstjens & Moser 2018a:10). Wagner et al. (2012:274) define sampling as the process of selecting participants from a broader population to participate in the research study. Participants were identified and recruited in alignment with the research goals and questions formulated for the research (Leavy 2017:148). To constitute the sample, the researcher employed non-probability sampling, a method commonly utilised in qualitative approaches where specific individual characteristics are pertinent to participants' selection as part of the sample (Flick 2018:174).

From the non-probability sampling methods, the researcher used the purposive sampling technique and drew a sample from the larger population of social workers employed at government departments and NGOs which render services to PWIDs in RCFs in Gauteng. Purposive sampling is based on the researcher's judgement in using appropriate experiences and requirements in identifying and selecting suitable participants who may contribute the most to the study (Wagner et al. 2012:93). Using this sampling technique was considered appropriate for this research as it enabled the researcher to select participants who have the required knowledge and experience about the research problem of the study (Maree & Pietersen 2019:220).

As required, the researcher provided specific inclusion criteria for identifying suitable participants to form part of the sample (Koch, Niesz & McCarthy, 2014:136). To be included in the sample, prospective participants, male or female social workers, had to meet the criteria of - :

- being employed in registered residential care facilities for PWIDs in Gauteng province;
- being registered as a social worker with the South African Council for Social Service Professions;
- currently being responsible for rendering services to adult persons with intellectual disabilities strictly in registered residential care facilities;
- having had a minimum of two years of experience in rendering services to PWIDs;
- being able to communicate in English; and
- being available and willing to participate, fully aware of what the study entails, and joining from their own free will.

The exclusion criteria were social workers -

- not employed in registered residential care facilities in Gauteng;
- with less than two years of experience in rendering services to adult persons with intellectual disabilities in registered residential care facilities;
- not willing to participate; and
- unable to communicate in English.

As delineated in the study's introduction, any facility rendering services to PWIDs accommodating more than 120 residents must appoint a full-time social worker. According to the Gauteng Department of Social Development's Annual Report (DSD 2019a:84), the government manages two RCFs, and an additional 38 such RCFs are registered and operated by funded NGOs and non-profit organisations (NPOs) within Gauteng. These RCFs in Gauteng collectively provide 24-hour accommodation, support, protection, and social services to 2,060 PWIDs who cannot be adequately managed in community settings (DSD 2019a:84).

Considering this context, the researcher successfully gained access to social workers employed by two government-managed residential care facilities and three non-government facilities in Gauteng, constituting the study's sample. Each of these five RCFs

employs at least two social workers to address the comprehensive needs of their residents.

The reason for focusing on the social workers in Gauteng Province as the research population is that the researcher resides and is employed in Gauteng province. Therefore, the participants were easily accessible to the researcher, which made the research more cost-effective.

The sanction was obtained from Unisa's Department of Social Work's Research and Ethics Committee to undertake the research (CREC ref: 43921558_CRECHS_2020). After that, the necessary permission to undertake the study at the RCFs concerned and with their social workers was applied for and received in writing. The management teams involved were provided with an informative letter stating the nature and intention of the study and requesting their permission to undertake the research with their personnel on their premises (Addenda A and B). The government facilities' head office of the Gauteng Department of Social Development's research unit granted permission. After obtaining this consent, the researcher approached two governmental facilities and two NGO facilities that provide services to various PWDs, including PWID. After this was obtained, arrangements were made to select participants according to the inclusion criteria for the data collection.

After obtaining permission to conduct the research at their facilities, the researcher approached the gatekeepers and managers of the various residential facilities for assistance. Gatekeepers are referred to in the literature as essential contacts with the authority to grant access to an organisation and its employees (Tracy 2013:72; Taylor et al. 2016:44; Creswell 2014:237). They assisted the researcher in selecting social workers providing services to adult PWIDs to constitute the sample and provided their contact details.

After receiving their particulars, the researcher made arrangements with the respective social workers using the provided contact details (telephonic or email), met with them,

and informed them about the nature and purpose of the study and their possible involvement. All were equipped with consent forms for completion and a copy of the interview guide to study in preparation for their data-gathering interviews (Addenda C and D). The appointments for conducting the interviews were scheduled in private and safe places within their working environment, and at times, that suited them. In conducting the research, the researcher strictly followed the protocols of the various organisations regarding the COVID-19 pandemic and adhered solely to the Unisa COVID-19 protocols for researchers (Unisa Guidelines for COVID-19 2020). The researcher ensured that the necessary measures were implemented during collecting data when the country was on Alert Level 1 from 2021 to 2022. Eventually, the sample comprised 11 social workers who were purposely selected from two government facilities and two non-government facilities within Gauteng.

Participation in the research was voluntary, and all the participants met the criteria for inclusion in the sample. As prescribed for a qualitative study, the sample size was not determined in advance because the researcher collected data until the principle of data saturation was applied (Naderifar, Goli & Ghaljaie 2017:2). According to this principle, the sample is complete when no new data are obtained. Data obtained becomes repetitive when the themes and categories are saturated (Koch et al. 2014:136). In applying the principle of data saturation in this research study, the researcher discontinued collecting data after the collected data reached the level of repetition and no longer brought in new visions or perceptions from the participants (Creswell 2014: 239). The sample, consisting of 11 participants, was large enough to obtain the thickest data. There was no need to interview additional participants because data saturation had been reached.

The following discussion focuses on the data collection process and methods employed in this study.

3.6.2 Data Collection

Data collection is a pivotal phase within the research process, representing the systematic acquisition of information designed to address the research question (Wagner et al. 2012:269). The selection of suitable data collection methods is contingent upon the

specific nature of the research approach and the underlying research problem (Fain 2017:215). Integral to this process are the delineation of the research setting, the adherence to ethical protocols in obtaining necessary permissions, and the meticulous recording of information conducive to the research objectives (Creswell & Poth 2018:255; Creswell 2014:239).

The procedures for data collection in this research are described by attending to the preparation for data collection and the application of the data collection method.

3.6.2.1 Preparation for data collection

The preparation for data collection started after the ethical clearance was received from the University of South Africa, gaining access to and permission from the organisations concerned, obtaining permission from the gatekeepers (in this case, residential care facility managers), orientating research participants (social workers) to the research process, informing them about the steps that would be taken to protect their interests and privacy and explaining consent (Flick 2018:148-178) voluntarily. The guidelines from the University of South Africa regarding measures implemented by researchers because of the Coronavirus Disease 2019 COVID-19 pandemic have also been discussed as part of the preparation for data collection (Unisa 2020).

The crucial stage of data collecting is gaining access to the settings from the gatekeepers and management concerned (Kabir 2016:218). During the process of gaining entry to undertake the research, a detailed CV of the researcher, an exposition of the purpose of the study, and an explanation of how it would be conducted (Kabir 2016:218) were provided to the authorised persons concerned. It was essential for the researcher to obtain permission from the authorised persons before engaging with the participants. Organisations use different approaches before access may be granted. Therefore, the researcher first created rapport with the relevant individuals at an entry point (Taylor et al. 2016:44).

The data collection process was delayed due to the national COVID-19 lockdown in South Africa and the restrictions on movement imposed on citizens by the government. The data collection process started after the researcher obtained approval of the research proposal from the University's Department of Social Work's Research and Ethics Committee (see Addendum E). The managers of the RCFs from NGOs and government facilities, who are the gatekeepers at the facilities, were then approached in writing to obtain permission to conduct a research study at their facilities with their residential social workers (Addenda A and B) and to be assisted by them to do so. With the government facilities, the researcher was further referred to the Gauteng Department of Social Development head office, and the department's research unit granted permission. After receiving approval for conducting the study and the contact details of the social workers, the researcher contacted the potential participants telephonically, forwarded all the necessary written information to them and requested them to complete the consent form for participation in the survey (Wagner et al. 2012:65). The gatekeepers played an essential role by assisting the researcher in understanding the cultural norms, legislative issues and protocol involved to build relationships with the participants (Wagner et al. 2012:65).

The researcher followed the protocols prescribed by the government and the various RCFs regarding contact with other persons during the COVID-19 pandemic and adhered to the Unisa COVID-19 protocols for researchers (Unisa Guidelines for COVID-19: 2020). The researcher has put all the necessary measures into practice and collected data from when the country was on Alert Level 1. During the phase of Alert Level 1, the researcher conducted face-to-face interviews in the RCFs under strict conditions. The researcher considered the following precautions when running data collection during Alert Level 1 (Unisa Guidelines for COVID-19: 2020):

- The researcher informed the supervisor and notified the University's Department of Social Work's Research and Ethics Committee by completing an amendment form, signed by the supervisor and student, with the safety precautions clearly described.

- Intended contacts for data collection during a visit or meeting were cancelled if the researcher or the participants felt unwell.
- Telephonic pre-screening took place before the visit, and a register of participants involved in face-to-face data collection activities was kept.
- The researcher was screened before having any contact with participants.

The researcher prepared participants for the interviews by first visiting them (adhering to all COVID-19 regulations) and explaining the researcher's role and all the criteria required to qualify as a participant. The participants were provided a copy of the interview guide (Addendum D) to prepare well for the interviews. The researcher thoroughly explained the participants' rights when participating in the study and ensured maintaining confidentiality and participants' anonymity to protect their privacy and interests (Taylor et al. 2016:47).

During the engagement with potential participants, the information was also presented in writing, with detailed information about the study's aim and ethical issues expounded (Addendum B). All participants involved in the study were requested to sign the consent form and confidentiality agreement (Addendum C and F).

While obtaining participants' permission to participate in the research and signing the consent form, they were requested to audio-record the interviews. It was explained to them that the audio record was required to enable the researcher to pay full attention to the discussion during the interview and to ensure the capturing of all critical information shared during the interview instead of only having to depend on the researcher's memory and notes taken during the interview when transcribing the interviews. (Taylor et al. 2016:47). Detailed recording is essential to interviews as it creates the starting point for analysis (Yates & Leggett 2016:226). After obtaining the necessary permission from the participants, the interviews were arranged and conducted within their facilities and at times that were convenient and suitable for them.

3.6.2.2 Application of the method of data collection

On the day of conducting interviews, the following COVID-19 precautionary procedures were followed as prescribed by Unisa's Guidelines for COVID-19 (Unisa 2020):

- The researcher and participants were wearing appropriate cloth masks. The researcher advised all participants not to touch their faces, and they did the same.
- All surfaces were sanitised before commencing activities and again before leaving.
- A pre-screening test has been done by measuring the participants' temperatures.
- A physical distance of two meters was kept between the researcher and the interviewee.
- Paper exchanges between participants and researcher were avoided, and consent forms were sent and received electronically.
- In handling hard copies of documents, disposable gloves were used.
- No food or drinks were shared.

In a qualitative approach, the most used data collection methods are interviews with participants, observing their conduct, and studying documents and visual material (Creswell & Creswell 2018:307). Qualitative interviews can be completed in various ways, such as face-to-face interviews, telephonic interviews, video conferencing, Skype interviews, e-mail discussions, and focus group interviews (Creswell 2014:239; Leavy 2017:142). Qualitative data are typically gathered via semi-structured interviews (Hood 2016:165). The researcher focused on one participant at a time (Leavy 2017:140). In qualitative research studies, data are usually collected using semi-structured interviews assisted by a short interview guide with open-ended questions that are discussed to motivate the participants to share their personal information about the topic that will help the researcher in creating emerging themes during the data analysis (Yates & Leggett 2016:226; DeJonckheere & Vaughn 2019:6). In this research, the data were collected

through conducting face-to-face semi-structured interviews with participants, assisted by an interview guide with open-ended questions (see addendum D). The semi-structured interviews aimed to collect data from individuals who have personal experiences and perceptions relating to the research study (DeJonckheere & Vaughn 2019:6). It has allowed the researcher to create an in-depth understanding and describe the meaning of and about the information that participants shared (Korstjens & Moser 2018a:12).

Conducting semi-structured interviews assisted by an interview guide containing open-ended questions is a suitable method for collecting data. In this case, it has allowed the researcher to understand, capture, and create meaning from the personal experiences and perceptions of the social workers providing services to adult persons with intellectual disabilities in a residential care facility.

During the initial phase of the interview, a note was made of the participant's gender, and the following questions were asked to compile the biographical profile of the participants:

- How old are you?
- Where are you working?
- How long have you been providing services to adult persons with intellectual disabilities in a residential care facility?

The following topical questions were included in the interview guide to obtain an in-depth understanding of the social workers' perceptions and experiences in providing social work services to adult persons with intellectual disabilities in RCFs:

- Describe your role as a social worker in the residential care facility.
- Share with me your experiences in providing services to adult persons with intellectual disabilities in the residential care facility, both positive and negative.
- Kindly inform me about the challenges you are experiencing or have experienced in providing services to adult persons with ID in residential care facilities.
- How do you cope with your day-to-day challenges in providing services to adult persons with ID in a residential care facility?
- Based on your perception, what are your suggestions for addressing those challenges?
- Please share with me the nature of the support you are getting in your workplace regarding service delivery to adult persons with IDs.
- What suggestions do you have for other social workers providing services to adult persons with intellectual disabilities in the residential care facilities?

After the researcher had successfully identified the prospective participants, the next critical stage was establishing rapport and building trust with them to help them feel comfortable participating in the research. This led to their openness and honesty during the interview process (DeJonckheere & Vaughn 2019:3; Tracy 2013:147). The researcher established rapport with the participants by ensuring the confidentiality of their contributions and gathering data from them in a quiet, safe place where they felt comfortable sharing their experiences.

Conducting the semi-structured interviews required and allowed the researcher to utilise the necessary interviewing skills to obtain a thick description of the matter at hand (Fain 2017:233). The researcher used the research interviewing skills of active listening, follow-up questioning, probing, clarifying and summarising to facilitate an effective interview process with participants. Applying these skills entailed the following:

- *Actively listening* refers to being a good listener. The researcher gave the participant's undivided attention by understanding both their verbal and non-verbal messages (Kabir 2017:96). The researcher used minimal encouragement and open body language to make the participant feel comfortable and understood and encouraged to continue sharing more information (Kabir 2017:96). Actively listening in this study lead to an effective interview process.
- *Asking follow-up questions* encouraged participants to continue sharing their experiences and effectively facilitated the interview process (Tracy 2013:151).
- In qualitative research, *probing* in interviews typically refers to asking pre-planned follow-up questions to assist the researcher in obtaining information from a deeper level and exploring more relevant matters of the participant's life by asking open-ended questions to clarify the previous answer (Tracy 2013:152).
- *Clarification* takes place when the researcher requests the participants to elaborate more on a matter when the previous response or information furnished is unclear (Adams 2015:503).
- *Summarising* refers to when the researcher can highlight the discussion's main ideas and reflect them to the participant in their own words to obtain and confirm the overall meaning of what was said (Kabir 2017:110). Good summarising has allowed the researcher to identify and develop themes.

In conducting the interviews and dealing with the participants, the researcher considered their safety and privacy and executed the prescribed COVID-19 protocols. Data collection took place by conducting interviews at participants' workplaces. The data collection process was delayed due to the withdrawal of some participants who tested positive for COVID-19 and were waiting for the isolation period to end. Moreover, the researcher was forced to pause the process when the government changed the restrictions to higher levels and resumed when returning to level one. On some occasions, the facilities had restrictions on access and could not allow visitors to protect their residents and employees. Therefore, the interviews took place from October 2021 to March 2022. Nevertheless, this data collection method assisted the researcher in developing an in-

depth understanding of the social worker's perceptions and experiences in providing services to adult PWIDs in the RCFs.

Pilot testing, as the rehearsal of the interview process and using the interview guide with a small number of test participants before conducting the main study, is explained in the following section.

3.6.3 Pilot testing

Pilot testing is essential in conducting a qualitative study as it focuses on testing the interview guide and improvises the primary research (Majid, Othman, Mohamad, Lim & Yusof 2017:1073). Pilot testing is conducted with a small number of participants whose contributions do not form part of the main study and allow the researcher to practise this type of interviewing and put the interview guide to the test (Majid et al. 2017:1073; Fraser, Fahlman, Arscott & Guillot 2018:261). Pilot testing is performed to minimise the risk of making mistakes in the main study (Maxwell 2012:227; Fraser et al. 2018:261). It also allows the researcher to develop an understanding of the concepts and theories relating to the phenomenon being researched, held by the participants and allows adjustment of the interview guide appropriately before conducting the actual study (Majid et al. 2017:1074; Maxwell 2012 277).

In this research, before embarking on the primary data collection, the researcher performed pilot testing of the interview guide by interviewing two participants who met the criteria to participate in the study. The researcher then made the necessary adjustments to the interview guide to improve the data collected. The data gathered from these two interviews were excluded from the main study. The pilot test assisted the researcher in ensuring that participants provided answers that could be interpreted and would help in emerging themes and making conclusions. The interview guide's list of questions was finalised after the pilot testing (see addendum D).

The following section discusses how the data has been analysed and interpreted.

3.6.4 Method of Data Analysis

Qualitative data analysis involves a process of organising the collected data by reading all interview transcripts to identify and develop the patterns, themes and categories (Yates & Leggett 2016:227; Korstjens & Moser 2018a:15). To be able to create meaning from the collected data, the researcher ensured that the interview transcripts are accurately transcribed and that they are a true reflection of the interviews, by including notes on the non-verbal information obtained during the interviews (Korstjens & Moser 2018a:15). The qualitative data analysis was conducted simultaneously with the data gathering and its process has also been influenced by the research design (Maxwell 2012:236).

To analyse the data collected in this study, the researcher used the well-known eight steps for data analysis proposed by Tesch (cited in Creswell 2014:196). In analysing the data, the researcher –

- organised and prepared the data obtained for analysis by transcribing the interviews word by word and then carefully reading through all the transcriptions to get a sense of the whole, making notes of ideas about it as they came to mind and sorted the data into different categories of information;
- selected and studied the most interesting ones, went through them, focused on understanding their underlying meaning and wrote down the thoughts about them in the margin.
- after having read several transcribed interviews, compiled a list of all the topics identified, grouped similar issues and organised the list of categorised topics into columns labelled as major topics, unique topics and leftovers;
- took the list of topics, returned to the actual data, found fitting abbreviations for the identified issues in code form and wrote them down next to the relevant segments of the text;
- created the most descriptive wording for the topics and turned them into themes, subthemes and categories;
- reached a final decision on the abbreviations for each theme and alphabetised these codes;

- gathered the data material belonging to each theme in one place and conducted a preliminary analysis; and
- recoded the data where necessary.

The results of the study are presented in Chapter Four. The researcher used an independent coder who assisted with developing the themes and analysing the findings. All the participants' typed transcripts and biographical information were electronically sent to the coder, who agreed to adhere to all ethical protocols like confidentiality, privacy and anonymity of participants' data in processing it. The coding process was completed within a month, from August 2022 to September 2022. The proposed themes and findings from an independent coder and the researcher's analysis were then discussed with the supervisor, and a mutual agreement was reached about listing the themes. The themes and subthemes are presented in Chapter Four.

The following themes were identified:

- The description of the service users living in RCFs.
- The roles of social workers in residential care facilities.
- Perceptions and experiences of social workers working in residential care facilities.
- Challenges faced by the social workers working in residential care facilities.
- Coping strategies of the social workers working in residential care facilities.
- Suggestions from social workers for improving social work practice in residential care facilities.

Applying Tesch's eight steps of qualitative data analysis (cited in Creswell 2014:196) was appropriate and effective in analysing and coding the collected data.

The research findings have been evaluated and verified as discussed in the next section.

3.6.5 Data Verification Methods

Data verification is a procedure that involves evaluating whether the research findings obtained are accurate (Creswell 2014:251; Correa 2012:209). Quantitative analysis is verified in terms of criteria such as validity, generalisability, reliability and objectivity, which are not used to confirm the quality and correctness of a qualitative study (Korstjens & Moser 2018b:121). In the case of qualitative research, researchers develop thick descriptions and interpretations of the phenomenon under study by using and focusing on the research's trustworthiness or rigour (Korstjens & Moser 2018b:121; Sousa 2014:211). Determining the trustworthiness of research findings involves applying essential procedures that clearly and rigorously describe all the methodological steps taken throughout the research process (Sousa 2014:211). The model of Lincoln and Guba (in Lietz & Zayas 2010:443; Sousa 2014:213) introduced four criteria that the researcher utilised in this research to ensure the trustworthiness of data, namely *credibility*, *transferability*, *dependability* and *confirmability* (Sousa 2014:213; Wagner et al. 2012:243).

Applying these criteria in this research entailed the following:

3.6.5.1 Credibility/ truth-value

Credibility or truth value is like internal validity in quantitative research, concerned with truth value (Thomas & Magilvy 2011:152; Korstjens & Moser 2018b:121). Credibility allows others to recognise the experiences contained within the study by interpreting participants' experiences (Thomas & Magilvy 2011:152). There are strategies that a researcher uses to ensure the credibility of the research, which include prolonged engagement, persistent observation, triangulation, and member checking (Korstjens & Moser 2018b:121). These strategies align with the research methods applied in this research and the research question concerned, as described in Table 3.1 (Korstjens & Moser 2018b:121).

Table 3.1: Strategies of credibility (Korstjens & Moser 2018b:121)

Strategies	Actions taken
Prolonged engagement	It involves engaging with the participants in natural settings to obtain the thickest data. Interviewing skills were used, and a theory relevant to the research methods was developed to provide an in-depth understanding of the phenomenon under study.
Persistent observation	It involves identifying and paying full attention to the characteristics most appropriate to the research study data.
Data triangulation	It involves using various methods to gather data from different sources (Sousa 2014:216).
Member checking	This refers to presenting the gathered data to the participants for feedback and allowing them to correct the interpretation of the data if necessary.

Based on the abovementioned discussion, the researcher has ensured credibility by spending enough time with the participants in their natural settings while gathering the wealthiest data and familiarising herself with various facilities. Interviewing skills such as asking follow-up questions and obtaining clarity when specific messages were unclear were used to get sufficient information to create the necessary themes and categories. The researcher requested six participants to provide feedback about their interview transcripts. Moreover, their transcribed interviews were sent back to them, and they were asked to go through the document and confirm if their meaning was captured correctly. This assisted the researcher in making valid conclusions and recommendations based on accurate information connected with the research question (Korstjens & Moser 2018b:121). Depending on the data quality obtained, the researcher could also draft thick descriptions of the research process to provide clarity and accuracy about the phenomenon researched.

3.6.5.2 Transferability/ applicability

Transferability or applicability is like external validity in quantitative research (Gunawan 2015:4). It refers to generalising the findings into other contexts or settings (Wagner et al. 2012:121). The qualitative study is less concerned about generalisability; however, it aims to allow readers to relate the findings of one research study to those of other works (Creswell 2014: 253; Tracy 2013:250). Presenting a thick description of the data to the readers and allowing them to judge if the findings were transferable to their settings were done (Wagner et al. 2012:243; Korstjens & Moser 2018b:122). This research has facilitated transferability judgment by carefully selecting the participants through purposive sampling and guiding them to present in detail their experiences in providing services to adult PWID in residential facilities.

3.6.5.3 Dependability/ consistency

Dependability or consistency is a qualitative term which is like reliability in a quantitative study (Gunawan 2015:4). It is concerned with the consistency of the findings after replication of the analysis in a different setting through an audit trail process (Korstjens & Moser 2018b:122). For the audit trail to be fulfilled in this study, the researcher has ensured that the prescribed steps (Thomas & Magilvy 2011:152) are conducted by –

- discussing the aim of the research study and its process;
- presenting the sampling methods and criteria for selecting participants;
- describing the methods, procedures for data collection and methods of data analysis;
- Provide information about data management;
- interpreting the detailed research findings and strategies employed to ensure credibility; and
- replicating the study to check if similar findings were obtained.

3.6.5.4 Confirmability/ neutrality

Confirmability or neutrality is similar to objectivity in quantitative research, and it transpires after credibility, transferability, and dependability have been ensured (Thomas & Magilvy 2011:154). Qualitative confirmability is more concerned with ensuring that data and interpretation of the findings are neutral and that they are not only presented according to the researcher's preference and perspective but are also well-balanced (Korstjens & Moser 2018b:122). The professional and personal experiences of the researcher can influence the researcher's decision in selecting the specific research methods and the entire research process (Trainor & Graue 2014:271). Therefore, to ensure the confirmability of the research, this researcher's views have been described supported by relevant theory from the literature and have also been aligned with a research question and goal together with the research design and data analysis (Trainor & Graue 2014:271).

The following section discusses the ethical considerations that have been adhered to throughout the research process.

3.6.6 Application of Ethical Considerations

Ethics, in general, is defined as the discipline of moral principles, which includes morality, fairness and truthfulness in human behaviour (Leavy 2017:252; Wagner et al. 2012:270). Like all social work researchers in South Africa, the researcher is also ethically bound by the Social Service Professions Act (No 110 of 1978 as amended and the Ethical Code of the South African Council for Social Service Professions (SACSSP) (SACSSP 1999:1-1-1-34, 4-1--4-4). This is supplemented by the SACSSP's booklet entitled *Policy Guidelines for Course of Conduct, code of Ethics and the Rules for Caring Professions* (SACSSP 2006).

Research ethical guidelines aim to protect the participants from harm or distress (Wagner et al. 2012:62). The ethical guidelines were considered and applied at each research design step. At the same time, while conducting the research process (Wagner et al. 2012:62), ethical guidelines were used to assist the researcher in avoiding causing any harm to the participants.

For this study, the researcher identified the following ethical considerations to address: informed consent, anonymity and confidentiality, privacy, beneficence, management of information and debriefing of participants.

3.6.6.1 Informed consent

Informed consent is one of the essential ethical principles, and it implies that participation in this study was voluntary (Neuman 2014:151). Participants need to be made aware that they were participating in research and be informed of their rights and all the implications of the investigation before data gathering (Kumar 2011; Arifin 2018:30). Therefore, the researcher ensured that the participants were well-informed about the study, including the purpose and the nature of the entire research process (Arifin 2018:30). Their permission to participate in the research study was obtained through completing a written consent form (Addendum C) (Neuman 2014:151). In this study, the researcher has ensured that the ethical principle of informed consent is followed by implementing the following steps (Neuman 2014:151):

- The researcher beforehand thoroughly explained the purpose of the study to all prospective participants, explaining to them that information about the topic being researched was lacking in the literature, that they were chosen to participate in this research due to their lived experiences about it, and that their participation should be entirely voluntary.
- The researcher explained her role and identified as a researcher from UNISA to the participants.
- The researcher obtained consent letters (Addendum A) from the various heads of the residential facilities to conduct the research by obtaining information from social workers working at the different facilities. The heads then provided and arranged access to the participants for the researcher. For DSD facilities, permission was firstly granted by their head office research unit and later by directors and the heads of the institutions.

- Participants who agreed to participate were requested to provide a written informed consent form (Addendum C and F), which details the research process before the data gathering. The researcher ensured that participants fully understood the consent form before appending their signatures to it.
- Participants were informed that they could withdraw from the study at any time.
- The researcher beforehand arranged a venue, day and interview time suitable for the participants with each participant.
- Due to the COVID-19 pandemic, the researcher explained the University's prescribed COVID-19 guidelines for researchers and postgraduate students to the participants and strictly adhered to the prescribed guidelines in dealing with the participants (Unisa 2020).

3.6.6.2 Anonymity and confidentiality

Anonymity and confidentiality are ethical considerations that ensure that the names and identities of the participants are not disclosed and that individual participants' contributions to the research cannot be linked to them (Neuman 2014:154). Anonymity and confidentiality are not synonyms and should not be confused with one another. Participants have a right to confidentiality and privacy. Therefore, the researcher ensured that all information shared is kept anonymous (Tracy 2013:243; Kumar 2012:221). Confidentiality implies that participants' names may not be revealed to protect their identity from the public (Neuman 2014:155). Confidentiality goes hand in hand with anonymity, which was ensured by assigning codes and pseudonyms in respect of participants, further preventing the recognition of the participants by the readers (Wagner et al. 2012:70). The researcher has ensured confidentiality and anonymity by implementing the following (Neuman 2014:155; Tracy 2013:243):

- The names of participants are not disclosed in the report of the findings or in the audio recordings and transcriptions of the interviews (Arifin 2018:30).
- Codes and pseudonyms were used in the records instead of their names.
- The researcher has not and will not share any personal information of participants with anyone without the participants' permission.

- The researcher explained to the participants that only the researcher, supervisor and independent coder would access the audio recordings and that the audio recorder and its recordings would always be locked in a safe place (Tracy 2013:243).

3.6.6.3 Privacy

Maintaining participants' privacy is an ethical process where a researcher protects the participants' details by keeping them private (Neuman 2014:154). Interviews were conducted in the participants' workplaces in their offices. To ensure that there was no disturbance, the offices were locked during the interview process (Arifin 2018:31). To assure that the privacy of the participants is protected, all documents using pseudonyms are kept in a secured cabinet to which only the researcher has access and will be destroyed after five years of safe keeping (Arifin 2018:31).

3.6.6.4 Do no harm to participants.

Qualitative studies are not likely to pose any risk of physical harm to participants; however, the interview process might lead participants to be intrusive and distressed (Gibson, Benson & Brand 2012:19). The researcher ensured that participants were not harmed emotionally or psychologically, which included protecting their reputations from being ruined by their participation in the research (Wagner et al. 2012:65).

Using face-to-face semi-structured interviews to collect data requires a researcher to listen attentively to what is said all the time. According to Arifin (2018:32), this can cause unintentional harm to participants who may feel distressed or uncomfortable continuing the process. Therefore, to reduce all possible harm to participants, the researcher paid full attention to the interviewees and was observant during interviews to be aware when participants experienced discomfort. However, no participant was distressed or uncomfortable during the data collection process.

3.6.6.5 Management of information

Management of the information obtained from participants is an essential ethical consideration in every study, as it protects the participants in sharing the findings with the public (Hardy, Hughes, Hulen & Schwartz 2016:1). All information gathered. Any research material likely to be linked to the identity of the participants, such as audio recordings, verbal transcripts, field notes and code files, is treated as valuable material. Therefore, it is kept and secured in a safe place to avoid data breaches (Hardy et al. 2016:2).

The researcher keeps the audio recorder, recordings and transcripts of the recordings in a secured and lockable cabinet. All the data stored in an electronic device are protected with a password, and no unauthorised person has access to the gathered data (Arifin 2018:32). Codes and pseudonyms have been used throughout the study in place of participants' names and identifying particulars to prevent any participant identity recognition by the public. The recordings, written field notes and interview transcripts will be destroyed five years after completion of the researcher's qualification (Arifin 2018:32).

3.6.6.6 Debriefing of Participants

Debriefing sessions are typically conducted with participants after interviews and data gathering. This aims to allow the participants to work through their experiences and perceptions and rectify any misunderstanding they might have about the study (McMahon & Winch 2018:5).

The researcher arranged for a social worker to be available to conduct debriefing sessions with participants who might have needed them after the interviews (see Addendum G). No participants were identified or reported to need debriefing during and after the data-gathering process. They were, however, all informed that the services were available should they need to use them.

3.7 SUMMARY OF THE CHAPTER

This chapter presents the application of the research methodology, the research approach, the research design, research methods, data collection, data analysis, data verification and ethical considerations for this study. The following chapter discusses the presentation and discussion of the investigation's findings.

CHAPTER FOUR: RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter presents the research findings made in analysing the data collected from the participants through semi-structured face-to-face interviews guided by an interview guide containing open-ended questions. This method was employed to gather data to investigate and elucidate the perspectives and encounters of social workers delivering social work services to adults with intellectual disabilities residing in care facilities.

The results of the data analysis revealed six overarching themes, each accompanied by corresponding sub-themes and supported by verbatim interview excerpts. These divisions have been enriched with narrative context and supplemented with a review of relevant literature for comparison in the form of a literature control confirming and contrasting the research findings.

The discussion of the research findings commences with a presentation of the participants' demographical profiles, followed by an in-depth exploration of the identified themes, subthemes, and categories.

4.2 DEMOGRAPHICAL PROFILE OF THE PARTICIPANTS

A comprehensive depiction of participants' demographical profiles is pivotal in research. It enables readers and researchers to discern the applicability of research findings and facilitates comparisons across multiple studies. Additionally, it furnishes essential data for research syntheses and secondary analyses (Beins 2009:356). Through these analyses, researchers can identify gaps within existing research bodies, uncover universal trends, and explore variations within and between different population groups. Providing thorough demographical information about participants is a fundamental aspect of research that enhances the understanding and generalisability of study findings.

The participants' demographic profiles reflect their age, gender, ethnic group, type of disability residential care facility, years of social work experience, working experience in a residential facility caring for PWIDs, and employment position in the RCFs for PWIDs. Table 4.1 presents an overview of the participants' demographic profiles.

