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DEDICATION

This dissertation is dedicated to the memory of my late brother Ayabonga Febana, a former student of the University of Fort Hare, who lost a long battle with cancer after writing one test paper. Bheka Bheka, this one is for you! And to my amazing mother, the greatest influence of my life, Elnah Angelinah Nomavo Mnkani, Mama, I love you; I am who I am because of you. You are the only reason I am. You are all my reasons! Thank you.

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- My research participants: none of this would have been possible without you. Thank you for your time
- University of Fort Hare staff, Xerox staff and Sita Security staff: Thank you so much for bearing with me and for the overwhelming support.

DECLARATION

I declare that ***Designed to disable? Disability-friendliness of Buffalo City municipal amenities in discourse and experience*** is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references. This work has not been submitted before for any other degree at any other institution.

Ziyanda Febana **JUNE 2014**

Student number: 200504916

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

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

ABBREVAITIONS AND ACRONYMS

ADDP - The Africa Decade of Disabled People

APDEC - Eastern Cape Provincial Council for Persons with Physical Disabilities

BCMM - Buffalo City Metropolitan Municipality

DPSA – Disabled People South Africa

INDS - Integrated National Disability Strategy

NCPPDSA - National Council for Persons with Physical Disabilities in South Africa

ISO - International Organisation for Standardisation

SABS - South African Bureau of Standards

SAHRC - South African Human Rights Commission Report

UNCRPD - The United Nations Convention on the Rights of Persons with Disabilities

USREPD - United Standard Rules on the Equalisation of Opportunities for People with Disabilities

WHO – World Health Organisation

ABSTRACT

According to the South African Human Rights Commission (SAHRC), the prerequisite of accessibility for people with physical disabilities goes beyond merely ensuring that there are “disabled friendly” resources in a built environment. Accessibility entails the availability of appropriate facilities to accommodate physical disabilities where and when needed. A casual observation of many municipal amenities in South Africa, particularly Buffalo City Metropolitan Municipality (BCMM), Eastern Cape, shows that the conceptualisation and design of many public amenities make these amenities "public" only in name and, from a disability point of view, are possibly embedded in a model that is fundamentally exclusionist. Yet few systematic studies have been carried out at the local level to confirm or refute this assumption. Utilising Elinor Ostrom’s adaptation of the concept of common pool resources - a concept which was hitherto restricted to the analysis of shared ecological resources - this study examines the extent to which inclusivity matters within the context of the design and provisioning of municipal amenities that are meant to serve the public. The analysis is based on triangulated data obtained from a mini survey of paraplegic, blind and deaf people, physical observation of the relevant amenities, and key informant interview of officials in relevant BCMM departments. The findings suggest, among other things, that there is a weak perception among municipal officials regarding the rights of people with disabilities and that the perceptions appear to be rooted in a mind-set that regards disability, rather than the ‘engineering’ of the physical (public) space, as the ‘problem’. Even so, the thinking that public infrastructure cannot be ‘altered’ to meet ‘everyone’s needs appears to permeate the municipal bureaucracy. As a result, the Municipality has only attempted to create the bare minimum of accessible environment (catering only for wheelchair users), and this despite the existence of a constitutional mandate that dictates otherwise. The study concludes from these and other findings that for municipal amenities to become common pool resources in the sense advocated by Ostrom and other scholars, a social rather than a medical model of disability must dominate municipal and bureaucratic thinking.

Keywords: Common pool resources, disability, Buffalo City Metropolitan Municipality, South Africa, municipal amenities.

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CHAPTER ONE

OVERVIEW OF THE STUDY

> The concept of a caring society is strengthened and deepened when we recognise that disabled people enjoy the same right as we do and that we have a responsibility towards the promotion of their quality of life.
>
> - Integrated National Disability Strategy White Paper, Office of the President, November 1997.

1.1. Introduction

A starting point to assessing society's responsibility in protecting and advancing the rights and quality of life of people living with disabilities would be to adopt Elinor Ostrom's (1990) "common pool resources" framework. With specific regard to *access* as well as *common and communal use* – terms used by Ramanathan (2002:01) to describe common pool resources - it would mean drawing on a framework that is already in popular use in the field of natural resource management and applying it to the challenges of designing, provisioning, using and managing municipal amenities for common use.

This thinking is obviously what is contemplated (in part, at least) by the Integrated National Disability Strategy White Paper (see epigraph). Yet, a casual observation of many municipal amenities – in Buffalo City Metropolitan Municipality (BCMM) and elsewhere in South Africa – reveals that these amenities are not as "public" as they claim to be. There are still citizens from historically marginalised social groups, notably people living with physical disabilities, that struggle to exercise independent social existence (indeed, are effectively excluded) due to the inappropriate design and/or location of certain public amenities. Public parks, public ablution facilities, pedestrian crossings, public libraries, street pavements and sidewalks, museums and even beachfronts are among municipal spaces that are commonly thought of as "public" – that is, places meant for common use - but which in reality are not designed to be inclusive, in the “common property resources” sense indicated earlier.

According to the South African Human Rights Commission Report, “inaccessible environments deny people living with disabilities their rights to equality, dignity and freedom amongst other fundamental human rights (SAHRC, 2002: 07)”. Questions of social inclusion arise when society fails to efficiently accommodate people living with physical disabilities in mainstream society, such as: what do people with physical disability think about commonly held ideas of the “common space”? How do their views compare to those of municipal officials, who are the providers and custodians of that space? Above all, how do such views intersect with, for instance, the strong emphasis on equality as contained in Chapter 2 of the South African Constitutions in the South African Bill of Rights, and several international declarations on this subject?

These concerns – but specifically the fact that the conceptualisation and design of public amenities often seem to have an inclusivity problem - have already been mirrored in two contrasting views of disability (see Chapter 2). One view, commonly known as the medical model, is that “people living with disabilities are... incapable of performing social functions because of the medical conditions that impair various major life activities” (Stein 2007:86). This approach individualises disability, and almost blames the person living with disability as the “problem”. It assesses a person’s normality by the nature of the person`s impairment in participating in everyday society (Fulcher 1989, in Howell 2005:02; see also Grue 2009: 305). In short, people with disability cannot be expected to function well in society due to a *medical* condition, according to the medical model.

The opposite view – the social model – holds that people with disability cannot be expected to function well in society due to a *social* condition. In other words, while a medical condition might disable the limb, it is society that ultimately disables the *person.* Disability is “not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment"[1]. The South African Human Rights Commission puts it slightly differently: "disability is imposed when a person with impairments is denied access to full economic and social participation (SAHRC 2002:09)."

What resonance do such debates have in one's immediate locale? This is what the present this dissertation examines. A sample of "public" amenities in Buffalo City Metropolitan Municipality will be examined for their disability friendliness. The examination is done not as an audit but as an engaging intellectual endeavour in which the experiences and discourses of both municipal officials and those of people with specific disabilities are analysed. The study focuses only on three categories of physical disability, namely: visual impairment (blindness), hearing impairment (deafness) and mobility impairment (paraplegia).

1.2 Problem Statement

The South African Government has undoubtedly introduced policies and legislation that seek to safeguard and advance the rights of people living with disabilities (see Chapter 3). However, there is a dearth of systematic empirical data at the national, provincial and municipal levels about whether such legislation and policies have been successfully implemented. What compounds the problem is the fact – touched on briefly above, but elaborated in Chapter 2 – that the dominant view of disability is that society can only do so much; after all, is disability not a medical condition (see INDS, 1997:05)? Even in a society with strong egalitarian values, it is quite possible that the best intentions of government could be undermined by a societal mindset that sees disability as something that is "beyond us", and thus sees no need to "alter" the design of public infrastructure to accommodate *everyone's* needs.

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[1] The medical model of disability: http://www.disabled-world.com/definitions/disability-models.php#ixzz25gCXgrCc (2012-09-04)

It is against these concerns that this dissertation examines the experiences and discourses of people living with disability and of municipal officials vis-a-vis the disability-friendliness of public amenities in BCMM. The idea is to put in the public domain empirical data that could form a basis (however modest) for assessing the municipality’s progress towards making the public space more inclusive.

1.2 Research Questions

The following questions will be answered in this study:

i. What challenges do people with specific disabilities face in accessing the selected public amenities in Buffalo City Metropolitan Municipality?

ii. In cases where the design and construction of the municipal amenities predate the South African Bill of Rights (1996), the Integrated National Disability Strategy (1997), and the Convention on the Rights of Persons with Disabilities (2006), what renovations and/or alterations have been made to the selected public amenities, so as to address the requirements of user-friendliness that are implicit in these documents?

iii. What are the perceptions and narratives of people with disability about such renovations and/or alterations – and about municipal amenities as a whole - and how do those perceptions and narratives compare to those of municipal officials?

1.3 Research Aim and Objectives

The aim of the study is to understand, from the experiences and discourses of people with physical disabilities and those of municipal officials, the extent to which inclusivity and equity matter within the context of the design and provision of municipal (public) amenities. The specific objectives are as follows:

i. To examine the challenges that people with physical disabilities face in accessing the selected public amenities in Buffalo City Metropolitan Municipality.

ii. To examine the renovations and/or alterations that have been made to the selected public amenities in cases where the design and construction of the amenities predate the South African Bill of Rights (1996), the Integrated National Disability Strategy (1997), and the Convention on the Rights of Persons with Disabilities (2006), so as to address the implicit inclusivity requirements of these documents.

iii. To examine the perceptions and narratives of people with disabilities about such renovations and/or alterations – and about municipal amenities as a whole - and how those perceptions and narratives compare to those of municipal officials?

Where:

I. *People living with physical disabilities refer to:* the blind, the deaf, and the paraplegic (wheelchair bound).

II. *Buffalo City Metropolitan Municipality refers to:* East London (specifically the Central Business District and Mdantsane), King Williams Town and Bhisho.

III. *Public amenities (in BCMM) refer to:* pedestrian crossings, sidewalks (on selected municipal roads), and the municipal library.

1.5 Significance of the Study

At the theoretical level, the study will contribute to ongoing debates about how disability is constructed, reconstructed and deconstructed (See chapter 2 for the locus of dominant theoretical debates). But it is in the deployment of the common pool resources (or commons) paradigm to interrogate the inclusivity and accessibility of public amenities that the study hopes to offer fresh insights. At the practical level, the researcher deems it a valuable effort to understand how municipal officials as well as people living with physical disabilities view the “common space”, and how such views could be factored into (or somehow moderated) when it comes to the design and provisioning of public amenities.

1.6 Organisation of the Study

The dissertation consists of seven chapters. Chapter 2 traces the locus of theoretical and empirically-based discourses on disability and the built environment. It highlights the role of equity and inclusivity in that discourse and specific limits thrown up in empirical studies on the subject. It is also in Chapter 2 that the theoretical insights that most influence the present study are elucidated and justified.

Chapter 3 examines the legal, policy and institutional framework that underpin the design and construction of the built environment. The chapter pays particular attention to the place given to disability in this framework, at the international, national, provincial and municipal levels. It provides a backdrop against which to evaluate the second research question of this study, as well as the framework itself.

Chapter 4 is devoted to a discussion on the method of study. It presents a detailed description of the data collection methods employed and how a triangulated research methodology did help the researcher to generate rich, valid and often sensitive, data which no single research method alone would have yielded. The chapter also contains important information on logistical, ethical and practical issues pertaining to the collection of data in the disability sector.

The quantitative and qualitative findings of the study are analysed and presented in Chapter five, and discussed in detail in Chapter 7. It is in this chapter that one finds the study’s concluding remarks.

CHAPTER TWO

CONSTRUCTING AND DECONSTRUCTING DISABILITY, ACCESSIBILITY AND THE PUBLIC SPACE

2.1 Introduction

This chapter accomplishes two things. First it traces the loci of theoretical discourses around the subjects of disability, accessibility, and the public space. This is done with a view to demonstrating that the discursive terrain is marked by contentions and very little consensus. It is also done with a view to highlighting the theoretical insights that most influence the present study.

The second accomplishment of the chapter is that it demonstrates the researcher's familiarity with the terrain of empirical studies done in this field. In this particular regard, the aim is to show that although disability has been an important subject of scholarly inquiry, it has not been studied in the manner presented in this dissertation.

The chapter is therefore divided into two broad sections - a theoretical literature review section and an empirical literature section. Each of the sections is subdivided into themes so as to make the presentation easy to follow.

2.2. Theoretical Literature

Five main themes are covered in this section, namely: defining disability, models of disability, social constructionism, architectural sociology, and the common pool resources framework.

2.2.1 Defining Disability

Although disability is a widespread phenomenon internationally, it means different things to different people. Various definitions have been utilised by various scholars, policy makers, agencies and pieces of legislation. This is so because “the world of disability theory is currently divided between those who insist it reflects a physical fact affecting life quality and those who believe disability is a social prejudice” (Koch, 2001:370). Some scholars argue that defining disability as “the presence of a physical or cognitive difference that deviates negatively from a “mundane” norm” is somewhat flawed in that it individualises the “disability” as the main inability to execute daily essential activities, thus creating dependency (Koch, 2001:370)

The opposite discourse sees disability as largely something society “creates” by way of prejudice, as reflected in the exclusionist designs of public buildings and related infrastructure (see SAHRC, 2002:9). Koch`s sentiments cited above, echo the views of Oliver (1996a) who argues that the dominant view puts too much emphasis on the person’s impairments and ignores the person’s disability. For Oliver, disability is a form of social oppression: “disablement has nothing to do with the body, and that ‘impairment’ is in fact nothing less than a description of the physical body” (Oliver, 1996b, 4-5). The author thus distinguishes between ‘impairment’ (“lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body”) and ‘disability’ (“the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of the people who have physical impairments and thus excludes them from participation in the mainstream of social activities”) (Oliver, 1996a:22).

It seems, therefore, that disability is something that is constructed by society. It arises, in the first instance, from the ways in which society organises its basic material activities (Lang, 2001:08). Impairment, according to Lang, becomes merely “a body state characterised by malfunction of the physical and/or cognitive abilities of the individual as the result of altered physiology or psychology which defines the physicality of certain people.”

Some scholars have avoided these extreme positions and opted rather for a definition of disability that acknowledges the person’s environment as well as the person’s medical condition. Thus, disability is defined as “the loss or limitation of opportunities to take part in the normal life of the community on an equal level due to physical and social barriers” (see Solarsh & Solajee 2004:165).

What this latter definition highlights, however, is the fact that it is difficult to find a definition of disability that will suit every situation. As such, before one makes an attempt at defining disability, a conceptualisation of the term is deemed necessary. But then, conceptualisation of disability relies on the core hypothesis made about the nature of the disability and obligation of both the individual and society. In discussing disability, therefore, it is essential to comprehend how the concept of and mindset towards disability has evolved over time. Disability theories have intersecting and overlapping major models. The two main assumptions – the medical model and the social model – have already been introduced, but now additional models together with the aforementioned models of disability deserve further review.

2.2.2 Models of Disability

Models of disability are formulated by people about other people. It gives insight into attitudes, conceptions and prejudices of the formulators and how they impact on those to whom the formulations refer[2]. Although the use of models is generally accepted, it is necessary to emphasise that their use in disability research is solely to explain phenomena by reference to an abstract system and mechanism. As a consequence, models should not under any circumstances be received as synonymous with theory, as their practice excludes data collection even though they may serve as a basis for hypothesis formulation.

While models of disability may prove to be necessary in understanding, defining and conversing about disability issues, "they do not themselves constitute an explanation" (Llewellyn & Hogan, 2000:157).

As true as that may be, the use of disability models in any disability study should not be undermined, as models are not only at the heart of matters of disability, but they also determine who society sees as disabled, and more importantly, assist in understanding society's response to disability, the protection of rights and social

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[2] Source : http://www.copower.org/models-of-disability/178-tragedycharity-model-of-disability.html

Michigan Disability Rights Coalition is a disability justice movement working to transform communities.

provisioning for people with disability. The review below focuses on five models of disability.

2.2.2.1 Charity/Tragic Model of disability

DePoy and Gilson (2004:13) suggest that this model of disability can be traced back to the Middle Ages, when “faith based institutions were created to segregate ‘unusual individuals’ from the public to protect, treat and care for them, and to transform their assumed plight into a venue for charity”. The so-called ‘unusual’ individuals included people with disabilities as well as “young victims of famine, poverty, child abuse and other circumstances”[3]. A public show of them was meant to stir public sympathy and move business organisations to donate funds to charity organisations. People with disabilities were viewed as victims of their tragic circumstance and deserving of pity. Thomas (2004:01) summarises the message of that era: “disabled people are pathetic and dependent, give money to this charity and we will take care of them and keep them out of your way”.

Paradoxically, attempts at procuring financial and social services using pitiful images of people with disabilities had lasting negative connotations for the very same public the charitable organisations were appealing to. These flawed connotations are well captured by Garland-Thomson (2002) in the following remarks:

> The history of disabled people in the Western world is in part the history of being on display...Disabled people have variously been objectives of awe, scorn, terror, delight, inspiration, pity, laughter or fascination – but they have always been stared at...Staring thus creates disability as a state of absolute difference rather than simply one more variation in human form. At the same time, staring constitutes disability identity by manifesting the power relations between the subject positions of disabled and able-bodied. (cited in Himely & Fitzsimmons, 2010: 190).

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[3] http://www.copower.org/models-of-disability/178-tragedycharity-model-of-disability.html **Michigan Disability Rights Coalition**

This gave rise to a social hierarchy where people with disabilities could not 'function' in society unless helped by able-bodied people, thus nurturing the sympathetic nature of interaction from 'able-bodied' people which continues to this day.

The strategy employed by charity organisations in their efforts to acquire resources and services encouraged a custom of "caring" for people with disabilities. Even though this is admirable in many respects, it was nonetheless hazardous, as it caused condescending attitudes: as in so doing people with disabilities were viewed as "special" and incapable of independent social functioning unless 'cared' for by able-bodied people. It:

> lowers the self-esteem of people with disabilities in the eyes of "pitying" donors, charitable giving carries with it an expectation of gratitude and set of terms imposed upon the beneficiary as a result people with disabilities remaining at a much lower status and indeed in need of the donations offered by charity organisations. The first is patronising, the second limiting upon the choices open to disabled people[4].

These discriminatory and yet condescending attitudes of able-bodied people, which can be attributed to this model, may have been the sole cause of how people with disabilities are situated in the social hierarchy as the distribution of tasks were created so as not as to be 'complicated' for the persons with disabilities, this being evident in many employment tasks even today.

It is, therefore, not far-fetched to believe that this model has contributed to the physiological oppression of people with disabilities. Charlton (1998) is of the opinion that this psychological oppression penetrates as far as being internalised by the person with disability to a point where they develop "false consciousness". False consciousness is a Marxian term which connotes a "lethal mixture of self-pity, self-hate and shame" which inevitably leaves the person with disabilities believing that they are less capable than others (Lang, 2001:37).

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[4] Source: http://www.copower.org/models-of-disability/178-tragedycharity-model-of-disability.html **Michigan Disability Rights Coalition is a disability justice movement working to transform communities.**

Critics have condemned the charity model of disability, arguing that such visuals were oppressive to people with disabilities. Some critics have been blunter, describing this model as “dis-enabling and the cause of much discrimination”[5]. Thomas (2004) questions the intentions of such charity organisations, arguing that donations of funds and used items in charity bags as hypocritical as it is flawed to think that people with disability would enjoy equality in society just by being given ‘charity bags’. There is also the view that charity model of disability led to the popularising of the medical model of disability. Since not all charities could take care of or support people with varied categories of disabilities, some were medically organised which often led to segregation and institutionalisation of people with disabilities. This was almost similar to what the medical model would pursue as its main objective.

Needless to say, the charity model is useful for explaining society’s tradition of having historic buildings, where no architectural consideration was made for people with disabilities. It goes without saying that this model holds sway today given the minimal efforts being made by municipalities to integrate people with disabilities. For one thing, the custodians of public infrastructure are people who probably believe all that needs to be done is to develop “special” mechanisms to “help” persons with disabilities, and consider their mission accomplished if public infrastructure can be bought to a more “functional” level than before.

2.2.2.2 The individual/medical model

Overlapping the charity model of disability is the medical model, which is arguably the most dominant view that has influenced how the world perceives disability and people with disabilities. The medical model surfaced in the early 20th century. The term disability “was used to describe a group of people with permanent medical-diagnostic explanations that affected their daily activity, appearance and/or

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[5] Source: http://www.copower.org/models-of-disability/178-tragedycharity-model-of-disability.html Michigan Disability Rights Coalition is a disability justice movement working to transform communities.

experience in atypical ways, words such as ‘cripple’, ‘blind’, ‘deaf’ and ‘handicap’ were often used.” (DePoy and Gilson, 2004:21).

Within the medical model, people with disabilities or any person(s) whose physical appearance and/or mobility does not conform to socially imposed norms are immediately referred to health care professionals who would “assess, diagnose, and legitimate the person’s impairment” (Hammell, 2006:58). Legitimising disability in the medical profession is established by two criteria:

> (a) the presence of atypical activity, appearance, and / or experience explained by a diagnosis and (b) longevity of the diagnosis. The desired or preferred outcome from a medical interventive response is a return to an absence of illness or to maximum health (DePoy and Gilson, 2004:122).

Medical professions and rehabilitation institutions were used in the belief that they would ‘cure’ the person’s disability or impairment. These services were “directed towards the application of treatments that might enable individuals to overcome their functional deficits and appear in a manner that is as near to normal as possible” (Hammell, 2004:58). It is noteworthy that this model emphasises the person’s physical disability, and failure to be included in society is a result of failure to acquire a cure for the disability. In other words, it is the individual`s dreadful difference that inevitably excludes them from daily and, most importantly, independent social functioning.

There is also a ring of omnipotence and solutionism to this model: medical professionals were viewed as capable of reducing disability by helping people to learn skills and adapt themselves to a world in which able-bodiedness is the norm”(Hammell,2004:59).

According to Koch (2001:370), this model views of disability as a “negative dissimilarity from the accepted physical norm”. As a result, Koch argues, it automatically disadvantages people with disabilities and skews expectations (of both the public and of the person with disability) about what should be the quality of life of a person with disability. The distasteful aura of the model has long been recognised. Oliver (1996a:32), for example, discredits it with the assertion that “it is not individuals limitations of whatever kind, which are the cause of disability but society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation." The most poignant criticism of the 'medicalisation of disability' is embodied in the social model of disability, reviewed next.

2.2.2.3 Social Model of Disability

Unlike the medical model, the social model of disability argues that it is not the actual impairment that is the central cause of exclusion of people with disabilities in mainstream society; it is rather the way that society reacts in an oppressive manner to this minority group. This view of disability originated from the Union of the Physically Impaired Against Segregation (UPIAS) and the Disability Alliance 1976, given below:

> In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society...Disability is therefore a particular form of social oppression. (UPIAS, 1976:14)

The social model puts the disability discourse back where it belongs namely, society. It emphasises collective responsibility, and clearly de-individualises the problem (see Llewellyn and Hogan, 2000:59). As Stein, 2007:85 affirms, "contingent social conditions rather than biological limitations constrain individuals' abilities and create a disability category".

It must be noted, however, that the social model does not ignore disability; rather, it reflects a belief that the problem that people with disability have is located directly within society (Oliver, 1999). This means that it is impossible to understand disability by focusing solely on the disability – as the medical model does. Disability can only be understood by examining the relationship between people with disabilities and the society which they are a part of.

Properly seen, this model argues, disability the sum total of social and institutional barriers in many societies globally which, through design and provisioning, inflict limitations on people with disabilities. These range from “individual prejudice to institutional discrimination, from inaccessible buildings to unusable transport systems...and so forth” (Oliver, 1996 9(a):33). The model challenges society to alter its conceptualisation of disability, and more importantly, to alter the design of infrastructure so that accessibility to resources is a matter of equity rather charity. According to this model, it is the defects in the design of the built environment, the failure of providing adequate assistive devices that excludes people with physical disabilities.

Even though the social model offers an innovative understanding of disability and is deemed necessary in identifying social barriers faced by people living with disabilities, within this model there are contrasting views.

Shakespeare (2006), who draws on the critical realist perspective and describes himself as a “critical friend”, rejects the social model approach to disability, arguing that the social model is ‘‘a good idea that became ossified and exaggerated into a set of crude dichotomies which were ultimately misleading’’ (Shakespeare2006:13). The dichotomies which Shakespeare refers to are: *impairment* versus *disability*, *medical model* versus *social model,* and *disabled* versus *non-disabled* people. Shakespeare believes that having such debates is “fruitless and frustrating” as they debate questions related to disability and yet the aspect of biology is ignored and almost considered irrelevant. Shakespeare’s core inclination is to abandon the social model, as it “is based on the supposed existence of several dichotomies, which have little basis in empirical reality” (2006:279).

Theorists such as Morris, cited in Oliver (1996:38), believe that this model of disability is ‘over-simplified’ as it overlooks physical differences of disabilities and environmental obstructions as well as society’s mind-set, which are all central to the experience of people with disabilities. For Shakespeare the social model of disability ends up as a ‘cul-de-sac’.

Oliver (1996), argued against Shakespeare, claiming that just because the social model cannot explain everything, “we should neither seek to expose inadequacies, which are more a product of the way we use it, nor abandon it before its usefulness has been fully exploited" (1996:41). Oliver (1996:41) argues that the social model of disability should not under any circumstances be expected to give holistic explanations about disability as it is not a social theory and cannot be expected to work as such. Even though this model has its critics, there is no doubt that it has provided a paradigm shift in the way disability is constructed, or rather ought to be constructed. This model highlights key barriers in the social order and the environment which involve equality and accessibility.

Accessibility is an indispensable need for all human beings in society; indispensable in the sense that every individual needs to function fully and independently. Kepley (1983:43) suggests that for people with disabilities, the term 'accessibility' means something fairly straightforward: "all things available to other people should be available to those with disabilities". Furthermore, the South African Human Rights Commission emphasises equity in resource availability. It argues that the prerequisite of accessibility for people with physical disabilities goes beyond merely ensuring that there are "disabled friendly" resources in a built environment: accessibility should include ensuring appropriate facilities to accommodate the physical disability where needed and when needed. Equity is viewed by the Commission as the elimination and avoidance of physical barriers in resources to warrant unfettered access to all users. With such barriers in place, one can only speak of indirect discrimination against people with disabilities, as inaccessible environments and infrastructure deny people with disabilities the possibility of exercising the right to equality, freedom, dignity and other basic human rights (SAHRC, 2002:07).

The social model of disability advocates for the removal of these systematic patterns of exclusion which are physical barriers and identifying facilitators so that a person with physical disabilities can function independently and, more importantly, to their full capacity in society. It is in this context that the social model dovetails into the key narratives of another model, the human rights model.