Table 4.1 Demographical profile

Pseudonym and abbreviation	Age	Gender	Ethnic group	Description of the type of disability residential care facility	Years of social work experience	Years employed at RCFs for PWIDs	Position held in the facility
Participant 1	47	Female	White	NGO	20	20	Manager Social Worker
Participant 2	27	Male	Black	NGO	2	2	Social Worker
Participant 3	35	Female	Black	Government facility	13	10	Social Worker
Participant 4	45	Female	Black	Government facility	9	9	Social Worker
Participant 5	31	Male	Black	Government facility	3	3	Social Worker
Participant 6	53	Female	Black	Government facility	16	16	Social Worker
Participant 7	37	Female	Black	Government facility	2+	2+	Social Worker
Participant 8	54	Female	Black	NGO	3	3	Social Worker
Participant 9	29	Female	Black	NGO	2+	2+	Social Worker

Participant 10	35	Female	Black	NGO	16	10	Social Worker
Participant 11	40	Female	Black	Government facility	10	10	Social Worker

As listed in Table 4.1, the participants' demographical profiles are presented as follows.

- **Population group:**

The 11 participants were recruited from various RCFS within Gauteng province. Within the RCFs that participated in this study, 10 participants were from the black population group, and only one was from the white population group. This study revealed that the number of social workers from the black population group is dominant within the social work profession employed in residential care facilities.

- **Ages of social workers:**

All study participants were 25 years or older, with six falling within the 26- to 39-year age range and the remaining five between the ages of 40 and 54.

- **Gender of social workers:**

In this research study, there were more female social workers providing services to adults with intellectual disabilities in RCFs than male social workers. The participants consisted of nine females and two males. This correlates with social work having been characterised as a predominantly female-dominated profession (Hicks 2015:471). However, it is essential to emphasise that gender distribution was not a primary concern in the scope of this study.

- **Types of Residential Care Facilities Social Workers were employed at:**

The social workers who participated in this research were employed at various registered RCFs in Gauteng, especially in the Tshwane and Ekurhuleni districts, including Nigel and Springs. Registered facilities were considered eligible for the research if their primary objective was to provide accommodation for individuals with intellectual disabilities aged 18 years and older. Two of these facilities are government institutions under the jurisdiction of the Gauteng Department of Social Development. The study also included two residential facilities from NGOs, which

have RCFs that accommodate PWDs, including PWIDs. These facilities were selected for inclusion in the study due to their standard provision of social work services to adult PWIDs. Because of the researcher's time and financial restrictions, the most accessible and suitable RCFs were selected. This shared focus of these RCFs on serving the PWID segment of the population rendered them eligible candidates for inclusion in the research. It is crucial to note that an RCF, according to the Department of Social Development's residential facilities policy (DSD 2019c:6), is designed to offer temporary or permanent care, protection, support, and rehabilitation to PWDs whose specific needs cannot be adequately met within a family structure. Six social workers were employed in the Departmental RCFs and six in the non-governmental RCFs. The Department of Social Development collaborates closely with non-governmental organisations (NGOs) through partnerships to fulfil its designated responsibilities and assumes responsibility for the financial support of residential facilities administered by the NGOs. The study recognises the significance of these facilities in offering care and support to PWDs, as outlined in the South African Department of Social Development's residential facilities policy.

- **Social workers' years of experience in social work:**

The 11 participating social workers employed in RCFs for PWIDs had the following years of experience in social work: Seven of the participating social workers had between two to 10 years of experience in social work, and four had 11 to 20 years of experience in social work. The participants exhibited a distribution of social work experience on diverse levels, with most participants falling within the range of two to 10 years' experience and a notable subset with between 11 and 20 years of experience, contributing to a well-rounded perspective on providing services for PWIDs in RCFs. This led to the participants providing a well-balanced contribution to this research.

- **Years employed at a residential care facility for persons with intellectual disabilities:**

All the social workers in this study possess two years or more experience in delivering services to adult PWIDs within RCFs. Notably, one participant has a

remarkable 20 years of experience, commencing as a junior social worker within the facility and advancing to the position of social work manager. Another four social workers have a substantial range of experience, with 10 to 16 years of service within this domain. Six participants, the most extensive grouping of participants, had experience levels from two to nine years. The study's findings underscore the participants' well-informed understanding of the services provided to adult PWID in RCFs.

- **Social workers' position of employment:**

All participants in this study are social workers with Bachelor of Social Work degrees and registered with the South African Council for Social Service Professions (SACSSP). Ten practitioners held social worker positions, and one was a social work manager. The participants' collective experience on this social work production level, with one social worker occupying a managerial role, underscores their significant and relevant experience delivering services to adults with intellectual disabilities (PWID) in RCFs. This finding indicates that all the social workers in the study possess the expertise and hands-on involvement in rendering services to PWIDs, making their insights and perspectives valuable contributions to the research. This indicates that all the social workers in the study possessed expertise and hands-on involvement in helping PWIDs, making their insights and perspectives valuable contributions to the research.

The following section presents the themes, subthemes and categories from the data collected from the participating social workers providing services to adult PWID in RCFs.

4.3 THEMES, SUB-THEMES AND CATEGORIES: SOCIAL WORK WITH ADULT PERSONS WITH INTELLECTUAL DISABILITIES IN RESIDENTIAL CARE FACILITIES

The themes from the participants' accounts and the data collected from their retorts are presented here. As described in the explanation of the data analysis process outlined in Chapter Three (section 3.6.4), these are the results of a consensus discussion involving the researcher, the independent coder, and the research supervisor. This deliberative

process culminated in identifying six principal themes and their subthemes and categories, where applicable, listed in Table 4.2 and discussed below.

Table 4.2: Themes, subthemes and categories

THEMES	SUB-THEMES	CATEGORIES
Theme 1: Description of service users in RCFs for PWIDs		
Theme 2: Role of the social worker in residential care facilities (RCFs) for persons with intellectual disabilities (PWIDs)	Subtheme 2.1: Services rendered to PWIDs and families	<ul style="list-style-type: none"> • Screening, assessment and admission of PWIDs • Orientation after admission and psychosocial support • Family liaison and support
	Subtheme 2.2: Administrative tasks	
	Subtheme 2.3: Programmes	<ul style="list-style-type: none"> • Life and coping skills programmes • Community awareness programmes
Theme 3: Perceptions and experiences of social workers rendering services to PWIDs in RCFs	Subtheme 3.1: Positive experiences of social workers working in RCFs for PWIDs	<ul style="list-style-type: none"> • Family reunification facilitation and strengthening of relationships • PWIDs advancement through social work interventions • Engaging in effective teamwork with colleagues in RCFs • Embracing daily opportunities for continuous learning and growth
	Subtheme 3.2: Negative perceptions and experiences of social workers working in RCFs for PWIDs	<ul style="list-style-type: none"> • PWIDs abused by family and community • Difficult and non-compliant PWIDs

		<ul style="list-style-type: none"> • Difficulty in locating family and limited family engagement
Theme 4: Challenges faced by social workers working in RCFs	Subtheme 4.1: Challenges of social workers regarding service delivery to PWIDs in RCFs	<ul style="list-style-type: none"> • Challenges of information retention and compliance of PWIDS • Communication barriers • Romantic and sexual relationships • Managing challenging behaviour
	Subtheme 4.2: Challenges related to families of PWIDs	<ul style="list-style-type: none"> • Locating family members of PWIDs. • Family cooperation with social workers.
	Subtheme 4.3: Organisational challenges of social workers rendering services to PWIDs.	<ul style="list-style-type: none"> • Personnel shortages • Lack of equipment and resources • Interpersonal staff challenges • Funding deficiencies • Inadequate remuneration
Theme 5: Coping strategies of social workers working in RCFs	Subtheme 5.1: Supervision and management support	
	Subtheme 5.2: Peer support	
	Subtheme 5.3: Family support	
	Subtheme 5.4: Counselling	
	Subtheme 5.5: Training	
	Subtheme 5.6: Teamwork and teambuilding	
	Subtheme 5.7: Networking	
Theme 6: Suggestions for social work practice	Subtheme 6.1: Specialised training	
	Subtheme 6.2: Suggestions for self-care of social workers	

	Subtheme 6.3: Suggestions for better remuneration	
	Subtheme 6.4: Suggestions to improve staff shortages	

4.3.1THEME 1: DESCRIPTION OF SERVICE USERS IN RESIDENTIAL CARE FACILITIES (RCFS) FOR PERSONS WITH INTELLECTUAL DISABILITIES (PWIDS)

Various registered RCFs admit service users according to distinct admission criteria determined by the facility's capacity, the scope of its service delivery, available resources, and licensing conditions as prescribed according to the policy guidelines regarding the Mental Health Care Act No. 17 of 2002 (South Africa 2002) and the National Health Care Act No 61 of 2003 (South Africa 2003). The guidelines for the provision of the licensing of an RCF stipulate the process and procedures for license application, criteria for evaluation of licensing applications, and the minimum norms and standards that must be adhered to by residential and day-care facilities for people with mental and intellectual disabilities (Department of Health 2017).

A mental health service user, as defined in the Mental Health Care Act 17 of 2002 (South Africa 2002: Section 1), refers to an individual who receives care, treatment, and rehabilitation services or utilises a health service or health establishment to enhance their mental health status. In the context of this study, the term "service user" is used interchangeably with "residents" and PWIDs. The Department of Social Development and the Department of Health have allocated funding to NGOs to establish residential services in the various provinces of South Africa (McKenzie et al., 2014:46; DSD, 2019:19).

The primary objective of RCFs for PWIDs is to facilitate the safeguarding of equitable human rights for all PWDs, including adult PWIDs, mainly when their needs can no longer be adequately addressed within their own homes (DSD 2019c:19). In pursuit of this goal, the DSD has implemented and officially registered 149 such residential facilities for

persons with various disabilities throughout South Africa. The Gauteng province currently has 39 fully operating RCFs for PWDs.

Participants emphasised in their responses that most of these facilities for PWIDs, which partook in this study, only accommodate persons from 18 years of age (as they are registered with the DSD according to legislation). The criterion for admission mainly includes PWIDs who are not highly aggressive and can be controlled in a residential environment.

Challenging behaviour, such as aggression, is observed in approximately 10% to 25% of PWIDs, with severe manifestations occurring in a subset of about 4% to 10% of this segment of the population (Lokman, van Oorsouw, Didden & Embregts 2022:1348). Challenging behaviour can significantly impact the lives of all residents living in a residential care environment. This could lead to physical harm and necessitates heightened utilisation of restrictive interventions, with frequent relocations between residential and other services (Lokman et al. 2022:1349). Those individuals exhibiting severe challenging behaviour necessitate a continuous referral to other facilities where they must adjust to new, often more restrictive environments while interacting with unfamiliar support personnel (Lokman et al. 2022:1349).

The criteria for admission into suitable facilities vary depending on the type and severity of the clients' disabilities, including whether they can manage their hygiene. Some facilities cannot accommodate bedridden people who need 24-hour nursing care, but others can. Section 2.3 (in Chapter Two) of this study presents various possible causes and types of intellectual disabilities. For instance, PWIDs with cognitive impairment and developmental disabilities are significantly restricted in their reasoning, learning, problem-solving, and adaptive behaviour.

Whether they accommodate persons with severe physical, intellectual and mental health disabilities with or without serious behavioural problems seems to be a criterion which distinguishes RCFs from one another.

The following responses of participants highlighted this tendency:

“A person should have a disability; it can be a physical disability, mild-moderate ID, we take epilepsy and Down syndrome also, we admit them if they can do things for themselves like bathing and eating. Brain damage, we also welcome, but it must not be severe. They must at least be able to do things for themselves.” (Participant 3)

“Yes, we are checking the type of disability; one of them is ID, physical disability and when they are frail.” (Participant 4)

“The disabilities that we have some are mild mental like intellectual, epilepsy, schizophrenia but must be controllable a person shouldn’t be aggressive, cerebral palsy, autism and down syndrome but for autism and down syndrome.” (Participant 5)

The findings suggest that the admission process for PWDs in RCFs is multifaceted and contingent on several factors, including age, behaviour, physical abilities, and the severity of disabilities. The variability in admission criteria reflects the complex nature of care provision for this vulnerable population segment, with each facility making individualised decisions based on its capacity and resources. These findings highlight the need for more comprehensive and standardised guidelines for the admission and care of PWIDs, particularly those with severe disabilities, to ensure equitable access to appropriate services and support. The social justice theory, one of the theoretical frameworks underlining this study, highlights the potential disparities in access to care, the need to address discrimination, and the importance of equitable resource allocation and policy development. Social justice theory underscores the importance of addressing these issues to ensure that all individuals, regardless of their disability status, have equal access to appropriate services and support (Taylor et al. 2017:54; Kam 2014:724).

The body of evidence about psychiatric conditions in PWIDs is robust and comprehensive, and many PWIDs experience major depressive disorders, bipolar

disorders, anxiety disorders, and psychotic and impulse control disorders (Pinals, Hovermale, Mauch & Anacke 2022:313). It is noteworthy that PWIDs exhibit a notably elevated prevalence of physical health conditions compared to the broader non-disabled general members of the population (Pinals et al. 2022:313). In a study conducted by Cooper, McLean, Guthrie, McConnachie, Mercer et al. (2015:110), it is revealed that a significant proportion (precisely 61.5%) of the adult population characterised by intellectual disability exhibited the presence of a minimum of one physical health issue. However, their research also ascertained that PWIDs displayed a noteworthy comorbidity rate, with an estimated mean of 5.4 concurrent medical conditions (Cooper et al. 2015). This underscores the heightened vulnerability of PWIDs to many physical health issues.

PWIDs residing in facilities often face a multitude of disabilities, both psychiatric, intellectual, and physical. This underscores the critical need for comprehensive and individualised healthcare and psychosocial services to effectively address their complex health profiles. Managing these multiple disabilities is essential for improving the overall well-being and quality of life of this vulnerable population. Recognising the various disabilities PWIDs face in facilities is a matter of social responsibility and aligns closely with the ecological systems perspective (Cooper et al. 2015:110). This perspective emphasises the interconnectedness of individuals with their environments and the importance of understanding how various factors influence an individual's well-being. In the case of PWID, their complex health profiles are not isolated issues; they are intricately linked to their social, economic, and environmental contexts (Ahmed et al. 2017:49).

The following excerpts of what participants said support this interrelationship of PWIDs with physical disabilities and mental health issues admitted to RCFs as discussed above:

“Those who have an ID but also cannot use their hands or walk who are physically disabled.” (Participant 6)

“We do not take people with severe intellectual disabilities or mental illnesses like Schizophrenia because we do not have the capacity. Bipolar, we still take them, but it depends on how severe it is, and for those who are aggressive, we do not take them because we also have frail people at the centre and need to protect them.” (Participant 3)

“Mostly those who are not mobile, Cerebral palsy, intellectual disabilities, brain damage, down syndrome, epilepsy. Older persons, we admit those who have dementia and are frail.” (Participant 8)

“We admit ID, however not the severe ones; we also admit physical challenges such as wheelchair bound, blind, brain damage and strokes, down syndrome, epilepsy, and dementia. We admit clients who cannot be handled at home...” (Participant 9)

4.3.2 THEME 2: ROLE OF THE SOCIAL WORKER IN RESIDENTIAL CARE FACILITIES FOR PERSONS WITH INTELLECTUAL DISABILITIES

The National DSD introduced its Policy on Residential Facilities and Independent Living Centres for PWDs residing in such facilities (DSD 2019). It strongly emphasises ensuring compliance across all residential facilities and provides clear guidance regarding the roles and responsibilities of government departments and relevant stakeholders (DSD 2019:18). This policy is instrumental in guaranteeing that adult PWIDs housed in RCFs are accommodated in registered facilities that fully adhere to safety and protection requirements. It offers valuable guidance to social workers on implementing suitable social work programmes and integrated interventions that are in the best interest of adult PWIDs. Additionally, it addresses the functioning of protective workshops within these facilities. It emphasises compliance and provides crucial direction for appropriate services and support for this vulnerable population. This theme emerged in three subthemes: services rendered to clients and families, administrative tasks, and the programmes provided by the social workers to adult PWID in the residential facility.

4.3.2.1 SUBTHEME 2.1: SERVICES RENDERED TO PWIDs AND FAMILIES

The study's participants have engaged in collaborative efforts with both PWIDs and their respective families to ensure the provision of appropriate services to them. It is important to note that PWIDs are not living in isolation; instead, they are part of a more extensive family system, and the promotion of their health and well-being should be an ongoing objective in alignment as is holistically outlined in the White Paper on Families in South Africa (DSD 2013:63). The White Paper on Social Welfare (South Africa 1997), also a guiding document for social work service delivery in South Africa, further advocates for a developmental approach, to social work services, with the overarching objective of rectifying historical disparities rooted in race, class, gender, and living conditions. It also seeks to optimise human potential, foster independence, and promote inclusive participation in decision-making processes for all members of society. Considering the mentioned guidelines, this subtheme is divided into three categories.

The three distinct categories are as follows:

- **Screening, assessment, and admission of PWIDs:** Within this category, the primary focus revolves around the initial assessment and admission procedures for PWIDs, which aim to discern their unique needs and requirements and ensure that they meet the facility's admission requirements.
- **Orientation after admission and psychosocial support:** This category encompasses familiarising PWIDs with the facilities' day-to-day programme and available services to facilitate their comprehension and active participation in the facilities. It also supports PWIDs adjustment in the RCFs' environments.
- **Family Liaison and Support:** The final category underscores the pivotal role of establishing and sustaining connections with the families of PWIDs, offering them requisite guidance and support to enhance their involvement in promoting the health and overall well-being of their loved ones.

This subtheme exemplifies the application of an ecological systems perspective in promoting the health and well-being of PWIDs, emphasising the importance of

recognising and nurturing the interconnected relationships between individuals, families, and broader social systems as a fundamental aspect of adequate care and support (Eriksson et al. 2018:416; Teater 2014:3). Relating this to social justice theory, the principles of social justice are recognised by the need to address the unique needs and challenges faced by PWIDs, regardless of their nationality or socioeconomic status. It underscores the importance of ensuring that PWIDs have equitable access to support and resources that enable them to lead healthy and fulfilling lives. Doing so promotes social justice and equity (Taylor et al. 2017:47).

The three distinct categories of the subtheme services rendered to PWIDs and their families entail the following:

a. Screening, assessment, and admission of PWIDs

Social workers responsible for delivering services to adult PWIDs within RCFs play a crucial role in conducting screening and assessment procedures before admitting PWIDs to the residential care facility. This responsibility aligns with research findings by Bern-Klug and Kramer (2013:4), which affirm that one of the critical responsibilities of social workers in RCFs involves assessing and screening all prospective resident applications to determine their suitability for admission. Criteria for admitting PWIDs are necessary to ensure fairness, equal opportunities, efficient resource allocation, safety, accountability, and compliance with legal and ethical standards. These criteria aim to create a more inclusive and supportive environment for individuals with intellectual disabilities to thrive in and access the services and opportunities they deserve, as set out in the Policy on Residential Facilities and Independent Living Centres for PWDs (DSD 2019c)

All participants responded that they needed to screen and assess the applications of possible PWID admissions according to the admission criteria of their residential care facility. There is a need for pre-admission assessment in every residential care facility for PWIDs because of the scope of treatment and resources available and provided in the residential care facility. The screening and evaluation are executed mainly by members

of different professions. Social workers are expected to assess the psychosocial background of the prospective resident to assess if the PWID meets the admission criteria and to identify all the underlying issues that may develop after admission to address (Fields, Koenig & Dabelko-Schoeny 2012:5). The following participants' responses underline this role of the social worker:

"I am a residential social worker; I am responsible for admitting the client; I also do the screening interview; within the screening, I facilitate the interview with the family and the clients to see if they fit the criteria for our organisation. The screening is important because sometimes we confuse ID and mental illness, so this ensures that I am dealing with a PWID, not a mental illness." (Participant 7)

"We also are doing intakes, assessing and accepting new admission from our perspective or potential residents..." (Participant 10)

Social workers serving adult PWIDs are crucial in delivering psychosocial support to residents and their families, thereby primarily focusing on facilitating rehabilitation to enhance efficiency (Okafor et al. 2017:136). Social workers also link individuals and their families with appropriate resources, provide counselling services, advocate for their needs, and guide decision-making to yield more favourable outcomes (Okafor et al. 2017:136).

Another noteworthy excerpt from a participant underscores the significance of the screening and assessment processes, emphasising the essential role of social workers being part of a multidisciplinary team when evaluating and assessing an application from a PWID for potential admission. The core function of an interdisciplinary team is to assemble a group of professionals from various fields to collaboratively evaluate and develop a PWIDs treatment plan (Taberna, Moncayo, Jané-Salas, Antonio, Arribas et al. 2020:85). The following response highlighted the importance of a social worker being part of the MDT during the screening, assessment, and admission phase of PWIDs:

“We provide them with an application form; after that process, the MTD panel, which consists of social workers and nurses, will screen the application form. After the screening, we invited them for assessment, and again, I became part of the panel. After assessing those who qualify, we will admit them. For those who do not reach our admission criteria, we will refer to other stakeholders like other disability centres, depending on their need.” (Participant 4)

The above excerpt highlights the critical role of social workers and multidisciplinary teams in conducting screening and assessment procedures for PWIDs seeking admission to RCFs. These professionals are crucial in ensuring that applicants meet admission criteria, identify underlying issues, and facilitate collaboration with other stakeholders when necessary. Overall, the findings underscore the importance of a comprehensive and coordinated approach to the care and support of PWIDs in residential care settings. Individuals aiming to be influential multidisciplinary team members must implement four key competency domains that serve as guiding principles. They must namely -

- embrace values and ethics for multidisciplinary practice (a social worker's values, ethics, and scope of practice are defined by legislation and guided by the SACSSP, the statutory body for the social service professions, including social work);
- comprehend the roles and responsibilities of the different multidisciplinary team members (having clarity regarding the roles and responsibilities of each team member is essential for ensuring optimal team performance);
- improve communication within the team (effective communication is a critical component of successful collaboration, while inadequate communication can hinder cooperation); and
- Foster teams and teamwork (leadership skills, mentoring abilities, and the capacity to guide decision-making within the team are all significant factors in facilitating effective teamwork) (Ambrose-Miller & Ashcroft 2016:101).

Social workers also have a responsibility to refer applicants who do not meet their facility's admission criteria to suitable facilities by liaising with the other stakeholders (Lee et al.

2022:69). Meeting the responsibility to refer applicants who do not meet a facility's admission criteria to different stakeholders, reflects a commitment to social justice principles as supported by the social justice theory. This commitment entails ensuring that all PWIDs are treated fairly, have access to necessary services, and are not excluded or disadvantaged due to arbitrary criteria (Hudson 2017:196). It underscores the role of social workers as advocates for justice and equality in the context of care for PWIDs (Cirillo 2022:1).

Social workers assume multifaceted roles within residential facilities to ensure that residents and their families receive essential support upon admission. These roles encompass acting as advocates, offering counselling services, and coordinating various services (Ambrose-Miller & Ashcroft 2016:101; Bern-Klug & Kramer 2013:2). Social workers serve as crucial intermediaries in navigating the complex landscape of care and assistance for individuals with intellectual disabilities and their families.

b. Orientation after admission and psychosocial support

The study's participants articulated the significance of facilitating orientation for PWIDs and their families regarding the facility's operations and available services. Furthermore, they emphasised the crucial role of supporting PWIDs and their families throughout the admission process. PWIDs, along with their families, exhibit a spectrum of needs. The ecological systems perspective, one of the theoretical frameworks used in this research, aligns with the interplay between individuals (PWIDs) and their families, their immediate environments (microsystem), interactions between these environments (mesosystem), and the broader societal context (macrosystem) (Ahmed et al. 2017:49; Eriksson et al. 2018:419). The excerpts below highlight the types of support participants employ for PWIDs, including individual counselling and group interventions.

"...our casework mostly is the one that assists our new residents in coping and adjusting, also doing orientation in the centre as how are the rules and expectations, where to go when you want something with them we have to conduct continuous orientation because

they easy forget things you tell them something today and you will have to repeat the information on the other day just to make sure that they understand...” (Participant 10)

“...the role of providing emotional support to our clients, they live here, this is their home where they stay so we try to make the environment as comfortable as home and as normal as possible for the clients. I will conduct groups with different hostellers...”
(Participant 1)

“As a social worker, I provide counselling to our clients in the centre, especially the new admission because after admission, the new residents struggle to cope and think that they will die residing in the home or residential care facility, and they constantly want to go back to the community as they are struggling to adjust...” (Participant 5)

PWIDs who concurrently contend with mental health issues often encounter challenges when it comes to engaging in social interactions, especially in a new environment (Jacob, Edozi & Pillay 2022:1). Social workers serving PWID are crucial in delivering psychosocial support to residents and their families, primarily focusing on enhancing their self-efficiency (Okafor et al., 2017:136). Psychosocial support further encompasses linking individuals and families with appropriate resources, providing counselling services, advocating for their needs, and guiding them in decision-making to yield more favourable outcomes (Okafor et al. 2017:136).

Social workers have multifaceted roles to fulfil in a residential care facility, including advocacy for the rights of PWIDs, as highlighted by the following excerpt:

“Our role starts, or should I say my role, starts after the client is admitted with us in the facility. Advocating for their rights as most of the PWIDs cannot talk for themselves, and if we see that the client is not receiving the right services, we advocate for them by approaching that service provider; we work with the nurses and if the client is illtreated I advocate for them to be treated like any other human being...” (Participant 3)

The advocacy role of social workers in residential care settings for PWIDs resonates strongly with social justice theory by championing the principles of fairness, equity, and equal treatment for all individuals, regardless of their cognitive or physical abilities (Birkenmaier & Berg-Weger 2017:405). Social workers act as agents of change to ensure that the rights and well-being of PWIDs are upheld, aligning with the broader societal goal of achieving social justice.

c. Family liaison and support

Family members are a crucial social support factor for PWIDs, and maintaining their involvement, even after their loved ones have transitioned to residential living arrangements, is vital (Zambrino & Hedderich 2021:1). In general, the level of interaction of family members with individuals residing in residential facilities for PWIDs may significantly decrease following their relocation (Zambrino & 2021:3). According to study findings of Bonell, Ali, Hall, Chinn and Patkas (2011:389), individuals with severely challenging behavioural and intellectual disabilities receiving residential care, tend to have no contact with their relatives in RCFs. This lack of communication may be attributed to strained relationships or because it was deemed necessary for the service user's well-being (Bonell et al. 2011:389).

Social inclusion, a component of the social justice theory, is crucial in promoting well-being. Still, PWIDs often face isolation, which may be because of their level of ID, and separation from their families because of various factors and behavioural challenges because of their disability (Nankervis, Ashman, Weekes & Carroll 2020: 59). The primary social networks of PWIDs typically consist of family members, and the complexity of these social networks varies depending on the severity of the ID, with more pronounced limitations in communication skills associated with more significant challenges in forming and sustaining relationships and engaging with others (Nankervis et al. 2020: 59).

Disability exerts an impact not only on PWIDs but also on their support networks, including family members and caregivers (Muller-Kluitsi & Slabbert, 2021:137). Social workers assume a pivotal role in bridging the gap between PWIDs, their family members, and care

centres, thereby facilitating communication and coordination among these stakeholders (Igdalsky 2016:7). A significant number of the participants emphasised the role of social workers in assisting families in the process of accepting their family member's ID. These professionals play a crucial role in helping families cope with the emotional challenges that may arise from various factors, such as ageing, accidents, or brain injuries leading to disability. The following excerpt from participants underscores the significance of family liaisons and interventions:

"... as a social worker, I will be the person who will liaise between the family, the client and the centre..." (Participant 11)

"We do counselling to the family or individual sessions to particular family members in case they are struggling to accept the disability of the resident, so we assist them in coping especially with the ID that has developed due to ageing or after accident brain damage they find it hard to have a family member who is normal, and suddenly a person has a disability." (Participant 8)

A noteworthy aspect, as indicated by some participants, is the role of social workers as mediators between families and PWIDs in resolving family conflicts and challenges. When challenging behaviours give rise to disputes, it introduces an added layer of complexity to the social interactions within these familial dynamics (Nankervis et al. 2020:59). While a diverse range of individual-specific factors contributes to such conflicts and challenging behaviour, a prevalent factor is often the presence of communication difficulties (Nankervis et al. 2020:59).

One participant emphasised this role: *"Well, families are often a source of support, but we also receive referrals where family challenges become apparent; they engage in disputes and conflicts."* (Participant 4).

In such instances, social workers are pivotal in facilitating communication, promoting understanding, and implementing strategies to alleviate conflicts and address challenging

behaviours. Their expertise is instrumental in fostering harmonious family environments and enhancing the well-being of both PWIDs and their families. Systemic approaches allow social workers to identify and support changes in problematic interpersonal interactions by conducting a family assessment at the beginning of the PWID admission to assess potential issues and plan for achieving relational therapy (Rhodes, Donnelly, Whatson, Brearley, Dikian et al. 2013:2).

4.3.2.2 SUBTHEME 2.2: ADMINISTRATIVE TASKS

The participants were requested to share their roles in providing services to adult PWIDs in the RCFs. One of the tasks they highlighted was their administrative tasks. The social workers in the RCFs have a responsibility to record and file all their social work intervention processes facilitated during service delivery (McGarry, Cuskelly, Reilly, Coffey, Finucane et al. 2020:15). They have a role in promoting the residents' grants after admission and discharge in line with South African Social Security Agency (SASSA) established in terms of the South African Social Security Agency Act 9 of 2004 (South Africa 2004b). In this regard, the Social Assistance Act No. 13 of 2004 (South Africa 2004a: section 3) aims to provide for the administration and provision of social assistance to those who are eligible to receive it. Additionally, the social workers must manage the burial documentation if a resident who passed on is an unknown person without legal documentation. They must also organise meetings, keep up the weekly statistics, perform social work administrative tasks, and ensure that due dates are met.

Social workers must possess a multifaceted skill set to effectively navigate the challenges encountered in their practice (Berlanda, Pedrazza, Trifiletti & Fraizzoli 2017:6). These challenges encompass not only the establishment of meaningful relationships with service users but also the composition and maintenance of reports, as well as the demonstration of resilience in the face of adversity. This delicate equilibrium, essential for addressing the diverse tasks inherent in social work practice, is procedural self-efficacy. Achieving procedural self-efficacy necessitates acquiring and applying a range of

competencies and proficiencies (Berlanda et al. 2017:6). Most of the participant's responses regarding their administrative tasks were as follows:

“I am responsible for cancelling their grant after admission and reinstating grants when reunified with the families.” (Participant 7)

“I am also doing admin work, which is weekly stats, monthly reports, cancellation of grants after admission, to arrange Imbizo and committee meetings for residents where they are given a platform to address their issues and participate in...” (Participant 8)

Despite the increasing longevity of adults with intellectual disabilities, their life expectancy is notably shorter than that of individuals without intellectual disabilities (McMahon, O'Connor, Dunbar, Delany, Behan et al. 2022:1). In findings of research conducted in Ireland, the odds of individuals with intellectual disabilities experiencing mortality while residing in congregated settings were found to be four times higher than for those under the care of family caregivers (McMahon et al. 2022:2). This discrepancy persisted even when considering the severity of ID as a factor. The living environment emerged as a significant determinant of mortality (McMahon et al. 2022:2). Within the United Kingdom, research endeavours have investigated the mortality rates of individuals with intellectual disabilities residing in community-based and residential settings. These studies aimed to discern the underlying factors influencing mortality in this population. These investigations revealed that, although deaths were infrequent, they transpired at an earlier age compared to the general population. Furthermore, the primary cause of mortality among PWIDs was most frequently attributed to respiratory diseases (Bernal, Hunt, Worth, Shearn, Jones et al. 2021:594).

The mortality rate of individuals with intellectual disabilities in South Africa could not be established. However, a role that participants have classified as an administrative duty involves the management of records related to individuals with intellectual disabilities (PWIDs) who have passed away while residing in a care facility without any identifiable relatives or official documentation.

Participant 9 articulated this responsibility as follows:

"As part of my role, I oversee pauper's burials. When an unknown resident with no known relatives passes away, I must initiate efforts to locate their next of kin before recommending a pauper's burial. I maintain meticulous records detailing the steps taken to trace the family."

Another participant explains the process of burial of an unknown and or unregistered PWID death in a residential care facility as follows:

"It could take maybe three to four weeks while we're still trying to trace again before we could make the final decision to bury the resident, and we will write a paupers report and make recommendations that we have tried everything and without success, and we are going just to bury that person, and then we will file the grave number so that when the family come one day, we will have proven that we buried this person here and produce the reports that will show all our efforts of tracing before we could consider burying the person so that's the best we can do so far..." (Participant 7).

This administrative task underscores the comprehensive and often intricate nature of the responsibilities shouldered by social workers in caring for individuals with intellectual disabilities. Beyond their direct support and advocacy roles, they ensure dignified and respectful closure for those without immediate family or official identification, reaffirming social workers' multifaceted and indispensable contributions in this field.

4.3.2.3 SUBTHEME 2.3: PROGRAMMES

ID is a condition characterised by significant limitations in intellectual functioning and adaptive behaviour skills. It arises from delays in brain development during crucial developmental phases, resulting in challenges related to academics, social interactions, emotional regulation, and overall daily functioning (Jacob, Oyefeso, Adeola & Pillay, 2022). The significance of adaptive skills in enabling individuals to navigate their everyday

existence cannot be overstated. Individuals with intellectual disabilities may face difficulties in interpreting social cues and regulating their emotions during interactions, making them vulnerable to manipulation by others. Thus, understanding the multifaceted impact of ID on cognitive, social, and emotional domains is essential for providing practical support and interventions to enhance the well-being of individuals living with this condition (Jacob, Edozie & Pillay 2022:2).