2.2.2.4 Human Rights Model of Disability

Opening his speech, Special Rapporteur on Disability of the United Nations Commission for Social Development Bengt Lindivist declared not too long ago:

> Disability is a human rights issue! I repeat: disability is human rights issue. Those of us who happen to have a disability are fed up being treated by the society and our fellow citizens as if we did not exist or as if we were aliens from outer space. We are human beings with equal value, claiming equal rights, (see Quin & Degener et al, 2005:15)

In recent times, disability activists have challenged the very *idea* of disability, advocating for it to be "conceptualised as a socio-political construct with a rights-based discourse"[6] by shifting the prominence from dependence to independence. Increasingly people with disabilities have come to be believed to enjoy equal rights; moreover, they have not only been given political choice but also have "become politically active against social forces of ableism"[7]. There is a growing call for a shift from a charity–based notion of social provisioning for people with disabilities, towards one based on equal and commonly shared rights as advocated in the common pool resources paradigm (reviewed later in this chapter):

> In essence, the human rights perspective on disability means viewing people with disabilities as subjects and not as objects. It entails moving away from viewing people with disabilities as problems towards viewing them as holders of rights. Importantly, it means locating problems outside the disabled person and addressing the manner in which various economic and social processes accommodate the difference of disability – or not, as the case may be. The debate about the rights of the disabled is therefore connected to a larger debate about the place of difference in society (Quin & Degener et al, 2002:01).

In layman's terms, viewing disabilities within the human rights model entails levelling the playing field so that people with disabilities enjoy equal rights, and are free from indirect discrimination of societal attitudes and institutional discrimination of

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[6] SOURCE: http://www.blackdisability.org/content/models-disability

[7] SOURCE: http://www.blackdisability.org/content/models-disability

inaccessibility and exclusion of appropriate facilities in the designing and provisioning of public amenities. It means that "all human beings irrespective of their disabilities have certain rights which are inalienable. This model draws on the 1948 Universal Declaration of Human Rights according to which, 'all human beings are born free and equal in rights and dignity."[8]

The human rights model builds on the orthodoxy of diversity. Disability is to be accepted as an element of human variation. For Quin & Degener (2002), underpinning this model of disability is not only the recognition and promotion of human dignity as a principle standard of human rights, but also the designing and provisioning of appropriate resources in a non-discriminatory manner, so that people with physical disabilities effectively enjoy equal human rights, which is in essence what universal access and design aims to achieve in architecture and provisioning of appropriate public amenities.

2.2.2.5 Universal access and design model

Popularised by Ron Mace, universal access and design is a model which advocates for planning and designing for all. Universal design as defined by the Center for Universal Design under the leadership of Ron Mace (1998, see Crews and Zavokta [2006:116]), is "the design of products and environment to be usable by all people to the greatest extent possible, without the need of adaptation or specialised design". According to Story, Mueller and Mace (1998:11), this model is a response to the struggle architects had in implementing standards that included accommodating people with disabilities. These authors argue that as the movement towards creating disability-friendly environments increased, architects translated this to mean designing "segregated accessible features" which "were special, more expensive and usually ugly". Universal design emerged from the recognition that "many of the environmental changes needed to accommodate people with disabilities actually

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[8] http://www.cuts-international.org/78881611-3465-4346-A23C-5075449F48F1/FinalDownload/DownloadId-B17F1318B71A0F7A800F53E912F52851/78881611-3465-4346-A23C-5075449F48F1/cart/pdf/Dis-Ability_Junction_03-2011.pdf

benefited everyone, moreover features that could be commonly provided and thus less expensive, unlabeled, attractive and even marketable" (Story et al., 1998:11).

The model takes disability and communities seriously (see Zavokta, 2006:116) and is based on the following seven principles (see Story et al. (1998):

1) *Equitable use*: this principle speaks to the marketability of people with diverse disabilities. This principle advocates for people with physical disability in built public structures and highlights the point that the design should "provide the same means for all users: identical whenever possible, equivalent when not and that the design should avoid segregation and or stigmatising of any users" (Story *et al* 1998:35).

2) *Flexibility in use*: ensuring flexibility in use in designing public infrastructure ensures that the design "provides adaptability to the users` pace" (Story *et al*., 1998:51). This means that the "design accommodates a wide range of individual preferences" (Story, 2010:07).

3) *Simple and intuitive use*: this principle refers to the simplicity of design, avoiding unnecessary design complexities. Put simply, the "use of the design [should be] easy to understand, regardless of the users` experience, knowledge, language, skills or current concentration level" (Story, 2010:07).

4) *Perceptible information*: this entails that the design "communicates necessary information effectively to the user regardless of ambient conditions or the user's sensory abilities". A practical example would be to make use of "different modes (pictorial, verbal, tactile) for redundant presentation of essential information" (Story et al., 1998:63).

5) *Tolerance for error*: this principle, according to Story et al. (1998:71), "provides fail safe features in design thereby minimising hazards and the adverse consequences of accidental or unintended actions".

6) *Low physical effort*: this means that the “design can be used efficiently and comfortably and with minimum fatigue” (Story, 2010:07)

7) *Size and space for approach and use*: design should ensure that “appropriate size and space is provided for approach, reach, manipulation and use regardless of the users` body size, posture, or mobility” (Story et al., 1998:80).

The move to universal designs is highly praised, as such designs attempt not only to accommodate the needs of people with disability but also give consideration to entire diverse population. Story et al. (1998:04) emphasise that:

> Successfully designed universal solutions do not call attention to themselves as being anything more than easier for everyone to use, which is exactly what they are. Designs that were developed with consideration for the needs of a diverse population work for men and women, children and elders, small people and large, and people with temporary or longer- term disabilities. They work its dark, noisy, wet or when we’re tired. Everyone benefits.

Universal design model offers the possibility for removing barriers and identifying facilitators in built environments to enable full participation of people with physical disabilities as advocated for in the social model, without fostering a ‘helping’ culture as advocated for by the medical model. Moreover, universal design recognises the importance of equity in the design and provisioning of infrastructure as advocated in the human rights model of disability. It is worthy to note that this model does not merely focus on the inclusion of people with physical disabilities into mainstream society, it emphasises accessibility in the broadest sense of the word.

As stated earlier, models of disability are not sufficient to explain the world of disability. However, crucially, these models have been reviewed in this study and other disability studies since they have exerted considerable influence on disability studies, especially those relating to the accessibility of the built environment.

What follows next is a set of theoretical discourses that further shed light on the society-disability nexus. They all have practical applicability to this study.

2.2.3 Social Constructionism

Social Constructionists claim that the knowledge we have about the social world is not necessarily a direct reflection of reality but merely a cultural-linguistic creation: social categories are generally treated as though they were a replica of their linguistic depictions (see Burr 1995:03). This means that “facts are not true or real but inventions and interpretations” (see Berger & Luckmann, 1996 in Hammell, 2006:208). Above all, social identities are created on the basis of such depictions. For instance, without the social model of disability, the only “truth” available about disability would be that it is a medical condition. It is the social model that highlights the fact that a medical condition disables the limb whereas social conditions (exclusionist public infrastructure and prejudicial social policies, for example) disable the person (see Harris, 2000:01). Put succinctly, social constructionist theory posits that:

> [f]or each of us...a multitude of discourses is constantly at work constructing and producing our identity. Our identity therefore originates not from inside the person, but from the social realm, where people swim in a sea of language and other signs, a sea that is invisible to us because it is the very medium of our existence as social beings (Burr, 1995:36).

As the next quote indicates, it is within the context of social construction that one appreciates the linkage between discourse and power, especially in disability studies:

> The medicalisation of disability casts human variation as deviance from the norm... as deficit, and, significantly, as an individual burden and personal tragedy. Society, in agreeing to assign medical meaning to disability, colludes to keep the issue within the purview of the medical establishment (Linton, 1998:11).

This study adopts the social constructionist perspective precisely in order to understand the “official” municipal discourse about how people with physical disabilities are viewed, especially when it comes to social infrastructure design and provisioning.

2.2.4. Architectural Sociology

However, to fully comprehend how the built environment helps in the construction of one's identity, it is imperative that one also draws on the subfield of architectural sociology as the following quote explains:

> Lately it has emerged a new idea concerning the purpose of architecture, especially about the interconnection between social reality and architecture. Architecture works are lately progressively seen as means for construction of reality (Eisenring, 2010:01).

Smith and Bugni (2006:123) define architectural sociology as "the study of how socio-cultural phenomena influence and are influenced by designed physical environment" From this subfield three insights about the relationship between the individual and the built environment are of immediate relevance.

First is the assertion that the individual occupying the building is just as significant as the building itself. For Dietrich (2005:03) "a structure achieves its meaning through the way in which its form relates to the contextual surroundings and the human persona that inhabit it." The present author takes these insights seriously. Amenities can only be classified as 'public' when all citizens, particularly people with physical disabilities, access and utilise these resources equally and independently as other users. In essence what this highlights is that, while municipal public amenities may be utilised by all citizens, the experiences and interaction of people with physical disabilities with the building differs significantly from those without physical disabilities solely due to its design.

Second is that human behaviour and interaction are influenced by the built environment. Assessing how one's immediate physical environment influences human behaviour is not new in sociology. As Smith and Bugni (2006:125) maintain, even though early symbolic interactionists did not exclusively address the "self-architecture" connection, they did, however, note the significance of physical and "non-human objects and places for the self." Smith and Bugni (2006) further explain this by drawing on the works of Georg Simmel, psychologist Williams James, sociologist Charles Horton Coley and George Herbert Mead to show the influence of one's physical environment in conveying the importance of others in 'self-formation'. As Beaman (2002) argues, "a large proportion of our human experience and social interaction occurs in the buildings in which we live and work". Architectural sociology takes as its point of departure George Herbert Mead's thesis that the development of personality and the self occurs within the context of structures and objects in our physical environment[9]. As Lipman (1969:190) puts it:

> Architectural social theory contends that the social behaviour of building users is influenced and even determined by the physical environment in which the behaviour occurs; in this context the belief system includes the concept that architects direct social behaviour patterns through their work.

The third insight is that buildings have a lot to say about society, as Dietrich (2005:03) asserts:

> Architectural design is at its basis, ideological in the manner by which it may promote and enhance social positions and ideals. The design of our environment, with the exception of some current trends, has largely been essential in defining our culture and sub-cultures, while providing a long-term replication of cultural ideals in built form.

This assertion is somewhat in agreement with the statement mentioned earlier (see medical model of disability) which is that society`s exclusionist behaviour towards people with disabilities can be traced to the medicalisation of disability for failing to recognise society's imposition on disability. People hardly recognise that society 'imposes' disability on people with disabilities and that traditionally architecture has been used to oppress certain marginalised group in society:

> Marginalized groups of all types—racial and ethnic minorities, the disabled, and the poor—have historically been denied access to particular public places and facilities resulting in segregated schooling, diners, public restrooms, swimming pools, and transportation. In such cases, architecture can be seen as a means of control by those in power (Rendell, Penner, and Borden 2000 in Smith and Bugni (2006:137).

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[9] Beaman, J. 2002. "Architectural sociology: A look at the relation between people and the built environment". http://architectural.com/architectural_Sociology/html

What the above quote implies is that the design of buildings is a reflection of society's belief and function. Thus, to understand how the concept of a caring society is strengthened and deepened as referred to by the National Disability Strategy White Paper 1997 (see epigraph in Chapter 1) entails assessing how the built environment meets the needs of people with physical disabilities.

Insights from architectural sociology thus help the researcher to examine the narratives of people living with physical disabilities with regard to their experiences and expectations of the "common" space. However, this theory does not address the relationship that people with disability have with public infrastructure – or the very idea of "commons" – nor does it sufficiently address the challenge of making public amenities accessible to all. The concept of common pool resources is therefore utilised as a complementing resource.

2.2.5 Common Pool Resources Framework

As indicated at the outset, the concept of common pool resources traditionally holds sway in the field of natural resource management, and describes shared ecological resources such as forests, fisheries, rivers, parks, grazing lands, irrigation systems, and the like. Ostrom and others have provided widely adopted analysis of how they can be managed to the benefit of all citizens (see Ostrom, 1990; Hess and Ostrom, 2007 in Agrawal 2002; Acheson, 2000; Hess, 2008). Every now and then, however – but especially in recent years – non-ecological resources have been brought into the corpus of commons (or common property) research and analysis. Such resources include roads, knowledge, budgets, sewage systems, the internet; radio frequencies and open source software (see Agrawal, 2002; Hess & Ostrom, 2007; Hess, 2008). They are, as Hess (2008:01) puts it, shared resources with no "pre-existing rules or clear institutional arrangements". Indeed, Hess's article quoted here, titled "Mapping the New Commons", not only provides a synthesis of the wide array of resources that can come under the category of common pool resources but also a framework for managing them in an equitable and inclusive manner.

The present study draws on the commons paradigm, but specifically on the "new commons" thinking, by extending the equity discourse on common pool resources to the provisioning, accessibility and user-friendliness of municipal amenities such as museums, public libraries, sidewalks and pedestrian crossings. The discourses and experiences of people living with physical disabilities and of municipal officials remain the focus of the study.

2.3 Empirical Literature

The empirical literature reviewed below is organised under three themes, each highlighting particular insights brought into disability studies based on empirically-based studies, and specific limits that any appraisal of the studies must pay some attention to.