This subtheme can be delineated into two distinct categories: the first pertains to internal facets encompassing life skills training programmes, and the second pertains to external characteristics involving awareness of community programmes.

a. Life and coping skills training programmes

Most participants' responses underscored their active involvement in facilitating skills training programmes for individuals with intellectual disabilities, recognised as integral components of their social work interventions (Lee et al. 2022:74). The concept of skills in this regard encompasses various features such as assertiveness, empathy skills, and the ability to build emotional bonds (Jacob, Edozie & Pillay 2022:2). Social skills also contain the capacity to comprehend and connect with one's own emotions and the emotions of others, forming the basis of emotional intelligence (Jacob, Edozie & Pillay 2022:2). PWIDs tend to face more significant challenges in adapting to stressful social interactions compared to individuals without such disabilities. Adults with intellectual disabilities frequently encounter stressful social interactions and may resort to maladaptive coping strategies to navigate these interactions (Chukwu, Okoye, Onyeneho & Okeibunor 2019:2). In this regard, coping can be defined as the cognitive and behavioural strategies individuals employ to manage the demands effectively, whether external or internal, of a stressful situation and the emotions associated with these situations or events.

One participant elaborated, "*The programme I find particularly valuable involves educating individuals about their rights and equipping them with strategies to address*

challenges, including abuse. We encourage them to contact me or my colleagues when they encounter difficulties." (Participant 3).

Another participant emphasised their role in crime prevention: "We conduct crime prevention programmes for our residents, educating them on safeguarding their belongings like cell phones and money. Recently, we've implemented a policy where private items such as clothes and blankets are no longer allowed to prevent losses, and everyone utilises clothing provided by the centre" (Participant 4).

Difficulties in socialising are frequently intertwined with deficits in social skills, which can manifest in the form of challenging behaviour, self-injurious tendencies and adjustment problems (Jacob, Edozi & Pillay 2022:1). Social workers are specially equipped to assist PWIDs in improving their social and coping skills. The participants' accounts underscore the pivotal role of skills training programmes within social work interventions, aligning closely with the ecological systems perspective. These programmes operate within a comprehensive framework, addressing not only the immediate needs of individuals but also considering their broader environmental context. By offering rights education, abuse prevention, crime prevention, and substance abuse awareness, these interventions recognise that individuals with intellectual disabilities exist within interconnected systems, including their family, community, and society (Birkenmaier & Berg-Weger 2017:25). Through such holistic approaches, social workers aim to empower and enhance the well-being of these individuals, acknowledging the interplay between the individual and their environment, as advocated by the ecological systems perspective (Teater 2014:3).

Some participants' responses indicated the importance of social justice for PWIDs utilising the skills of empowerment towards assisting marginalised groups such as PWIDs to access relevant information and be provided with an opportunity to participate in the programmes that will improve their social change and knowledge (Fassinger & Morrow 2013:70). Participant 6 highlighted the diverse range of programmes as follows:

"...we offer various programmes within the centre, including crime prevention, substance abuse awareness, educating individuals on their rights and responsibilities as PWDs and older persons."

The presentation of diverse programmes in residential care systems, as indicated in the response of Participant 6, aligns with social justice theory by promoting equity, fair resource distribution, the recognition of individual rights and responsibilities, consideration of intersectionality, and active community engagement. These efforts collectively contribute to the RCFs' commitment to advancing social justice and creating a more equitable society (Sabbagh & Schmitt 2016:7).

b. Community awareness programmes

One of the social justice responsibilities incumbents upon social workers is imperative to foster, is awareness concerning disability-related issues within the nation (Chitereka 2010:91). A considerable number of participants elucidated the implementation of awareness-raising initiatives, chiefly conducted through community outreach endeavours concerning disabilities. The following ensuing responses from the participants underscore the significance of these services:

"...the month of February, we have our awareness campaign where we share information with the community about our services. We also have community social workers who render services for people in the community. When they are out there, they are visible there, and we will have people calling that month and throughout the year wanting to know about our services..." (Participant 6)

"We are raising awareness of the rights and responsibilities for PWDs and elderly abuse prevention programmes, substance abuse, crime prevention, and victim empowerment; however, I am only responsible for substance abuse programmes; my other colleagues are responsible for other programmes." (Participant 7)

“...the schools with special needs have open days, so they invite us, and we will go on the parent’s day and tell them about our services so the parents can apply.” (Participant 10)

Social workers within RCFs operate under legislative guidance when implementing programmes for PWID. These social workers are expected to collaborate with various stakeholders, including NGOs, the Department of Labour, the Department of Social Development (DSD), primary educational institutions, and local government, to deliver community programmes that enhance the physical, spiritual, emotional, and social well-being of PWID, according to the Guidelines for the Licensing of Residential and Day Care Facilities for People with Mental or Intellectual Disabilities, 2017: Regulation 6(3) (South Africa. 2017).

During the 2018/2019 fiscal year, social workers from Gauteng DSD successfully reached 59,786 beneficiaries, both in community and residential settings, through awareness programmes that included disability prevention initiatives, as reported in the DSD annual report (DSD 2019:19). Additionally, these social workers rely on community referrals to provide residential facilities for PWIDs. To improve accessibility, they have proactively marketed their services and facilitated disability prevention programmes within the community, as outlined in the Gauteng DSD annual report (DSD 2019a:19).

4.3.3 THEME 3: PERCEPTIONS AND EXPERIENCES OF SOCIAL WORKERS RENDERING SERVICES TO PWIDs IN RCFs

The terms 'perceptions' and 'experiences' are used interchangeably in this context, acknowledging that perceptions refer to individuals' subjective mental interpretations and awareness of their surroundings and events shaped by sensory. Inputs, personal beliefs, biases, and experiences encompass the objective events or situations individuals encounter and engage with in their lives (Paulsen 2020: 862; Grobler et al.2013:21). In

this qualitative research, these terms are considered concerning the *perceptions and experiences of social workers working in a residential care facility*.

This overarching theme is further delineated by examining two distinct subthemes: positive and negative experiences of the social workers working in RCFs.

4.3.3.1 SUBTHEME 3.1: POSITIVE EXPERIENCES OF SOCIAL WORKERS WORKING IN RCFs FOR PWIDs

The research findings revealed the positive personal influence derived by the respondents from the nature of their profession. Positive experiences in this study refer to the aspects participants identified as 'rewarding' when rendering services to PWIDs. These positive encounters are the foundation for cultivating a sense of fulfilment and achievement, enabling them to effectively meet their job-specific expectations (Brown, Jerud, Asnaani, Petersen, Zang et al. 2018:452-463). Examining social workers' perspectives regarding their positive experiences in their work environment is essential in safeguarding the overall welfare of PWIDs (Ineland & Starke, 2022:436). This analysis seeks to elucidate the specific facets of their profession that social workers highly regard and the underlying motivations that drive their enduring commitment to their vocation. The subtheme concerning social workers' positive experiences and perceptions within RCFs can be subdivided into four categories. These categories encompass the following aspects:

- Family reunification facilitation and strengthening relationships.
- PWIDs' advancement through social work interventions.
- Engaging in effective teamwork with colleagues in RCFs.
- Embracing daily opportunities for continuous learning and growth.

a. Family Reunification Facilitation and Strengthening relationships

In RCFs, social workers play a pivotal role in investigating the reasons behind the abandonment of PWIDs, even when identification documents are lacking (Okafor et al. 2017:140). Despite challenges, their diligent efforts can reunite abandoned residents with their families, offering crucial emotional support. Research findings from Bonell et al. (2011:389) indicate that individuals with severely challenging behaviour and intellectual disabilities in residential care often have minimal contact with relatives, either due to strained relationships or for the service user's well-being. Social workers' dedication to RCFs can bridge the gap between PWIDs and their families despite obstacles, fostering emotional support and well-being for these individuals. Some participants' responses highlight their positive experiences of working with PWIDs as follows:

“Another positive experience is when I traced the clients' family members who were admitted as unknown. The excitement I observed from the families was that they would tell you that the client had gotten lost years back and thought they had passed away a long time before. That reunification process makes me smile, and I have achieved a lot. It is such a nice feeling to trace.” (Participant 8)

“I went through the process of tracing the family, you know, when the client can tell you that I am from this part of South Africa or this area, and you take that information and trace the family, it is very positive because I called the police station somewhere in Limpopo and gave them the information and through that information, there were able to trace the family of that client and the family came to the institution and fetch that client a very positive experience.” (Participant 9)

“...also managed to trace the family although the client is still in the institution, they have a good relationship and contact as they talk more often and another experience.” (Participant 10)

Participants' provision of services to families to enhance their coping skills and family functioning and strengthen their familial bonds has been widely acknowledged as a positive endeavour. According to McGarry et al. (2020:5), social workers are crucial in maintaining effective communication and contact between the residential facility, PWIDs, and their families following admission. This ongoing involvement of family members is considered an invaluable social resource for PWIDs and is consistently perceived as a positive aspect of the work of residential social workers (Zambrino & Hedderich 2021:2).

It is imperative to recognise that family members themselves require additional support to help them navigate the emotional challenges and ramifications associated with having a family member with an ID (Gxotelwa 2021:104). This support benefits the family members and contributes to the overall well-being and rehabilitation of PWIDs. PWID finds it easy to live an everyday life if proper support is available. One of their essential needs is to fully meet lifetime support requirements to achieve an acceptable quality of life (Mckenzie et al. 2013a:481). Services rendered to families and PWIDs in the context of social work interventions reflect the intricate web of relationships and influences depicted by the ecological systems theory (Ahmed et al. 2017:49). By acknowledging and addressing the needs of PWIDs and their families at multiple system levels, social workers can strive to create a more supportive and inclusive environment for PWIDs.

b. PWIDs advancement through social work intervention

Kavaliauskiene and Rimkuvieniė (2017:154) postulated that PWIDs often possess limited capacity to acquire new skills and encounter incredible difficulties adapting to unfamiliar situations. Therefore, the effectiveness of the intervention is intrinsically linked to the communication environment and the emotional elements inherent in the social worker's interactions (Kavaliauskiene & Rimkuvieniė 2017:154). Hence, the willingness of social workers to employ empowerment techniques, understand the values associated with these methods, and identify the determining factors is of utmost significance (Kavaliauskiene & Rimkuvieniė 2017:154).

Most of the participants in the RCFs reported positive experiences related to their interactions and interventions with PWIDs. These positive interactions encompassed various aspects, such as helping these individuals to accept their admission into the facility and providing interventions to address emotional challenges. These interactions had a profound impact on both the residents and the social workers involved. A participant's response expressed a sense of fulfilment in this work, noting how participants' interventions could help individuals who had lost hope in life regain a sense of purpose and responsibility as follows:

"...because of my interventions, it is a nice feeling admitting someone who has already given up in life, and through my therapeutic session, I see change, and they start accepting the situation and taking responsibility for their life and living normal again."
(Participant 11)

Participants described how they witnessed changes in PWIDs who initially exhibited behavioural issues. Through counselling, these individuals transitioned from showing negative emotions to experiencing positive ones and adopted a more favourable attitude. The following participant's response emphasised the positive impact of counselling.

"...solving skills here, and they became happy again and saw a change in them. Seeing change also makes me happy, as some come with behavioural problems. As you counsel them, the behaviour changes because we have those who are bullies and those who are depressed. As we provide counselling, we see them changing negative emotions to positive ones with a good attitude. So, seeing them happy is my positive experience and..." (Participant 3)

Another participant's response highlighted the satisfaction of assisting new admissions in adjusting to their new environment. Some of these newcomers initially felt depressed about being in the institution, but through counselling sessions offered by the social worker, they started making friends and embracing their new surroundings.

“Wow, the positive experience, I can say, is when I helped the new admissions staff accept and adjust to the new environment, and the process became a success because some of the clients felt depressed to be in the institution. As a social worker, you became excited as you saw the new admission adjusting, making friends and accepting the new environment after the counselling sessions you offered.” (Participant 8)

The social justice theory has shown that when PWID are treated fairly and with dignity, they are likely to gain their power back and be empowered to be in control (Taylor et al. 2017:48). The primary aim of social justice is to recognise the marginalised group such as PWID and work towards social change that will result in the redistribution of power and resources (Fassinger & Morrow 2013:75).

c. Engaging in effective teamwork with colleagues in RCFs

Teamwork is regarded as vital among all colleagues providing services to PWIDs in a residential care facility. Effective social work practice often occurs within a multidisciplinary context where professionals from diverse backgrounds come together to address complex social issues and improve the well-being of service users (Kirst-Ashman 2017:423). Collaboration, open communication, and teamwork are essential to achieving positive outcomes in this context. Interprofessional collaboration is progressively regarded as a critical element in the work of social workers (Ambrose-Miller & Ashcroft 2016:101; Lev & Ayalo 2016:1319). A positive collaboration among colleagues in a facility has been reported to effectively bring different professions together to establish and determine the appropriate treatment and interventions for the residents (Gxotelwa 2021:99). Social workers are involved in intra-service delivery (within their organisation) and inter-service delivery (with other organisations or role-players) (Ineland & Starke 2022:441). Positive experiences in these interactions contribute to employee satisfaction.

The following storylines below described the positive experiences of participants working in a multi-professional team:

In our facility, even if you are a social worker, cleaner, or whatever staff, we all have to ship in their roles and assist you in knowing how to take care of the clients, so teamwork makes things happen.” (Participant 11)

“We are the staff members who support one another, and important, I think, where the multi-professional team comes in, like you know, I have learnt a lot from them what I know about medical staff I learnt from them.” (Participant 6)

Within ecological systems, the mesosystem supports the interactions among the professionals in a residential care facility and is regarded as an effective system for addressing the needs of the residents and determining suitable services that can benefit them (Gxotelwa 2021:77).

d. Embracing daily opportunities for continuous learning and growth

Most participants providing services to RCFs have experienced personal growth in developing their skills and knowledge while working with PWIDs. Personal development can be understood as the outcome of tapping into one's potential through the exploration of possibilities and the seizing of opportunities for self-improvement (Johns 2012:21). It is an inherent aspect of human nature for professionals to seek personal growth and continually strive to enhance themselves (Naslund 2015:60). Among the participants providing services in RCFs for PWIDs, one of the noteworthy positive experiences is the sense of personal growth and fulfilment they derive from their work in social services. This highlights the profound connection between individual growth and a deep understanding of pride (Naslund 2015:67) and confirms participants' experiences expressed as follows:

“...the positive thing I can say I am learning every day is that every time I engage with the clients, I am not an expert; I am also learning from them and their condition, and they are also learning from me. Working with PWIDs has been a good practice since I started working here. I have learnt a lot; I do not know if I should break it up. [laughing].” (Participant 1)

“You get to learn more about the different disorders, disabilities, their characteristics, behaviours and so on. You get more insight into different conditions and know how the person with the condition behaves.” (Participant 5)

Working within the social work profession and serving individuals with intellectual disabilities (PWIDs) presents unique challenges that require more persistence and adaptability than working with other segments of the population (John & Schrandt 2019:733). However, it is also a highly positive experience, offering social workers a distinctive opportunity to learn about PWID conditions, related disorders, their characteristics, and behavioural patterns. This enriching experience allows social workers to hone their skills and contribute to the well-being of PWIDs (John & Schrandt 2019:724). Providing services to PWIDs enables social workers to become well-versed in a wide range of conditions, fostering an inclusive and open approach not only towards PWIDs but also to related cognitive conditions, such as autism, cerebral palsy, and Down syndrome (John & Schrandt 2019:733). This comprehensive exposure enhances their ability to provide adequate support and care to clients.

Working in a residential care facility for PWIDs is a challenging yet rewarding journey. It requires social workers to understand various aspects, including different levels of social work practice, legal considerations, and the facility's operational intricacies (Young 2017:158). This multifaceted role requires continual learning and adaptation.

In the context of the ecological systems theory, which emphasises the natural ability of human systems to adapt and maintain balance (homeostasis) (Newell 2020:67), this study reveals that social workers providing services to adult PWIDs in residential facilities undergo significant adjustment and learning. The microsystem within the ecological systems plays a vital role in influencing a person's psychological development and behavioural changes through interactions during contact with another system (Crawford 2020:2). The interaction of social workers in the RCFs with other systems daily provides them with an opportunity to develop and grow. The type of interaction that has an impact

includes direct experiences such as daily face-to-face contact with colleagues and PWID (Crawford 2020:2).

4.3.3.2 SUBTHEME 3.2: NEGATIVE EXPERIENCES OF SOCIAL WORKERS WORKING IN RCFS FOR PWIDs.

The study reveals a spectrum of harmful and adverse experiences and perceptions of social workers working in RCFS for PWIDs, which can be categorised into six distinct areas or categories. These categories encompass instances of client mistreatment within their families and the broader community, limited availability of suitable placements for clients, challenges associated with working with non-compliant and demanding clients, clients who exhibit little or no improvement despite intervention efforts, difficulties in locating clients' families, and the presence of unrealistic expectations from the families of clients. The participants in the study have shared their perspectives on these negative experiences, and this subtheme subsequently delves into the details of these accounts.

a. Persons with intellectual disabilities abused by family and community

PWIDs often face mistreatment within their families and the broader community. The participants in the study have provided insights into such distressing incidents as part of their negative experiences. It is noteworthy that PWIDs, on a global scale, are among the most marginalised and disadvantaged groups, with an alarming prevalence of abuse stemming from their own families and the wider community (Bigby et al. 2017:1). The participants expressed this along the following lines:

“Most of our residents experienced abuse before admission. You find that they have been locked in the house alone while the other family members are at work, other they are financially abused, you find the family is taking all their grants and not use them for the client’s needs ...” (Participant 1)

“... some we admit them before others so that we can remove them from the abusive environment and remember PWIDs most of them act like children you find that they are also sexual or physically abused in the community.” (Participant 3)

“...residents will want to visit home so badly, and the family be not so interested in having them at home, it becomes a challenge to me as I do not know what to say to the resident how do you tell someone that your family does not want you as it can worsen their condition so I have to lie and say they are busy or at work just to protect them from being hurt and another negative experience is to see them also suffering in the institution”. (Participant 5)

I sometimes feel like we are exposing them...” (Participant 6)

PWIDs are frequently exposed to various forms of abuse, encompassing sexual, emotional, and financial maltreatment (Lund 2021:78). While this risk is generally present among different disability types, individuals with intellectual and developmental disabilities face an even greater risk for it (Lund 2021:78). As participants alarmingly indicate, a significant portion of these abuses is inflicted by their own families and members of their communities. Social workers tasked with providing services to PWIDs often encounter the challenging reality of caring for individuals whose own families have been neglected and, in some cases, continue to face neglect even after admission to care facilities. These experiences, as expressed above by the social workers in this study, are identified as negative experiences that may complicate their roles and adversely impact their productivity.

The existing body of literature supports these findings, underscoring the vulnerability of PWDs, including PWID, to physical, emotional, and financial abuse (Strydom 2015:388). Particularly concerning are the incidents of physical assaults occurring within the home environment and care facilities and the misappropriation of disability grants (Strydom 2015:388).

Furthermore, families often grapple with financial constraints when caring for PWIDs, leaving them in precarious situations. Many families heavily rely on government grants for their basic survival needs, such as food and household expenses. Consequently, they may resort to utilising disability grants to meet these fundamental family needs, inadvertently neglecting the specific requirements of the PWID (Strydom 2015:388). This abuse encompasses neglect and financial exploitation by families, particularly before admission. Family members failing to meet the basic needs of residents and utilising their resources, such as disability grants, selling their homes, or mismanaging their finances without consent, are prevalent forms of abuse experienced by PWIDs (Hirt, Adlbrecht, Heinrich & Zeller 2022:1-2).

Social workers face considerable challenges in addressing these issues and ensuring the well-being of PWIDs (Birkenmaier & Berg-Weger 2017:25). Addressing these systemic challenges requires a multi-faceted approach involving social support, legal protection, and community awareness to safeguard the rights and dignity of PWIDs and prevent their continued mistreatment. Social workers bear a significant responsibility within the social justice framework when addressing the abuse of PWIDs (Kam 2014:724). This responsibility aligns with the core principles of social justice, which are centred around fairness, equity, and protecting vulnerable populations. The practice of social justice in social work primarily encompasses a range of activities, with advocacy at its core. These activities include empowering clients through consciousness-raising, skill enhancement, and resource development. They also involve community education and mobilisation, legislative and media engagement, active participation in social movements, rigorous policy analysis and formulation, intervention in cases of violence, promotion of diversity, and the creation of and assessment of programmes (Birkenmaier & Berg-Weger 2017:25)

b. Difficult and non-compliant PWIDs

Most responses of the participants working within residential facilities encounter negative experiences in managing adult PWIDs who exhibit challenging behaviour. Challenging behaviour can be described as actions or conduct that pose a potential risk to the individuals displaying the behaviour or those in their vicinity (Gallagher, Barr & Taggart

2014:1). Several factors contribute to residents' not complying with RCF's rules. The study by Lee et al. (2022:69) revealed that 77% of PWIDs residing in such facilities exhibit more than five comorbidities, which may influence their challenging behaviour. The adjustment difficulties experienced by some residents in adapting to the novel environment and daily routines within the facility have been reported as factors that can contribute to behavioural issues (Sun et al. 2021:11). Participants expressed themselves as follows in this regard:

"Then with the negative experiences when working with people with the lower functioning abilities and higher functioning intellectual abilities, there is always going to be a misunderstanding and fights, you know, there is a lot of frustrations ..." (Participant 5)

"Sometimes they throw us with the stones, they fight, they are very dangerous like they are uncontrollable, and they become a danger to other residents and us as staff." (Participant 7)

"Our residents can be violent, and one thing they can be rude, they can swear at you, so you need to understand them. You need to understand how each one..." (Participant 8)

The findings of this study underscore the difficulties experienced in managing adult PWIDs due to the manifestation of problematic behaviour, notably violent tendencies, which are often attributed to their lower level of functioning. Consequently, the social workers who participated in this study have identified these behavioural issues as significant negative experiences, as they compound the complexities of their profession when PWIDs resist complying with the facility's rules. Within residential facilities, adult PWIDs have been observed to exhibit behaviour characterised by uncontrollability, including aggression, self-injury, and destructive conduct (Zambrino & Hedderich 2021:2). The study's findings regarding PWIDs residing in such facilities confirm that 28.2% of incidents can be attributed to uncontrollable behaviour specifically among adult PWID (Zambrino & Hedderich 2021:2). Additionally, research conducted by Smith, Baksh, Hassiotis, Sheehan and Ke et al. (2022:1) further substantiates the prevalence of

aggressive behaviour among PWIDs, with approximately one-quarter of this part of the population displaying behaviour such as damaging property, physical violence, and various forms of verbal and sexual aggression.

Supporting individuals with challenging behaviour and mental health issues in community residential settings is crucial. Yet identifying the most compelling features of these services and the required supports remains to be seen (Gallagher et al. 2014:1). This lack of clarity can result in duplicated costs from hospital admissions and negatively impact the quality of life for clients who view these facilities as their homes. Adequate support necessitates a workforce with positive attributes, understanding, and confidence in their skills (Gallagher et al. 2014:1). Staff attributions regarding the causes of challenging behaviour, their emotional reactions to it, their self-confidence in managing it, and factors related to the care environment, all play pivotal roles in service effectiveness for individuals with challenging behaviour and mental health problems (Gallagher et al. 2014:1). Addressing these factors is essential to improve care for this vulnerable population in residential settings (Gallagher et al. 2014:3).

c. Difficulty in locating family and limited family engagement

Failure to find the residents' family members has been a negative experience for social workers working in RCFs. Some residents do not have any contact with families while they are institutionalised in the facility. The absence of contact with family members has been reported to impact residents' mental health significantly, and their cognitive functioning is likely to deteriorate (Correia, Martins, Barroso, Valentim, Fonseca et al. 2022:7). Participants described their negative experiences relating to locating of the family when residents passed away, as follows:

“The negative experiences I do not even feel proud to talk about, but when the destitute passed away, especially the ones from outside the country, they had to stay in the mortuary for more than four while we were trying to locate his family through interacting

with embassy because we are not allowed to bury without exhausting all the effort of locating their families.” (Participant 8)

“I also do crisis intervention mostly when the unknown or foreign residents pass away, and we need to trace the family and arrange the state funeral when there is no family.” (Participant 10)

The study uncovered that one of the responsibilities of the participants within the residential care facility was to track down family members of PWIDs. Furthermore, a quarter of the social workers in this study responded that they experienced difficulties locating family members on multiple occasions. The researcher found no studies supporting the social worker's role in RCFs for PWIDs. The study's findings shed light on a previously undocumented aspect of social work in RCFs for PWIDs in South Africa. Social workers' challenges in tracking down family members emphasise the need for further research and consideration of this unique role within social work to improve the care and support provided to PWIDs in such facilities, which were described as follows by participants:

“Moving to the negative experiences that have also disturbed me is when the family members dump the clients in our care facility and refuse to come and visit or refuse the client to come and visit them at home.” (Participant 9)

“They also dump the clients in the facility so that when we call them to say it's a family day, they do not come.” (Participant 11)

In the study by Jazieh, Volker, and Taher (2018:35), it was proposed that there are instances when family members decline involvement in the lives of residents, fail to show up when expected to participate in critical decision-making about residents and are conspicuously absent. The ecological systems perspective emphasises the significance of residential social workers comprehending the family structure. Families are recognised as vital support systems for residents, and their level of connectedness is essential in

aiding residents in effectively managing life challenges and responding positively to stressors (Young 2017:153). Understanding and actively involving families in residents' care and decision-making processes in residential settings are essential to holistic support (Villaescusa, Martínez-Rueda & Fernández 2021:2).

4.3.4 THEME 4: CHALLENGES FACED BY SOCIAL WORKERS WORKING IN RCFs

This overarching theme can be viewed through the ecological systems theory, which examines PWIDs and their interactions with their environments within various systems. Within this context, the theme is divided into three interconnected subthemes with multiple categories that shed light on the challenges faced by social workers serving PWIDs and their families and the organisational dynamics at play (Kamenopoulou 2016:516). The three interconnected subthemes offer a holistic perspective on the challenges social workers face as they navigate the complex terrain of serving PWIDs and their families while contending with organisational dynamics (Kamenopoulou 2016:516).

4.3.4.1 SUBTHEME 4.1 CHALLENGES OF SOCIAL WORKERS REGARDING SERVICE DELIVERY TO PWIDs IN RCFs

This subtheme is subdivided into four categories: challenges in information retention and compliance of PWIDs, communication barriers, romantic and sexual relationships amongst PWIDs, and managing challenging behaviour of PWIDs. Kwanisai (2014:3) refers to a challenge as stimulating a person by testing their strength, skill, or ability. This implies that the work situation makes it difficult for people to use their talents and skills to execute their duties. Challenges are obstacles or problems individuals, organisations, or societies encounter while striving to achieve specific goals or objectives.

a. Challenges of information retention and compliance of PWIDs

The statements of participants that follow highlight a significant challenge faced by social workers in RCFs when working with PWIDs, namely that of information retention and compliance with PWIDs. These individuals may require repetitive reminders and

reinforcement of rules and instructions, akin to children, despite prior instructions or warnings. This persistence in repetitive behaviour can frustrate social workers and affect the facility's daily operations and service delivery. Like the general population, PWIDs require social relationships and peer interactions for their overall well-being and quality of life (Nankervis et al. 2020:58). Their limited social and communication skills hinder their participation, autonomy, empowerment, and inclusion in social activities both within and outside their homes (Nankervis et al. 2020:58).

“As I have indicated, you need to tell them the same information several times, children, you tell them you do not go there do like this and tomorrow, they will be doing the very same thing.” (Participant 2)

“...of how often you tell them not to do so or sit at the back. So, they must be reminded every day of the dos and don'ts...” (Participant 5)

The provided quotes and additional information highlight the challenges faced by PWIDs in understanding and following instructions and their social interactions. The two above quotes by participants 2 and 5 illustrate how PWIDs may struggle with retaining and applying information, even if they are repeatedly told what to do or not do. This highlights the need for consistent reminders and reinforcement of rules and instructions to ensure their safety and well-being. PWIDs often exhibit difficulties in social interactions, including a lack of social reciprocity, poor eye contact and facial expressions, limited use of nonverbal cues and gestures, and struggles maintaining peer relationships. These challenges in demonstrating social skills tend to persist across various situations (Jacob, Edozie & Pillay 2022:2).

Study findings on challenges of caring for PWIDs confirm the fact that PWIDs get frustrated when they think that their needs are not adequately met or if they are feeling ignored or misunderstood by healthcare and social service professionals (Truong, Alverbaratt, Ekstrom-Bergstrom & Antonsson 2021:2). They express their frustration through engaging in challenging behaviour such as not complying to the facility's rules

and daily schedule for activities, not following instructions, refuse medical and social work services and engage in dangerous activities in the residential care setting (Truong, Averbratt, Ekström-Bergström, & Antonsson 2021:2).

b. Communication barriers

Communication barriers have been identified during interactions between social workers in RCFs for individuals with intellectual disabilities (PWID) and the residents. These barriers are attributed to the residents' diverse impairments, including hearing, visual, and cognitive impairments (McGarry et al. 2020:8).

The following responses of participants highlight the communication barriers which impact the rendering of social work services:

“Clients that are not aware of their surroundings, and some of them are bedridden. It is a challenge to work with PWIDs; sometimes, they cannot even communicate back to you or talk without making any sense. Even as a social worker, it becomes difficult to understand what they are trying to communicate as if I cannot make sense of the conversation.” (Participant 1)

“Communication is a big challenge; the residents are not familiar with sign language, and as a counsellor or social worker, I am not familiar with the sign language. I have a client who communicates through a board. I can see she taps too fast, and I won’t understand. I can’t make sense when she starts tapping “H.” She is already done tapping when I try to make sense or write down the word, so communication.” (Participant 4)

“...the communication, communication in terms of communicating with our residents some they are unable to communicate like to verbalise their issues due to the nature of their disability mostly they have speech problems, and we cannot clearly understand their words some they will write down what they want but other they have speech impairment

also physical disability they cannot write and worse scenario some they cannot write due to illiterate and have no educational background.” (Participant 7)

Existing research on social work practices with PWIDs has consistently highlighted the challenges professionals face in communication, which may significantly impact service delivery. Most PWIDs are reported to contend with speech impairments, rendering them unable to convey their thoughts verbally or to comprehend language effectively (John & Schrandt, 2019:732). These findings align with the observations made by Howes (2019:10), who also emphasised that PWIDs encounter communication difficulties primarily stemming from speech-related issues, impeding their capacity to comprehend communicated information. Consequently, their ability to express their needs, form social connections, and exchange information is significantly restricted (Howes 2019:10).

This study has additionally brought to light that PWIDs residing in RCFs often lack access to therapeutic facilities, such as counselling, due to communication barriers. Some PWIDs are reported to face challenges in written communication, either due to physical disabilities affecting their eye-hand skill or a lack of formal education. Effective and clear communication is a fundamental skill in social work. Yet, its full realisation appears to be hindered when serving PWID, as social workers are frequently reported to encounter difficulties in comprehending or effectively communicating with members of this part of the population (Truong, Averbatt, Ekström-Bergström & Antonsson 2021:2). Rendering social work services in RCFs certainly has its challenges, as social workers are frequently faced with the inability to have a mutual understanding with the PWIDs and on some occasions they must communicate or send the same information several times through to develop an account. This category has shown that poor communication significantly impacts people’s understanding of what has been said.

When working with PWIDs, social workers are expected to provide services that align with the principles of social justice. This entails facilitating effective service delivery that enhances all residents' potential to comprehend and feel understood (McGarry et al. 2020:8). Social justice, as a multidimensional concept, emphasises an individual's right

to access not only material resources but also nonmaterial resources, including life's chances and opportunities to participate fully in society (Taylor et al. 2017:47). In this context, social workers are tasked with striving for social change that involves redistributing power and resources to level the playing field, ensuring equal life chances, and addressing inequalities that have left some individuals underserved (Taylor et al. 2017:48; Fassinger & Morrow 2013:75). This commitment to social justice extends to PWIDs deprived of communication opportunities due to various impairments. Social workers within these facilities should, in line with the principles of social justice, assess the needs of PWIDs and allocate appropriate resources to alleviate communication barriers, thereby fostering a more equitable and inclusive environment.

c. Romantic and sexual relationships

Various participants have expressed differing perspectives on permitting PWIDs to pursue romantic relationships. A significant challenge revolves around striking a balance between allowing PWIDs to lead everyday lives by engaging in romantic relationships and addressing potential risks associated with these relationships. Some participants have advocated for forbidding PWID from engaging in sexual activities while they are admitted to facilities, citing concerns about unwanted pregnancies and the risk of sexual assault. However, a significant obstacle this study highlights is the absence of effective strategies or methods for social workers or facility management to oversee and ensure that proper consent is obtained in these romantic relationships. This challenge arises because some PWIDs may lack the capacity to provide informed and voluntary consent for sexual activities.