2.3.1. The Limits of Methodology

There is a debate as to whether disability should be studied 'qualitatively', 'quantitatively', or through methodological and theoretical 'triangulation'. This debate has been highlighted by scholars such as O'Day and Killeen (2002). According to these authors, because disability, as a distinct area of scholarly inquiry, has evolved in the last two decades – from merely a concern with individuals' physical limitations to an acknowledgment of the interplay between individuals and their interaction with the socio-physical environment – the methodology for studying disability should evolve as well. (The theoretical discourse underpinning this shift has earlier been dealt with in detail in this chapter). O'Day and Killen found that researchers seeking answers to specific questions about disability have gravitated towards one or the other of the three main methodological approaches.

Those adopting qualitative methods, such as, in-depth interviews, believe that such methods "can open doors for new discoveries and unanticipated findings" (O'Day and Killen, 2002: 12). In a study in Albany (New York), in which primary data from interviews and field observations, as well as secondary accounts from wheelchair users, were analysed, Cahill and Eggleston (1995) found that whereas there was a general notion that people with disability in specific social settings were stigmatised, the research subjects did not feel stigmatised at all. The respondents did feel “embarrassed” by certain “reactions” that members of the public made; however, they did not see these as stigma. Rather than feel stigmatised, they found themselves “betwixt and between identities in a kind of twilight zone of social definition” (Cahill and Eggleston, 1995:695-696). What this means is that encounters in the public life for wheelchair users depend on the circumstances they find themselves in.

From the findings and analysis of the participants the authors were able to gain a different perspective on the perceived stigma people with disability encounter and, from that, challenge the notion of ‘stigmatisation’ of the person with a disability in public settings. These findings, through qualitative research, provide evidence that qualitative research methods reveal the intricacy of the experience of people with disability which quantitative studies might not capture, as emphasised by O’Day and Killen (2002).

Yet, while qualitative research may successfully reveal the complex experiences that people with disabilities encounter, it fails to measure the proportion of people who share specific sentiments – such as the non-feeling of stigmatisation reported above. It is precisely this problem that those adopting quantitative research methods seek to overcome. Their use of a survey, for example, is aimed at “increas[ing] the likelihood of objective, unbiased answers by relying on research procedures rooted in the scientific method” (O’Day and Killen, 2002:13). In a study in Norwich, United Kingdom, in which primary survey data were analysed, Borsay (1982) revealed that the majority of buildings were described by his research-subjects (who were people with disabilities) as not disability-friendly, and that the built environment was exclusionist. It should be stated that findings about access-related difficulties encountered by the research subjects – though significant – were audit-like. The study lacked an overall sense of how people with disability interpreted “accessibility” of the built environment and how “lack of access” impacts on their lives. Although quantitative research may seem less revealing than qualitative research, it is deemed equally important.

The shortcomings of qualitative and quantitative research approaches have led other researchers to combine these two methods in a single study, in what is known as triangulation. For instance, in one study, where survey data were analysed alongside documentary reviews, interview accounts and field observation notes, the key finding was that buildings in the study site (Ankara, Turkey) did not provide for people with disabilities and effectively restricted their effective participation in urban life. The researchers (Baris and Uslu, 2009:811) saw this as a function of the exclusionist design of the buildings, and concluded that exclusion was not so much a problem of “disability”, but a problem “imposed by a society which discriminates against people with disabilities”.

O’Day and Killen (2002) are of the view that instead of arguing about the superiority or otherwise of different research methods, the best approach is to combine different approaches in one study so as to leverage the strengths of the one and mitigate the weaknesses of the other. As much as quantitative research methods can never truly convey the intricacy of the interaction people with disabilities have with the physical (particularly built) environment, qualitative methods equally can only articulate the experiences of only a small fraction of people. Scholars suggest that combining the two methodologies in one study, rather seeing them as mutually exclusive, would provide a more holistic and comprehensive representation of the encounters of people with disabilities.

There is another methodological issue in disability studies. Many empirical studies on topics related to accessibility for people with disabilities generally look at public amenities that were either not historically designed for the inclusion of people with disabilities or simply give a checklist of the buildings and attributes that enhance or inhibit access.

In one experiment in Norwich (United Kingdom) in which seven people with physical disabilities were taken on a visit to 19 public buildings, the findings reported on access-related difficulties encountered by the research subjects (Borsay,1982). Difficulties experienced varied according to disability and building type. Lacking in the study, however, was an overall sense or interpretation of inaccessibility, from the point of view of people with disabilities.

Similarly, a study conducted in Greater Boston (Massachusetts, USA), compared the functional accessibility of 30 public buildings to three people with disabilities and one person without a physical disability (Tharpar et al., 2004). The study measured different problems faced by the research subjects. As anticipated there were variations in the responses because of the different categories of disability (and ability). The study failed to reveal the full accessibility shortcomings of the public buildings and how, in short, people with disabilities were virtually barred from using them.

In another study Meyers et al. (2002) in Boston, Massachusetts, and Durham, North Carolina, conducted a study consisting of 28 people with disabilities with the objective of measuring experiences in barriers, facilitators and access in the built environment from a wide range of destinations within the public space of the city. Even though the findings of this study are valuable in identifying barriers in mobility for people with physical disabilities in the built environment and also highlight facilitators in accessing common spaces, it, much like the study cited above, made little or no assessment was done on the interpretation of the discourses associated with the inaccessibility of the 'commonly shared' built environment.

Still another study conducted in Swansea city centre in the United Kingdom by Bromley et al. (2007) explored the experiences of 120 people with disability, namely wheelchair users, in accessing the built environment. The researchers reported that the obstacle to creating enabling environments for wheelchairs was not the lack of implementation of the requirements of existing laws as such but the "'continued embeddednesss" of the medical (individual) perspective on disability in the UK.

2.3.2 The Limits of Construct

Between 1996 and 2001 in South Africa, the dominant public perception of people with disability was that they were wheelchair users, more specifically people with paraplegia. This is observably incorrect as paraplegia is only a tiny proportion of not only people with disabilities but also wheelchair users (see Karusseit and Gibbered (2009:73). Disability over the years has ironically become defined in terms of wheelchair mobility. The concept of disability with regard to access to buildings tends to be narrowed down to paraplegia. Disabilities such as deafness and blindness are demonstrably excluded. In other words, buildings tend to be described as 'accessible' for people with disabilities when wheelchair ramps have been provided, when in reality that is only done to include wheelchair users only, specifically paraplegics. Little wonder, then, that the popular signage for ‘disability’ is the wheelchair.

A similar problem comes to light in a study by Ashiedu and Igboanugo (2012), carried out in Nigeria, which focuses on the accessibility challenges of wheelchair users. The study acknowledges that there is a lack of inclusion in the built environment for wheelchair users. Even though the study contributed towards the design of hallways, walkways, sidewalks and handrails that could be installed to meet the needs of the wheelchair user, much of its focus was on developing a “monocoque” – in layman’s terms, just an updated version of the wheelchair - to enhance mobility in the built environment. Needless to say, the purest of social model scholars would critique this gesture – as ‘innovative’ as it is with the argument that it puts emphasise on the person with a disability rather than the environment that needs to be altered. Overall the study did not only exclude other physical disabilities, but also it silently failed to highlight the fact that commonly shared spaces should be user-friendly for people with other disabilities. Even so, there is little mention in the study about how the 100 paraplegics used as respondents felt about why a ‘monocoque’ should be developed instead of the authorities developing ‘enabling universal environments’.

Cahill and Eggleston (1995) conducted a study in Albany (New York) consisting of 12 people with disabilities which aimed at re-examining the stigma of disability. The findings provided valuable insights into the public’s treatment of the disabled user (see section 2.3.1 above). The study failed to offer a general sense of the experiences of people with other physical disabilities by limiting the study to wheelchair users.

A study conducted in Harare, Zimbabwe, evaluated the accessibility of public buildings for wheelchair users in the central business district so as to discover architectural barriers encountered by wheelchair users in public amenities (Useh et al., 2001). From a sample of 20 public buildings, the study reported poor compliance for disability-friendly physical environments. The researchers argue that the high compliance of certain sections of public buildings is purely coincidental and that to improve the low compliance and meet the needs of people with disabilities there should be consultation between the users – the disabled - and various professionals such as occupational therapist, physiotherapists, politicians, engineers and architects.

It is interesting how many studies that assess the barriers to and facilitators of the disability-friendliness of the built environment or that seek to capture the ‘disabled voice’ have focused almost entirely on wheelchair-friendliness and wheelchair users (See for instance Bromely et al. 2007; Rivano-Fischer, 2004; Leshilo; 2005, Faqih, 2013). It is as if deafness and blindness are not ‘physical’ disabilities or, indeed, as if people with these other disabilities do not require provisioning with regard to access. This orthodoxy has become so entrenched that even the popular signage for disability, especially in public buildings is ‘the wheelchair’ (the impact of this construct- related limitation is further examined in Chapter 5).

The few studies that have either entirely disengaged themselves from the ‘wheelchair orthodoxy’ or are explicitly focused on different disabilities are therefore of interest. Mafhala’s (2009) study in Johannesburg (South Africa) looked at barriers encountered by blind people when accessing and using the built physical environment. Focusing mainly on attitudinal and organisational issues and using a sample of 12 visually impaired people, the study found that environmental barriers had a profound impact on the lives of people with disabilities, and that blind people were almost entirely excluded from common spaces in the city centre.

Similarly, a study by Hauland and Allen (2009) which assessed the inclusion of deaf people in society, within the context of ‘equal citizenship’ as demanded by international human rights instruments, found that although some countries did not deny deaf people access in terms of education, government services or citizenship on the basis of their disability alone, they did, however, fail to meet the requirements of the United Nations Convention on the Rights of Persons with Disabilities. In those countries there was limited availability of sign language provisioning and also a general lack of knowledge about the situation of deaf people, which ultimately led to the exclusion of deaf people in large sections of society. As a result deaf people were not able to truly enjoy even basic human rights.

Other scholars, such Baris and Uslu (2009) have expanded their empirical field of disabilities to include the visually impaired, walking impaired and wheelchairs users.

Similarly, a study conducted by Barker (2011) in Belmont, New South Wales (Australia), endeavoured to scrutinise what an ‘accessible community’ meant from the perspective of young persons with disabilities and how libraries could play a role in sensitising physical and non-physical barriers of the environment. Data were obtained from people with different impairments, namely: sight, mobility and speech impairments (see also Borsay, 1982 and Tharpar et al., 2004).

In Brazil, Andrade and Bins Ely (2012) also conducted a study with a sample of differently disabled individuals: wheelchair users, blind people, deaf people and people with crutches. Since the study sought to obtain information about the accessibility of public buildings and the inclusiveness of equality and the rights of people otherwise considered spatially restricted, the sample included people without disabilities, such as a mother with a stroller and the elderly. The study found that people with disabilities were still very much excluded from common public buildings and activities and were restricted even after the introduction of legal mechanisms, since these legal mechanisms were not applied as mandated.

2.3.3 The Limits of Discourse

The discourse on equitable access for people with disabilities (especially as pursued by governments and interest groups) tends to be more about access to social services such as education, health and transportation, and not so much about access to the built environment. In any event, many municipal amenities are not typically constructed using the common pool resources idiom.

A number of studies have attempted to break out of such discursive confines. For instance, Danso *et al* (2012) who examined the design , construction and provision of the built environment of secondary schools in Ghana, to see how far they complied with international and national standards, found that the schools could hardly be accessed by the physically handicapped, and that the very design of the schools excluded people with disabilities.

Similar findings were reported by Howell (2005) in their monitoring and evaluation study of disability among higher education institutions in Pretoria (South Africa). The study found serious shortcomings in the disability support mechanisms in the selected institutions.

As part of a South African study, Matshedisho (2010) surveyed 30 students with disabilities through the disability units of selected higher education institutions. The findings were similar to other published experiences globally. Students with disabilities reported on the exclusionist character of the institutional culture of disability units and academic staff, inaccessibility of campus buildings and information. They also reported on the financial burdens they unnecessary bore as a result of the inaccessible design of buildings and unequal provisioning of services for the disabled population.

Lass (2012) has also reported on the trials that people with disabilities encounter in accessing the built environment, and the attitudinal barriers that characterise an otherwise ‘inclusive’ education system in South Africa

Losinsky et al’s (2003) assessment of the ease of accessibility for wheelchair users at the University of Cape Town, found that only two of the 18 selected buildings were fully accessible whilst three were utterly inaccessible, with inaccessible toilets being the most common issue. The study highlights the fact that skewed designs of buildings exclude people with disabilities from common activities and full integration.

In an attempt to study equity in accessing healthcare services in Mthatha (South Africa), Grut et al. (2012) explored the lived experiences of people with disabilities and how this ultimately affected their access to and utilisation of health care services. The study found that due to the ‘complexity of barriers’, especially in ‘resource-poor’ rural communities, people with disabilities did not access health care services even when available. The authors recommended that health care services practitioners should be sensitized to such issues.

Numerous other studies have been conducted on disability and HIV/AIDS with regard to access of healthcare services. For example, Chappell and Radebe (2009) have revealed that, due to misconceptions about ‘asexuality’, people with disabilities, especially youth with disabilities, are often excluded from HIV outreach programmes. Although youth with disabilities have been exposed to HIV messages and are aware of the basic risk factors, the authors argue that youth with disabilities appear to be more vulnerable to HIV compared to non-disabled peers as a result of negative community attitudes towards and beliefs about the issue of disability and sexuality, and ignorance about reproductive rights.

Silbiger (2006) has argued that people with disabilities in Sub-Saharan Africa are ‘prohibited’ from accessing HIV/AIDS prevention measures made available for the public not just because of the physical barriers (infrastructure design and construction) but because of attitudinal barriers, such as HIV/ AIDS policy makers’ failure to acknowledge that people with disabilities are at risk. For Chappel and Radebe (2009), communities create prejudice and discrimination with regard to issues of disability and sexuality.