The issue of permitting PWID in RCFs to engage in romantic relationships is complex, with divergent opinions among participants. Balancing the desire to allow PWIDs to have fulfilling personal lives with the need to safeguard their well-being and rights remains a significant challenge in healthcare facilities and broader society. Further research and the development of clear guidelines and support mechanisms are necessary to address this

issue effectively and promote the rights and well-being of PWID in romantic relationships. The following participant accounts enlighten this category:

“I think the most challenging is the surrounding relationships like friendship and romantic relationships, educating them on safe sex and making sure that there is no client that is taking advantage of client because there is no way to moderate who is lower functioning and who is low functioning a consent became something very complex how to determine if consent was given and also can be given or like I do not know if you understand by consent became an issue...” (Participant 9)

“Dating is not allowed, but because of nature, there are some ways to have sexual intercourse, and one will become pregnant and after being pregnant it the problems as they cannot take care of themselves then you can ask themselves how they are going to manage to take care of their babies, so it ends up being the responsibilities of their parents to take care of their babies.” (Participant 11)

“...thing that we struggle with that is a challenge is that they are still human and mostly you find out that they are sexually active, so they want to have relationships they want to engage in sexual activities and once they get exposed one way or the other they became uncontrollable, become possessive, obsessed with each other and then it much range of problems that we have to deal with after...” (Participant 7)

Research conducted by Muswera and Kasiram (2019:203) supports this study's findings with their study findings on the perceptions and misconceptions surrounding the sexuality of PWIDs residing in residential settings in Kwazulu-Natal. The results of this study reveal a concerning array of misconceptions that significantly impact how PWIDs are viewed and treated in terms of their sexual expression and relationships. One prominent misconception identified is the tendency to infantilise PWIDs, which restricts their ability to express their sexuality. This misconception manifests in the belief that PWIDs are asexual or overly sexual, denying them the agency to engage in healthy and consensual sexual relationships (Muswera & Kasiram 2019:203). Additionally, these misconceptions

extend to the assumption that PWIDs do not require romantic relationships or love, especially from non-disabled individuals. Such beliefs perpetuate the marginalisation of PWIDs, thereby further stigmatising their pursuit of meaningful partnerships, including marriage and parenthood (Muswera & Kasiram 2019:203).

The marginalisation of PWIDs in this context is exacerbated by the absence of clear and comprehensive sexuality policies within residential facilities (Muswera & Kasiram 2019:203). This void in policy frameworks is compounded by inadequate sexual health education programmes, leaving PWIDs without essential knowledge and support for navigating their sexuality. Furthermore, issues related to privacy within these facilities hinder individuals from freely expressing their sexual desires and preferences.

Research findings of McKenzie et al. (2014:50) in Cape Town concerning adult PWIDs residing in residential facilities yielded noteworthy findings. Among the facilities that participated in the previous study titled “Residential facilities for adults with ID in a developing country: A case study from South Africa”, 27 had policies that explicitly prohibited any form of sexual behaviour (McKenzie et al. 2014:50). Conversely, research confirmed that only 10 of these facilities had officially sanctioned sexual behaviour but under specific compulsory conditions (McKenzie et al. 2014:50). These conditions encompassed requirements such as being married or in a committed relationship, obtaining parental consent, engaging in a committed relationship, and having received formal sex education (McKenzie et al. 2014:50).

The social justice theory emphasises the importance of ensuring that all individuals have equal access to resources, opportunities, and rights (Birkenmaier & Berg-Weger 2017:25). In this context, the absence of clear and comprehensive sexuality policies within residential facilities creates a situation where PWIDs may not have equal access to information and support related to their sexuality compared to others in society. This lack of equal access to sexual health education and support perpetuates marginalisation. Social justice theory also focuses on the equitable distribution of resources and benefits within society. The absence of comprehensive sexuality policies and inadequate sexual

health education programmes represent a failure in distributing essential resources to PWIDs (Kam 2014:728). This lack of distribution can further marginalise this group by denying them the resources to make informed decisions about their sexual health.

The social justice theory emphasises the importance of respecting the fundamental human rights of all individuals. Issues related to privacy within residential facilities, which hinder individuals from freely expressing their sexual desires and preferences, can be seen as a violation of the right to privacy and the right to make autonomous decisions about one's body. This violation of rights exacerbates the marginalisation of PWIDs by denying them the ability to exercise their autonomy (Kam 2014:724).

d. Managing challenging behaviour

The challenges facing participants in this endeavour are intricately linked to and prominently accentuated within the realm of one of the negative experiences of social workers indicated while delivering services to non-compliant and difficult PWIDs (Subtheme 3.2, category b). The following accounts reflect the participants' responses about it:

“The negative one is that when they became severely in an intellectual challenge like a serious mental illness, they became uncontrollable, they became violent, they bully others, they fight with others, they break windows sometimes we do not know how to deal with them. We try to calm them down and see if the behaviour continues.” (Participant 3)

“...she is physically fit and has assaulted the other residents and has assaulted staff, you know, so sometimes even our lives are in danger, and we are not equipped to handle someone who will be running after you with the knife like we do not know what to do, do we restrain them and are we allowed to do that, if we restrain them is it not going to be classified as an abuse.” (Participant 4)

“And our clients are very short-tempered and impatient also.” (Participant 8)

The participants' responses indicated that some PWIDs have behavioural disturbances that pose risks to themselves and others. Additionally, reports have suggested that they exhibit adverse emotional states, notably anger and aggression, directed towards facility staff and fellow residents. Many adult PWIDs residing within RCFs have been observed to grapple with behavioural challenges that prove exceedingly challenging for the caregiving staff to manage effectively (Howe 2019: 58). This predicament further exacerbates the capacity of PWIDs to engage in social interactions with their co-residents.

Challenging behaviour encompasses a broad spectrum of actions that can harm the individuals exhibiting them and those in proximity, including healthcare professionals. These behaviours include aggression, self-injury, non-compliance during care, persistent screaming, and excessive restlessness (Truong et al. 2021:2). Professionals working with PWIDs frequently encounter challenging behaviours, often struggling to manage them effectively. (Truong et al. 2021:2). Inability to address problematic behaviour in the desired manner can lead to stress, fear, anger, and a sense of helplessness among healthcare professionals in residential settings, potentially increasing the risk of burnout (Panicker & Ramesh 2019:14). Consequently, professionals may resort to ineffective coping mechanisms, such as avoidance, which can negatively impact their interactions with PWIDs, compromising the quality of care they provide (Leoni, Alzani, Carvevali, Cavagnola, Chiodelli et al. 2020:215).

A study conducted by Schulte, Guerin, Schill, Bhattacharya, Cunningham et al. (2015:31) focused on the well-being of employees in the public domain workplace. The authors emphasised the importance of well-being for all in work environments, prioritising safety as it directly impacts the quality of service delivery.

Social workers are confronted with considerable difficulties in their efforts to help PWID within these facilities (Leoni et al. 2020:215). These individuals are described as possessing either limited comprehension or a complete absence of awareness

concerning their immediate surroundings. Moreover, instances of property vandalism and threats of harm directed at staff and fellow residents have been reported, adding to the complexity of their care and management.

4.3.4.2 SUBTHEME 4.2: CHALLENGES RELATED TO FAMILIES OF PWIDs

This subtheme is subdivided into two categories: the difficulties in locating the families of the PWIDs and family cooperation with social workers. Social workers in residential facilities are expected to serve the residents' family members. From an ecological systems perspective, social workers in residential facilities must consider and navigate these different levels of complexity to provide comprehensive and effective services to PWID residents and their families.

a. Locating family members of PWIDs

The aim of locating family members of PWIDs is to integrate and offer support services to them to improve self-reliance and promote well-functioning families after the admission of their loved one in the facility, as described in the White Paper on Families in SA (DSD 2013:61). This category overlaps with Theme 2 category c. where one of the negative experiences of the participants were the difficulties in locating family members of PWIDs. The following accounts of participants substantiate this category:

“The communication problem impacts failure to trace the family members of the needy client. A person was found in the street not knowing where they stay, or they got injured and sent to the hospital unconscious, and when they wake up, they have memory loss and cannot recall their background.” (Participant 4)

“Working with destitute clients as we have to deal with someone we do not know where they come from or no background so it a serious challenge even, we are trying so hard to deal or to address it, but it hard to deal with clients who do not have families.” (Participant 10)

“Having residents who do not have families in the centre, so the main challenge is foreign national residents it is not easy to reunify them with their families, especially after their death it not easy to locate their family, and that is hindering our services...” (Participant 11)

The challenges social workers face in RCFs for PWIDs revolve around the difficulty of locating families, mainly when dealing with individuals with cognitive impairments and low functioning. These challenges are exacerbated in cases of undocumented foreign clients, damaged family relationships, and the absence of replacement caregivers (Zambrino & Hedderich 2021:4; Mkabile et al. 2021:2). Despite the social workers' best efforts, reunification with families can be hindered by these complex factors, sometimes also leading to the need to arrange pauper burials for residents who lack familial support. A significant challenge arises when working with undocumented foreign clients among the PWID population. In these cases, social workers face the daunting task of reunifying clients with their families, which becomes highly challenging due to the failure to trace the client's family members. The study conducted by Mkabile et al. (2021:2) added that the movements of family members during political struggles in different countries may have contributed to their absence, making relocation efforts even more complex.

b. Family cooperation with social workers

The following responses of participants highlight their challenges in assisting the families of PWIDs:

“OK, it differs with families. Some families are very involved, and some families cannot handle taking care of the person anymore, so due to frustration that's present in the family, they will say they will come and visit the client. Still, I think due to emotional reasons, sometimes they just come and leave them here, and we never hear from them again.” (Participant 1)

“Another challenge is dealing with conflict within the families fighting for SASSA grants. Others would want to discharge them while they have no means to care for them.”
(Participant 6)

The first challenge relating to the families’ cooperation with the social workers revolves around the varying levels of family involvement in the care of PWID residents. Some families are highly engaged and supportive of their loved ones, whereas others limit their contact, and some family members terminate any communication with their family member with an ID. This challenge reflects the diverse range of family dynamics when PWIDs change from living in their family homes to residential facilities, leading to a significant shift in responsibilities and relationships (Zambrino & Hedderich 2021:7). This shift not only affects the service user's relationship with residential staff but also impacts the interaction between residential staff and the person’s family members (Doody 2011:46). In study findings; researchers emphasised the significant role of engaged family members due to their shared history, which facilitated a deeper understanding of their family members with ID (Kruithof, Willems, Nieuwenhuijse & Olsman 2022:7). Consequently, they felt a heightened sense of responsibility toward clients lacking family involvement (Kruithof et al. 2022:7). Consequently, navigating and negotiating the evolving relationship and collaboration between family members and staff within the residential settings become crucial (Tournier et al. 2021:349). This negotiation process is essential for ensuring the well-being and practical support of PWIDs as they adapt to their new living arrangements (Zambrino & Hedderich 2021:7).

The second challenge is family conflicts over access to SASSA (South African Social Security Agency) grants. Some family members may want to discharge PWID residents from the facility to access these grants, even when they cannot provide proper care outside the facility. This challenge exposes the intersection of economic and caregiving issues within families. It emphasises the need for clear policies and ethical guidelines within RCFs to ensure the best interests of the residents are prioritised. Study findings in Kelly's report (2018:7) regarding *“The Influence of Disability-Related Cash Transfers on Family Practices in South Africa”* stated that given the extent of unemployment, disability

grants are the only source of household income for some families. When PWIDs transition to a residential care facility, the grant is relocated to the specific facility, leaving family members without payment. Kelly (2018:10) postulated the following regarding financial abuse of family members towards a family member with an ID: “Social workers and nurses from two hospitals also shared anecdotes that indicated that kinship support of sick and disabled people was strongly tied to the potential for grant income.”

This financial abuse of PWIDS highlights the importance of social workers advocating for PWID residents' well-being and long-term stability, even when family conflicts and financial pressures come into play.

4.3.4.3 SUBTHEME 4.3: ORGANISATIONAL CHALLENGES OF SOCIAL WORKERS RENDERING SERVICES TO PWIDS

This subtheme is subdivided into five categories: personnel shortages, insufficient equipment resources, interpersonal staff challenges, funding deficiencies, and inadequate compensation.

a. Personnel shortages

Research findings on long-term care in the United States have affirmed that most facilities operate with a lack of staff personnel being inadequately compensated and a deficiency in essential resources (Gutterman 2023:16). The following excerpts from participants' responses confirm this:

“If I need to take a client to Home Affairs, they expect me, being pregnant like this, to push that client in a wheelchair, with ID because there is no nurse who can accompany me for that trip, so it challenges you to decide not to go but you will be disadvantaging the client and if I push the client I will harming myself as a pregnant woman and from our job description again we are not supposed to push client as we need an escort when going with the clients.” (Participant 2)

“Yes, yes, but we need more nursing staff because of a shortage of nurses. It also affects the social work service delivery; we won’t be able to frequently attend our MDT meeting screening and assessment, which means we will be stacked with a waiting list, and again, some of our residents cannot travel with only social workers for them to get services, we need an escort of nurses when going to home affairs, when taking a client at home or when we are having programmes outside the centre most of our residents are on nappy, need to be feed and taken care like small children so as a social worker I cannot perform those duties.” (Participant 3)

“For adults, we can accommodate 126; we are only two social workers and the social auxiliary worker (SAW). You can already see the ratio is too high; if we are three with the SAW, one person is to 50, you see the ratio already high.” (Participant 5)

Participants' responses highlighted that every residential care facility catering for PWIDs is mandated to have adequately qualified nursing staff. However, they pointed out that a notable shortage of nurses has been identified. Nursing personnel should reportedly be more appropriate for social work services, given that social workers are expected to collaborate with nurses in carrying out specific responsibilities. Consequently, the need for more nurses also hampers the delivery of social work services. Social workers who assist adult PWIDs in RCFs must participate in multidisciplinary teams. They engage in a collaborative assessment process before admitting a new client and subsequently devise strategies for addressing the needs of PWID. This implies that any shortage of nursing staff would inevitably disrupt this critical process. Furthermore, social workers are also tasked with providing psychosocial support outside the facility. This entails accompanying PWID to external programmes, assisting with tasks such as obtaining smart cards and shopping, and ensuring that PWID always receives medical care and specialised attention. Consequently, nurses must accompany them to ensure their continuous well-being. Social workers cannot fulfil these duties, even due to a shortage of nursing professionals.

The shortage of qualified staff, encompassing both social services and healthcare personnel, has been reported in other study findings within residential facilities. From sheer necessity, many facilities rely primarily on care assistants and general workers for service provision (Mckenzie et al. 2013a:483). Research conducted on intellectual disabilities in South Africa has indicated a shortage not only in social services but also in occupational and physiotherapist staff within residential facilities (Foskett 2014:20). This shortage of qualified staff is compounded by limited funding available for their recruitment (Foskett 2014:20). The inadequacy of staff has been identified as detrimentally affecting service delivery in these facilities, with managers often hesitant to send their personnel for training courses due to concerns about service continuity in their absence (Howes 2019:49). Additionally, South Africa also faces a challenge of insufficient numbers of social workers to meet the demands for social services, as the available workforce is inadequate to cope with the order (Skhosana 2020:1).

b. Lack of equipment and resources

Lack of equipment has emerged as one of the challenges experienced by the participants. RCFs must allocate and manage resources that aim to enhance the quality of care. The study conducted by Astvik, Melin and Allvin (2014:52-66) underscores the significance of aligning available resources with the overarching goals and quality standards of social welfare organisations. Failing to do so puts social workers at risk and compromises the effectiveness and quality of their services. Addressing this resource-organisational alignment is imperative in ensuring the well-being of social workers and the efficacy of the vital services they provide to their communities (Astvik et al. 2014:52-66).

The following accounts of the participants substantiate this category:

"...not have enough resources like we do not have laptops or desktops, no internet if one wants to write process notes. I must bring my USB stick because only our administrator has a laptop and can transfer or print the information. Even the network here is inferior. As you can see, we are at the Bundus, so even when attending Zoom meetings, one must

move from one place to another, searching for the internet. The challenges are a lot, basically in terms of resources. We only have one car that we share with the sick bay unit, and they have sick people most of the time, so their duties cannot be compromised. Yes, I can book the car prior, but you find that they need to rush someone to the hospital for medical attention.” (Participant 9)

“Another challenge we have is a lack of resources. We haven’t had a photocopier since last year; when the client comes, it is a challenge. I had a client from outside, a family member, who requested a copy of an ID of the resident as we keep their ID documents in the centre, so when I told her that we do not have a photocopy machine, she must take the ID document to make the copy somewhere and bring it back. She was like, how seriously...” (Participant 7)

The participants' responses indicated that limited resources challenge RCFs, affecting effective service delivery. Social workers can only render effective services if the employer provides the necessary equipment.

Research conducted by Watkins, Sprang and Rothbaum (2018:139) exploring the significance of cell phone accessibility for healthcare professionals in Mpumalanga affirms the notion that resource scarcity presents a formidable hurdle in the delivery of services. The study found that health practitioners resorting to their vehicles and personal mobile phones to reach out to service users experience adverse effects on their financial situations (Watkins et al. 2018:139). The social workers in this study indicated they could not record their interventions due to a lack of desktops and laptops. They can also not attend important meetings or training sessions as they have recently been conducted online via Microsoft Teams or Zoom. The service to families is also explained to be affected as social workers cannot complete home visits due to a shortage of cars. They are expected to share the vehicles with other units, and the social work unit needs to be prioritised. The research findings of Tesi, Aiello & Gianetti (2019:124) highlight the critical connection between specific job demands and their detrimental impact on both employees and organisations. The notion of a "progressive resource loss" underscores

the cumulative toll of these demands, ultimately resulting in adverse outcomes such as employee burnout and health issues (Tesi et al. 2019:24). Recognising and addressing these job demands are essential for fostering a healthier and more productive work environment.

Social workers across diverse African nations encounter hurdles in obtaining essential resources and equipment, impeding their ability to provide adequate services within residential facilities (Kodom 2022:4; Ashcroft, Sur, Greenblatt, & Donahue 2021:2). This predicament is not confined to South Africa alone; it is a prevalent issue experienced continent-wide. Furthermore, social workers in healthcare settings, encompassing RCFs, grapple with shortages of tangible assets, such as equipment and the financial resources essential for proficient service delivery (Kodom 2022:4).

c. Interpersonal staff challenges

Social workers operate as integral members of multi-disciplinary teams. These multi-disciplinary teams consist of professionals from diverse healthcare disciplines, functioning within specific environments such as hospitals, residential facilities, and assessment centres, enquiring various skills to work together with other team members to the advantage of the PWID (Gxotelwa 2021:110). The predominant issues within this category primarily revolve around the need for more support and cooperation among staff members within RCFs. These challenges significantly affect the quality of care and services for PWIDs in these settings. Participants reflected on this challenge as follows:

“...another challenge that we experience as social workers is having conflict with nurses; nurses do not understand our job, so most of the time there is role clash they think when we admit we just enjoy creating more jobs for them.” (Participant 7)

“We are different professionals, so I think we have a challenge of not understanding each other’s scope of practice. You might find out that a certain professional does not understand what I am doing and causes conflict when rendering the services to clients, for example, if I say we must meet.” (Participant 8)

...with other professionals when trying to advocate for clients, they will think we are working against them or want to get them in trouble, especially the nurses.” (Participant 11)

This study sheds light on the pervasive challenges social workers face within RCFs for PWIDs, particularly in their interaction with non-social work professionals, notably nursing staff. A central issue highlighted in this research is the frequent misunderstanding of the roles played by social workers in other units or sections within these facilities. This misunderstanding often escalates into non-compliance in terms of both social work and nursing services delivery and conflict, primarily involving nurses, consequently straining the working relationships among the staff (Ntsoane 2017:3). Significantly, this study underscores the findings of Kodom (2022:2) that many healthcare practitioners in Africa fail to recognise the pivotal roles performed by social workers within health facilities, including RCFs. This lack of recognition negatively impacts the collaborative dynamics among social workers and other healthcare practitioners (Kodom 2022:2). A study conducted by Ntsoane (2017:3), which reinforces the earlier research findings concerning the absence of support from fellow professionals, examined the factors contributing to burnout experiences among social workers in Limpopo Province. The study conducted by Ntsoane (2017) further highlighted the lack of support from colleagues, staffing shortages, and detrimental work relationships with peers, which are significant contributing factors in this context.

These findings align with the existing literature, as discussed in Chapter Two (section 2.9.5). Chapter Two elucidates social workers' difficulties concerning decision-making in collaboration with other professionals in RCFs. Collaborative decision-making becomes incredibly challenging when team members have differing perceptions. Consequently, the need for a more precise understanding of the social worker's role by other collaborative professionals emerges as a recurring issue, often leading to tension and conflict.

This study echoes the findings of previous research in residential care settings, where miscommunication, lack of understanding, and role clashes among different professions

were identified as familiar sources of tension (Bern-Klug & Kramer 2013:75). Additionally, research conducted by Kreitzer, Brintnell and Austin (2020:1945) substantiates the presence of a strained and unhealthy relationship between social workers and nursing staff which needs to be negotiated and addressed to develop a better understanding of each other's roles and scope of practice.

d. Funding deficiencies

The participants' responses mentioned below confirm that the lack of resources is a challenge that hinders social workers from effectively rendering services in RCFs. This is articulated in the following reactions of the participants:

“There are many expectations and many things that we must comply with, but the funding is not adapted if you think the price of electricity is up by 30%, and I think our subsidy for the year was increased by 3%, so you can think the place the big organisation like ours what will be the electricity bill is in the month and...” (Participant 7)

“...the finances, the lack of human resources, the staff that we would like to appoint, the auxiliary nurse, you know what I mean because they have a better qualification in taking care of residents, but we cannot afford it.” (Participant 9)

RCFs, especially those operated by non-governmental organisations (NGOs), grapple with the formidable challenge of limited funding that falls far short of meeting the facilities' and residents' comprehensive needs. This shortage of financial resources also directly contributes to a need for adequate staffing, as more funds are needed to employ the necessary human resources. This finding resonates with the content of Chapter 2, the literature review of this study, especially Section 2.9.5, highlighting the prevalent issues of resource scarcity and inadequate funding afflicting facilities across South Africa, significantly hampering the implementation of social work services. The absence of funds further compounds the challenge of acquiring essential resources.

Literature in the field has consistently revealed that funding sources for disability groups in South Africa are limited, with virtually none focusing specifically on ID (Foskett 2014:22). Additionally, support programmes catering to PWIDs that manage to secure funding are often reported to be underfunded, necessitating facilities to engage in fundraising efforts for their effective operation (Foskett 2014:21). The strain on residential social workers is exacerbated by their myriad responsibilities, compounded by the lack of sufficient resources to fulfil their roles and duties (Hanson 2015:1). In some instances, RCFs rely on disability grants to sustain their operations, but these grants are often insufficient to cover capital projects or increase staffing levels (Foskett 2014:23).

The pervasive issue of limited funding and inadequate resources significantly impacts the operational effectiveness of RCFs, particularly those catering to PWIDs. Addressing this challenge is critical to ensure that these facilities provide their residents with the necessary care and support and relieve the burden on social workers responsible for delivering essential services in resource-constrained environments.

The challenges faced by RCFs for PWID, stemming from limited funding and inadequate resources, can be analysed through the ecological systems theory, which helps researchers understand the interconnectedness of these challenges across different levels of systems (Ahmed et al. 2017:49). In terms of the ecological systems theory, the interconnection between the various levels or systems is highlighted regarding the lack of funds as follows (Ahmed et al. 2017:49):

- **Microsystem (individual level):** Residential social workers and PWID are the microsystem actors directly affected by the limited funding and resources. The strain on social workers and the challenges faced by PWID can be seen as consequences at this level. Their well-being and ability to function effectively are compromised due to insufficient support.
- **Mesosystem (interactions):** The interactions between residential social workers, PWID, and the funding systems represent the mesosystem. The lack of funding

explicitly targeting PWIDs and underfunding support programmes create obstacles in the interactions and relationships within this system.

- **Exosystem (external influences):** The broader social, political, and economic context in South Africa, where disability funding is limited, contributes to the challenges faced by RCFs. It highlights the influence of external systems on the microsystem and mesosystem.
- **Macrosystem (cultural and societal values):** The limited attention and resources allocated to disability groups, including PWID, reflect societal values and priorities. This demonstrates the macrosystem's influence on resource allocation and social justice issues.

e. Inadequate remuneration

The study findings of Hanson (2015:42) have shown that 75% of the residential workers, including the social workers who participated in the study, recognised low salaries as one of the top five contributing aspects to job dissatisfaction and burnout. As a result, this section discusses the impact of inadequate remuneration on the participants rendering services to adult PWID in RCFs. Participants' responses highlighting this aspect are as follows:

“One of the challenges we are experiencing is a salary. A salary is a challenge. I do not want to lie because there are no benefits; we are a non-profit organisation. We cannot even afford medical aid; we cannot invest for ourselves in terms of pension or retirement.”
(Participant 1)

“We are underpaid. Maybe the other colleagues you spoke to told you they are satisfied because they might be earning more than others. You will never know, but I am underpaid in my perception about my work.” (Participant 3)

“Overworked, underpaid, understaffed, so on and so on so ...” (Participant 10)

This study has identified a significant concern regarding social workers' compensation in RCFs. These social workers need more salaries to meet their basic needs. Participants in the study have also revealed that this issue is pervasive in the public/state and private sectors (NGOs). In the case of social workers in NGOs, in addition to being underpaid, they often do not receive other benefits or subsidies. The primary reason behind this underpayment is more adequate funding within these facilities.

Chapter 2 (section 2.9.3) disclosed that the government provides a meagre 4 to 6% of funding to NGO facilities, and it is also expected to cover the residential workers' salaries, which is substantially lower than social workers' government salaries. Consequently, NGO social workers earn less than their counterparts in government facilities. NGOs rely on government funding for their continued existence and the resources to compensate their employees. Due to financial constraints, they frequently struggle to meet salary obligations. When faced with the inability to pay total salaries, NGO facilities are sometimes compelled to operate with fewer social workers burdened with a high caseload (Skhosana, 2020:110).

Many social workers, including those providing services to adult residents in these facilities, express dissatisfaction with their salary levels, benefits, and the perceived lack of correlation between compensation and job performance (Calitz, Roux & Strydom 2014:160). Low salaries have far-reaching implications for the career development of residential social workers. These individuals are more inclined to seek alternative employment opportunities, resulting in high turnover rates of social workers at NGOs. This phenomenon highlights the dynamic interplay between individuals and their environment (Crawford 2020:1).

4.3.5 THEME 5: COPING STRATEGIES OF SOCIAL WORKERS WORKING IN RCFs

It is essential for social workers, including the social workers rendering services to the adult PWID in the residential facilities, to build and maintain their support systems early on in practice to be able to cope with their day-to-day challenges (Dubose 2021:1). This coping involves dynamic processes aimed at effectively managing stressors or demanding situations. Coping includes changes in thoughts and behaviour to address challenges and maintain psychological well-being (Chukwu et al. 2019:2). Coping is not a static skill but rather an ongoing and adaptive process that individuals use to deal with various life stressors (Chukwu et al. 2019:2). This theme can be divided into seven subthemes, namely supervision and support by management, peer support, family support, counselling, training, and teambuilding and networking.

4.3.5.1 SUBTHEME 5.1: SUPERVISION AND MANAGEMENT SUPPORT

Supervision and management support have been crucial in ensuring sufficient assistance and fostering positive coping strategies among social workers responsible for attending to adult PWIDs in care facilities. This subtheme elucidates the nature of support and supervision that residential social workers receive and utilise as a coping strategy. Supervisory sessions are a valuable help, facilitating residential social workers' acquisition of novel coping mechanisms (Gxotelwa 2021:101). Managers and supervisors render services in different organisational settings (Patel 2015:4). It is imperative to underscore that supervision is a fundamental prerequisite within social work to bolster ethical conduct and competence in practice (Gxotelwa 2021:101). The following excerpts from participants' responses serve as illustrations about it:

“Supervision, individual and group supervision sessions, they at least give direction when faced with challenges, and we also have EAP programme.” (Participant 2)

“Ok, in terms of support, we get from our supervisor; when we have challenges through supervision session, we can explain those challenges, and it assists us in handling challenges that might be affecting service delivery.” (Participant 6)

“ I will say...mmm ok we have supervisors, we have peer supervision sessions, and our manager, the person heading the centre, her door is always open for us. If we have challenges, we walk in. We do not need to make an appointment. She will attend to you very well if free, just like I do today [laughing]. She is there for support. Our supervisor is so supportive, and she is very involved in our cases.” (Participant 7)

“We also have a strong support system from our Head of the centre. He is a nurse by profession, but he is willing to learn more about Social Work and how we operate, and he also advocates for us by ensuring that we have all the necessary tools for service delivery.” (Participant 5)

Social workers experience various challenges, as indicated in the previous theme; however, they have developed and sustained positive coping strategies to perform their duties effectively. Regardless of the challenges faced by the social workers in the RCFs for PWIDs, they still receive positive support from the management team, as most participants disclosed receiving help from their heads of the centres. Moreover, social work supervision has also been identified as one of the positive coping strategies for social workers servicing PWID. The social workers receive effective individual and group supervision from the social work supervisor, and it is a support system for social workers, encompassing an interactive process rooted in positive, anti-discriminatory relationships (Voicu 2017:20). This form of support draws upon various theories and models, and perspectives on supervision. Within this framework, an experienced and qualified supervisor, to whom authority is delegated, oversees and guides social workers rendering services to PWIDs (Voicu 2017:20).

Research on social workers' coping strategies in residential facilities supports these findings as it reveals that the relationship between social workers and management is essential and needs to be favourable to render effective services (Lev & Ayalon 2016:1326). The authors also indicated that the social workers in these facilities appreciate the support they receive from management (Lev & Ayalon 2016:1326). The

management is regarded as a support structure for social workers when their relationship includes openness, help and cooperation (Lev & Ayalon 2016:1326). Conducting regular supervision and support sessions with residential social workers has been proven to reduce their stress and burnout, as it is regarded as an indication that the facility finds their jobs important (Hanson 2015:22). Planned and formal supervision has been reported to be an effective method to support the social workers in their work roles so that they can feel confident in their skills and abilities as social services practitioners (Hanson 2015:21).

The ecological systems theory was formed in terms that every individual's development is shaped by their relationship with various systems within their environment (Hanson 2015:24). All systems need to be balanced, and experiencing conflict from any of the methods can negatively impact other ways which can lead to stress and inability to cope (Hanson 2015:24). The exosystem structures within ecological systems theory is reported to have an impact in development within the workplace (Gxotelwa 2021:101).

The policies within RCFs, such as rules regarding residents' daily routines, access to education and healthcare, form an exosystem (Ambrosino, Hefferman, Shuttleworth & Ambrosino 2012:50). These policies can either facilitate a supportive and nurturing environment for residents or create challenges that hinder their development. These policies also affect social workers within these facilities, influencing their ability to provide adequate care and support. Regulations set by government bodies regarding the operation and funding of RCFs create another layer of the exosystem (Ambrosino et al. 2012:50). Compliance with these regulations can shape the quality of care provided to individuals with intellectual disabilities and the working conditions of social workers. For instance, funding cuts or regulation changes can impact the resources available for residents' programmes and support services, directly influencing their development and well-being. Understanding and analysing these exosystem factors are crucial for creating a holistic and practical support system for residents with intellectual disabilities and social workers in RCFs.

By recognising the interconnectedness of these systems, policymakers, administrators, and social workers can work together to create an environment that fosters positive development and well-being for all involved (Molepo 2014:42).

4.3.5.2 SUBTHEME 5.2: PEER SUPPORT

This subtheme describes the impact of colleagues' support utilised as a coping strategy within the RCFs. Peer supervision can offer a less formal and more manageable way to support social workers and is related to improved emotional resilience (Rose & Palattiyil 2020:28). Participants have highlighted the significance of peer support and colleague assistance, including support from social work professionals in different settings, as effective coping strategies. According to Calitz et al. (2014:162), peer relationships are crucial as they offer emotional support, foster professional development, and stimulate collaboration and innovation among social workers.

Most participants responses shared the support received from colleagues as follows:

“We can also support each other by sharing ideas and assisting each other in planning for events. Also, when one is having many cases, we can step in and work together as a team.” (Participant 1)

“...we get support from colleagues. We assist each other with cases by sharing...”
(Participant 4)

“...colleagues also assist me in venting or offloading when feeling overwhelmed; I have a very supportive team, and we can share ideas when having difficult cases. I said one must be emotionally stronger to work here and know you cannot solve the problems.”
(Participant 8)

Social workers in RCFs providing services to PWIDs have emphasised the importance of active teamwork as an effective coping strategy. They have taken this approach a step further by implementing peer supervision sessions. During these sessions, social workers

discuss their cases and provide emotional support to one another. Notably, this practice of peer supervision has been sanctioned by legislation, specifically the Supervision framework for the social work profession in South Africa of 2012 (DSD & SACSSP 2012b 2012:29), which allows colleagues to engage in case discussions without solely relying on the designated supervisor.

Research studies, such as the one conducted by Lombardero-Posada, Mendez-Fernandez, Aguiar-Fernandez, Murcia-Alvarez and Gonzalez-Fernandez (2022:196), have highlighted the positive outcomes associated with fostering solid relationships and active engagement among social workers. These outcomes include enhanced workplace support, improved health and well-being, increased job satisfaction, and heightened professional commitment. Such findings underscore the significance of collaborative practices, like peer supervision, in promoting a supportive and fulfilling work environment for social workers in RCFs rendering services to PWIDs. Studies on improving social workers' emotional resilience in their organisational settings have found that emotional support among colleagues is valuable. Hence, peer group supervision is vital in satisfying that need (Rose & Palattiyil 2020 32).

The meso-system encapsulates the interconnectedness and interactions between various micro-systems, which, in this case, refer to the relationships and dynamics among colleagues within the same institution. This support network significantly influences residential social workers' attitudes, beliefs, and values, shaping their approach to their work. This interconnectedness within the meso-system aligns with the principles of the ecological systems theory, wherein the relationships and interactions between individuals within a specific setting (meso-system) influence their attitudes and behaviours.

Simultaneously, social workers must possess profound self-awareness and acknowledge their attitudes, values, and beliefs. This self-awareness is not confined solely to personal introspection but also includes understanding how the organisational environment and culture, constituting the meso-system, impact their interactions with clients. Hanson (2015:27) emphasises this holistic awareness by underlining the need for social workers

to critically analyse the interplay between their personal beliefs, the meso-system dynamics, and the residents' micro-systems.

4.3.5.3 SUBTHEME 5.3: FAMILY SUPPORT

This sub-theme discusses the kind of support residential social workers receive from their families as a coping strategy. Family support is crucial, enabling individuals to demonstrate resilience by recovering from adverse experiences (Luu 2021:179).

Participants' responses about their family support were captured as follows:

“...to calm me, and when I get home, I usually tell my sister when I arrive, she will even ask if today you don't have your sad stories about your deceased clients, so I think it is also debriefing that helps even when we get in the office in the morning...” (Participant 3)

“I also mentioned my family, particularly my partner, play an important role as a support structure.” (Participant 9)

In this study, several positive coping strategies employed by social workers were identified, with strong family support being prominent. The participating social workers noted that their families play a vital role in their well-being by providing essential support. Working in RCFs presented challenges, often leading to the encroachment of work-related stress into their personal lives (Hanson 2015:25). Research on burnout among residential social workers emphasised the importance of families in offering guidance and support during stressful periods (Hanson 2015:25). However, it is essential to note that the influence of families on social workers is not one-dimensional. Other studies, including research about social workers' self-care, have indicated that family interferences can elevate stress levels and contribute to burnout (Lombardero-Posada et al. 2022:195). Achieving a balance between work and family life is crucial, as an imbalance can lead to burnout and emotional exhaustion (Lombardero-Posada et al. 2022:196).

In essence, social workers are embedded within a complex ecosystem where various elements interact and influence one another (Ahmed et al. 2017:51). The family component of this ecosystem plays a pivotal role in shaping the lives of social workers. The nature of this influence can be either positive or negative, depending on whether the family dynamics are conducive to promoting the health and well-being of the social worker (Ahmed et al. 2017:50). Family support is a significant coping strategy for social workers, contributing to their well-being and resilience. However, it is essential to acknowledge that family dynamics can pose challenges, potentially leading to increased stress and burnout. Balancing work and family life is crucial for maintaining a healthy and sustainable career in social work.

4.3.5.4 SUBTHEME 5.4: COUNSELLING

This sub-theme discusses the importance of counselling as a coping strategy and support service utilised by social workers providing services to adult PWID in RCFs. The following excerpts are responding to this subtheme:

“When faced with challenges, and we also have EAP programme where all employees can call and book an appointment for counselling the programme...” (Participant 9)

“...wellness programme for counselling for all the government officials who need to consult when feeling overwhelmed the programme aimed to assist us to be able to cope and balance our work and personal life that we effective during service delivery...” (Participant 10)

“...we get a counsellor here, someone who counsels the staff here once every quarter there is a counsellor who comes to do counselling to all the staff...” (Participant 11)

The mental health and overall well-being of social workers have been identified as significant factors affecting their productivity in delivering effective services (Terblanche, Gunya, Maruma, Mbuyisa, Maseko et al. 2021:16). It is well-established that work-related issues can spill over into persons’ personal lives and create an imbalance that can

ultimately impact job performance for all employees, including those in residential facilities (Saju, Rajeev, Scaria, Benny & Anjana 2019:17). To address this, social workers must engage in both formal and informal counselling and training sessions aimed at enhancing their psychological coping strategies. These programmes should be an integral and continuous component of their professional development (Saju et al. 2019:17).

In contrast, a study conducted by Rose and Palattiyil (2018:28) revealed a different perspective. Despite facing challenges, some social workers are hesitant to use counselling and support services due to a fear of being perceived as ineffective. This reluctance underscores the importance of fostering an environment where seeking help is not stigmatised but rather seen as a proactive step towards self-improvement and enhanced service provision.

In the context of counselling, the concept of social justice plays a crucial role in facilitating positive change (Fassinger & Morrow 2013:78). It is leveraged as a tool to empower social workers and reduce oppression within the workplace (Taylor et al. 2017:48). Empowerment is a fundamental aspect of equipping social workers with new coping mechanisms and strategies, ultimately enhancing their ability to navigate the challenges they encounter in their roles.

Social workers' mental health and well-being profoundly impact their service delivery. Addressing these aspects through counselling, training, and embracing the concept of social justice is essential to empowering social workers, reducing oppression, and equipping them with the coping mechanisms to excel in their demanding roles.

4.3.5.5 SUBTHEME 5.5: TRAINING

This sub-theme deals with the necessary training for social workers to assist them in coping with the service delivery to adult PWIDs in RCFs. Training and capacity building for this purpose are essential in identifying the needs of PWIDs as they enhance the intervention process and quality of care of the residents (Gxotelwa 2021:112). Participants shared their views about this as follows:

“We also get support from the forums that are formed within the province; we have a disability forum, family and older person forum, and each social worker is nominated to attend at least one forum, and when we come back, we normally share information of what was discussed or shared on that particular forum.” (Participant 1)

“We have our CPD training, we always try to look for relevant topics for mental health and so on and so on...there is an organisation that provides CPDs points ...” (Participant 6)

“We also receive training from all the social workers and other professionals according to their needs. Workers get the CPD points and are paid by the organisation, and if you are to study further, there is some study leave during your exam times. Yes, there, we also get support with training.” (Participant 8)

When participants were asked about their coping strategies, they indicated that they relied on training to support their service delivery. The study revealed that training and forums are crucial for social workers rendering services in residential facilities, as they better equip them to handle their day-to-day work challenges. The inability to effectively address challenging behaviour in residential settings can give rise to a range of adverse emotional reactions, including stress, fear, anger, and a pervasive sense of powerlessness (Truong et al. 2021:3). This, in turn, escalates the risk of burnout among professionals. Consequently, social workers may resort to ineffective coping strategies, such as avoidance, which can harm their interaction with PWIDs. Therefore, the overall quality of care provided by these professionals is compromised (Truong et al. 2021:3). When considering staff training, it is crucial to view the content of the training, the delivery method, and the resultant effects on supporting social workers rendering services in RCFs (Mahon, Walsh, Holloway & Lydon 2022:732).

The previous subtheme of counselling has emphasised that counselling and training sessions play a vital role in improving new psychological coping strategies. According to the study by Hanson (2015:26), formal training and workshops are valuable tools to assist

residential social workers in dealing with burnout and maintaining awareness of their roles without affecting the service delivery or hampering their clients' well-being. Training initiatives play a pivotal role in fostering understanding and deepening staff members' comprehension of their values, emotional responses, skill sets, and cognitive processes concerning PWIDs. It also broadens employees' perspectives on the physical environment and workplace culture, enhancing their ability to engage effectively and sustainably with clients (Truong et al. 2021:3). These training opportunities empower social workers by improving their social work knowledge and skills. Additionally, this training helps them stay abreast of relevant legislative changes and improvements, ensuring they are well-equipped to provide effective and inclusive support to their clients.

Ecological systems and social justice theories can be viewed through training programmes for social workers in residential settings for individuals with intellectual disabilities. These programmes equip social workers with the skills to understand and intervene effectively within different environmental contexts (ecological systems theory) (Kamenopoulou 2016:517) and promote inclusivity, diversity, and equality in caregiving practices (social justice theory). This dual perspective helps social workers provide better support and advocate for the rights of their clients.

4.3.5.6 SUBTHEME 5.6: TEAMWORK AND TEAMBUILDING

This subtheme intends to present the teamwork and teambuilding activities utilised by the social workers servicing adult PWID in RCFs. Teamwork is related to enhanced care quality and increased resident safety in the facilities (Larsson, Erlingsdóttir, Persson & Rydenfält 2022:2). The role of collaboration is reported as being critical during the assessment process of and service delivery to PWID (Larsson et al. 2022:4). The following responses of the participants highlight the importance of teamwork and team building to support social workers delivery services to PWIDs:

“Communication in the workplace is important and makes work easy; teamwork also makes things easier.” (Participant 4)

“We work as a team, as I said, we have MDT, we conduct MDT meetings...” (Participant 6)

“We also do team building on the 6th of October. We also do Vaal Dam cruising and spend the whole day enjoying and having self-care without talking about work or our clients. Our job is challenging but, at the same time, manageable and fulfilling. And having a strong and supportive team makes our job easy, especially our panel meeting.” (Participant 7)

“All of the staff on Friday, like everybody who had their birthday the last few months, it’s like a staff meal. Everybody eats together; we also do good team-building activities. We also, in a couple of months, the COVID situation was a little bit better; we went to the park to relax just for self-care, you know what I mean ...” (Participant 8)

A good working relationship among social workers servicing PWID in RCFs has been explained to be one of the positive coping strategies applied in dealing with their daily challenges. The social workers are employed to provide services to PWID in the RCFs. However, occasionally arranging and implementing team building sessions have been explained as an effective coping strategy that further assists them in gaining strength in facing their daily work challenges. Team-building activities successfully implemented by the social workers in the residential facilities include excursions for all the centre staff, celebrating special days such as birthdays together, taking some time off, and focusing on their well-being. The study conducted by Rose and Palattiyil (2018:39) has revealed that a workplace culture and environment that empowers colleagues to flourish is likely to improve their resilience by reducing informal opportunities for support and reflection. This can be accomplished by engaging in social events and celebrating birthdays with the additional advantage of interacting with valued colleagues (Rose & Palattiyil 2018:39).

Social workers in RCFs bring much experience to team-based care, offering a unique and valuable perspective within this environment (Ambrose-Miller & Ashcroft 2016:101). Teamwork within long-term care facilities is recognised as being indispensable for providing practical and safe care (Larsson et al. 2022:3). In the context of a

multidisciplinary team, social workers and healthcare professionals collaborate to collectively gather information and deliver care to individuals with intellectual disabilities (Larsson et al. 2022:4). The effectiveness and seamless operation of teamwork in residential settings are closely linked to job satisfaction, staff retention, and the overall attractiveness of the work environment (Larsson et al. 2022:14). This underscores the significance of teamwork and team building as positive coping strategies for social workers, fostering a supportive and efficient work environment.

The ecological systems theory emphasises the significance of individual relationships in nurturing personal and professional resilience and well-being, advocating that social workers recognise and value these connections (Newell 2020:69). This perspective underscores the interplay between individual relationships and the collaborative support that social workers can provide through teamwork, highlighting the integral role of social workers in supporting one another and those they serve within a broader ecological context.

4.3.5.7 SUBTHEME 5.7: NETWORKING

Networking with other stakeholders is reported to be one of the effective positive coping strategies and a form of support structure received by the social workers in RCFs. The research findings of Mette, Wirth, Nienhaus, Harth and Mache (2020:5) support the idea that networking was also identified as a positive coping strategy for social workers rendering services to the homeless and immigrants. Networking is one of the effective methods for implementing integrated service delivery among different stakeholders and professionals to serve vulnerable individuals (Chikadzi & Mafetsa 2013:490). Thus, successful networking has been shown to have a higher quality of services compared to when organisations are working in isolation. Professionals such as doctors, social workers, and other healthcare workers work together to tackle individual' issues, leading to improved results for PWID (Chikadzi & Mafetsa 2013:490). Some participants' responses regarding networking as a support system were articulated as follows:

“Another important thing in this environment is networking; I have familiarised myself with another residential care facility. If we cannot admit the client, I sometimes refer them to other institutions, and I sometimes go the extra mile and advocate for them in that institution so that the client can get the required services even if we cannot provide them. Still, in the end, the client will be happy...” (Participant 2)

“...services from the same environment as this one. I think I get support there. I can call them to ask when I have a case, even when our clients develop a severe mental illness and the Institution can no longer control that person. I can call them to find out where I can place or refer my client or what I can do, so I think support is from outside Institution.” (Participant 5).

The social workers servicing the PWID in the RCFs rely not only on internal staff for support. Having a good relationship with colleagues from other RCFs is regarded as a strong support structure that aims to reduce stress while facing their daily challenges (Mette et al. 2020:5). Networking with colleagues from other facilities has been identified to expand the social worker's knowledge and help the social workers learn from each other in handling various behaviours displayed by the PWID. For effective teamwork, it is essential for the professionals in the facilities to network closely, flexibly and collaborate interdependently within surrounding organisations to care for residents (Larsson et al. 2022:4). The professionals, including social workers and healthcare workers, depend on each other's assistance when a resident needs to be referred or transferred to another organisation, particularly when the facility no longer have relevant resources to meet the need of the resident due to developing comorbidities in acting on the best interest of the resident (Larsson et al 2022:4).

4.3.6 THEME 6: SUGGESTIONS FOR SOCIAL WORK PRACTICE

The participants were requested to share their suggestions for social work practice on how social workers can render more effective social services to adult PWIDs in RCFs based on their perspectives and experience. This theme has been divided into four

subthemes: specialised training, self-care, remuneration, and suggestions to improve organisational functioning.

4.3.6.1 SUBTHEME 6.1: SPECIALISED TRAINING

This subtheme underscores the critical importance of offering specialised training to social workers, particularly in the technical area of dealing with persons with intellectual disabilities, to enable them to provide adequate services to this population segment. In recognising the value of tailoring training to meet employees' specific needs, it has been noted that such activity can have a positive impact by helping social workers better manage the daily stressors they encounter in their work. Furthermore, it can significantly enhance their skills and capabilities (Hanson, 2015:22).

In the previous subtheme, participants highlighted the role of additional training as a supportive factor and a coping strategy for practising their profession. In this subtheme, participants provide their suggestions and emphasise the necessity for specialised training directly applicable to their field of service delivery. The following accounts of participants support this sub-theme:

“Attending training on types of disabilities and knowing how they behave and how can we respond can make our job easier.” (Participant 3)

To address the communication issues, I recommend that social workers and all other staff get trained to deal with a person with an ID. also, we need sign language training.” (Participant 4)

“You know, I can say more training is needed for social workers working with PWIDs; training will assist us in handling some client’s behaviour and other day-to-day challenges.” (Participant 7)

Specific training regarding client communication was identified as a need (Participant 4). PWIDs are reported to be prone to language and communication impairment; therefore,

social work training is needed to assist in practical strategies to help PWIDs communicate with people who have deficits in receptive and expressive language (John & Schrandt 2019:732).

Participant 7 indicated the need for specific training regarding managing challenging behaviour. Social workers and care workers working with PWIDs with severe complex behaviour problems involving aggressive and violent behaviour have a crucial and demanding role and need specialised knowledge and skills to manage such PWIDs (McGill, Vanono, Clover, Smyth, Cooper et al. 2018:144). Professionals must skillfully navigate the delicate equilibrium between safeguarding against harm and fostering opportunities for personal growth to address and diminish challenging behaviour effectively. Therefore, they need specialised training (McGill et al. 2018:414). This entails ensuring their safety and the safety of other clients and colleagues and maintaining a secure and supportive environment.

The following excerpts from the interviews with participants accentuate the need for more intensive training in ID for undergraduate social work students before graduation:

“I also think that working with PWD should be introduced at the university so that new Social Workers can join the environment with certain knowledge, or maybe during our practical at school, we can rotate like nurses to different environments just to get a piece of most areas, maybe few months I will be working with children and another month PWID...” (Participant 10)

“I think it should start at the university so that at least the student can have basic information from the university training and gain basic knowledge on types of disabilities.” (Participant 11)

The participants emphasised the need to incorporate knowledge and skills in rendering services to PWIDs within the university syllabus, particularly in RCFs. They suggested integrating practical exposure to this field as a fundamental component of social work

education. These participants' suggestions are supported by the findings of a previous study in social work practice with PWIDs, revealing a significant gap in the existing curriculum regarding ID. The study conducted by John and Schrandt in 2019 highlighted this deficiency and strongly recommended incorporating specialised training in ID (John & Schrandt 2019:725). Bekkema, de Veer, Albers, Hertogh, Onwuteaka-Philipsen et al. (2014:498) further proposed that specific topics covered in the nursing curriculum on providing services for PWIDs could seamlessly align with social work education. Integrating these topics into the social work curriculum was suggested as a viable approach to bridging the knowledge gap and enhancing the preparedness of future social work professionals to cater to the needs of PWIDs (Bekkema et al. 2014:498).

Linking the discussed training needs for professionals working with PWIDs to ecological systems theory and social justice theory provides a holistic framework for understanding the importance of addressing these training needs in the context of social work education and practice (Birkenmaier & Berg-Weger 2017:25; Hudson 2017:1961). The following can be iterated regarding the impact and connectedness of different levels of the ecological system theory in this regard:

- **Microsystem:** The microsystem represents the immediate environment in which individuals with intellectual disabilities live and interact. Social workers and care workers are part of this microsystem. Training them to communicate with PWIDs and manage their challenging behaviour effectively is crucial for creating a supportive microsystem for these individuals (John & Schrandt 2019:732).
- **Mesosystem:** The mesosystem highlights the interactions between various systems within an individual's life. Integrating specific education of PWIDs into the university syllabus and social work education will ensure that social workers are well-prepared to collaborate with other professionals, institutions, and agencies involved in the care of PWIDs. This aligns with the mesosystem concept, emphasising the importance of seamless coordination and communication between systems (McGill et al. 2018:414).

- **Exosystem and Macrosystem:** These levels represent broader societal and cultural contexts. Incorporating specialised training in intellectual disabilities in social work education aligns with social justice principles. It advocates for equal access to quality services for PWIDs and challenges existing inequalities in the support they receive (Ettekal & Mahoney 2017:5; Ahmed et al. 2017:49).
- **Chronosystem:** This represents the dimension of time, acknowledging that individuals and their environments change over time. Training that evolves with current research and best practices ensures that social workers can adapt and provide up-to-date, practical support for PWIDs (Neal & Neal 2013:729).

Joining the specialised training needs of the participants mentioned in this study's second theoretical framework of social justice theory emphasises fairness, equity, and the elimination of social disparities (Kam 2014:724). When considering the training needs for professionals working with PWIDs within this theory, the following can be articulated in this regard:

- **Access and equity:** The training recommendations align with social justice principles by advocating equitable access to specialised services and support for PWIDs. By incorporating these topics into the social work curriculum, future professionals would be better equipped to address this segment of the population's unique needs and challenges.
- **Advocacy and empowerment:** Social workers play a critical role in advocating for the rights and well-being of marginalised clients. Training that focuses on effective communication and managing challenging behaviour empowers social workers to support the dignity and rights of PWIDs, ensuring that they have a voice in decision-making processes.
- **Intersectionality:** Social justice theory considers the intersection of multiple identities and oppressions. Training can empower social workers to address the specific needs of PWIDs and the unique challenges faced by this group, considering their intersectionality regarding disability, race, gender, and other factors.

4.3.6.2 SUBTHEME 6.2: SUGGESTIONS FOR SELF-CARE OF SOCIAL WORKERS

Social workers rendering services to PWID at the RCFs have been reported to face different challenges, and the participants suggested self-care as an effective way social workers can utilise to deal with their daily challenges and balance their responsibilities. Dorociak, Rupert, Bryant and Zahniser (2017:326) articulated the concept of self-care as a complex and multifaceted process involving purposeful engagement in various strategies to foster healthy functioning and improve overall well-being. Self-care is maintaining a positive and compassionate sight of the self, which involves physical, psychological, emotional, social, spiritual and leisure aspects of the self (Lee & Miller 2013:9). The following account of a participant testifies to this:

“You know, working in this environment can become too emotionally overwhelming. I can advise my colleagues in different institutions to have self-care and make it a norm to attend therapy or counselling to have a platform to vent and offload.” (Participant 2)

The National Association of Social Workers in America has recently added a self-care section within their Code of Ethics (Gushwa 2021:1). It is emphasised that self-care plays a crucial role in ensuring that social workers are emotionally and psychologically healthy to appropriately respond to their work demands exclusively after experiencing stress in and outside of the work environment (Dalphon 2019:85). This provides enough evidence and in support of the research’s findings that professional self-care is paramount for capability and ethical social work practice (Gushwa 2021:1).

Self-care is regarded as a positive method for self-motivation and assists in rejuvenating social workers when they feel overwhelmed. Working long-term in a residential care setting can come at a cost to the direct social workers and care workers' health and well-being (Hanson 2015:3). A study conducted about a self-care framework for social workers (Lee & Miller 2013:96) agrees with this study that self-care is broadly recognised as crucial to social work practice. Thus, self-care has been identified to be an effective strategy utilised by social workers to prevent and manage burnout and stressors in the

residential setting (Hanson 2015:77). Self-care is described as an empowering method that allows the members of the entire social workforce, including the residential ones, to take ownership of their health well-being in balancing both their personal and professional lives (Lee & Miller 2013:99). The self-care strategies include. But are more comprehensive than the physical care and management of essential functions such as sleep, diet, exercise, and rest. Engaging in a healthy lifestyle, including spiritual activities and undergoing counselling to manage stress, is likely to contribute positively to the social workers' psychological and emotional care in the residential setting (Lee & Miller 2013:99). Self-care allows for the application of different methods to promote optimistic professional quality of life and inclusive of psychical and emotional wellbeing (Newell 2020:67).

4.3.6.3 SUBTHEME 6.3: SUGGESTIONS FOR BETTER REMUNERATION

The participants also recommended revising the salary packages of social workers to align better with their needs. While salary is a vital factor, it is not the sole consideration. This subtheme collaborates with subtheme 4.3 category e, where the participants indicated one challenge: remuneration for social workers employed in RCFs. Ensuring that staff members receive adequate and sustainable compensation for their work is essential for retaining skilled professionals (Ojakaa, Olango & Jarvis 2014:2). The following accounts are provided about it:

“As I have mentioned, we do not receive danger allowance, and we deal with danger and get exposed daily if the Department can consider giving us the danger allowance.”
(Participant 3)

“[Laughing] We need to be paid more if we are paid more; I do not have to say today, let me reserve my energy because I must do my side hustle after work so I can work knowing that I will be well paid.” (Participant 8)

The social workers are reported to be underpaid and receive fewer benefits than other professionals. At the same time, they are expected to perform various responsibilities

(Ngubane 2021:46). Thus, most organisations need a staff turnover of 50% over six months due to awarding low remuneration and fewer benefits to the staff (Skhosana 2020:111). Existing research about social workers' experiences in providing mental health services made recommendations to eliminate the inequalities of salaries between social workers employed by NGOs and those used by the government to empower the effective implementation of services and staff retention (Ngubane 2021:46).

Social workers who participated in this study proposed reviewing social workers' remuneration and benefits packages to enhance their retention within RCFs. Chapter Two of this research underscores the disparities in compensation between social workers employed in government facilities and those working in NGOs. This issue of inadequate wages has repercussions beyond the study's scope, impacting a broader cohort of professionals worldwide, including those serving adult individuals in residential facilities (Calitz et al. 2014:160).

The phenomenon of job dissatisfaction among social workers in various sectors has shown a strong correlation with subpar or below-average salaries, prompting many social workers to seek alternative employment opportunities, as elucidated by Calitz et al. (2014:160).

Furthermore, study findings on strategies for retaining social workers suggested that NPOs and the Department of Social Development (DSD) should formulate innovative techniques to ensure organisational sustainability, even in the face of unforeseen economic challenges (Skhosana, 2020:119). These recommendations align with the viewpoints expressed by the study participants advocating for an equitable enhancement of salaries across all social work domains.

The research examining the factors influencing job satisfaction among social workers also corroborates the proposition that improved remuneration, and working conditions are imperative for retaining social workers in the profession, a need that extends to social

workers engaged in providing services to adult PWIDs within residential facilities (Calitz et al. 2014:164).

4.3.6.4 SUBTHEME 6.4: SUGGESTIONS TO IMPROVE STAFF SHORTAGES

This subtheme encompasses the deficiency of essential human resources. Within the broader context, subtheme 4.3 category a, which delves into the challenges faced by social workers providing services to adult PWIDs, specifically encompassing challenges such as staff shortages, effectively resonates with the recommendations and concerns articulated by the study participants within this subtheme. The following participant accounts support the recommendations of this category and highlight the lack of staff:

“However, the shortage of nurses creates more issues in the institution only if they can hire more nurses for adequate services and reduce the incidents. If we can get more nurses, even our clients can get enough attention and complaints can less imagine you having to sleep the whole day just because there is a shortage of nurses to take you out of bed or not enough to be able to monitor and supervise all residents and at the end, they will say the incident happened because of being negligent.” (Participant 2)

“You try your best, but some days are hectic. Twenty things need to be done, so I think if we could also have more Social Workers, we can have a ward charge because we must watch them, and it is a prominent place, so it is better, but I think it is obvious if we could have more social workers we could do so much more.” (Participant 4)

Psychological stress represents a noteworthy concern in professionals working with PWIDs (Leoni et al.2020:215). This issue substantially impacts clients' quality of life and staff members' well-being. It is imperative to acknowledge that the psychological state of professionals can exert a certain degree of influence over the quality and quantity of support provided and the overall quality of human interactions (Leoni et al. 2020:215). In addition to these considerations, it is crucial to recognise that organisations bear both a moral and a legal responsibility to safeguard the welfare of their employees and address staff shortages, which can cause burnout for the personnel in RCFs (Leoni et al.

2020:215). Research conducted by Berlanda et al. (2017: 7) regarding staff shortages in the child welfare sector aligns with the finding of this study that a lack of social workers leading to work overload is a substantial contributing factor to dissatisfaction among social workers. Moreover, Skhosana (2020:109) alluded that the country is facing a crisis in sustaining the profession as there is a lack of funds to employ more social workers, and failure to retain experienced social workers is considered to hurt an organisation's functioning.

The participants were asked to present their suggestions for addressing their daily challenges. They suggested that increasing the staff of both social workers and nurses can positively impact providing services to adult PWIDs with residential facilities. The literature on retaining social workers in South Africa has confirmed that the shortage of social workers is hampering service delivery and that organisations cannot meet the growing demands for social services in various areas, including rendering social work services to ID clients in residential settings (Skhosana 2020:109).

The issues highlighted in the research on psychological stress and staff shortages among professionals working with PWIDs resonate with the principles of ecological systems theory and social justice theory. Ecological systems theory underscores how individuals' well-being is intricately connected to their environment. It emphasises that the shortage of social workers and nurses in RCFs harms these professionals' psychological state and impacts the quality of care for PWID within the broader ecological context. Social justice theory highlights the ethical obligation of organisations to address these shortages to ensure equitable access to essential services for PWID, aligning with the call for increased staffing to improve service delivery. These theories underscore the interconnectedness of individual well-being, organisational responsibilities, and societal justice in residential care for PWID.

4.4 SUMMARY OF THE CHAPTER

After having described the demographic profile of the participants, this chapter presented the research study findings of the social workers' perceptions and experiences in providing services for adult PWIDs in RCFs. The data analysis identified six main themes, various sub-themes and categories. Theme 1 is described for social work service users in residential care facilities. Theme 2 discussed the role of social workers in residential care facilities. Theme 3 displayed the perceptions and experiences of the social workers working in residential care facilities. Theme 4 revealed the challenges that social workers face in residential care facilities. Theme 5 showed the coping mechanisms of social workers working in residential care facilities, and theme 6 presented suggestions for social work practice in residential care facilities.

The themes from the data analysis were disclosed using excerpts from the stories the 11 participating social workers shared during their interviews. Based on this information, the findings were confirmed and contrasted using a literature control. The findings about the social workers' perceptions and experiences in providing services for adult PWIDs in RCFs were interpreted using the ecological systems and social justice theoretical framework.

The next and final chapter summarises the results, conclusions and recommendations based on the information gathered from the social workers during the research process.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter provides a summary of the research report, a summary and conclusions of the research process, and a summary and decisions of the research findings. The recommendations, the study's inherent limitations, and the chapter's conclusion follow this.

5.2 CHAPTER SUMMARY

The following is a synopsis of the chapters of the research report:

Chapter One briefly explains the research plan for using the research methodology, the application of which is discussed in Chapter Three. The introductory chapter delineates the overarching orientation of the research. The initial section expounds upon the background, rationale, problem statement, and research questions, concomitant with elucidating the study's overarching goal and specific objectives. It continues to explain the nature of the theoretical frameworks underpinning the research and the pertinent research methods used. The ethical considerations that guided the researcher's conduct throughout the study are expounded upon before the critical concepts are elucidated and simplified. The chapter concluded with a description of the structural design of the study.

Chapter Two explains the historical context of social workers' perspectives and experiences while delivering services to adult PWIDs in RCFs in South Africa, based on a literature study. It scrutinises the operational aspects and accessibility of such facilities catering to adult PWIDs. The narrative extends to an examination of South African policies and the legislative framework governing the provision of social work services to adult PWIDs in RCFs. Furthermore, the chapter discusses the array of services available within these facilities. It elucidates the roles and responsibilities assumed by social

workers engaged in servicing adult individuals with intellectual disabilities within residential care settings. Additionally, it explores the challenges confronted by social workers in this context. It delves into their coping mechanisms and support structures as they navigate the complexities of providing services to these vulnerable groups. Presented in the literature review on social workers' perceptions and experiences in providing services to adult PWIDs in RCFs is the relevant South African legislation underlining service delivery in the facilities covered.

Chapter Three comprehensively depicts the deployment and operationalisation of the research methodology and associated methods as summarised in the research plan set out in Chapter One. The execution of the research approach and design is meticulously delineated, encompassing participant recruitment, sampling procedures, participant preparation, and the methodology employed for data collection. Additionally, it expounds upon the methods used for data analysis, verification techniques, and the ethical considerations embedded within the research framework.

Chapter Four presents the research findings and outcomes shaped by the scientific research methodology outlined in Chapter Three. The data underwent transcription, coding, and analysis, leading to the identification of themes, subthemes, and categories. The findings derived from these analyses are comprehensively described in this chapter.

In the final chapter, **Chapter Five**, summaries and conclusions of the research study are presented, followed by recommendations derived from the findings, specifically tailored for application in social work practice.

5.3 SUMMARY AND CONCLUSIONS OF THE RESEARCH PROCESS

This study adopted a qualitative research approach based on alignment with the study's objectives and the nature of the investigated phenomenon. The researcher opted for a phenomenological research design supported by an explorative strategy. This choice was

motivated by delving into, elucidating, and situating the perceptions and lived experiences of social workers engaged in delivering services to adults with intellectual disabilities in residential care facilities (RCFs). The overarching research question guiding this study was framed as follows:

"What are the perceptions and experiences of social workers in providing services for adults with intellectual disabilities in RCFs?"

Articulated research goals directed the research process and are as follows:

- To explore and develop an in-depth understanding of social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities.
- Based on the participants' perspectives, suggest how social workers can render effective social services to adult persons with intellectual disabilities in residential care facilities.

Attaining the research objectives and implementing the qualitative research approach and methods expounded in Chapter Three facilitated achieving these goals, with the subsequent presentation of findings obtained from the data analysis in Chapter Four.

To achieve the research goals, the following research objectives were formulated:

- ***To explore social workers' perceptions and experiences in providing services to adult persons with intellectual disabilities in residential care facilities.***

This objective is comprehensively addressed throughout Chapter Four. After the data analysis procedure, the research findings' exposition and elucidation underscored social workers' perceptions and experiences in delivering services to adults with intellectual disabilities within RCFs.

- ***To describe the social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities.***

After the data analysis about the social workers' perceptions and experiences in providing services for adult PWIDs in the RCFs, the detailed findings in Chapter Four were described in terms of themes, subthemes, and categories. These findings were interpreted and defined from social justice theory and ecological systems perspectives.

- ***To draw conclusions and make recommendations about the social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities.***

This objective is realised within the context of this study, as expounded upon in the present chapter, where conclusions and recommendations are derived from the findings delineated in Chapter Four. After thoroughly reviewing the existing literature, the researcher derived conclusions from the collected data and formulated recommendations to enhance social work services for PWIDs in RCFs. These recommendations encompassed policy, practice, education, and suggestions for future research.

Qualitative data were collected from a sample comprising 11 participants using face-to-face, semi-structured interviews assisted by an interview guide with open-ended questions. A pilot study was conducted with two participants to ensure the interview guide was aligned with the research goals and objectives before the data collection commenced. A sample from the research population, social workers providing services for adults with profound and multiple intellectual disabilities at RCFs in Gauteng Province, was drawn using purposive sampling based on specified inclusion and exclusion criteria (see section 3.6.1, Chapter Three) from two governmental RCFs and two non-government RCFs in Gauteng.