Venter et al. (2002) sum up the challenges faced by people with disabilities in developing countries in their assertion that even though mobility issues vary according to disability and the financial and family resources at their disposal, a preponderance of people with disabilities experience considerable barriers to mobility. The authors point out that barriers reported by their study participants (drawn from different developing countries) were astonishingly similar, besides also being remarkably similar to problems reported in the developed world. The barriers identified by the study were social, psychological and structural in nature.

Another dimension to the discourse problem is that of metonymy. Who *plans* cities? Who *designs* buildings? Who *builds* them? Who determines the furniture and fittings? The answers are simple: *town planners, architects, interior designers.* When people think of buildings, these are the professionals they imagine to have been centrally involved. In the world of building design and building construction, ‘sociological imagination’ and ‘social intelligence’ are hardly valuable resources; hence, few people expect to find social workers, psychologists and sociologist in the ‘design’ room and construction sites!

This point has been confirmed in studies conducted in different countries. In the United Kingdom, one study has suggested that planning authorities have an inadequate or no understanding of what disability denotes or who people with disabilities are; so enquiring about their specific access requirements is a somewhat futile exercise. The study also reveals that lack of compliance with policy instruments is the norm, especially if legislation is weak. Ultimately, planning for people with disabilities “is a marginal and ephemeral activity within UK local authorities” (Imrie, 1994:425). Interestingly, the present study has made similar findings (see Chapter 5).

In Istanbul (Turkey) one study which focused on the attitudes of the designers of public infrastructure (in both old and new public centres) vis-à-vis the needs of people with disabilities in the built environment, found that most of the respondents were not knowledgeable about the need for accessible environments for people with disabilities and were not orientated in their professional education about disabled-friendly environments. As a result, most of the buildings accommodated only wheelchair users (see Evcil, 2010). Interestingly, such findings also appear in the present study, discussed in depth in Chapter 5.

In Malaysia and the United State of America, there is a striking lack of ‘social intelligence’ among builders, designers and building managers. One study examined the level of awareness of the rights of people with disabilities and the perception of building managers regarding current and future plans of accessibility and also to assess their knowledge on universal design theory. It found that building mangers’ lacked accurate knowledge of disability and universal design, and recommended that knowledge on these issues should be enhanced (Kadir et al, 2012).

A study by Sherman and Sherman (2012) in Florida, USA, investigated the reasons behind the lack of progress by interior designers in creating accessible environments after the introduction of the Americans Disabilities Act (ADA). The authors reported that even though interior designers applied requirements and guidelines by legislation, many of them ignored the fundamental nature of the ADA. The result was a lack of progress in the non-discriminatory practices in the built environment.

Implicit in all this is that buildings are typically designed by architects and constructed by builders. Consequently, architects have become the metonym of buildings. It is hardly the case that questions of equity in access to amenities are addressed to architects and builders. While, arguably, *equity* resides more within the social sciences than in the domain of architecture and civil engineering, it is only comparatively recently that social scientific imagination has begun to be infused into design and construction of buildings and other physical structures.

2.4. Conclusion

The foregoing review demonstrates that on both the theoretical and empirical levels, disability, accessibility and the public space are a robust field of scholarly inquiry. The chapter, however, highlights two main issues in this field. One is the dominance of a charity discourse and an overlapping medical/ individualised perspective that portray disability as a condition that hardly warrants ‘remaking the world’ as we know it - a world that is, in any event, designed by architects and constructed by professional builders. The second is the preponderance of ‘audit-like’ empirical studies whose findings reveal little about how people with diverse disabilities view the built environment and the confined place they have been put in, vis-a-vis the views of those whose responsibility it is to manage the ‘common’ space. The chapter indicates, therefore, that the phenomenon of disability is not ‘un-researched’.

What needs emphasising is that measuring the accessibility of public buildings, from a disability point of view, is not an easy task, as there is a wide range of disability categories. This makes ‘equity’ and ‘inaccessibility’ a unique experience for each person. It is for this reason that the present study focused on finding out what common discourses, if any, exist among people with different physical disabilities, and how such discourses compare to what may be termed, the ‘official’ municipal discourse. As stated earlier, Buffalo City Metropolitan Municipality was the site of the study. Where many studies have solely focused on the actual building(s), this study not only examined the physical infrastructure, but also went a step further to examine how these public buildings were designed, and are managed to include or exclude marginalised members of society. The researcher intended for this to be an engaging endeavour, a source of vital empirical data that could form a basis, however modest, for assessing the municipality’s progress towards making the public space more inclusive.

CHAPTER THREE

PROTECTING THE RIGHTS OF PERSONS WITH DISABILITY: LEGAL AND INSTITUTIONAL FRAMEWORK

3.1. Introduction

As demonstrated in the previous chapter, people with disabilities have historically excluded from mainstream society. Without accessible physical environments, particularly to amenities meant for public and communal use, such as those amenities classified in this study as 'common pool resources', people with disabilities are denied independent and equal participation, as accessibility is the pre-requisite for an independent life. However, this exclusion has been, and continues to be, challenged by people with disabilities, scholars, NGOs and other interest groups. It is partly as an outcome of the movement against discrimination that the new social-contextual understanding of disability known as the social model of disability (see chapter 2) has become so popular. Needless to say, this model of disability has been instrumental in laying the foundation for a legal and institutional framework globally for protecting the rights of persons with disabilities, including the Convention on the Rights of Persons with Disabilities (Traustado`ttir, 2009: 03).

This chapter is devoted to a review of this framework. It examines international, national and local policies and strategies influenced by the social model of disability to protect the human rights of people with disabilities with regard to inclusivity in designing and provisioning for people with disabilities in the built physical environment.

3.2 International Framework: A Brief History

One of the earliest efforts by the United Nations to recognise people with disabilities can be traced back to the Declaration on the Rights of Mentally Retarded Persons of 1971. Prior to this, people with disabilities were "inivisble" in the human rights documents of the global body. National and international governments and disability organisations were pressed to embrace this declaration as the accepted framework for protecting the rights of people with disabilities. This declaration was followed by another, the Declaration on the Rights of Disabled Persons (DRDP), adopted in December 1975 which, defined a ‘disabled person’ as “any person unable to ensure himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities.” This Declaration prohibited discrimination against people with disabilities. The UN further declared that people with disabilities are entitled to enjoy all basic human rights:

> these rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination on the basis of race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying to either the disabled person himself or herself or to his/her family.

The first gauge of reasonable accommodation is reflected in this Declaration, which states that “disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible” (DRDP, 1975:08).

Subsequent to that the UN General Assembly adopted the World Program of Action Concerning Disabled Persons and declared 1983-1993 a Decade on Persons with Disabilities. The United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities was adopted at the end of the Decade (Schulze, 2010:17).

3.2.1 United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (USREPD) of 1993

To-date the United Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (UNSREPD) and the much popularised United Nations Convention on the Rights of the Person with Disabilities (UNCRPD) of 2007 are the most influential instruments on the rights of people with disabilities on an international level, and South Africa is a signatory to them. Consequently, South African laws as well as policies of government and non-government organisations representing people with disabilities are aligned to them.

The United Standard Rules on the Equalisation of Opportunities for Persons with Disabilities sets out 22 rules that serve as international requirements that members of the United Nations must adhere to. They have the potential to become international customary rules when applied by a majority of states and are the fundamental international templates for signatory countries when planning and implementing their respective responsibilities for people with disabilities (USREPD, 1993:05).

These rules are based on the 1982 World Programme of Action concerning Disabled Person (also referred to as The Framework for Action on Creating Equal Opportunities for People with Disabilities), whose main objective is to promote “equality” in “full participation” in social life and development for people with disabilities.

The Framework is meant to be applicable with the same level of exigency to all countries, irrespective of their levels of development, and advocates for societies not only to identify but also to remove barriers to full participation, paying particular attention to “full participation and equality” for people with disabilities. As far as this Framework is concerned, it is mainly the environment which ultimately concludes the effect of an impairment of disability on the daily life of the individual; hence, ultimately, “the conditions that lead to impairment and for dealing with the consequences rests with Governments” (World Programme of Action concerning Disabled Person, 1982: 03).

The Framework requires member states of the United Nations to work towards making the physical environment accessible to people with various disabilities. Moreover, a policy ensuring access to new and ‘historic’ buildings and facilities should be adopted. United Nations member states are particularly encouraged to not only take advantage of renovations, but also provide support services so that people with disabilities live as independently as possible in the community (World Programme of Action concerning Disabled Person, 1982: 23). Whether this is adhered to at the local level is partly what the present study seeks to find out.

Equal opportunity in participation for people with disabilities with regards to accessible ‘common property resources’ is emphasised in Rule number 5, which states that States should ensure that measures are implemented for people with disabilities of any kind, develop standards and consider endorsing legislation to ensure ‘equal participation’ in various areas of the built environment. Moreover, this document acknowledges that ‘equal participation’ and efficient physical environments can be realised only when architects, and other professional personnel involved in the design and construction of the physical environment, have access to and knowledge of relevant information on disability policy and measures to effectively achieve accessibility in buildings.

In terms of this Framework, accessibility requirements should be included in the conception, design and construction of the physical environment and, most importantly, organisations of people with disabilities should be consulted when the standards and norms for accessibility are being developed. Because accessibility for people with disabilities does not refer only to the physical buildings but also information and communication, the UN document states that, where and when appropriate, people with disabilities should have access to full information at all stages. It urges states to make information services and documentation accessible to different groups with disabilities, namely Braille, tape services for the blind, large prints and other technologies for persons with visual impairments. Similarly, consideration should be given to the use of sign language and sign language interpretation services to facilitate communication between deaf persons and others. Again consultation as a means of achieving maximum is an imperative (World Programme of Action concerning Disabled Person, 1982).

Detailed as they are, the main weakness of the United Standard Rules on the Equalisation of Opportunities for Persons with Disabilities is that they are not legally binding, even though there is a Special Rapporteur to monitor their implementation. The Standard Rules as presented in the instrument simply signify governments’ strong moral and political commitment to realise equalisation of opportunities for persons with disabilities. Therefore, the rules as specified in the instrument serve only as guidelines for policy-making[10].

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[10] http://www.un.org/esa/socdev/enable/dissre00.htm

3.2.2 The United Nations Convention on the Rights of Persons with Disabilities (2007)

The United Nations Convention on the Rights of Persons with Disabilities is the first human rights treaty of the United Nations intended for the protection of the rights and dignity of people with disabilities. It is also an international instrument that South Africa supports, alongside 154 other countries. Its purpose is:

> to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to protect their inherit dignity (UNCRPD, 2007: 04).

The Convention describes 'disability' as "diverse long-term physical, mental, intellectual or sensory impairments". More importantly, it recognises other barriers that may be obstacles to the inclusion and equal participation of people with disabilities with others in society. It gives a legal force to the social model of disability (discussed earlier), which holds that that disability is not exclusive to the person's impairments but that to a certain extent there are barriers which should not be ignored when discussing disability, especially when one speaks of inclusivity.

Bryne (2012:419) is of the view that UNCRPD "has placed the spotlight firmly upon the breadth of exclusionary and oppressive practises experienced by people with disabilities and which have hitherto been rendered invisible by an 'able-bodied' human rights discourse". This is one of the reasons that the Convention has been a vehicle of change globally, advocating the shift from the charity and medical perceptions of disability to a social and human rights approach.

Articles 2 and 3 are particularly important for the present study. These articles supply practical definitions for the purposes of the Convention, highlighting the key concepts that touch on inclusivity for people with disabilities, namely: communication, language, discrimination and reasonable accommodation. These articles demand that any form of communication for people with disabilities must be inclusive. This entails popularising other languages, providing for people with sensory impairments and or disabilities by encouraging other means of displaying text, accessibility of Braille materials and tactile communication for the blind, to mention only a few. The popularising of languages speaks to the promotion of non-spoken languages to include people with sensory impairments and disabilities; for instance, incorporating and promoting the use of sign language in communities, so as to include people who are hard of hearing or deaf. The Convention defines discrimination against people with disabilities on the basis of their disabilities as any means of restriction which affects the impairment of the individual, thereby impacting on their full enjoyment of equal human rights. Discrimination against people with disabilities includes denial of access and provisioning of reasonable accommodation. Reasonable accommodation entails ensuring that people with disabilities enjoy equal rights through the provision of appropriate alterations that may assist the independent functioning of the person with disabilities. This can/should be achieved through universal design (discussed in Chapter 2). In other words, if environments were designed to be usable by all, there would be no need to “specially’ design for people with disabilities. One of the questions pursued by the present inquiry seeks to probe the extent to which municipal amenities have been altered to meet these expectations and postulates of the Convention.

The right specific to this Convention and this present study is the right to accessibility (Article 9). Like the United Standards Rules on the Equalisation of Opportunities for People with Disabilities, the Convention emphasises that people with disabilities ought to enjoy independent participation in all spheres of life, and mandates signatory states to make provision for accessible physical environments and ensure that all public facilities are indeed accessible to the public.

This provision includes identifying and removing barriers to accessibility on buildings, roads and communication services, to mention only the facilities relevant to this study. States should ensure this by stipulating minimum standards and guidelines for accessibility, taking into account all aspects of accessibility for people with disabilities regarding facilities and services open or provided to the public.

Buildings and other facilities should have Braille signage, and professional sign language interpreters, among other forms of assisting and supporting people with disabilities, should be on hand in all public facilities. Furthermore, training support should be available on accessibility and other accessibility issues facing people with disabilities.