The data collected were analysed using the eight steps of Tesch (cited in Creswell 2014:196) (see section 3.8, Chapter Three) and presented as findings in Chapter Four. An independent coder systematically analysed the data, creating emerging themes, subthemes, and categories. A discussion with the coder to compare the data analysis with the researcher's study was conducted, and the outcomes were subjected to discussion and verification, ultimately receiving approval from the supervisor. Using an independent coder also increased the trustworthiness of the data analysis.

Data were verified using the Lincoln and Guba model (in Lietz & Zayas 2010:443). The following six themes (with various subthemes and categories) emerged from the data obtained regarding the social workers' perceptions and experiences in providing services to adult PWIDs in the RCFs during the data analysis:

- The description of the service users in the RCFs for PWIDs.
- The role of the social worker in RCFs for PWIDs.
- Perceptions and experiences of the social workers rendering services to PWIDs in RCFs.
- Challenges faced by social workers rendering services to PWIDS in RCFs.
- Coping strategies of social workers rendering services to PWIDS in RCFs.
- Suggestions for improved social work practice with PWIDs in RCFs.

This research study implemented stringent ethical considerations embodying the discipline of moral principles to safeguard participants from potential harm or distress. In doing so, the researcher adhered to the ethical considerations of informed consent, anonymity and confidentiality, privacy, beneficence, management of information and debriefing of participants (see section 3.10, Chapter Four).

The following **conclusions** were drawn from using the qualitative research approach applied to the study:

- Adopting a qualitative approach was motivated by its emphasis on understanding participants' lived experiences and emotional landscapes, contextualising information related to social workers' perceptions and experiences, and rendering services to PWIDS in RCFs. The research process demonstrated the qualitative research approach's adaptability and accommodating flexibility.
- The qualitative research approach aligned seamlessly with social justice theory and ecological systems theory, which were chosen as the conceptual frameworks for this study.
- Embracing the qualitative approach, the researcher recognised its potential to generate knowledge applicable to practice, which enabled the researcher to make recommendations relevant to the social practice concerned.
- The phenomenological design specifically facilitated an "insider" perspective, giving the researcher a nuanced and contextualised understanding of participants' perceptions and experiences rendering services to PWIDs in RCFs. This methodological choice contributed to a more comprehensive and empathetic exploration of the unique context surrounding services for PWIDs.
- The sample selection using a non-probability, purposive sampling technique was deemed appropriate for this study, allowing for the identification and recruitment of suitable participants with relevant experience.
- The preparatory phase for data collection proved crucial. In this phase, the researcher successfully built a trustworthy relationship with the participants, fostering their willingness to dedicate their time and volunteer for the study. This rapport facilitated an environment where participants freely shared their thoughts, feelings, and experiences about rendering services to PWIDs in RCFs in natural settings.
- The pilot testing assisted the researcher in evaluating the suitability of the interview guide (Creswell & Creswell, 2023:249). The pilot testing indicated that the questions in the interview guide were suitable for providing rich answers from the participants

during the data collection.

- Data collection employed semi-structured interviews guided by a flexible interview guide with open-ended questions, allowing participants to share information about their views and experiences. Semi-structured interviews enabled the researcher to comprehensively explore the phenomenon under study, eliminating constraints associated with simple "yes" or "no" responses to questions.
- The independent coder was consulted to compare the data analysis with the researcher's analysis. The results were subjected to thorough discussion and verification, ultimately gaining approval from the supervisor. Employing an independent coder additionally enhanced the trustworthiness of the data analysis. The findings generated robust descriptions by identifying themes, sub-themes, and categories.
- Lincoln and Guba's qualitative data verification, often called the trustworthiness criteria or the fourth-generation evaluation, involves four key components: credibility, transferability, dependability, and confirmability. Credibility was ensured that the study accurately represented the participants' viewpoints. This was achieved through prolonged engagement and persistent observation. To enhance transferability, a detailed description of the research setting, participants, and methodology was done, which was essential, allowing readers to assess the applicability of the findings to similar situations. To ensure dependability in the perceptions and experiences of social workers, the research design and methodology must be well-documented, which was done in this instance. To enhance confirmability, an audit trail was maintained documenting decision-making processes, making it possible for an external auditor or another researcher to follow and confirm the study's findings.
- This research study implemented stringent ethical considerations to safeguard participants from potential harm or distress. All participants were fully informed about the study's purpose and willingly signed an informed consent form after comprehending the process. Participants' identities and responses were and will remain undisclosed to unauthorised individuals to ensure confidentiality. The use of codes and pseudonyms further protected participant identities. The researcher

employed secure measures, storing physical documents in a locked cabinet and securing electronic files with a password accessible only to the researcher. A social worker was also available for debriefing sessions, though none of the participants required such support. These ethical measures underscore the commitment to ensuring participant well-being and maintaining the confidentiality and integrity of the research.

5.4 SUMMARY AND CONCLUSIONS OF THE RESEARCH FINDINGS

This section describes the profile of the 11 participants before encapsulating the research findings and conclusions.

The participants, all full-time social workers at RCFs, included one social work manager overseeing social work services for adult PWIDs in various RCFs. The sample encompasses 11 social workers working at facilities from the Gauteng DSD, along with two NGO residential facilities. These facilities provide 24-hour care for PWIDs in Gauteng's Tshwane and Ekurhuleni regions. Of the participants, ten are from the black ethnic group, and one is white, with a predominant female representation of nine participants compared to two males.

Regarding experience levels, seven social workers have two to 10 years of experience, while four social workers boast 11 to 20 years in the field. This diversity in experience provided information for a comprehensive understanding of the challenges and dynamics of delivering services for PWIDs in RCFs. Overall, the study's participant profile underscores the participants' varied expertise and backgrounds, offering valuable insights into the complexities of social work within this context. Chapter Four of this study presents the findings in six themes with their relevant subthemes and categories, coded and analysed by the researcher and the independent coder.

The six themes, 17 subthemes and 23 categories that emerged from the data analysis are summarised below.

5.4.1 Theme 1: Description of service users in residential care facilities for persons with intellectual disabilities

The participants highlighted that the admission process for PWIDs in RCFs is multifaceted, considering factors such as age, severity of disabilities, coexisting medical conditions, and individual abilities. The study concludes that RCFs generally admit PWIDs and others with disabilities from the age of 18, providing 24-hour care and services for them. Each facility has specific admission criteria based on capacity and resources, catering to various disabilities, including mild to moderate intellectual and physical disabilities. Additionally, the participants emphasised that the facilities admit PWIDs with manageable behaviour, as those displaying uncontrollable behaviour may negatively impact the well-being of other residents, potentially leading to physical harm.

The study reveals that if a PWID's needs cannot be appropriately met in a specific facility due to uncontrollable behaviour post-admission, a referral to healthcare facilities with advanced resources becomes crucial. The admission criteria for RCFs, as guided by legislation from the Department of Social Development or the Department of Health, regulate admitting individuals with severe physical, intellectual, and mental health disabilities, with or without serious behavioural problems. In summary, the research underscores the complexity of admission processes for PWIDs in RCFs, emphasising the importance of tailored criteria and the need for referrals to facilities with specialised resources according to the situations of PWIDs. These results underscore the necessity for the development of more inclusive and standardised protocols regarding the admission and treatment of PWIDs, especially those with significant disabilities.

5.4.2 Theme 2: The social worker's role in residential care facilities for persons with intellectual disabilities

The study reveals three crucial subthemes of the social worker's role regarding services to PWIDs in RCFs: the services rendered, administrative tasks of the social workers, and programmes provided to the PWIDs. Several pieces of legislation and policies guide the role of the social worker in rendering services in RCFs, which include the -:

- Policy on Residential Facilities and Independent Living Centres for Persons with Disabilities (DSD 2019c);
- Policy on Social Development Services for persons with disabilities (DSD 2018:8);
- Policy on Skills and Work Centres for Persons with Disabilities (DSD 2019d);
- Mental Health Care Act 17 of 2002 (South Africa 2002);
- White Paper on Families in South Africa (DSD 2013:63);
- White paper on the rights of persons with disabilities (DSD 2016); and
- Older Persons Act 13 of 2006 (South Africa 2006) (see Chapter Two).

PWIDs do not live in isolation; instead, they are part of a more extensive family system, and the promotion of their health and well-being should be an ongoing objective in alignment with the holistic integration outlined in most policies. This framework recognises the interconnectedness of PWIDs with their environments. In RCFs, social workers focus on the microsystem by addressing the individual needs of PWIDs, the mesosystem by facilitating communication between PWIDs and their families, the exosystem by advocating for supportive policies and resources, the macrosystem by considering cultural influences, and the chronosystem by acknowledging temporal changes. This holistic approach aims to promote the health and well-being of PWIDs within the broader context of their lives and communities. According to the research findings, the roles of the social worker in RCFs are to -

- play a pivotal role in screening, assessing, and admitting PWIDs to RCFs by ensuring a comprehensive and coordinated approach;
- orientate programmes and psychosocial support post-admission and aid PWIDs and their families in adjusting to the facility, emphasising the importance of therapeutic programmes;
- advocate for the rights and needs of PWIDs, a significant responsibility, given the challenges they may face in expressing themselves, which aligns with the social justice theory, one of the theoretical frameworks underlining the study;

- engage in a multi-skilled approach, managing administrative tasks such as recording and filing interventions, facilitating disability grants, and ensuring compliance with the Social Assistance Act No. 13 of 2004 (South Africa 2004a);
- manage client files, monitor service delivery by keeping weekly and monthly statistics, and plan for a pauper's burial on the deaths of unknown or neglected clients;
- present actively facilitated life and coping skills training programmes to enhance the functional abilities of PWIDs, aligned with the Policy Framework Services to Persons with Intellectual Disability (DSD . 2014); and
- organise community awareness programmes addressing the rights of PWDs and demonstrate the social worker's role in educating both PWIDs and the community at large about elderly abuse prevention, victim empowerment, crime prevention, and substance abuse programmes.

The social worker's role in RCFs for PWIDs encompasses various responsibilities, from ensuring proper admission processes and providing psychosocial support to actively engaging in administrative tasks and facilitating essential programmes. The holistic integration of services reflects the commitment to addressing the unique needs of PWIDs and promoting their overall well-being. The study findings emphasise the importance of a coordinated and comprehensive approach, with social workers acting as advocates, educators, and facilitators in pursuing equitable and quality care for PWDs and their families.

5.4.3 Theme 3: Perceptions and experiences of social workers rendering services in residential care facilities

Theme 3 has two subthemes, namely, the positive and negative perceptions and experiences of social workers rendering services in RCFs for PWIDs. It also has seven categories applicable to this theme.

The study identified the following positive experiences reported by social workers in rendering services in RCFs for PWIDs:

- *Family reunification facilitation and strengthening relationships:*

Social workers find the process of strengthening family relationships for PWIDs in RCFs rewarding, particularly after having successfully traced families of unidentified residents. Families are recognised as crucial support structures, contributing to the well-being and positive behaviour of PWIDs within the residential setting, underlining the theoretical framework of the ecological systems perspective. The study emphasises the importance of family support for the emotional well-being of PWIDs, even during rehabilitation in the care facility.

- *Persons with intellectual disabilities advancement through social work interventions:*

Social workers report positive experiences in assisting PWIDs in adjusting to the facility, addressing issues identified post-admission, and utilising effective interventions such as counselling. Counselling is highlighted as a critical tool in transforming negative thinking patterns into positive ones and enhancing behaviour and coping skills.

- *Engaging in effective teamwork:*

Social workers perceive effective teamwork with colleagues within residential settings as a rewarding experience. Collaborating with professionals from different disciplines contributes to increased knowledge and skills, improving the overall quality of care for PWIDs.

- *Continuous learning and growth:*

Providing services to RCFs is acknowledged and described as a challenging yet rewarding journey that offers continuous learning opportunities. Social workers expressed their satisfaction in addressing unique and complex issues daily, expanding their knowledge about PWID conditions, disorders, characteristics, and behavioural patterns.

The study highlighted the following adverse experiences faced by social workers in RCFs for PWIDs:

➤ *Abuse within families and the community:*

Social workers encounter PWIDs who have experienced various forms of abuse within their families and communities, including neglect, financial abuse, and emotional, sexual, and physical abuse. The vulnerable nature of PWIDs, particularly those with low cognitive functioning, exposes them to a higher risk of abuse. The exploitation of the SASSA pension received by PWIDs is one aspect where families are abusing PWIDs' vulnerability. Social workers addressing the abuse experienced by PWIDs within their families and communities align with the principles of social justice theory by advocating for fair treatment, addressing structural inequalities, promoting human rights, and empowering and advocating for the rights of the vulnerable. The goal is to create a more just and equitable society where all individuals, including PWIDs, can live free from abuse and discrimination.

➤ *Difficult and non-compliant persons with intellectual disabilities:*

Social workers face challenges in managing adult PWIDs displaying difficult and non-compliant behaviour, such as physical aggression, self-injury, and sexually inappropriate conduct. These challenging behaviours contribute to negative emotions, frustration, and distress among social workers, emphasising the complexity of addressing such issues in residential settings.

➤ *Difficulties in locating family and limited family engagement:*

Social workers express experiencing challenges in finding family members of PWIDs after admission, negatively impacting family engagement in the care facility. Little family involvement is linked to adverse effects on the behavioural and psychological well-being of PWIDs.

Social workers rendering services in RCFs for PWIDs find fulfilment in facilitating family reunification, implementing effective interventions, engaging in teamwork, and experiencing continuous learning. However, they also grapple with negative experiences related to abuse, complex behaviour, and limited family engagement, underscoring the

complexity and multifaceted nature of their roles. Addressing these challenges is crucial for improving the overall care and well-being of PWIDs in residential settings.

5.4.4 Theme 4: Challenges faced by social workers working in residential care facilities

Participating social workers experienced different challenges in rendering services in RCFs to PWIDs, which include three subthemes and 11 categories.

Subtheme 4.1: Challenges of social workers regarding service delivery to Persons with Intellectual Disabilities in Residential Care Facilities:

- *Challenges in information retention and compliance of PWIDs:*

PWIDs struggle with recalling and applying information due to memory loss and low cognitive function, posing risks to their safety. PWIDs put themselves at risk of accidents, injuries, or health complications. This limitation hampers the ability of social workers to understand and address the unique requirements of each resident. The need for consistent reminders and reinforcement of rules is essential for the well-being of PWIDs, but it is not always because of various challenges like shortage of staff and equipment. This requires a tailored and patient-centric approach to communication and intervention.

- *Communication barriers:*

PWIDs face difficulties with written and verbal communication, limiting their ability to express needs and engage with social workers. This limitation hampers the ability of social workers to understand and address the unique requirements of each individual. Poor communication affects the quality of life and may lead to social exclusion for PWIDs. Communication barriers impede the engagement between PWIDs and social workers, hindering the establishment of trust and rapport essential for effective service delivery.

- *Romantic and sexual relationships among Persons with Intellectual Disabilities:*

Social workers encounter challenges in addressing the rights of PWIDs to engage in romantic and sexual relationships within the residential facility. Misconceptions and lack of guidance impact how PWIDs are viewed in terms of their sexual expression and

relationships. These challenges introduce complexities requiring careful navigation and strategic interventions to ensure the safety and well-being of PWIDs and the professionals providing care for them. PWIDs may face marginalisation due to misconceptions that infantilise them or deny them agency to engage in healthy and consensual relationships. This can lead to the denial of their right to fulfil personal and sexual needs.

- *Managing challenging behaviour of Persons with Intellectual Disabilities:*

PWIDs display disruptive behaviour, including aggression and self-injury, posing risks to themselves and others. Social workers face challenges in managing this behaviour, impacting the well-being of both professionals and PWIDs. The challenges in managing disruptive behaviour can take a toll on the well-being of social workers. Frustration, stress, and the potential for burnout may arise when dealing with complex behavioural issues regularly.

Subtheme 4.2: Challenges related to families of PWID:

- *Difficulty in locating family members of PWIDs:*

Social workers encounter difficulties tracing family members of PWIDs, hindering family preservation and reunification services. Challenges include dealing with undocumented residents, damaged family relationships, and the absence of replacement caregivers. The inability to trace family members impedes family preservation and reunification services, which are essential for maintaining robust support systems for PWIDs. Social workers face obstacles in establishing family connections, limiting their ability to strengthen familial bonds. Dealing with undocumented residents adds complexity to the process. Social workers must navigate legal and interpersonal challenges, requiring additional resources and efforts.

- *Family cooperation with social workers:*

Some family members disengage with their PWID family members after admission, limiting contact and impacting the well-being of residents. Social workers may encounter challenges in obtaining crucial information, understanding the history of residents, and involving families in the care process. Lack of cooperation may lead to discharges based

on SASSA grant accessibility, affecting the quality of care in the community setting. The disengagement of family members after admission can have emotional repercussions on the well-being of residents. Limited contact may lead to feelings of abandonment and isolation, affecting the overall mental health of PWIDs. Service delivery in residential care facilities relies on collaborative efforts between social workers and families. Difficulty locating family members and limited cooperation strain these combined efforts, hindering the development and implementation of comprehensive care plans. The challenges associated with family engagement create barriers to holistic care for PWIDs. Hence, social workers may struggle to address the broader psychosocial needs of residents without their families' active involvement and cooperation.

Subtheme 4.3: Organisational challenges of social workers rendering services to PWIDs:

- Personnel shortages:

More qualified nurses are needed to ensure collaboration with social workers and the screening/assessment process. This collaboration is crucial for understanding the unique needs of PWIDs, and a lack of personnel hampers the effectiveness of these processes. Inadequate staff hampers the ability to meet the demands of PWIDs in the facility. The need for more staff, including social workers, affects the facility's capacity to satisfy the needs of PWIDs, creating burnout and dissatisfaction in the working environment. Shortages may lead to long waiting lists, delayed admissions, and an inability to provide timely and comprehensive services.

- *Lack of equipment and resources:*

More resources are needed to improve the quality of social work services, including limitations in conducting home visits and external services. The inability to perform the necessary visits limits the scope of interventions and support that social workers can provide to PWIDs. The shortage of office equipment and resources impacts social workers' well-being, job satisfaction, and effective service delivery to PWIDs.

- *Interpersonal staff challenges:*

Role confusion and misunderstandings among staff, particularly with nurses, strain working relationships. Misunderstanding social workers' roles may lead to conflicts and non-compliance toward social work and nursing services. Interprofessional collaboration is essential for cohesive and consistent care, and challenges hinder the overall quality of service delivery. The combined impact of personnel shortages and lack of resources reduces social work services' overall capacity and scope. Social workers may need help to meet the diverse needs of PWIDs, leading to gaps in their care and support. The challenges identified contribute to increased stress and potential burnout among social workers. Inadequate resources and strained working relationships impact professionals' job satisfaction and well-being.

- *Funding deficiencies:*

Limited funding contributes to personnel shortages, lack of equipment, and insufficient facility resources. Financial constraints hinder the facility's capacity to provide high-quality care and services to PWIDs. Limitations in funding can negatively affect the scope, depth, and quality of interventions and support services.

- *Inadequate remuneration:*

Social workers, especially those in NGOs, struggle with inadequate salaries and a lack of benefits. Funding deficiencies within facilities impact the financial well-being of social workers, affecting their ability to meet basic needs. Inadequate remuneration affects the economic well-being of social workers, potentially impacting their motivation and job satisfaction. Social workers' financial challenges may hinder their ability to fully engage in their roles, affecting the overall quality of service delivery.

5.4.5 Theme 5: Coping strategies of social workers working in residential care facilities

This theme has highlighted the importance of developing and maintaining the support system for social workers rendering services to adult PWIDs in the RCFs so that they can deal with their daily challenges. This theme was divided into seven subthemes:

supervision and management support, peer support, family support, counselling, training, teamwork and team building, and networking.

- *Supervision and management support:*

Most of the participants portrayed the supervision process as one of the positive coping strategies for social workers providing services to adults with PWID in the RCFs. The participants have expressed being faced with multiple challenges daily; however, the support they receive from their supervisors and management team has been recognised as an effective coping strategy. Engagement in formal supervision sessions has been proven to reduce stress and burnout among the social workers providing services to the adult PWID in the RCFs. It further enhances the service delivery and allows residents to receive high-quality care. Individual and group supervision are the most effective supervision methods utilised in the RCFs.

- *Peer support:*

The participants highlighted the support they received from their colleagues as crucial in coping with their day-to-day challenges. Most participants explained that accepting help and sharing their challenges enhanced their coping abilities to deal with complex interventions. The participants have expressed appreciation for the support they receive from their colleagues.

- *Family support:*

The participants also responded that receiving family support was a positive coping strategy. Social workers providing services to adult PWIDs are faced with various challenges, which usually lead to distress and burnout. Thus, functional family support is essential to the social workers' health and well-being.

- *Counselling:*

Participants have emphasised the importance of counselling for themselves as a coping strategy and support service in providing effective services to adult PWID in RCFs. Most said they had received counselling from the employer's Employee Assistance Programme (EAP).

- *Training:*

The study findings have shown that training and capacity building is crucial for social workers to improve service delivery and render quality care for the residents. The participants mentioned relying on training to enhance their social work skills. They further indicated that they attended various specialised forums offered by the employer to equip them to cope with work demands and improve service delivery within the facility. In addition to the training provided by the employer, the participants also emphasised the importance of self-development by furthering their studies to the advanced qualification.

- *Teamwork and teambuilding:*

The participants indicated that they collaborated with other healthcare professionals and formed part of a multi-disciplinary team. Social workers in RCFs bring significant experience to team-based care, offering a unique and valuable perspective within this environment. Teamwork within long-term care facilities is indispensable for providing practical and safe care to residents. The participants regard teamwork among colleagues as a positive coping strategy and an efficient method to attain positive results, especially in difficult situations. In the context of a multidisciplinary team, social workers and healthcare professionals collaborate to gather information and deliver care to individuals with IDs collectively. Participants also mentioned that their excellent team spirit made it a norm to engage in teambuilding activities such as having an active social life and celebrating their birthday events together.

- *Networking:*

Participants explained that they rely on internal staff for support and have a good relationship with other colleagues from other RCFs for an extended strong support structure used to reduce stress while facing their daily challenges. Networking with colleagues from other facilities has been identified to expand the social worker's knowledge and assist the social workers in learning from each other and managing various behaviours exhibited by the PWIDs.

5.4.5 Theme 6: Suggestions for social work practice

The participants were requested to share their suggestions for improved rendering of services in RCFs for PWIDS in social work practice. This theme has been divided into three subthemes: specialised training, tips for self-care of social workers, tips for better remuneration, and tips to improve staff shortages.

- *Specialised training:*

Participants emphasised the importance of attending specialised training, focusing more on information about ID to provide appropriate interventions during service delivery. The previous theme revealed that viewing the training content and assessing its expected outcome is essential. In this regard, the participants deem it necessary to receive specialised training that will empower the social workers to manage PWID with uncontrollable behaviour. Some of the participants suggested training that will improve communication challenges when interacting with PWIDs. The study findings show that PWIDs are deprived of social services due to their low functioning and communication barriers. Therefore, it is crucial to consider instituting specialised training to reduce the communication barrier during service delivery. Thus, providing social workers with training in behavioural interventions and functional communication would enhance the quality of social work service delivery.

- *Suggestions for self-care of social workers:*

The social workers rendering services to PWID at the RCFs have been reported to be facing different challenges, and the participants suggested self-care as one of the effective ways social workers can utilise to deal with their daily challenges and balance their responsibilities. The participants shared that counselling as a form of self-care that aims to empower the entire social workforce, including the residential ones, to take ownership of their health and well-being while balancing their personal and professional lives. Self-care is reported to impact the increase in retention rates and decreased turnover of social workers' referral services in RCFs. It has been described to reduce stress and burnout and enhance social workers' physical, psychological, and emotional

well-being. Promoting self-care strategies for social workers is essential to assist them in rendering effective services in RCFs.

- *Suggestions for better remuneration:*

Participants are unsatisfied with their salary scales, benefits, and compensation, which do not range according to job performance. Moreover, the study highlighted the concern about the lower salary scale the NGO social workers received compared to those employed in government RCFs. Thus, participants also suggested revising the salary packages to better align with their needs and work demands and promote personnel retention within RCFs.

- *Suggestions to improve staff shortages*

The participants were requested to share their suggestions for addressing their daily challenges. They suggested that increasing the staff component of both social workers and nurses can positively impact providing services to adult PWID with residential facilities. The research findings have shown that individuals' well-being is intricately connected to their environment. This implies that the shortage of social workers and nurses in RCFs harms professionals' psychological state and impacts the quality of care for PWID within the broader ecological context. Sufficient human resources that meet the facility's demand have been discovered to promote the health of the healthcare workers, including the social workers. Consequently, the facilities may increase human resources to establish positive work engagement and high-quality services in residential settings.

5.5 RECOMMENDATIONS

The following recommendations are based on the participants' contributions as presented in the research findings and the conclusions drawn. Proposals are made for social work practice within residential care facilities for PWIDs, programmes and policies; social work education, training, and continuous professional development; and future research.

5.5.1 Recommendation for social work practice, programmes and policies

To empower and support social workers providing services to adult PWIDs in RCFs, the following recommendations for social work practice with PWIDs in RCFs are made:

- Advocating for more inclusive admission criteria in residential care facilities is recommended. This could involve working with policymakers and the relevant departments to ensure that facilities are equipped to cater to clients with a diverse range of disabilities, including both mild to moderate intellectual and physical disabilities.
- Arranging and providing community awareness projects is recommended to educate the community about the admission processes and criteria for residential care facilities, assisting PWIDS in receiving the necessary care. Community outreach projects can also help reduce stigma and increase understanding about the diverse needs of PWIDS, fostering a more supportive community environment.
- It is recommended that specialised training programmes for RCF staff be implemented to equip them with the skills necessary to understand, manage, and support PWIDs with challenging behaviours. Additionally, creating dedicated units within RCFs specifically designed and staffed to handle PWIDs and their behavioural challenges can ensure appropriate care and accommodation of PWIDs without excluding them from essential services. This approach promotes inclusivity and provides tailored support for those with more complex needs, fostering a more compassionate and effective care environment.
- Establish protocols for handling challenging behaviour by PWIDs, ensuring the safety of both residents and staff.
- Given the inadequate knowledge about providing services specifically to adult PWIDs in the RCFs, it is recommended that the facilities' management teams collaborate with relevant stakeholders, including NGOs and government departments, to empower and support staff, including social workers and other residential workers, with the necessary knowledge and best evidence practices to render more effective services.

- Developing and implementing programmes to strengthen family relationships of PWIDs in RCFs are necessary.
- Provide training and support to social workers in family tracing and engagement techniques to improve families' reunification with PWIDs.
- Motivate the institution of regular team-building activities and the formation of different specialised forums with external colleagues from other RCFs as a support system for social workers providing services to adult PWIDs in the RCFs.
- Establish fully functional forums to serve as a platform where professionals can discuss various aspects of the matters that affect the PWID and also share possible strategies for addressing what will be in the best interest of the service users. Both team building and forums are positive methods of developing social connections and sharing different experiences. This will assist the residential facilities in benchmarking with one another to provide adequate services to adult PWID in the RCFs.
- it is recommended that multidisciplinary teams among professionals (both internal and external) be enhanced and developed to address and coordinate the provision of services to adult PWIDs in the RCFs.
- The undertaking of initiatives to clarify the social work profession's role in providing services to PWIDs in the residential setting will reduce role confusion and conflict and eliminate duplication of services among professionals during service delivery.
- Based on the financial struggle faced by the NGO residential facilities, it is recommended that facilities develop a sustainable business strategy that will assist with raising funds sufficient for operating the facilities and meeting the demands of both the staff and PWID.
- Consideration should be given to the increasing demands of RCFs for PWIDS in South Africa to meet the community's needs and reduce overcrowding of residents within the available facilities.
- Reviewing staff shortages by management, in line with the organisations' financial capabilities, to meet the demands for residential facilities for rendering more effective services.

- Advocating for improved remuneration and benefits for social workers, especially in non-governmental organisations.
- Implementing well-being programmes for staff and social workers, including mental health support and stress management initiatives, and prioritising a positive and supportive work culture to mitigate burnout and enhance job satisfaction.
- Utilise technology for communication by exploring and implementing technology solutions for communication with families, especially in cases where physical visits are challenging. Ensure that social workers can access tools that facilitate virtual meetings and information sharing.
- Promote peer support programmes by establishing formalised peer support programmes within residential care facilities. Encourage regular team meetings where social workers can share challenges and successes, fostering a supportive team environment.

5.5.2 Recommendations for social work education, training and continuing professional development (CPD)

The following recommendations are made concerning social work education, training and CPD:

- It is recommended that the ID field be included in the social work curriculum in universities, both in theory and practice. However, suppose the university social work curriculum has already introduced ID in social work theory and practice. In that case, it should be emphasised effectively as it will prepare social work students post-qualification with relevant skills, knowledge, and experience in working with PWIDs in RCF settings.
- Social workers are obligated to keep a portfolio of evidence (POE) for all continuing professional development (CPD) activities attended (SACSSP 2021:12). CPD training programs such as workshops, seminars, and conferences must be established to empower social workers working with PWIDs in RCF settings, keep

them well-informed about matters relating to them, and improve their skills in working with PWIDs in residential settings.

- Regarding the fact that PWIDs face communication barriers hindering service delivery, it is recommended that specialised training and capacity-building sessions be implemented to address the communication issue and equip the social workers with alternative methods to convey the message to PWDs during service delivery.
- It is suggested that professional development programmes be instituted to address how social workers can manage the challenging behaviour of PWIDs in RCFs.
- Establishing continuing professional development programmes or short courses developed by institutions for higher learning regarding evidence-based practices to manage severe and complex PWIDs. The short course can entail in-depth information about the characteristics of PWID and the type of support that can be offered to address their needs.
- In-service and professional development programmes focusing on self-care issues in social work practice should be established for social workers providing services to adult PWID.
- As social work supervisors and facility management were identified as essential support systems for social workers, it is recommended that they be provided with advanced courses that will expand their management skills and knowledge in the ID field. Strengthening the management team's skills would also benefit the social workers and improve the quality of care for PWIDs.

5.5.3. Recommendations for future research

Further research is required about social workers providing services to PWID in residential care facilities. Based on the findings of this study, it is recommended that the following be considered for future research in this regard:

- Considering that this research only focused on a sample of social workers in Gauteng province, it is recommended that additional qualitative research studies be performed in different regions to examine the situation in more detail.

- A quantitative research study regarding PWID mild to moderate residents' views of social workers about providing services to PWID on a more extensive and generalised scale could be valuable in suggesting comprehensive initiatives to improve the role of social workers in the RCFs.
- Exploring the roles of other professionals providing services to PWIDs in RCFs and how it impacts the social work services to get an in-depth picture of the problem and to suggest guidelines to deal with it in reducing work conflicts among the social workers and other professionals within the RCFs.
- Developing various strategies for social work self-care within social workers providing services to PWID in the RCFs to assist them in dealing with burnout positively and daily challenges and improve services delivery to PWID
- Given that various professionals are involved during service delivery, more social work academics and multi-disciplinary professionals should initiate collaborative research projects to conduct a longitudinal study in improving quality care for PWIDs in the RCFs.

5.6 INHERENT LIMITATIONS OF THE STUDY

This study was executed with a qualitative research approach. Therefore, the following inherent limitations apply to this study:

- Generalisation of the findings to a larger context does not apply to this study due to utilising a qualitative approach, which presents context-specific information.
- In applying the principle of data saturation to determine the sample size, true to the nature of qualitative research, only 11 social workers rendering services to adult PWIDs in RCFs were interviewed in this study. As a result, it is recognised that the views of the 11 interviewed participants are not illustrative of the opinions of all social workers providing services to adult PWIDs in the RCFs in South Africa.

5.7 CONCLUSION OF THE CHAPTER

This chapter's fundamental aim is to summarise the study, draw conclusions and make recommendations about the social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in RCFs. This is accomplished by giving a synopsis of the study's chapters. The application of the research process is summarised, and conclusions are drawn from the study's research questions, goals, and objectives.

A summary of the research findings is presented, addressing the demographic particulars of the research participants and the six themes, their related sub-themes and the categories that emerged after the data analysis process. Each theme is reflected in its conclusion. Finally, recommendations for social work practice, programmes and policy development, education and training, and further and future research are made and aligned with the research outcome. This chapter also describes the limitations encountered in this study.

6. REFERENCE SOURCES

Abrahams, N & Rowhani, R. 2015. *Exploring the Experiences of Caregivers with Adult Children with ID*. Department of Psychology, University of Cape Town, Cape Town.

Adams. W.C. 2015. Conducting semi-structured interviews. In Newcomer, KE, Hatry, HP & Wholey, JS. (Ed). 4TH edition. *Handbook of practical program evaluation*. Jossey-Bass: US.

Adnams, CM. 2010. Perspectives of ID in South Africa: epidemiology, policy, and services for children and adults. *Current opinion in Psychiatry* 23: 436–440.

African Union. 2020. AU Disability Inclusion. *Guideline for youth exchange*.

Ahmed, SR, Amer, MM & Killawi, A. 2017. The ecosystem perspective in social work: Implications for culturally competent practice with American Muslims. *Journal of Religion & Spirituality in Social Work: Social Thought* 36 (1-2): 48-72.