3.2.2.1 International Organisation for Standardisation

South Africa is a member of the International Organisation for Standardisation (ISO), the body that provides standards documents specifying guidelines that can be used constantly to ensure that materials and services fit their purpose. The accessibility of the built environment in terms of design, construction and management to ensure maximum independence for all regardless of levels of ability is covered by ISO 21542. In this document, accessibility is defined as “a characteristic of the built environment whose quality is dependent on the usability of the means of access to it, into it, within it, or exit from it”. The built environment is described as “that which is commissioned, designed, constructed and managed for use by people and which includes the external and internal environments and any element, component or fitting that is a fixed part of them”.

The document clearly acknowledges that the built environment can present people – especially people with disabilities - with barriers when “entering or exiting a building or finding a particular location within the building”. It therefore serves as guide for town planners, engineers, building inspectors and architects in implementing policies and legislation for accessible and usable buildings for all. When this standard is fully and appropriately implemented everyone stands to benefit, including: hearing, visual, mobility and cognitive impaired, elderly people, children, pregnant women and the ordinary citizen.

The role of international legislation is to enforce and promote the principle of uniformity in the fight against discrimination and in supporting the enjoyment of equal human rights.

Although these documents serve as a cornerstone in advocating for inclusivity and equality in the design and provisioning of public infrastructure for people with disabilities, declarations adopted by international bodies like the United Nations fall under ‘treaties’ in international human rights instruments, which are not legally binding. Treaties are interchangeably referred to as contracts or agreements. In the case of international human rights these treaties are also referred to as “soft laws”. Even though they enshrine principles agreed upon by states they are technically not binding. The breaching of soft laws has political consequences rather than legal ones (Smith, 2013:67). On the other hand, International conventions such as the United Nations Convention on the Rights of People with Disabilities (2007) are legally binding – but only on a state that ratifies it.

Signing does not make a Convention binding, it merely indicates the state's support for the principles of the convention and its intention to ratify it. South Africa is among the countries that have ratified the Convention (See the next Section). It must be noted that even though contracting states are legally bound to adhere to a Convention's principles, human rights conventions cannot be legally enforced. Indeed, it is the lack of enforcement powers that has long earned the United Nations the nickname of the 'toothless bulldog'.

Scholars like Keller and Ulfstein (2012:08) believe that the first shortfall of universal implementation of Conventions on the international human rights is elusiveness of state parties' obligations. For example, "protect inherent dignity" is basically open to the interpretation of treaty bodies. Human rights treaty bodies are monitoring bodies - committees of independent experts set up to assess state parties' progress in implementing the convention. Secondly, dynamic interpretation of obligations could result in their context being different from what was anticipated at the time of the treaty`s ratification. Last but not least, Keller and Ulfstein (2012:09) are of the opinion that, given that international law already is said to be deficient in effective enforcement, legitimacy may also play a decisive role in states' compliance in not only implementing international obligations but also respecting 'soft' and 'non-binding' decisions taken by human rights treaty bodies.

Nonetheless, O'Reily (2003) optimistically states that "[w]e are at an exciting moment in history. We are on the threshold of a legally binding international treaty on the rights of persons with disabilities. There is still much work to be done to ensure that a Convention of which we can all be proud will result." [11] These sentiments are crucial to the present study in the sense that the second research question probes the alterations made, if any, to specific public amenities to ensure compliance with these international instruments.

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[11] O'Reily, A. (2003). A UN Convention on the Rights of Persons with Disabilities: The Next Steps. A bimonthly web- zine of international news and views. Issue no. 17 January – March 2003 http://www.disabilityworld.org/01-03_03/news/unconvention.shtml

3.3 Regional Level

The Africa Decade of Disabled People (ADDP) was declared in 1999 by the then Organisation of African Unity (now African Union) as an initiative to further realise equalisation of opportunities for people with disabilities. The initiative followed the announcement of the UN Decade of the Disabled Person, which had failed to bring about any noticeable improvement in the quality of life for people with disabilities in Africa (Flynn, 2011:87). The Africa Decade (2000-2009) sought to promote awareness and commitment to full equal participation of people with disabilities in Africa, stemming from the assertion that nothing should be for them, without them.[12] Member states were urged to promote and monitor the rights of people with disabilities by formulating or, in some instances, reformulating policies and national programmes that encourage the full participation of people with disabilities in social and economic development. They were also to implement the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, and use the Standard Rules as a basis for policy and legislation to protect the interests of disabled people in Africa.[13]

In 2009 a decision was taken to extend the Decade to 2019 so that actions visualised in the first declaration were completed (Flynn, 2011). Flynn (2011:87) explains that no specific declaratory actions were taken besides a relatively small proclamation on full participation, equality, and empowerment of people with disabilities in Africa. Following that an all-African meeting on the African Decade was held in Addis Ababa in February 2002 where the Plan of Action for African Decade of People with Disabilities was endorsed. The Plan of Action was primarily to serve as a guideline to member states in the formulation of their national programmes on disability as well as in putting in place mechanisms for the implementation of the Decade`s objectives (African Union, 1999-2009: 02).

According to Biegon (2011:31), “although old notions about disability still persist across the continent, the now accepted human rights-based approach to disability is

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[12] African Union. http://www.africa-union.org/africandecade/concept_note.htm

[13] http://www.un.org.esa/socdev/enable/disafricadecade.htm

gradually displacing the medical and social models. Disability issues have walked a long path out of invisibility into relative limelight".

Much like the international human rights instruments, the Continental Plan of Action for the African Decade of Persons with Disabilities is not legally binding. Thus, monitoring its progress is difficult. Chalklen et al. (2006:95) explain that "although the Plan commits all African countries to establishing the required organisational infrastructure, this has not always happened (Chalklen et al. 2006:95). The responsibility of the African Union Secretariat is to encourage the governments and organisations that represent people with disabilities to establish national coordinating committees. These committees act as a monitoring body which the Secretariat can liaise with in assessing progress. The challenging aspect is that the Secretariat tries not to be seen as 'meddling' in the affairs of any country. It restricts to finding constructive ways to ensure that countries demonstrates commitment to goals of the Plan of Action.

In the following section, the focus turns to national-level legislative and institutional framework. For one thing, South Africa has not only supported the UN Convention on the Rights of People with Disabilities, but also has ratified the Convention together with other countries (Ngwena 2009: 182), thus making the Convention legally binding nationally. As stated earlier, the main purpose of the Convention is "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to protect their inherent dignity" (UNCRPD, 2007: 04). The next Section thus explores South Africa's legislative framework in achieving both the purpose of the Convention but also the country's own constitutional and institutional imperatives with regard to the enjoyment of all human rights and the elimination of discrimination against people with disabilities in the built physical environment.

3.4 National Level

The South African Government has, since dawn of the multi-racial democracy introduced policies and legislation that seek to safeguard and advance the rights of people with disabilities. Undoubtedly, South Africa is one of the countries where the concept and philosophy of equalisation of opportunities permeate all issues pertaining to persons with disabilities.

Merely judging by the fact that policies, legislation and programmes are all geared towards full inclusion and participation[14], the country could also serve as an example of what government commitment to equalisation can result in, even in the absence of enormous financial resources. Yet scholars such as Coulson et al. (2006:345) believe that "given the evidence about barriers that exist to accessing both benefits and moving through the physical environment, one might think that the regulatory environment is non-existent when it comes to universal access." The present study begins with the assumption that a robust legislative context exists in South Africa; however, translating this into an inclusive physical environment for people with disabilities could be another matter.

3.4.1 The Constitution of the Republic of South Africa (Act No. 108 of 1996)

Howell *et al*. (2006: 47) state that the Constitution marked an important milestone in the struggle of people with disabilities in South Africa, post 1994. The inclusion of Chapter 2 of the Constitution (Bill of Rights) is considered as the basis of democracy in South Africa, as it aims to preserve and affirm the democratic values underpinning the Constitution, namely human rights, human dignity, equality and freedom. Above all Howell et al (2006:46) are of the opinion that "for the first time in South Africa`s history, the Constitution outlawed unfair discrimination against any person on a number of grounds." This is seen in Chapter 2 of the Bill of Rights (Equality) which clearly stipulates that "The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth". According to the Constitution, the denial of any persons with disability of his or her constitutional rights

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[14] Statement of the Special Rapporteur on Disability to the 45th Session of the Commission for Social Development) February 2007. http://www.un.org/esa/socdev/enable/srcsocd45.htm

on the basis of disability is discrimination and a direct violation of their human rights, unless discrimination can be proved to be fair. For Howell (2006:47), the Constitution's recognition of people with disabilities symbolised an important consideration in policy documents that make up South Africa's legal and policy framework. These policy documents are examined below.

3.4.1.1 Integrated National Disability Strategy White Paper, 1997

This White Paper was developed in 1997 with the aim of facilitating the process of recognising that people with disabilities have an equal right to participate independently in society. It highlights key concepts meant as guiding principles in developing inclusive policies and environments and emphasises that the integration of disability and people with disabilities can only be efficiently done when there is a commitment to develop strategies and programmes in all spheres of government.

The document also emphasises the need to capacitate the broader South African society to shift from a traditional medical view and charity perception of disability to a social and human rights model (See Chapter 2, this volume), so that strategies of inclusivity are take place on an equal level and create "a society for all".

Put differently, "[w]e must stop seeing disabled people as [objects] of pity but as capable individuals who are contributing immensely to the development of society" (INDS, 1997: 02). The Integrated National Disability Strategy advocates for the establishment of policies and legislation to address inequalities of accessibility faced by people with disabilities. At the same time, society should alter its attitude, position and, ultimately, definition of disability in response to people with disabilities, thus embracing diversity (see epigraph, Chapter 1). Although the Integrated National Disability Strategy is not an Act of Parliament, it serves as a conscientising tool to commit society to the inclusion of people with disabilities in all spheres of life.

3.4.1.2 The Promotion of Equality and Prevention of Unfair Discrimination Act No. 136 of 2000

The Promotion of Equality and Prevention of Unfair Discrimination Act was developed as a response to section 9(3) of the Constitution of the Republic of South Africa, which states that “national legislation must be enacted to prevent unfair discrimination” (The Constitution of the Republic of South Africa, 1996:03). Needless to say, this act plays a powerful role in safeguarding and ensuring equality for people with disabilities by making discrimination against people with disabilities illegal. The Act defines equality as the full and equal enjoyment of rights and freedoms as stipulated in the Constitution, and discrimination as:

> … any act or omission, including policy, rule, practice, condition or situation which may directly or indirectly (a) impose burdens, obligations or disadvantage on or (b) withhold benefits, opportunities or advantages from, any person on one or more of the prohibited grounds. (The Promotion of Equality and Prevention of Unfair Discrimination Act No 136, 2000:05)

Chapter 5 of this Act, which solely focuses on the promotion of equality, states that it is the assumed general duty of the state to promote equality. It adds that it is also the responsibility of persons operating in the public sphere of influence, be it private or public sectors, to promote equality. The Act categorises discrimination against people with disabilities - among other previously advantaged groups - as an offensive act before the law, to such an extent that the South African Human Rights Commission, together with state departments, is obliged to implement equity for people with disabilities in all state policies and programmes as a means of preventing discrimination.

While this Act is comprehensive in prohibiting discrimination and ensuring equity for people with disabilities, it does not specifically reveal the state’s responsibility in making the built environment accessible for people with disabilities so as to ensure they enjoy equal rights and freedom in their physical environment. Existing policies and legislation concerning people with disabilities on the built environment include The National Buildings and Building Standards Act No. 103 of 1977.

3.4.1.3 The National Buildings Regulations and Building Standard Act No. 103 of 1977

The South African National Building Regulations were initially introduced as a guideline for any building structure, but they were not intended as a prescription with regard to the specifics of the building. They do, however, include mandatory instructions in buildings such as ensuring that the building adheres to occupational health and safety regulations so as to ensure safety, health and convenience for its occupants. Thus, every builder is compelled to design and construct buildings in adherence to the standards specified in this Act. A definition of a building included in the Act and relevant for the present study is “any structure whether of a temporary or permanent nature and irrespective of the material used in the erection thereof or used in the connection with (i) the accommodation of human beings.”

The Buildings Standard Act No. 103 of 1977 is the most important Act under the National Building Regulations. Even though this Act and the regulations are terms that are used interchangeably, Laubscher (2011: 83) states that “it is directive and the yardstick by which its implementation is measured.” According to Laubscher, a building regulation is a regulating instrument vital for the description of a minimum standard to be implemented; a building standard is an official technical point that standardises building and construction activity and, therefore, should be viewed as interdependent. The foundation of this Act is to ensure implementation and monitoring of all regulations.

Part S introduced in 1985, provides a regulatory framework that ensures access for people with disabilities in the design and construction of buildings. It is said to reflect the principles of the Constitution of the Republic of South Africa (1996) and the Promotion of Equality and Prevention of Unfair Discrimination Act No. 136 of 2000 as it promotes an inclusivity and equality in designing of the built environment.

However, Part S is not the only section in the Act that affects people with disabilities. Karusseit & Gibberd (2009) highlight other Sections dealing with equally important environmental access issues for people with disabilities with regard to buildings, namely: Part D (Public safety), Part J (Floors), Part K (Walls), Part M (Stairways), Part N (Glazing), Part O (Lighting and Ventilation), Part P (Drainage), and Part T (Fire Protection). Part T of the new SANS 10400, as approved by the Department of Trade and Industry (DTI) addresses this issue. Amended to also include people with disabilities in regulation is Section T(1)(a), the Protection and Safe Evacuation of Users/Occupants (Karusseit & Gibberd, 2009: 09).