Ambrose-Miller, W & Ashcroft, R. 2016. Challenges Faced by Social Workers as Members of Interprofessional Collaborative Health Care Teams. *National Association of Social Workers* 41(2): 101-109.

Ambrosino, R, Hefferman, T, Shuttlesmuth, G. & Ambrosino, R. 2012. *Social work and social welfare: An Introduction*, 7th edition. Canada: Brooks/Cole.

Amir, K & Kihoro, MF. 2014. Work stress and coping strategies among social workers: a case of Northern Uganda. *International Journal of Liberal Arts and Social Science* 2(8):33-38.

Anney, VN. 2014. Ensuring the quality of qualitative research findings: Looking at trustworthiness criteria. *Journal of emerging trends in educational research policy studies* (2):272-281.

APA (American Psychiatric Association). 2013. Diagnostic and Statistical Manual of Mental Disorders (DSM-5®), American Psychiatric Association publication.

Arifin, SRM.2018. Ethical considerations in qualitative study. *International Journal of Care Scholars* 1(2):30-33.

Ashcroft, A, Sur, D, Greenblatt, A & Donahue, P. 2021. The Impact of the COVID-19 Pandemic on Social Workers at the Frontline: A Survey of Canadian Social Workers. *British Journal of Social Work* 52(3):1-23.

Astvik, W, Melin, M & Allvin, M. 2014. Survival strategies in social work: a study of how coping strategies affect service quality, professionalism and employee health. *Nordic Social Work Research* 4(1) 52-66, DOI: 10.1080/2156857X.2013.801879. (Accessed on 10 November 2023).

Babbie, E & Mouton, J. 2016. *The practice of social research*. South Africa edition. Oxford: University Press.

Beins, B. 2009. *Research methods: A tool for life*. 2nd edition. Boston, MA: Pearson.

Bekkema, N, de Veer, A, Albers, G, Hertogh, C, Onwuteaka-Philipsen, B & Francke, A. 2014. Nurses and social workers' training needs in end-of-life care for people with intellectual disabilities: A national survey. *Nurse Education Today* 34(4) 494-500.

Berlanda S, Pedrazza M, Trifiletti E, Fraizzoli M. 2017. Dissatisfaction in Child Welfare and Its Role in Predicting Self-Efficacy and Satisfaction at Work: A Mixed-Method Research. *Biomed Research International*. Doi: 10.1155/2017/5249619.

Bernal J, Hunt K, Worth R, Shearn J, Jones E, Lowe K & Todd, S. 2021. Expecting the unexpected: measures, outcomes and dying trajectories for expected and unexpected death in adults with intellectual disabilities in social care settings in the UK. *Journal of Applied Research in Intellectual Disabilities* 34:594–605.

Bern-Klug, M & Kramer, K. 2013. Core Functions of Nursing Home Social Services Departments in the United States. *Journal American Medical Directors Association* 14(1): 1-7.

Bigby, C & Atkinson, D. 2010. Written out of history: invisible women in ID social work. *Australian Social Work* 63(1):4–17.

Bigby, C, Tibury, C & Hughes, M. 2017. Social Work Research in the Field of Disability in Australia: A Scoping Review. *Australian Social Work* 71(1), October:1–14. <http://dx.doi.org/10.1080/0312407X.2017.1364397> (Accessed on 07 June 2020).

Birkenmaier, J & Berg-Weger, M. 2017. *The practice of generalist social work*. New York and London: Routledge.

Bonell, S, Ali, A, Hall, I, Chinn, D & Patkas, I. 2011. People with intellectual disabilities in out-of-area specialist hospitals: what do families think? *Journal of Applied Research in Intellectual Disabilities*, 24:389-397.

Brown, LA, Jerud, A, Asnaani, A, Petersen, J, Zang, Y. & Foa, EB. 2018. Changes in posttraumatic stress disorder (PTSD) and depressive symptoms throughout prolonged exposure. *Journal of Consulting and Clinical Psychology* 86(5):452-463.

Bullen, A, Luger, R, Prudhomme, D & Geiger, M. 2018. Simple ideas that work: Celebrating development in persons with profound intellectual and multiple disabilities. *African Journal of Disability* 7(0). DOI: <https://doi.org/10.4102/ajod.v7i0.273> (Accessed on 5 November 2022).

Calitz, T, Roux, A & Strydom, H. 2014. Factors that affect social workers' job satisfaction, stress and burnout. *Social Work/Maatskaplike Werk* 50(2): 153-169.

Cambridge International Dictionary of English. 2019. <http://dictionary.cambridge.org/dictionary/english/challenge>. Cambridge University Press (Accessed on 19 October 2020).

Capri, C. 2016. *Thinking about ID care: an intersubjective approach*. DPhil thesis, University of Stellenbosch, Stellenbosch.

Capri, C, Abrahams, L, Coetzee, O, Mkabile, S, Saptouw, M, Hooper, A, Smith, P, Adnams, C & Swartz, L. 2018. What can a scoping review tell us about ID rights and inclusive citizenship in South Africa? *African Journal of Disability*, 7(0). <https://doi.org/10.4102/ajod.v7i0.396> (Accessed on 30 April 2020).

Carfi, A, Vetrano, DL, Mascia, D, Meloni, E, Villani, ER, Acampora, N, Brandi, V, Fries, BE, Martin, L, Bernabei, R & Onder, G. 2019. Adults with Down syndrome: a comprehensive approach to manage complexity. *Journal of ID Research* 63(6): 624-629. doi: 10.1111/jir.12588 (Accessed 3 April 2023).

Chibonore, WC & Chikadzi, V. 2017. Enablers and barriers faced by social workers in undertaking advocacy in Johannesburg, South Africa. *Southern African Journal of Social Work and Social*

Development 29(2):1-19. <https://doi.org/10.25159/2415-5829/2394> (Accessed on the 9 August 2021).

Chikadzi, V & Mafetsa, S. 2013. Facilitating integrated service delivery via networking forums: lessons from a case study. *Social Work/Maatskaplike Werk* 49(4):490-500.

Chitereka, C. 2010. People with Disabilities and the Role of Social Workers in Lesotho. *Social Work & Society* 8(1):82-89.

Chukwu, NE, Okoye, UO, Onyeneho, NG & Okeibunor, JC. 2019. Coping strategies of families of persons with learning disability in Imo state of Nigeria. *Journal of Health, Population and Nutrition* 38: 1-9. <https://doi.org/10.1186/s41043-019-0168-2> (Accessed on 22 September 2023).

Carrillo, A. 2022. Activities for Nursing Homes and Assisted Living. *Very well Health*. <https://www.verywellhealth.com/activities-for-nursing-homes-and-assisted-living-197773> (Accessed on 14 September 2022).

Clark, MS. 2015. Social Workers' Perceptions on Quality Hospital Care for Individuals with Intellectual Disabilities. MSW, St Catherine University, Sophia.

Collins, W. 2018. *COBUILD advanced English Dictionary*. 13th edition. HarperCollins Publishers. <http://www.collinsdictionary.com/dictionary/english/adult> (Accessed on 30 July 2020).

Cooper SA, McLean G, Guthrie B, McConnachie A, Mercer S, Sullivan F, Morrison J. 2015. Multiple physical and mental health comorbidity in adults with intellectual disabilities: population-based cross-sectional analysis. *Bio-Medical Central Family practice* 16(1):110.

Correa, FP. 2012. The evaluation of qualitative research: A reflection from a justice perspective. *Qualitative inquiry* 19(3): 208-218.

Correia, TSP, Martins, MMFPS, Barroso, FF, Valentim, O, Fonseca, C, Lopes, M & Pinho, LG. Safety and family-centred care during restriction of hospital visits due to COVID-19: The experiences of family members. 2022. *Journal of Personalized Medicine* 12(10): 1-13. <https://doi.org/10.3390/jpm12101546> (Accessed on 22 September 2023).

Crawford, M. 2020. Ecological Systems Theory: Exploring the Development of the Theoretical Framework as Conceived by Bronfenbrenner. *Journal of Public Health Issues and Practices* 4(2):170. <https://doi.org/10.33790/jphip1100170> (Accessed on 23 August 2023).

Creswell, JW. 2014. *Research designs: Qualitative, quantitative and mixed methods approaches*. 4th edition. London: SAGE.

Creswell, JW & Creswell, JD. 2018. *Research Design: Qualitative, Quantitative & Mix Methods Approach*. 5th edition. Los Angeles: SAGE.

Creswell, JW & Creswell, JD. 2023. *Research Design Qualitative, Quantitative, and Mixed Methods Approaches*. 6th edition. London: SAGE.

Creswell, JW & Poth, CN. 2018. *Qualitative inquiry and research design: choosing among five approaches*. 4th edition. Thousand Oaks, CA: SAGE.

Cropley, AJ. 2022. Introduction to Qualitative Research Methods: *A practice-oriented introduction to students for psychology and education*. Germany, University of Hamburg. Doi 10.13140/RG.2.1.3095.6888/1 (Accessed on 30 October 2022).

Dalphon, H. 2019. Self-care techniques for social workers: Achieving an ethical harmony between work and well-being. *Journal of human behaviour in the social environment* 29(1):85-95.

David, NB, Lotan, M & Moran, DS. 2022. A New Screening Tool for Rapid Diagnosis of Functional and Environmental Factors Influencing Adults with Intellectual Disabilities. *Diagnostics*. <https://doi.org/10.3390/diagnostics12122991> (Accessed on 17 April 2023).

DeJonckheere, M & Vaughn, LM. 2019. Structured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health* 7(2):1-8.

Demuth, A. 2013. *Perception theories*. Slovakia: Krakow.

Department of the Presidency. 2012a. National Planning Commission. National Development Plan 2030: Our Future—make it work. Pretoria: Department of the Presidency.

Department of Social Development. 2013. White paper on families in South Africa. Johannesburg, DSD.

Department of Social Development. 2015. National Disability Policy. Pretoria.

Department of Social Development. 2016a. White Paper on the Rights of PWDs. Government Notice R230 of 2016. *Government Gazette* (609) 39792, 9 March 2016. Pretoria. Government Printer.

Department of Health. 2017. Guidelines for Licensing Residential and Day Care Facilities for People with Mental or Intellectual Disabilities. *Government Gazette*, No. 40860. 26 May 2017.

Department of Social Development. 2018. Policy on Social Development services to PWDs. Pretoria.

Department of Social Development. 2019a. *Annual report 2018-2019*. Johannesburg: DSD.

Department of Social Development. 2019b. National Strategy on Integrated Services to Children with Disabilities. Pretoria. Department of Social Development.

Department Social Department. 2019c. Policy on Residential Facilities and Independent Living Centres for PWDs. Pretoria: National Department of Social Development.

Department of Social Development. 2019d. Policy on skills and work centres for PWDs. Pretoria: National Department of Social Development.

Dibakoane, KA. 2016. Primary caregiver's experience caring for children with ID in Mpumalanga province, Bushbuckridge. MA (Psychology), Johannesburg, University of the Witwatersrand.

Doody O. 2011. Families' views on their relatives with ID moving from a long-stay psychiatric institution to a community-based ID service: an Irish context. *British Journal of Learning Disabilities* 40(1):46-54. Doody, O & Bailey, M E. 2016. Setting a research question, aim and objective. *Nurse Researcher* 23(4):19-23.

Dorociak, KE, Rupert, PA, Bryant, FB & Zahniser, E. 2017. Development of a Self-Care Assessment for Psychologists. *Journal of Counseling Psychology* 64(3):325-334. <http://dx.doi.org/10.1037/cou0000206> (Accessed on 15 September 2023).

Duvdevany, I, Or-Chen, K & Fine, M. 2016. Employers' willingness to hire a person with ID in light of the regulations for adjusted minimum wages. *Journal of Vocational Rehabilitation* 44(1): 33-41. DOI:10.3233/JVR-150778 (Accessed on 5 April 2023).

Eriksson., M, Ghazinour, M & Hammarstro.A. 2018. Different uses of Bronfenbrenner's ecological theory in public mental health research: what is their value for guiding public mental health policy and practice? *Social Theory & Health* 16, March: 414–433.

Ettekal, AV & Mahoney, JL. 2017. Ecological Systems Theory. *The SAGE Encyclopedia of Out-of-School Learning*. Thousand Oaks, CA: SAGE.

Fain, JA. 2017. *Reading, understanding, and applying Nursing Research*. 5th edition. Philadelphia: F.A. Davis Company.

Fassinger, R. & Morrow, S. 2013. Toward Best Practices in Quantitative, Qualitative, and Mixed Method Research: A Social Justice Perspective. *Journal for Social Action in Counseling and Psychology* 5(2): 69-83.

Fields, NL, Koenig, T & Dabelko-Schoeny, H.2012. Resident Transitions to Assisted Living: A Role. *Health & Social Work Advance*. Doi: 10.1093/hsw/hls020 (Accessed on 5 August 2020).

Flick, U. 2018. *An Introduction to Qualitative Research* .6th edition. London. SAGE.

Foskett, K. 2014. ID in South Africa. Included group homes. www. includid. Org. za (accessed on 8 April 2020).

Fraser, J, Fahlman, D, Arscott, J & Guillot, I. 2018. Pilot testing for feasibility in a study of student retention and attrition in online undergraduate programs. *International review of research in open and distributed learning* 19(1), February: 260-278.

Gallagher, E, Barr, O & Taggart, L. 2014 How can Community Residential Services Effectively Support Adults with Intellectual Disabilities who Present with Challenging Behaviour and Mental Health Problems? *Austin Journal of Nursing & Health Care* 1(1): 1-3.

Gibson, S, Benson, O & SL Brand. 2012. Talking about suicide: Confidentiality and anonymity in qualitative research. *Nursing Ethics* 20 (1):18-21.

Gil, S & Weinberg, M. 2015. Secondary trauma among social workers treating trauma clients: The role of coping strategies and internal resources. *International Social Work* 58(4):551-561.

Girimaji, SC & Pradeep, AJ. 2018. ID in International Classification of Diseases11: A Developmental Perspective. *Indian Journal of Social Psychiatry* 34(1), November: 68-74.

Gjermestad, A. 2017. Narrative competence in caring encounters with persons with profound intellectual and multiple disabilities. *International Practice Development Journal* 7(7):1-11. <https://doi.org/10.19043/ipdj.7SP.007> (Accessed on 6 November 2022).

Graham, L, Selipsy, L, Moodley, J, Maina, J & Rowland, W. 2010. *Understanding poverty and disability in Johannesburg*. Centre for Social Development in Africa (CSDA) and Department for International Development United Kingdom (DFID).

Grant, C & Osanloo, AO. 2014. Understanding, Selecting, and Integrating a Theoretical Framework in Dissertation Research: Creating the Blueprint for Your “House”. *Administrative issues Journal: connecting education, Practice and Research* 4(3):12-6.

Grobler, H, Schenck, R & Mbedzi, P. 2013. *Person-centred facilitation process, theory and practice*.4th edition. Cape Town: Oxford University Press Southern Africa.

Guerrero-Castaneda, RF & Flores, TC. 2017, Spiritual care in old age: nursing reflection. *MedCrave Online Journal Gerontology & Geriatrics* 2(4):259-261. DOI:10.15406/mojgg.2017.02.00055 (Accessed on 13 September 2023).

Gunawan, J. 2015. Ensuring trustworthiness in qualitative research. *Belitung Nursing Journal* 1(1):10-11.

Gushwa, M. 2021. Self-Care: Toward a Model of Ethical Self-Care for Social Workers. *Social work Today* 22(4): 1:6.

Gutterman, AS. 2023. *Long-term care*. <http://dx.doi.org/10.2139/ssrn.3849759> (Accessed on 27 August 2023).

Gxolo, N. 2021. A leading cause of death in SA, head trauma is under-researched. <https://www.news.uct.ac.za/article/-2021-10-04-a-leading-cause-of-death-in-sa-head-trauma-is-under-researched> (Accessed on 5 November 2023).

Gxotelwa, A. 2021. *Social workers' experiences in providing mental health services in Johannesburg*. MSW in health care, University of Pretoria, Pretoria.

Hanson, AJ. 2015 *The Impact of Compassion Fatigue and Burnout Among Residential Care Workers on Client Care: Implications for Social Work Practice*. Master of Social Work Clinical Research Papers, University of St Thomas, United States.

Hardy, LJ, Hughes, A, Hulen, E & Schwartz, A. 2016. Implementing qualitative data management plans to ensure ethical standards in multi-partner centres. *Journal of Empirical Research on Human Research Ethics* 11(2):191-198.

Hicks, S. 2015. Social work and gender: An argument for practical accounts. *Qualitative Social Work*: QSW:14(4): 471–487. <https://doi.org/10.1177/1473325014558665> (Accessed 22 October 2022).

Higashida, M. 2018. Developmental Social Work for Promoting the Socioeconomic Participation of PWDs: An Application of the Capability Approach. *Disability, CBR & Inclusive Development* 29(2):94-117.

Hirt, J, Adlbrecht, L, Heinrich, S & Zeller, A. 2022. Staff-to-resident abuse in nursing homes: a scoping review. *BMC Geriatrics* 22(563):1-14. <https://doi.org/10.1186/s12877-022-03243-9> (Accessed on 30 July 2023).

Hombrados-Mendieta, I & Cosano-Rivas, F. 2013. Burnout, workplace support, job satisfaction and life satisfaction among social workers in Spain: A structural equation model. *International Social Work* 56(2):228-246.

Hood, R. 2016. Combining phenomenological and critical methodologies in qualitative research. *Qualitative Social Work* 15(2):160-174.

Howes, A. 2019. Communication skills, resources, and needs of adults with ID in *residential facilities in the Western Cape and their support staff: A descriptive study*. Master's in augmentative and alternative communication, University of Pretoria, Pretoria.

Hudson, KD. 2017. With equality and opportunity for all? Emerging scholars define social justice for social work. *British Journal of Social Work* 47(7):1959–1978.

Hughes, B, Wintz, S, Carbonell, EL & Hodge, DR, 2018. *Spiritual Care and Social Work: Integration into Practice*. Health care chaplaincy & spiritual care association.

IASW. 2011. *The Role of the Social Worker with Older Persons*. The Irish Association of Social Workers (IASW) Special Interest Group on Ageing (SIGA).

IFSW. 2014. *Global Definition of the Social Work Profession*. <http://ifsw.org/policies/definition-of-social-work/> (Accessed on 30 July 2020).

Igdalsky, I. 2016. Aging and Older Adults, Children and Adolescents, Disabilities, Human Behavior, Research and Evidence-Based Practice. *The Encyclopedia of Social Work* March: 1-10. DOI: 10.1093/acrefor/9780199975839.013.955 (Accessed 18 May 2020).

Inland, J & Starke, M. 2022. Factors associated with positive work experience among professionals supporting people with intellectual disabilities: a comparative analysis of three welfare organisations in Sweden. *International Journal of Developmental Disabilities* 68(4):436-444.

International Labour Organisation Global Business Disability Network. 2018. Making the future of work inclusive of people with disabilities. https://www.ilo.org/global/topics/disability-and-work/WCMS_729457/lang--en/index.htm (Accessed on 7 September 2023).

Jacob, US, Edozie, IS & Pillay, J. 2022. Strategies for enhancing social skills of individuals with ID: A systematic review. *Frontiers in Rehabilitation Sciences*.3:968314. Doi: 10.3389/fresc.2022.968314 (Accessed on 14 September 2023).

Jacob, US, Oyefeso, EO, Adejola, AO & Pillay, J. 2022. Social studies performance of pupils with ID: the effect of demonstration method and storytelling. *Ikogretim Online Elementary Education Online*21(1):36–47. [Http://ilkogretim-online.org](http://ilkogretim-online.org) doi: 10.17051/ilkonline.2022.01.04 (Accessed on 23 September 2023).

Jazieh, AR, Volker, S & Taher, S. Involving the family in patient care: A culturally tailored communication model. *Global Journal on Quality and Safety in Healthcare* 1(1):33-7. DOI: 10.4103/JQSH.JQSH_3_18 (Accessed on 15 July 2023)

John, A & Schrandt, K. 2019. Social Work Practice with Individuals With ID: Social Work Students' Perspectives. *Journal of Social Work Education* 55(4):724-735. <https://doi.org/10.1080/10437797.2019.1611511> (Accessed on 16 August 2023).

Johns, H. 2012. *Personal Development in Counsellor Training* (2nd edition.) Thousand Oaks, CA: Sage Publications, Inc.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2017. *Ending AIDS: Progress towards the 90 90 90 targets*. UNAIDS: USA.

Kabir, SMS. 2016. *Basic guidelines for research: An introductory approach for all disciplines*. Chittagong: Book Zone Publication.

Kabir, SMS. 2017. *Essentials of Counseling*. Banglabazar Dhaka: Abosar Prokashana Sangstha.

Kam, PK. 2014. Back to the social of social work: Reviving the social work profession contribution to the promotion of social justice. *International Social Work* 57(96):723-740.

Kamenopoulou, L. 2016. Ecological systems theory: a valuable framework for research on inclusion and unique educational needs/disabilities. *Inclusion of Children with Special Educational Needs* 88(4):515-527.

Kavaliauskiene, J & Rimkuvienė, A. 2017. Social work skills working with mentally disabled persons: Case overview. *Konińskie Studia Społeczno-Ekonomiczne* 3(2):153-159.

Kelly, G. 2018. *The Influence of Disability-Related Cash Transfers on Family Practices in South Africa*. Legislating and Implementing Welfare Policy Reforms, University of Cape Town, Cape Town.

Khoeiniha, S, Cameranesi, M, McCombe, L, Demczuk, L & Shooshtari, S. 2021. A Scoping Review of Effective Community-Based Primary Healthcare Initiative to Improve Health Outcomes for Persons with Intellectual and Developmental Disabilities. *Journal on Developmental Disabilities* 26(2):1-24.

Kirst-Ashman, KK. 2017. *Introduction to social work & social welfare: Critical thinking perspectives*. 5th edition. Canada: Cengage Learning.

Kleintjes, S, McKenzie, J, Abrahams T & Adnams, C. 2020. Improving the health of children and adults with ID in South Africa: legislative, policy and service development. *South African Health Review* 2020.

Koch, LC, Niesz, T & McCarthy, H. 2014. Understanding and reporting qualitative research: An analytical review and recommendations for submitting authors. *Rehabilitation Counseling Bulletin* 57(3):131-143.

Kodom, RF, 2022. The role of social work in the healthcare settings during the COVID-19 pandemic in Africa. *International Social Work* 00(0): 1-6. DOI: 10.1177/00208728211070525 (Accessed on 27 August 2023).

Korstjens, I & Moser, A. 2018a. Series: Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European Journal of General Practice* 24(1):9-18).

Korstjens, I & Moser, A. 2018b. Series: Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice* 24(1):120-124.

Kreinbucher-Bekerle,C, Ruf, W, Bartholomeyczik, A,Wieber,F & Kiselev, N. 2023. Recommending Physical Activity for People with Intellectual Disabilities: The relevance of public Health Guidelines, Physical Activity Behaviour and Type of Contact. *International Journal of Environmental Research and Public Health* 20(1):1-15.

Kreitzer, L, Brintnell, SE & Austin, W. 2020. Institutional Barriers to Healthy Workplace Environments: From the Voices of Social Workers Experiencing Compassion Fatigue. *British Journal of Social Work* 50 (1):1942-1960. Doi: 10.1093/bjsw/bcz147 (Accessed 18 September 2023).

Kruithof, K, Willems, D, Nieuwenhuijse, A & Olsman, E. 2022. Care and support for persons with profound intellectual and multiple disabilities without parents: A qualitative exploration. *Research in Developmental Disabilities* 130(1):1-10. <https://doi.org/10.1016/j.ridd.2022.104334> (Accessed on 18 September 2023).

Kruenberg. K. 2019.*Challenges faced by social workers in mental health social work today.* College of Social Work: Florida State University

- Kumar, R. 2011. *Research Methodology is a step-by-step guide for beginners*. 3rd edition. Los Angeles: Sage.
- Kwanasai, F. 2014. *Antiretroviral treatment: challenges experienced by HIV positive women in Zimbabwe*. Master's dissertation, Pretoria: University of Pretoria.
- Larsson, R, Erlingsdóttir, G, Persson, J & Rydenfält. " Teamwork in home care nursing: A scoping literature review. " *Health and Social Care in the Community* 30(60):1-19.
- Leavy, P. 2017. *Research design: Quantitative, qualitative, mixed methods, arts-based and community-based participatory research approaches*. 2nd edition. New York: Guilford Press.
- Lee, JJ & Miller, SE. 2013. A Self-Care Framework for Social Workers: Building a Strong Foundation for Practice. *The Journal of Contemporary Social Services* 94(2):96-103.
- Lee, K, Cascella, M & Marwaha, R. 2019. Intellectual Disability <https://www.ncbi.nlm.nih.gov/books/NBK547654/> (Accessed on 6 November 2022).
- Lee, LJ, Splawa-Neyman, M & McDermott. 2022. The Role of Social Work in Residential Aged Care Facilities: Evaluation of a Pilot Programme in Australia. *The Qualitative Report* 27 (1):64-78. <https://doi.org/10.46743/2160-3715/2022.4761> (Accessed on 9 October 2022).
- Lehto, RH, Heeter, C, Forman, J, Shanafelt, T, Kamal, A, Miller, P & Paletta, M. 2020. Hospice Employees' Perceptions of Their Work Environment: A Focus Group Perspective. *International Journal of Environmental Research and Public Health* 17(17):6147.
- Leoni M, Alzani L, Carvevali D, Cavagnola R, Chiodelli G, Corti S, Fioriti F, Galli ML, Michelini G & Miselli G. 2020. Stress and well-being among professionals working with people with neurodevelopmental disorders. Review and intervention perspectives. *Annali dell'Istituzione Superiore di Sanita*. 56:215–21.
- Lev, S & Ayalon, L. 2016. Coping with the Obligation Dilemma: Prototypes of Social Workers in the Nursing Home. *The British Association of Social Workers* 46(1):1318-1335.
- Lietz, CA & Zayas, LE. 2010. Evaluating quality research for social work practitioners. *Advances in Social Work*, 11(2):188-202.

Lokman, S, van Oorsouw, WMWJ, Didden, R & Embregts, PJCM. 2022. Setting up a new team of support staff for people with mild ID or borderline intellectual functioning and severe challenging behaviour: A concept mapping study. *Journal of Applied Research in Intellectual Disabilities* 35(6):1348–1359.

Lombard, A. 2019. Developmental Social Work in Theories for Decolonial Social Work Practice edited by A. van Breda and J Sekudu. South Africa: Oxford University Press:47–66.

Lombardero-Posada, XM, Mendez-Fernandez, AB, Aguiar-Fernandez, FX, Murcia-Alvarez, E & Gonzalez-Fernandez, A. 2022. Social Workers' Self-Care Practices: Buffering the Influence of Work-Family Interferences on Burnout and Engagement. *National Association of Social Workers* 43(31):197-204. Differences 179:110784. Lund, EM. 2021. Disability-related abuse in people with intellectual and developmental disabilities: Considerations across the lifespan. *International Review of Research in Developmental Disabilities* 61(1):77-97.

Luu, TT. 2021. Worker resilience during the COVID-19 crisis: The role of core beliefs challenge, emotion regulation, and family strain. *Personality and Individual Differences* 179(1): 1-6.

Mahon, D, Walsh, E, Holloway, J, & Lydon, H. 2022. A systematic review of training methods to increase staff's knowledge and implementation of positive behaviour support in residential and day settings for individuals with intellectual and developmental disabilities. *Journal of Intellectual Disabilities* 26(3):732–757. <https://doi.org/10.1177/17446295211022124> (Accessed on 15 September 2023).

Maja, PA, Mann, WM, Sing, D Steyn, AJ & Naidoo, P.2012. Employing People with Disabilities in South Africa. *South African Journal of Occupational Therapy* 41(1):24-32.

Majid, MAA, Othman, M, Mohamad, ST, Lim, SAH & Yusof, A. 2017. Piloting for interviews in qualitative research: operationalisation and lessons learnt. *International Journal of Academic Research in Business and Social Sciences* 7(4):1073-1080.

Makofane, M, D, M & Shirindi, M, L, 2018. The importance of data collection for qualitative research in social work. In AL Shokane, JC Makhubele, LV & Blitz. *Issues around aligning theory, Research and practice in Social Work Education*. Knowledge Pathing: Multi, Inter and Trans-Disciplining in Social Science series volume 1. Cape Town: Aosis, <https://doi.org/10.4102/aosis.2018BK76.02>. (Accessed on 30 October 2022).

Maree, K. 2019. Planning a research proposal. In: Maree, K. (Ed.). *First steps in research*. 3rd edition. Pretoria: Van Schaik Publishers.

Maree, K & Pietersen, J. 2019. Sampling. In Maree, K, (Ed.). *First steps in research*. 3rd edition. Pretoria: Van Schaik Publishers.

Maxwell, JA. 2012. *Qualitative research design: An interactive approach* 41(1). Sage publications.

Maxwell, JA. 2013. *Qualitative research design: an interactive approach*. 3rd edition. Los Angeles: Sage.

McFadden, P, Campbell, A & Taylor, B. 2015. Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *British Journal of Social Work* 45(5):1546–1563.

McFadyen, J & Rankin, J. 2016. The Role of Gatekeepers in Research: Learning from Reflexivity and Reflection. *Journal of Nursing and Health Care* 4(1):82-88. DOI: 10.5176/2345-718X_4.1.135 (Accessed on 27 July 2023).

McGarry, S, Cuskelly, K, Reilly, P, Coffey, A, Finucane, N, O'Loughlin, A & Casey, L. 2020. *The Liaison Social Work Role in Nursing Homes and Residential Settings: Guidance for Social Workers*. Dublin: Irish Association of Social Workers.

McGill, P, Vanono L, Clover W, Smyth E, Cooper V, Hopkins L, Barratt N, Joyce C, Henderson K, Sekasi S, Davis S, Deveau R.2018. Reducing challenging behaviour of adults with intellectual disabilities in supported accommodation: A cluster randomised controlled trial of setting-wide positive behaviour support. *Research in Developmental Disabilities* 81:143-154. Doi: 10.1016/j.ridd.2018.04.020 (Accessed on 20 September 2023).

McKenzie, JA, Abrahams, T, Adnams, C & Kleintjes, S. 2019. ID in South Africa: the possibilities and limits of democratic rights. *Tizard Learning Disability Review*. DOI 10.1108/TLDR-04-2019-0015. (Accessed on 03 August 2022).

McKenzie, JA, McConkey, R & Adnams, C. 2013a. Health conditions and support needs of persons living in residential facilities for adults with ID in Western Cape Province. *South African Medical Journal* 103 (7), July: 481-484.

- Mckenzie, JA, McConkey, R & Adnams, C. 2013b. ID in Africa: implications for research and service development. *Disability and Rehabilitation* 35(2): 1750–1755. DOI: 10.3109/09638288.2012.751461 (Accessed 03 April 2023).
- McKenzie, J, McConkey, R & Admans, C. 2014. Residential facilities for adults with ID in a developing country: A case study from South Africa, *Journal of Intellectual and Developmental Disability* 31 (1), January: 45-54.
- McMahon, MJ, O'Connor, AM, Dunbar, P, Delany, A, Behan, L, Grogan, C & Keyes, LM. Mortality in RCFs for people with a disability: a descriptive cross-sectional analysis of statutory notifications in Ireland. *British Medical Journal*. doi:10.1136/ bmjopen-2022-065745 (Accessed on 20 September 2023).
- McMahon, SA & Winch, PJ. 2018. Systematic debriefing after qualitative encounters: an essential analysis step in applied qualitative research. *BMJ Global Health* 3(5), September: 1-6.
- Mette, J, Wirth, T, Nienhaus, A, Harth, V & Mach, S. 2020. I need to take care of myself”: a qualitative study on coping strategies, support and health promotion for social workers serving refugees and homeless individuals. *Journal of Occupational Medicine and Toxicology* 15(1):1-15. <https://doi.org/10.1186/s12995-020-00270-3> (Accessed on 15 September 2023).
- Mitra, S, Posarac, A & Vick, B. 2013. Disability and Poverty in Developing Countries: A Multidimensional Study. *World Development* 41:1-18.
- Mkabile, S, Garrun, KL, Shelton, M & Swartz, L. 2021. African families’ and caregivers’ experiences of raising a child with ID: A narrative synthesis of qualitative studies. *African Journal of Disability* 10(0). <https://doi.org/10.4102/ajod.v10i0.827> (Accessed on 30 July 2023).
- Molepo, LP. 2014. *Challenges and coping strategies of child and youth care workers in South Africa*. Pretoria: D Phil thesis, University of Pretoria, Pretoria.
- Moule, P. & Goodman, M. 2014. *Nursing Research. An Introduction*. 2nd edition. London. Sage Publications.
- Mourad, AE. 2019. Defining and Determining ID (Intellectual Developmental Disorder): Insights from DSM-5. *International Journal of Psycho-Educational Sciences* 8(1), April: 52-54.

Muller-Kluitsi, N & Slabbert, I. 2021. The role of social workers in addressing caregiver burden in families of PWDs. *South African Health Review*. Department of SW. Stellenbosch University, Stellenbosch.