What is lacking in the Act are cross-sectional references on how these parts can indeed promote equality in accessing buildings so as to avoid common misconceptions. Coulson et al (2006:346) suggests that "in order to achieve barrier-free environments, guidelines relating to access should be integrated into general guidelines under appropriate headings rather than being set apart. This suggestion by Coulson et al reinforces the spirit of universal access not only when referring to design and construction technicalities but also to laws that advocate for equality for people with disabilities.

Equally noteworthy is the fact that the South African Bureau of Standards (SABS) 0400 Code of Practice, specifically SABS 0246 – Accessibility of Buildings to Disabled Persons - includes guidelines that are meant to propose the indispensable technicalities for the practical implementation of the National Building Regulations. The point is that this has been developed to monitor and administer the accessibility of buildings for people with disabilities according to one feature of the Regulations, which is Part S. In addition, the SABS code 0400 is non-statutory and, therefore, not legally enforceable.

As identified above, Part S has noticeable legislative deficiencies, such as the following:

- Current legislation concerning people with disabilities is old and outdated. This means that the current legislation is not up-to-date with current disability issues. Coulson et al. (2006: 346) suggest that "national guidelines need to be re-written so that they include correct, up-to date technical information, and the needs of all people with disabilities." This is because legislation is old, and out-dated provisioning for people with disabilities in public amenities sometimes causes more harm than good with regard to safety for people with disabilities.

- Limitations in the current regulatory framework concerning people with disabilities and the physical built environment with, the most cited being the unclear definition of disability in the Act that fails to differentiate adults and children.

- The definition of people with disabilities does not cover every disabled group. This is also highlighted and emphasised by respondents in certain disability categories in the findings chapter of this dissertation. It ultimately leads to undesirable consequences such exclusion and inequality in recognition and accessibility of public buildings amongst people in different disability categories.

- Within the Act there are loopholes that could make town planners, building contractors and architects to completely avoid disability accessibility requirements. This is primarily because the guidelines to accessible buildings for people with disabilities as stipulated in the SABS Code of Practice are not legally enforceable. Furthermore, Coulson et al (2006:345) state that “the regulations provide themselves with what appears to be a ‘let-out clause’ as they state that ‘economic considerations make it difficult to provide facilities in all buildings’.” Needless to say, this has resulted in many amenities being inaccessible and people with disabilities feeling as though there is nothing they could do to change the situation. This ultimately defeats the purpose of the Constitution.
- Lastly, provisions made in this national regulatory instrument cater for wheelchair users only. Yet only 25 % of people with disabilities are wheelchair users or have mobility impairments (StatsSA, 1996). As a consequence 75% of people with disabilities are either insufficiently accommodated or not accommodated at all under the current legislation.

3.5 Local Level

Recently, there has been a development known as the Integrated Provincial Disability Strategy (IPDS) which is a means of facilitating the implementation of the Integrated National Disability Strategy (INDS) at a provincial level (Department of

Local Government, 2009). It puts the responsibility for ensuring the successful implementation of disability strategies on the provincial legislature. Accordingly, the relevant local polices in this review are: the White Paper on Local Government (1998), the Local Government Municipal Systems Act No. 32 of 2000, the Buffalo City Municipality Disability Strategy (MDS) and the Buffalo City Disability Policy.

3.5.1. The White Paper on Local Government (1998)

The White Paper on Local Government (WPLG) is regarded as a “mini-constitution” for local government as it affects all South Africans (WPLG, 1998:06). Local government is the sphere of government that is at the grassroots level with communities and is tasked with the responsibility of providing services and infrastructure vital for people’s well-being. This White Paper marks a new ‘developmental’ local government system which is committed to working with citizens, groups and communities to create sustainable human settlements which provide for decent quality of life and meet social, economic and material needs of communities in a holistic way (The White Paper on Local Government, 1998: 08). It advocates for municipalities to ensure that citizens, regardless of disability, have access to at least a minimum level of services. It states that accessibility should not merely be about making services available but making services easy and convenient for the user. It recognises people with disabilities as vulnerable and prone to being marginalised and, therefore, sensitises municipalities towards their needs. Municipalities are expected to ensure that people with disabilities are able to access not only municipal services but also public amenities with ease and convenience (Department of Local Government, 2009).

3.5.2. Local Government Municipal Systems, Act No. 32 of 2000

This Act states that municipalities must take into account the special needs of people with disabilities and other disadvantaged groups when establishing mechanisms, processes and procedures. It also highlights the right of community members to use and enjoy public facilities. Furthermore, community members have the right, through appropriate mechanisms in line with the processes and procedures, to contribute to the decision-making process of the municipality (Local Government Municipal Systems Act No. 32 of 2000).

3.5.3. Buffalo City Municipality Disability Strategy (MDS) 2007-2010

The Buffalo City Municipality Disability Strategy is the document that sets disabilities targets for every department. The original target year was 2010. The main aim was to "achieve equalisation of opportunities, economic empowerment and barrier-free access for all", thus fostering inclusivity for people with disabilities. By the year 2010 Buffalo City Municipality was to have planned and implemented and integrated this strategy. The following were the expected success indicators:

- Diverse municipal workforce incorporating persons with disabilities and diverse programmes.
- Increased number of people with disabilities actively participating in economic activities.
- Universal (non-discriminatory) design adopted in all systems and programmes of government (Buffalo City Municipality Disability Strategy (MDS) 2007-2010).

There is as yet no independent study that shows whether the various targets have been met. It suffices to state that the findings of this dissertation do serve as a commentary on the current state of disability-friendliness of selected public amenities in the municipality.

3.5.4. Buffalo City Disability Policy

The Buffalo City Disability Policy aims to demonstrate BCMM's commitment to the removal of discrimination within City. The policy indicates that this will be achieved by ensuring barrier-free public and private sector buildings. As comprehensive as the policy is, it only focuses on employees with disabilities; little or no mention is made of other citizens' rights, nor does the policy highlight accessibility issues in public amenities.

3.6. Conclusion

The South African Government has undoubtedly supported and introduced policies and legislation that seek to safeguard and advance the rights of people with disabilities. These international, national, regional and local instruments simply mean that people with disabilities ought to access public amenities equally as other citizens, bearing in mind that, according to the South African Human Rights Commission Report, “inaccessible environments deny people living with disabilities their rights to equality, dignity and freedom amongst other fundamental human rights (SAHRC, 2002: 07). It is for that reason that there are debates (both academic and practical) as to whether such policies and legislation have been successfully implemented. What makes matters worse is that there is a dearth of empirical data at the national, provincial and municipal levels about whether such legislation and policies have been successfully implemented. The present study offers a modest assessment of this based on the experiences of people with disabilities in the Buffalo City Metropolitan Municipality.

CHAPTER FOUR

RESEARCH METHODS

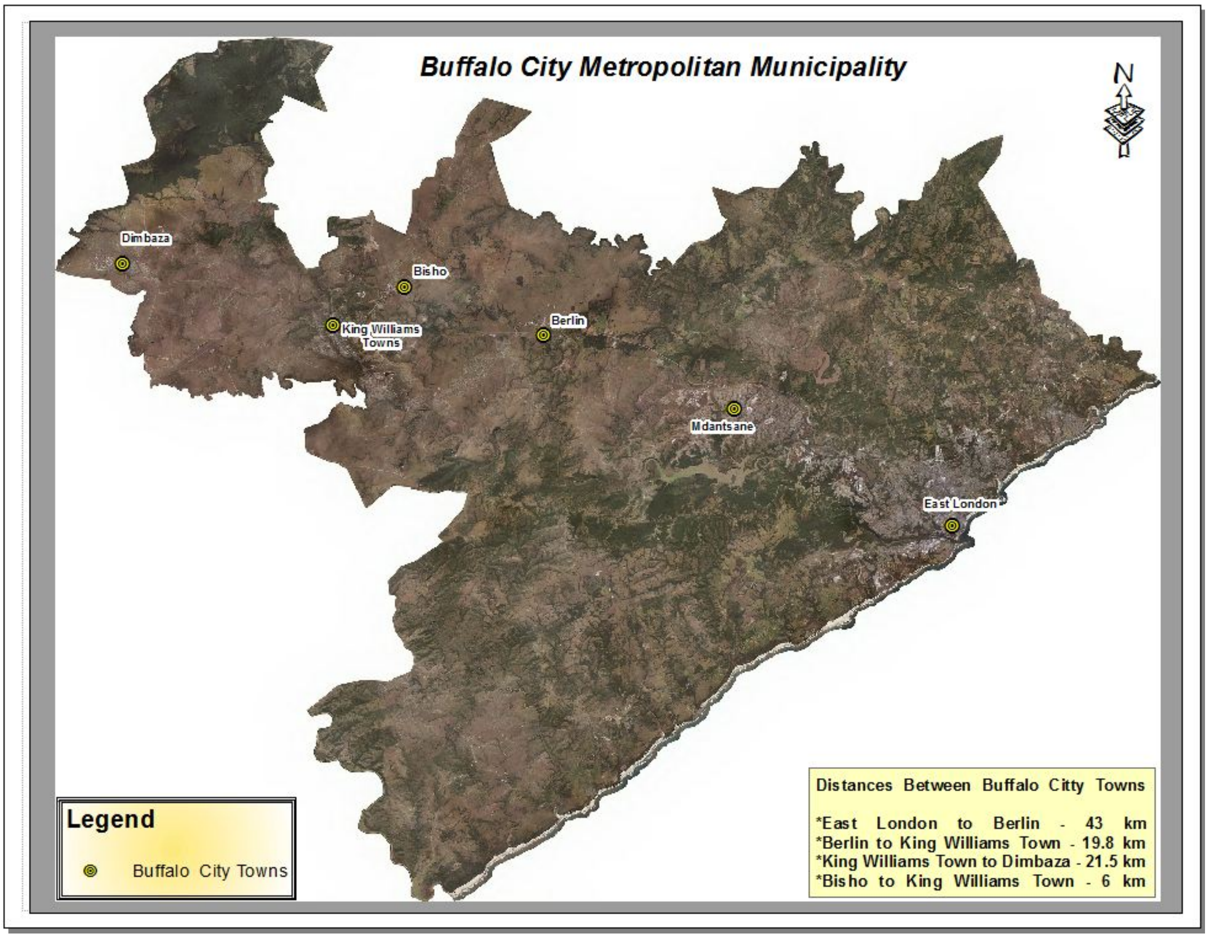
4.1 Introduction

This chapter presents a detailed justification of the methods used in collecting data in the three selected Buffalo City Metropolitan Municipality communities. In so doing, the chapter includes issues of validity and reliability of the data collection. It should perhaps be stated again that this study utilises Elinor Ostrom's adaptation of the concept of common pool resources – a concept which was hitherto restricted to the analysis of shared ecological resources – to examine experiences and narratives of equality and inclusivity in the design, construction and management "public" amenities, with a specific focus on people with physical disabilities. In the study, the researcher takes the experiences and discourses of both municipal officials and people with physical disabilities seriously. Three categories of physical disability are utilised in the study, namely blindness, deafness, and paraplegia. The municipal library and sidewalks of selected major roads served as proxies for "municipal amenities".

4.2 Study Site

The empirical data were collected in three study sites: East London Central Business District, Mdantsane Township and King William's Town, the three nodes that make up Buffalo City Metropolitan Municipality (BCMM). (For a detailed profile of BCMM and the Eastern Cape Province, see Buffalo City 2008, Buffalo City 2004/2005 and StatsSA 2011).

FIGURE NO. 1: Map of Study Site (BCMM)



The main criterion for selecting a site was that it should have the identified public amenities - library, sidewalks and pavements. The main criterion for inclusion of people with disabilities in the study was that they must have used one or more of these amenities in the last 36 months.

The three BCMM communities were also selected because they are the three main urban centres in the Metro and are where municipal amenities are concentrated; the amenities because they are the ones that are most directly relevant to the three disability categories (blindness, deafness and paraplegia) that the study focuses on.

It is vital to be clear about the disability categories mentioned in this study, as disability is a complex phenomenon (see Table 1).

TABLE NO. 1: Participants detailing

Disability	Definition
Blindness	Currently there is no universal definition of blindness. According to WHO (2011) blindness is the inability to see. However not all people who cannot see are blind. Sardegna et al (2002:29) are of the opinion that the term 'visually impaired' is also interchangeably and regularly used to describe and refer to those persons who have sight loss in one or both eyes but are not legally blind. This study refers to blindness as defined by Bailey and Hall (1989:1) who state that "the term 'legal blindness' covers a range extending from moderately severe vision loss to total blindness". Participants included in this study had permanent loss of vision.
Deafness	Like most disabilities 'deaf people' encompass a diverse group of people (Padden and Humphries, 2005:160). The researcher learnt during the data collection process that In the deaf culture and community there are three categories of deafness: • Deaf (capitalised D):the capitalisation of the letter in general refers to prelingual deafness which signifies people who are "culturally Deaf". In layman's terms deafness was acquired before language development. The term "culturally Deaf" means that the person is strongly affiliated with the Deaf community's lifestyle and tradition. • deaf: the lower case 'd' refers to people who are "late-deaf", meaning deafness was acquired after language development and in most cases these individuals may or may not know sign language. For the purposes of this study "Deaf" participants were selected.
Paraplegia	Paraplegia is a disability resulting from the medical condition of paraplegia which Larner (2011:267) describes as "a total weakness (paralysis) of lower limbs". In other words, people who are classified as paraplegics are unable to use the lower half of their bodies as they are paralysed from the waist down. Paraplegics use wheelchairs for mobility. These are people who were included in this study

In the East London CBD, the selected pedestrian crossings and sidewalks are located in city blocks that are bounded by the following streets: Cambridge, Argle, Buffalo and Fleet.