Muswera, T & Kasiram, M. 2019. Understanding the sexuality of persons with ID in residential facilities: perceptions of service providers and people with disabilities. *Social Work/ Maatskaplike Werk* 55(2):197-204. Doi <http://dx.doi.org/10.15270/55-2-715> (Accessed on 22 July 2023).

Mutanga, O. 2017. Students with disabilities' experience in South African higher education – a synthesis of literature. *South African Journal of Higher Education* 31(1): 135-154. <http://dx.doi.org/10.20853/31-1-1596> (Accessed on 23 August 2022).

Naderifar, M, Goli, H & Ghaljaie, F. 2017. Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education* 14(3):1-6.

Nankervis, K, Ashman, A, Weekes, A & Carroll, M. 2020. Interactions of Residents Who Have ID and Challenging Behaviours. *International Journal of Disability, Development and Education* 67 (1):58-72. DOI: 10.1080/1034912X.2019.1678742 (Accessed on 13 September 2023).

Naslund, M. N. 2015. *Counsellor Education: A Personal Growth and Personal Development Experience*. Fargo, North Dakota.

National Department of Social Development & SACSSP Africa. 2012b. Supervision framework for the social work profession in South Africa. Pretoria.

National Development Agency. 2016b *Nutrition and health systems*. Johannesburg: NDA.

Neal, JW & Neal, ZP. 2013. Nested or networked? Future directions for Ecological Systems Theory. *Social Development* 22(4):722–737.

Nelson, CA, Bhutta, ZA, Harris, NB, Danese, A & Samara, M. 2020. Adversity in childhood is linked to mental and physical health throughout life. *British Medical Journal*. <https://doi.org/10.1136/bmj.m3048> (Accessed 27 March 2023).

Neuman, WL. 2014. *Social research methods: qualitative and quantitative approaches*. 7th edition. UK: Pearson.

Newell, JM. 2020. An Ecological Systems Framework for Professional Resilience in Social Work Practice. *National Association of Social Workers* 65(1):65-73.

Nhlabathi, MG. 2016. *The experiences of parents with children with severe ID in a South African township*. MA (Psychology), Northwest University, Potchefstroom.

Nieuwenhuis, J. 2019. Qualitative research designs and data-gathering techniques. In Maree, K. *First steps in research*. 3rd edition. Pretoria: Van Schaik Publisher:80-116.

Ngubane, TN. 2021. *Social workers' experiences in providing mental health services in KwaZulu Natal*. MSW (Healthcare), University of Pretoria, Pretoria.

Ntsoane, DR. 2017. *Occupational stress, burnout and work engagement of social workers in the Limpopo Province*. Doctor Philosophy in Social Work, North-West University, Potchefstroom.

O'Donoghue, K. 2015. Issues and challenges facing social work supervision in the twenty-first century. *China Journal of Social Work* 8(2):136-149. DOI: 10.1080/17525098.2015.1039172 (Accessed on 10 November 2023).

Ojakaa, D. Olango, S & Jarvis, J. 2014. Factors affecting motivation and retention of primary health care workers in three disparate regions in Kenya. *Human Resources for Health* 12(33):1-13.

Okafor, A, Onalu, C, Jacinta, E & Okoye, U. 2017. Social work in a health care setting. *Social work in Nigeria: Book of readings* 135–145—Nsukka: the University of Nigeria Press Ltd.

Panicker AS, Ramesh S. 2019. Psychological status and coping styles of caregivers of individuals with ID and psychiatric illness. *Journal of Applied Research Intellectual Disabilities* 32(1):1–14.

Patel, D, Apple, R, Kanungo, S & Akkal, A. 2018. ID: definitions, evaluation and principles of treatment. *Pediatric Medicine* December. <http://dx.doi.org/10.21037/pm.2018.12.02> (Accessed on 18 May 2020).

Patel, L. 2015. *Social welfare and social development*. Cape Town: Oxford University Press.

Paulsen, MK. 2020. Appearance of Experience as Form and Process. *Integrative Psychological Behavioural* 54(1):861–879. <https://doi.org/10.1007/s12124-020-09526-3> (Accessed on 20 September 2023).

Pinals, DA, Hovermale, L, Mauch, D & Anacker, L. 2022. Persons With Intellectual and Developmental Disabilities in the Mental Health System: Part 1. Clinical Considerations. *Psychiatric Services* 73(3): 313-320. doi:10.1176/appi.ps.201900504 (Accessed on 23 September 2023).

Potic, S, Stanimirov, K, Đorđević, M & Banković, S. 2014. Physical-recreational activities and persons with disabilities. *Fakultet za sport i turizam, Novi Sad, TIMS Act* 8(0):70-80. DOI: 10.5937/timsact8-542 (Accessed 15 October 2022).

Rhodes, P, Donnelly, M, Watson, L, Brearley, K, Dikian, J, Hansson, A, Franic, T & Mora, L. 2013. Beyond the Impasse? Systemic Consultation and Understanding Complex. *Journal of Applied Research in Intellectual Disabilities* 27(3):226-235.

Rohling, L. 2016. Preventing Burnout: *An Exploration of Social Workers' Challenges and Coping Strategies*. MA (SW) Clinical Research Paper, St. Catherine University, St Paul.

Rose, S & Palattiyil G. 2018. Are you surviving or thriving? Enhancing the emotional resilience of social workers in their organisational settings. *Journal of Social Work* 20(1):23–42. DOI:10.1177/1468017318793614 (Accessed on 5 August 2023).

Sabbagh, C & Schmitt, M. 2016. *Handbook of social justice theory and research*. New York: Springer.

Sacco, RG. 2013. Re-Envisaging for eight developmental stages of Erik Erikson: The Fibonacci life chart method. *Journal of Educational Developmental Psychology* 3(1):140-146.

SACSSP, 1999. *Social Service Professions Act, 1978 Regulations and Rules: Manual. 3rd edition*. Pretoria: SACSSP.

SACSSP, 2006. *Policy guidelines for the course of conduct, code of ethics and the rules for caring professions*. Pretoria: SACSSP.

SACSSP. 2021. Policy on continuing professional development (CPD) for social and auxiliary workers (revised). Pretoria: SACSSP.

Saju, MD, Rajeev, SP, Scaria, L, Benny, AM & Anjana, N. 2019. Mental health intervention at the workplace: A psychosocial care model. *Cogent Psychology* 6(1):1-17. DOI: 10.1080/23311908.2019.1601606 (Accessed on 5 August 2023).

Scheffers, F, Van Vugt, E & Moonen, X. 2020. Resilience in the face of adversity in adults with an ID: A literature review. *Journal of Applied Research in Intellectual Disabilities*: 1-11. DOI: 10.1111/jar.12720 (Accessed on 25/10/2022).

Schulte, PA, Guerin, RJ, Schill, AL, Bhattacharya, A, Cunningham, TR, Pandalai, SP, Eggerth, D. & Stephenson, CM. 2015. Considerations for incorporating “well-being” in public policy for workers and workplaces. *American Journal of Public Health* 105(8): e31-e44.

Schurink, WJ, Schurink, EM & Fouché, CB 2021. *Research at grass roots: for the social sciences and human services professions*. In Fouché, CB, Strydom, H & Roestenburg, WJH.5th edition. Pretoria: Van Schaik Publishers.

Shree, A. & Shukla, P. 2016. ID: Definition, classification, causes and characteristics. *Learning community-an International Journal of Educational and Social Development* 7(1):9-20.

Sibanda, R. 2015. The State of Disability Rights is: is South Africa doing enough? *Centre of Constitutional Right*, 2 April: 1-3.

Singh, B & Kiran, UV. 2014. Recreational Activities for Senior Citizens. *IOSR Journal of Humanities and Social Science* 19(4):24-30.

Singh, KD. 2015. Creating your qualitative research approach: Selecting, integrating and operationalising philosophy, methodology and methods. *Vision* 19(2):132-146.

Siperstein, GN, Parker, RC & Drascher, M. 2013. A national snapshot of adults with intellectual disabilities in the labour force. *Journal of Vocational Rehabilitation* 39(1):157–165. DOI:10.3233/JVR-130658 (Accessed on 5 April 2023).

Skhosana, RM. 2020. The dilemma faced by NPOS in retaining social workers: a call to revisit the retention strategy. *Social Work/Maatskaplike Werk* 56(2):109-124. doi: <http://dx.doi.org/10.15270/52-2-815> (Accessed on 13/08/2023).

Skhosana, RM, Schenck, R & Botha, P. 2014. Factors enabling and hampering social welfare services rendered to street children in Pretoria: service providers' perspectives. *Social Work/Maatskaplike Werk* 50 (2):213-236. <http://dx.doi.org/10.15270/50-2-396> (Accessed on 5 February 2023).

Smith J, Baksh RA, Hassiotis A, Sheehan R, Ke C, Wong, TLB, PETAL Investigators & Strydom A. 2022. Aggressive challenging behaviour in adults with intellectual disability: An electronic register-based cohort study of clinical outcome and service use. *European Psychiatry* 65(1): 1–9. <https://doi.org/10.1192/j.eurpsy.2022.2336>.

Smith, L, Adnams, C & Eley, B.2008. Neurological and neurocognitive function of HIV-infected children commenced on antiretroviral therapy. *SA Journal of Child Health* 2(3):107-113.

Sousa, D. 2014. Validation in qualitative research: General aspects and specificities of the descriptive phenomenological method. *Qualitative Research in Psychology* 11(2):211-227.

South Africa. 1996. The Constitution of the Republic of South Africa, 1996. Government Gazette, Vol. 378, No. 17678. 8 May 1996. Pretoria: Government Printer.

South Africa. 1997. Department of Welfare. White Paper for Social Welfare: Principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa. (Government Notice R1108 of 1997). *Government Gazette* 386(18166), 8 August 1997. Pretoria: Government Printer.

South Africa. 2002. Mental Health Care Act 17 of 2002. Pretoria: Government Printer.

South Africa. 2004a. Social Assistance Act No. 13 of 2004. Pretoria: Government Printer.

South Africa. 2004b. South African Social Security Agency Act 09 of 2004. Government Gazette, Vol. 468, No. 26418. 2 June 2004. Cape Town: Government Printer.

South Africa. 2006. Older Persons Act 13 of 2006. Pretoria: Government Printer.

Sreejesh, S, Mohapatra, S & Anusree, MR. 2014. *Business research methods: An applied orientation*. Switzerland: Springer.

Stein, DJ, Sordsdahl, K & Lund, C. 2018. ID in South Africa: addressing a crisis in mental health services [Editorial]. *South Africa Medical Journal* 108(3):147-148.

Statistics South Africa. 2017. Poverty trends in South Africa, No. 03-10-06. Statistics South Africa, Pretoria

Stevens, P. 2021. The rights of persons with disabilities to be protected against exploitation, violence, and abuse are a selection of issues. In Centre for Human Rights. *South Africa Disability Legislation & Policy Gap Analysis*. Centre for Human Rights. University of Pretoria.

Stevenson, L.2016. Tips for coping with stress and burnout in social work. <https://www.communitycare.co.uk>. (Accessed on 9 October 2022).

Strydom, M. 2015. Service providers' views on services rendered to people with disabilities and the need for family preservation services. *Social Work/Maatskaplike Werk* 51(3):379-398.

Sun, C, Ding, Y, Cui, Y, Zhu, S, Li, X, Chen, S Zhou, R & Yu, Y. 2021. The adaptation of older adults' transition to RCFs and cultural factors: a meta-synthesis. *BMC Geriatrics*. <https://doi.org/10.1186/s12877-020-01987-w> (Accessed on 8 August 2022).

Taberna, M, Moncayo, FG, Jane-Salas, E, Antonio, M, Arribis, L, Vilajosana, E, Torres, EP & Mesia, R.2020. The Multidisciplinary Team (MDT) Approach and Quality of Care. *Frontiers in oncology* 10(85):1-16.

Tariq, Q & Khan, NA. 2013. Relationship of sense of humour and mental health: A correlational study. *Asian journal of social sciences & humanities*, 2(1):331-337.

Taylor, S, Vreugdenhil, A & Schneiders, M. 2017. Social Justice as Concept and Practice in Australian Social Work: An Analysis of Norma Parker Addresses, 1969–2008. *Australian Social Work* 70(1):46-68.

Taylor, SJ, Bogdan, R & DeVault, ML. 2016. *Introduction to Qualitative Research Methods, A Guidebook and Resource*. 4th edition. Canada: John Wiley & Sons.

Teater, B. 2014. *Contemporary Social Work Practice: A Handbook for Students*. New York: Open University Press.

Terblanche, L, Gunya, T, Maruma, M, Mbuyisa, K, Maseko, T, Mojapelo, K, Myeni, N, Pretorius, M & Tyson, W. 2021. Employee assistance programmes and occupational social work: interrelated with distinct features. *Social Work/Maatskaplike Werk* 57(1):16-38.

Tesi, A, Aiello, A & Giannetti, E. 2019. The work-related well-being of social workers: Framing job demands, psychological well-being, and work engagement. *Journal of Social Work* 19(1):121-141.

Thomas, E. & Magilvy, JK. 2011. Qualitative rigour or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing* 16(1):151-155.

Thompson, S. 2017. Disability prevalence and trends. *Institute of Development Studies: Helpdesk Report*. 27 August: 1-10.

Tinta, N. Steyn, H & Vermaas, J. 2020. Barriers experienced by people with disabilities participating in income-generating activities. A case of a sheltered workshop in Bloemfontein, South Africa. *African Disability* 9(0). <http://dx.doi.org/10.4102/ajod.v9i0.662> (Accessed on 5 April 2023).

Tournier, T, Wolkorte, R, AHC, Jahoda, A & Embregts, PJCM. 2021. Family Involvement in Person-Centered Approaches for People with Intellectual Disabilities and Challenging Behaviors: A Scoping Review. *Journal of Mental Health Research in Intellectual Disabilities* 14(4): 349-374. DOI: 10.1080/19315864.2021.195968 (Accessed on 30 July 2023).

Tracy, SJ. 2013. *Qualitative Research Methods Collecting Evidence, Crafting Analysis, Communicating Impact*. 1st edition. UK: Wiley-Blackwell.

Trainor, AA & Graue, E. 2014. Evaluating rigour in qualitative methodology and research dissemination. *Remedial and special education* 35(5):267-274.

Truong, A, Averbratt, C, Ekström-Bergström, A & Antonsson, H. 2021. Caring for Persons with Intellectual Disabilities and Challenging Behaviour: Staff Experiences with a Web-Based Training Program. *Frontiers in Psychiatric* 12(1):1-12. doi: 10.3389/fpsy.2021.580923 (Accessed on 30 July 2023).

Turner, FJ.2017. *Social Work Treatment Interlocking Theoretical Approaches*.6th edition. United States of America: Oxford University Press.

UNESCO Institute for Statistics. 2018. *Education and Disability: Analysis of Data from 49 Countries*. USA: UNESCO.

Unisa. 2020. University of South Africa Covid-19 guidelines: implications of alert levels for researchers and postgraduate students (Version 2.0). 26 June. Internal document.

United Nations. 2006. *Convention on the Rights of PWDs*. UN General Assembly. <https://www.refworld.org/docid/4680cd212.html> (accessed on 15 May 2020).

Van Der Byl, C.2014. Twenty-year review South Africa 1994 – 2014. *Background paper: disability*.

Viljoen, C. 2020. *Challenges faced by social workers rendering services to adult homeless individuals*. MA (Social Work), Pretoria University of Pretoria.

Villaescusa, M, Martínez-Rueda, N & Fernández, A. 2021. Support for Families of Youths and Adults with Intellectual Disabilities: Contributions of a Program from Families' and Specialists' Perspectives. *Education Science* 11(88):1-16. <https://doi.org/10.3390/educsci11020088> (Accessed on 30 July 2023).

Voicu, Cl. 2017. Importance of supervision in social work. *Logos, Universality, Mentality, Education, Novelty. Section Social Sciences* 6(2):19-30.

Wagner, C, Kawulich, B, & Garner, M. 2012. *Doing social research: A global context*. UK: McGraw-Hill Higher Education.

Wallace RA. 2022. Mainstream Health Care for Adults with ID due to Rare Causes. *International Journal of Rare Diseases & Disorders* 4 (2):1-4. doi.org/10.23937/2643-4571/1710032 (Accessed on 25 October 2022).

Wang, C, Chan, CLW, & Chow, AYM.2018. Social workers' involvement in advance care planning: a systematic narrative review. *BioMed Central Palliative Care* 17(5):1-20.

Watkins, LE, Sprang, KR. & Rothbaum, BO. 2018. Treating PTSD: A review of evidence-based psychotherapy interventions. *Frontiers in Behavioural Neuroscience* 12(258):1-9.

Weiten, W, Dunn, D & Hammer, E. 2015. *Psychology applied to modern life: to Modern Life: Adjustment in the 21st Century*. USA: Cengage.

Western Cape Government. 2014. Policy Framework Services to Persons with Intellectual Disability. Western Cape Government.

WHO (World Health Organisation) & World Bank. 2011. World report on disability. WHO: Geneva. http://www.who.int/disabilities/world_report/2011/report.pdf (Accessed 15 May 2020).

WHO (World Health Organisation). 2015. WHO global disability action plan 2014-2021. Better health for all people with disabilities. WHO: Geneva.

WHO (World Health Organisation). 2023. Adverse Childhood Experiences International Questionnaire. [https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-\(ace-ig\)](https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-(ace-ig)) (accessed on 11 November 2023).

Woodman, AC, Mailick, MR, Anderson, KA & Esbensen, AJ. 2014. Residential Transitions among Adults with ID across 20 Years. *National Institutes of Health* 119(6):496-515.

Ximba, TM. 2016. *Career advancement challenges facing people with disabilities in South Africa*—MA of Commerce Business Management Dissertation, University of South Africa, Pretoria.

Yates, J & Leggett, T. 2016. Qualitative research: An introduction. *Radiologic Technology* 88(2): 225-231.

Young, EW. 2017. *Social work in skilled nursing homes*. Sage Publication Inc.

Zambrino, N & Hedderich, I. 2021. Family Members of Adults with ID Living in Residential Settings: Roles and Collaboration with Professionals. A Review of the Literature. *The Journal of Health Care Organization, Provision, and Financing* 58(1): 1–13. DOI: 10.1177/0046958021991301 (Accessed on 23 July 2023).

7. ADDENDA

7.1 ADDENDUM A: REQUEST FOR PERMISSION TO CONDUCT THE STUDY

To: Head of the Institution

Name and surname

Name of the Institution

Ethical clearance number: CREC Reference #: 43921558_CRECHS_2020

Dear Sir/Madam,

My name is Shabalala Nonkululeko Innocentia. I am researching with the University of South Africa, a Master's degree in the Department of Social Work at the University of South Africa. We invite social workers from your Institution to participate in a study entitled Social Workers' Perceptions and Experiences in providing services for adult persons with intellectual disabilities in residential care facilities. Your institution has been selected because it delivers 24-hour accommodation, care, and services to adults with disabilities.

This study is expected to collect important information that could contribute to the body of knowledge in service delivery in the field of social work about rendering informed services to adult persons with intellectual disabilities in residential care facilities and making suggestions to improve service delivery for such individuals. The target population for this research study consists of social workers providing services in residential care facilities for adult persons with intellectual disabilities. The researcher only considered the boundaries for this population because she is familiar with these areas and can conduct the study cost-effectively and constructively regarding time consumption.

Because social workers in your institution are well-informed about this topic and are currently involved in service delivery to adult persons with intellectual disabilities, I request permission to recruit them to participate in this study.

The participants in the study will each be interviewed individually. The study will entail

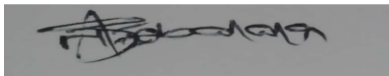
face-to-face interviews with officials involved at a mutually agreed-upon venue at the agreed-upon time, which will be confirmed in advance. It is estimated that the interview will last approximately one hour for each participant.

The university guidelines for conducting research studies require that the researcher be bound to all ethical principles, including informed and voluntary consent, anonymity, confidentiality, beneficence, privacy, and data management. The researcher stores hard copies of answers for at least five years in a locked cupboard or filing cabinet. The researcher considers any potential inconvenience and discomfort the study may cause the participants. There is no anticipated risk or harm from participating in the study.

Please note that the study will not involve any financial benefit for participation. No monetary compensation or incentives will be given to the participants for participating in the survey. It is also not envisaged that any financial expense will be incurred as the interview will be conducted at the venue and time convenient to the participant.

If you want to be informed of the final research findings, The feedback procedure will allow the Directorate to review the study findings and supply a thesis copy.

Yours sincerely

A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read 'Nonkululeko Shabalala'.

Nonkululeko Innocentia Shabalala, Researcher
(Social work Masters' Student)

ADDENDUM A1



2022-02-15

Nonkululeko Shabalala
Researcher

Dear Madam,

RE: Student number: 43-92155-8 CREC CHS 2020

1. I hereby grant you permission to engage and recruit [redacted] to participate in the study you are performing.

Your's sincerely,


Anadien Scholtz
Manager, Epilepsy SA Daggafontein Residential Care Centre

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East Rand Protective Workshop: Tel+27 11 811 1591
Johannesburg Protective Workshop: Tel+27 11 830 0059

ADDENDUM A2

From: Ansie Heymans <coo@kwo.org.za>
Sent: Thursday, July 22, 2021 5:27 PM
To: Nonkululeko Shabalala <Nonkululeko.Shabalala@gauteng.gov.za>
Cc: Daleen Botes <ceo@kwo.org.za>; Accounts DEP02 KWO <accounts@kwo.org.za>; Joseph Kekae <pjh@kwo.org.za>
Subject: Re: RE: Permission to conduct research study.

Good day Nonkululeko

Thank you for your email and your interest in Kungwini Welfare Organisation to do your research.

You are welcome to do your research at our organisation and we will assist in which ever manner we can.

How many social workers must you interview?

When did you want to do the interviews?

Awaiting your response.

Kind regards/Vriendelike groete

ANSIE HEYMANS

Chief Operations Officer

Community Development Department | Kungwini Welfare Organisation

Office hours: 08:00 - 16:00

Telephone: 012 940 0221

Cell: 083 653 5037

Email: coo@kwo.org.za

Address: Plot 214 Graham Road (Lynnwood Ext), Zwavelpoort, Pretoria
GPS Coordinates: S25 48.588 E28 22.314

ADDENDUM A3



Enquiries: Dr. Sello Mokoena
Tel: 082 331 0786
File no.: 03/07/21

Dear N Shabalala

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on "*Social Workers' Perceptions and Experiences in Providing Services for Adult Persons with Intellectual Disabilities in Residential Care Facilities.*" (University of the South Africa) has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as endorsed on the 13th November 2019.

You have permission to interview departmental officials and beneficiaries, conduct observations and access relevant documents where necessary.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks


Dr Sello Mokoena
Director: Research and Policy Coordination

Date: 19/07/2021

7.2. ADDENDUM B: PARTICIPANT INFORMATION SHEET

Ethical clearance number: CREC Reference # :
43921558_CREC_CHS_2020

Title: Social Workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities.

Dear Prospective Participant

My name is Nonkululeko Innocentia Shabalala. I am researching for a Master's in the Department of Social Work at the University of South Africa. We invite you to participate in a study entitled Social Workers' Perceptions and Experiences in Providing Services for Adult Persons with Intellectual Disabilities in Residential Care Facilities.

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to develop an in-depth understanding of social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities.

The research study is part of the requirements for obtaining a Master's degree in Social Work. This study is expected to collect important information that could contribute to the body of knowledge in service delivery in the field and improve service delivery.

WHY AM I BEING INVITED TO PARTICIPATE?

Because you are well-informed about this topic and involved in providing services to adult persons with intellectual disabilities in residential care facilities, I now approach you with the request to participate in this study. In addition, you are selected to participate because you meet the criteria for inclusion in the study. Inclusion criterion to fit in the standards and to participate in the study, persons must be:

- Social workers who are currently rendering services to adult persons with intellectual disabilities strictly in a residential care facility.
- Having a minimum of two experiences in rendering stated services.
- Being employed around Gauteng province, both males and females. The study will also include those who prefer not to disclose their gender.

- Social workers who can communicate in English and IsiZulu languages.
- Willing and available to participate in research study.

The number of participants expected is 15. Each participant will be interviewed separately and privately at a mutually agreed-upon venue and time that will be confirmed in advance.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The participant's role in the study is to provide information based on their perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities. The questions provided in the interview guide will assist in gathering information.

The study involves audiotaping the face-to-face interviews. Open-ended questions will be used to conduct the interviews, which are included in the interview guide Addendum D. The expected duration and allocated time for interviews would be an hour.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participation in this study is voluntary, and you are not obligated to consent. If you decide to participate, you will be given this information sheet to keep and asked to sign a written consent form. You are free to withdraw before we begin the interviews. If, during the interviews, you experience any discomfort, a debriefing service will be readily available.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The potential benefits of participation will provide relevant information in this study and assist the researcher in achieving the study's goal. Moreover, we can initiate necessary modifications to empower and reassess the support to offer the best holistic support for adult persons with intellectual disabilities in residential care facilities. This research study will be beneficial in its attempt to hear the voices of the participants as they will express their perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities.

ARE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The research project process does not aim to have any negative consequences. If participants experience discomfort from the interview schedule questions that could provoke a distressing experience during the interview, a debriefing service is already arranged with the social worker.

The details of the debriefer are as follows:

Surname: Nkoagatse
First Names: Thermodeus Gabaje
Contact details: 0730112961/0764592873
Email: lthermodeus@yahoo.com

WILL THE INFORMATION I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Participant's identity will be protected. The value of confidentiality will be observed to ensure that participants' personally identifiable information is kept private. You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research.

The participant's identity will remain anonymous. Your name will not be recorded anywhere, and no one can connect you to the answers you give. Your answers will be given a code number or a pseudonym, and you will be referred to in this way in the data, any publications, or other research reporting methods, such as conference proceedings.

The supervisor, transcriber, external coder, and Research Ethics Review Committee members will have access to your answers, as they are responsible for ensuring that research is done correctly. Otherwise, records that identify you will only be available to people working on the study if you permit others to see the records.

Lastly, your anonymous data may be used for other purposes, such as a research report. However, privacy will be protected, and no participant will be identifiable in such a report.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

The researcher will store hard copies of your answers for at least five years in a locked filing cabinet for future research or academic purposes; electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval, if applicable. After five years, Information such as hard copies will be shredded, and electronic copies will be permanently deleted from the computer's hard drive using a relevant software program.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There will be no compensation for this research. Participation in the study is voluntary, as it is for academic purposes.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Review Committee of the Department of Social Work at Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you want to be informed of the final research findings, please get in touch with 073 663 6489 or email at nkululekoshabalala@gmail.com. The findings are accessible for December 2022

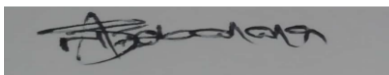
If you require any further information or want to contact the researcher about any aspect of this study, please email or contact us.

If you have concerns about how the research was conducted, contact Dr Elca Erlank at 012 429 4495/084 597 6464, email Eerlanec@unisa.ac.za. If you have concerns about how the research has been conducted, you may contact the research ethics chairperson of the Department of Social Work at UNISA. His contact details are as follows: Prof A H Alpaslan, telephone number 012 429 6739 or email alpasah@unisa.ac.za.

Based on the above information and being aware of your rights, you are asked to give written consent to participate in this research study by signing and dating the information and consent form provided here and initialling each section to indicate that you understand and agree to the conditions.

Thank you for taking the time to read this information sheet and for participating in this study.

Thank you.



NAME: Shabalala Nonkululeko Innocentia

7.3 ADDENDUM C: CONSENT FORM

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to participate in this research has informed me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or explained to me) and understood the study described in the information sheet. I have been able to ask questions and am prepared to participate in the study. I understand that my participation is voluntary and that I can withdraw without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications, and conference proceedings. Still, my participation will be kept confidential unless otherwise specified.

I agree to the recording of the face-to-face interview.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (Please print) Participant
Signature.....Date..... Researcher's Name &
Surname..... (Please print) Researcher's
signature..... Date.....

7.4 ADDENDUM D INTERVIEW SCHEDULE

Title of research: Social Workers' Perceptions and Experiences in Providing Services for Adult Persons with intellectual disabilities in Residential Care Facilities.

Researcher: Nonkululeko Innocentia Shabalala

Student number: 43-92155-8

All the potential participants will be asked the following kind of questions at the beginning of the interview to attain their biographical information:

- What is your name? False names or code numbers will be used in this study to maintain confidentiality.
- How old are you?
- Where are you working?
- How long have you been providing services to adult persons with intellectual disabilities in a residential care facility?
- How would you like your gender to be addressed?

The following questions will be asked to focus on the research topic:

- Please describe your role as a social worker in the residential care facility.
- Please share your positive and negative experiences providing services to adult persons with intellectual disabilities in residential care facilities.
- Please share your perceptions about rendering social work services in the residential care facility.
- Please share with me the challenges you are experiencing or have experienced in providing services to adult persons with ID in residential care facilities.
- How do you cope with your day-to-day challenges in providing services to adult persons with ID in a residential?
- Based on your perception, what are your suggestions for addressing those challenges?
- Please share with me the nature of the support you are getting in your workplace regarding service delivery to adult persons with IDs.

7.5 ADDENDUM E: ETHICAL CLEARANCE:



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

04 December 2020

Dear N.I SHABALALA

NHREC Registration # :
Rec-240816-052
CREC Reference # :
43921558_CREC_CHS_2020

Decision:
Ethics Approval from 04 December
2020 to 31 November 2023

Principal Researcher(s): N.I SHABALALA (email: 43921558 @mylife.unisa.ac.za)

Supervisor: Dr E Erlank (supervisor) (email: Eerlanec@unisa.ac.za)

Title: SOCIAL WORKERS' PERCEPTIONS AND EXPERIENCES IN PROVIDING SERVICES FOR ADULT PERSONS WITH INTELLECTUAL DISABILITIES IN RESIDENTIAL CARE FACILITIES

Degree Purpose: MA in Social Work

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The *High-Risk application* was reviewed by College of Human Sciences Research Ethics Committee, on 24 November 2020 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.



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PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

7.6 ADDENDUM F: CONFIDENTIALITY AGREEMENT

I, _____ (participant name), confirm that the researcher explained confidentiality in this research. The researcher clarified that the participants' identities and information conveyed during interviews remain confidential and anonymous. When reporting data, the researcher will change each subject's name to a pseudonym or case number.

I have read (or explained to me) and understood the study described in the information sheet.

I have been able to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I can withdraw without penalty (if applicable).

I know this study's findings will be processed into a research report, journal publications, and conference proceedings, but my participation will be kept confidential unless otherwise specified.

I agree to the recording of the semi-structured interviews

I have received a signed copy of confidentiality.

Participant Name & Surname..... (Please print)

Participant Signature..... Date.....

Researcher's Name & Surname..... (Please print)

Researcher's signature..... Date.....



7.7 ADDENDUM G: DEBRIEFER CONFIRMATION

No 3 Petrohof Building
44 Roets Street
Rensburg
Heidelberg
1438
27.08.2020

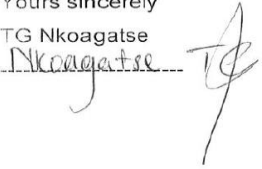
To: Nonkululeko I Shabalala
Social work Masters' Student
19 Sangster Road
Dunnottar
1496

RE: ACCEPTANCE LETTER TO OFFER DEBRIEFING SESSION.

Dear Madam

This letter serves to confirm that I Thermodeus Gabaje Nkoagatse a qualified social worker formal accepts the opportunity to offer debriefing session to your participants as per your request for the research study entitled: Social Workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities: Suggestions for social work practice.

Yours sincerely

TG Nkoagatse

.....

Open Rubric

7.8 ADDENDUM H: EDITOR'S LETTER

DR J LOMBARD
RESEARCH REPORT CRITICAL READING, LANGUAGE & TECHNICAL
EDITING

Cell: 078 116 8018
e-mail: berto@woodcarving.co.za

136 Erich Mayer St
PRETORIA NORTH
0182

W96

EDITOR'S LETTER

EDITING OF MSW DISSERTATION: SHABALALA, NONKULULEKO INNOCENTIA
(S/NO 43921558)


This is to certify that I have critically read and edited Ms NI Shabalala's dissertation for the degree Master of Social Work (MSW) at UNISA, entitled:

Social workers' perceptions and experiences in providing services for adult persons with intellectual disabilities in residential care facilities

The following aspects of the dissertation were edited:

- Spelling
- Grammar
- Sentence structure
- Logical sequencing
- Consistency of layout
- Consistency of referencing and in-text references
- Consistency and completeness of reference list

The responsibility to do the corrections and implement my comments and suggestions correctly, remains that of the student.



DR J LOMBARD
5 January 2024

SOCIAL WORKER'S PERCEPTIONS AND EXPERIENCES IN PROVIDING SERVICES FOR ADULT PERSONS WITH INTELLECTUAL DISABILITIES IN RESIDENTIAL CARE FACILITIES

ORIGINALITY REPORT

16% SIMILARITY INDEX	14% INTERNET SOURCES	6% PUBLICATIONS	4% STUDENT PAPERS
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