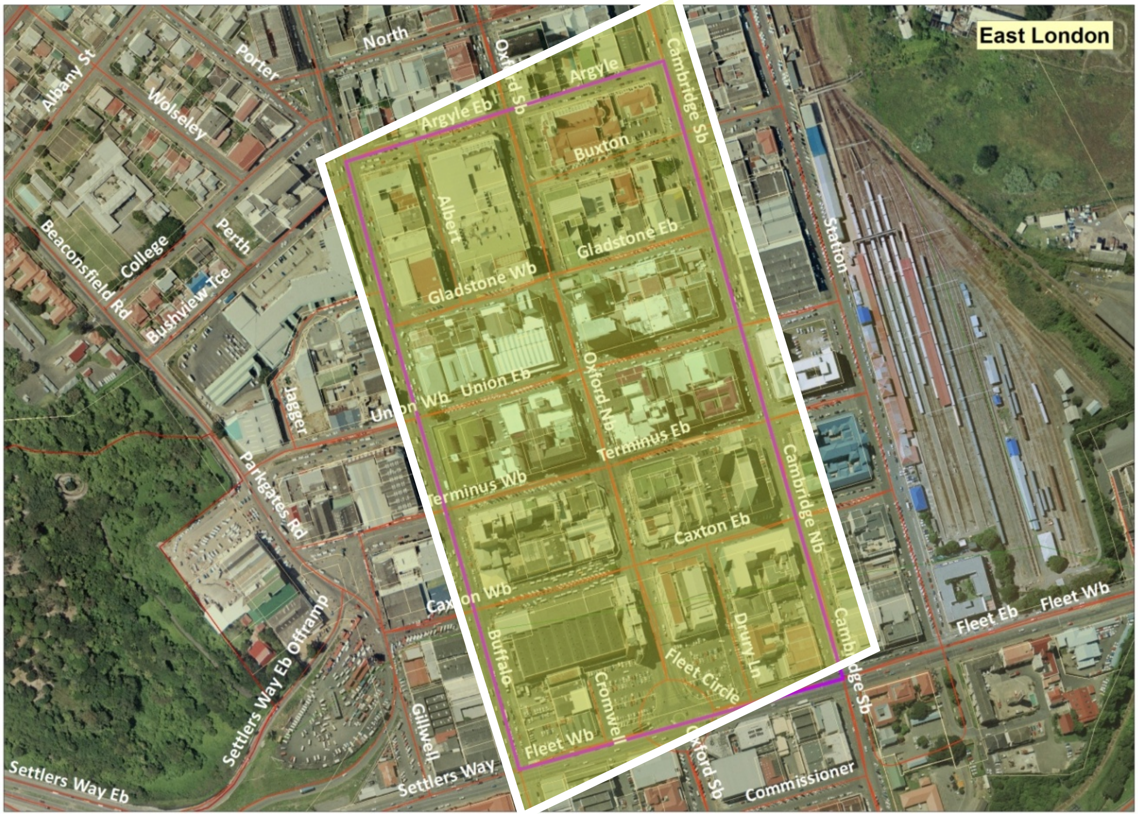


PLATE NO. 1: Aerial image of East London CBD (Showing the study site)
Source: Tshani Consulting (Town Planners)

In King William's Town, the selected amenities are located within the perimeter marked by the following four streets: Alexendria, Lower Mount, Buffalo and Cathcart.

PLATE NO. 2: Aerial image of King Williams Town (showing study area)
Source: Tshani Consulting (Town Planners)

PLATE NO. 3: Aerial image of Mdantsane (showing study site)
Source: Tshani Consulting (Town Planners)

It should be stated that the restriction of the disabilities and study sites was a consequence of the researcher’s limited time and budget. However, the amenities selected for the study were those that best fit the concept of ‘common pool resources’ in the sense of having the following qualities: a) are commonly shared; b) everyone has the constitutional right to access and use the resources of their free will, and c) the amenities are either designed or managed by the municipality. (The broader theoretical and empirical discourse on disability and building accessibility has already been discussed in Chapter 2.)

4.3 Reconnaissance

The term ‘reconnaissance’ refers to a “military observation of a region...to ascertain strategic features.”[15]. In layman’s terms the word ‘reconnaissance’ means assessing a situation before proposed action takes place. In research, the activities undertaken within the reconnaissance process assist the researcher to clarify the departure point of the study by establishing the researcher’s starting point, objectives and plan of action (See Dillon 2008:11).

Prior to the field work, the researcher visited the study area for familiarisation and to obtain any relevant information essential for the data collection. Given the sensitivity of the research topic, the researcher first had to ascertain the correct terminology to use when referring to people with disabilities, having first incorrectly referred to them variously as ‘people living with disabilities’, ‘people with physical impairments’ and (to paraplegics) ‘wheelchair bound’. The researcher was corrected and warned by The National Council for Persons with Physical Disabilities in South Africa (NCPPDSA) and Disabled People South Africa (DPSA) ‘never’ to use the terms ‘handicapped’, ‘crippled’, ‘differently abled’ or ‘physically/mentally challenged; -– and was advised that the universally accepted term is ‘people with disabilities’. The NCPPDSA rhetorically asked, “Who isn’t physically or mentally challenged?” In the disability sensitising documents provided by the NCPPDSA (see Annexure A), the researcher learnt that referring to a person as being “disabled” casts disabilities as negative.

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[15] http://www.oxforddictionaries.com/definition/english/reconnaissance

Another important reason for the pilot phase of the study was to negotiate entry into the municipal offices and the relevant non-governmental organisations as means of seeking permission to conduct the key informant interviews and work out the logistics for the FGDs and individual interviews.

A practical obstacle in attempting to gain entry to participants, especially people with disabilities, was the question of interest in researching about people with disabilities when the researcher was not a person with a disability. Participants would even ask if the researcher had a family member who had a disability. To them, it was peculiar for a person without disabilities to be interested in disability research.

Finally, it was during the pilot phase of the study that the researcher clarified the ethical issues and procedures around enlisting participants with physical disabilities, gaining access to a 'disabled friendly' venue, using the right jargons and terminology when referring to people with disabilities, and the various 'dos' and 'don'ts' when interacting and conversing with people with disabilities.

4.4 Methodology

There are two popular research methodologies in the social sciences: qualitative and quantitative research. Although this study draws from both of these methodologies, it leans strongly towards the qualitative research approach. Babbie and Mouton (1998: 53) describe qualitative research as an approach in social research that "takes its departure point as the insider on social action". They also refer to it as the 'emic' perspective. This approach aims to describe and understand the real lived experiences of research participants and the perspectives attached to the experience being investigated. Therefore, qualitative research is not merely concerned about people's written or spoken words. As Sharan (2009:13) explains, for "qualitative researcher[s] the interest is in understanding the meaning people have constructed, that is, how people make sense of their world and the experiences they have in the world."

The reason for choosing a qualitative approach is because this study seeks to acquire an in-depth understanding of the extent to which inclusivity matters – from the points of view of people with disabilities and municipal officials – in designing, constructing and managing “public” amenities for people with physical disabilities. This study was interested in capturing the experiences and discourses of both municipal officials and people with physical disabilities.

On a philosophical level, qualitative research methodology is located in the interpretive paradigm, which “assumes that reality is socially constructed, that there is no single, observable reality, [but that] there are multiple realities or interpretations of a single event” (Sharan, 2009:8-9). Qualitative research is known to play an essential role in acquiring in-depth understanding of the complexities of human behaviour and the reasons behind such interpretation. According to Babbie (2001), these approaches allow the researcher to acquire more diversity in responses as well as the flexibility to adapt to issues during the research process. The qualitative research methodology was advantageous in the present study in that the researcher could understand how people’s experiences with architecture socially shapes the perceptions of people with disability, but also what meanings the research participants attached to the phenomena being investigated.

With regard to quantitative research, Babbie and Mouton (1998:49) are of the view that emphasis is on the quantification of constructs. Including a quantitative research method with a predominantly qualitative study afforded the researcher the opportunity to investigate accessibility to common pool resources on a larger scale. Terre Blanche et al. (2006:47) emphasise that qualitative and quantitative research methods should avoid being labelled as opposing research strategies. This study recognised these two strategies as having differing strengths and weaknesses and complementing each other. This was achieved through triangulation. According to Denzin and Lincoln (2003), triangulation reflects on the researcher’s “attempt to secure an in- depth understanding of the phenomenon in question”. The three research questions of the study also made triangulation unavoidable (see Table 1).

The study used people with physical disabilities, relevant municipal officials (chief architect, chief building inspector, librarians, traffic and signals managers, special programmes personnel, and personnel in the department of construction, roads and projects) as its target group. Triangulation was used to combine the advantages of both qualitative and quantitative approaches. This was not just for validation purposes but also to intensify and broaden the understanding of interdisciplinary research (Yeasmin and Rahman, 2012). As reviewed in Chapter 2 (Section 2.3.1) O'Day and Killen (2002:15) suggest combining the two methodologies – qualitative and quantitative – as "such an approach capitalises upon the strengths of each methodology while minimising its weaknesses". Scholars suggest that combining the two methodologies helps researchers to provide a more holistic and comprehensive representation of the encounters of people with disabilities.

4.5 Research Design

The section below discusses in depth the research instruments that were utilised in the study, the data collection process, the sampling procedure and data analysis.

4.5.1 Research instruments

As pointed out above, a triangulated research approach was adopted in an attempt to answer the research questions. One of the main qualitative data collection techniques used was focus group discussion (FGD). Three site-based FGDs were conducted with participants drawn from the databases of four disability stakeholder organisations with whom the researcher had already made preliminary contacts, namely: REHAB, DeafSA, Disabled People South Africa (DPSA) and the Eastern Cape Provincial Council for Persons with Physical Disabilities (APDEC). The other qualitative methods used were in-depth interviews (with people with disabilities), key informant interviews (with relevant municipal officials) and observation (of the selected public amenities) (see Sampling Procedure below). A review of relevant policy documents was also undertaken.

Quantitative data were obtained through a mini-survey of 105 people with disabilities. For the alignment of research methods to research questions as well as specific details regarding the use of each technique, see Table 2.

TABLE NO. 2: Aligning research methods to research questions

Research questions	Research method and Sources of empirical data	Justification
What challenges do people with specific disabilities face in accessing the selected public amenities in Buffalo City Metropolitan Municipality?	**FGD:** Three site-based FGDs in total: one in each of the selected areas and each consisting of about six participants, drawn from databases of five disability stakeholder organisations **Key informant interview:** Respondents were senior officials in the City Planning and Engineering Department, BCMM Special Programmes unit, etc. **Observation:** Images of the public amenities, and scenarios of their use, were recorded with the aid of a digital camera. The focus was on design.	FGDs enabled the researcher to gather rich, qualitative data – views, discourses and insights from participants – in a moderated discussion context. Non-verbal data necessarily forms part of such data. Key informants were deemed to be knowledgeable about the subject of public infrastructure design and provisioning as well as the narratives and discourses driving them. A photograph is "worth more than a thousand words".
In cases where the design and construction of the municipal amenities predate the South African Bill of Rights (1996), the Integrated National Disability Strategy (1997), and the Convention on the Rights of Persons with Disabilities (2006), what renovations and/or alterations have been made to the selected public amenities, so as to address the requirements of user-friendliness that are implicit in these documents?	**Key informant interviews** Respondents were senior officials in the City Planning and Engineering Department, BCMM Special Programmes unit, etc. **Review of official documents** Such as policy and programme framework documents.	Key informants were deemed to be knowledgeable about the subject of public infrastructure design and provisioning as well as the narratives and discourses driving them. This was done to elicit important insights about the rationale behind and discourses driving infrastructure design and provisioning are often contained in policy and programme framework documents.
What are the perceptions and narratives of people with disability about such renovations and/or alterations – and about municipal amenities as a whole and how do those perceptions and narratives compare to those of municipal officials?	**Mini (questionnaire) survey** of a random sample of people living with disabilities drawn from the databases of five disability stakeholder organisations. **FGD:** Three site-based FGDs in total: one in each of the selected areas and each consisting of about six participants, drawn from databases of five disability stakeholder organisations **In-depth interview** of people with disabilities. Respondents were selected from the databases of five disability stakeholder organisations. n = 6; three from each disability category. **Key informant interviews:** Respondents were senior officials in the City Planning and Engineering Department, BCMM Special Programmes unit, etc.	A mini-survey helped the researcher to gauge the perceptions of a cross-section of the study population (in this case people with disabilities) based on a random sample. FGDs enabled the researcher to gather rich, qualitative data – views, discourses and insights from participants – in a moderated discussion context. Non-verbal data necessarily forms part of such data. In-depth interviews helped the researcher to obtain rich qualitative data on the discourses around the disability-friendliness of municipal amenities. Key Informants were deemed to be knowledgeable about the subject of public infrastructure design and provisioning as well as the narratives and discourses driving them.

4.5.2 Interviews: the most basic mode of inquiry

According to Terre Blanche et al. (2006: 297) “conducting an interview is a more natural form of interacting with people than making them fill out a questionnaire... and therefore it fits well with the interpretive approach to research.” Interviews in this study were conducted with key informants and people with disabilities.

Key informant Interviews were included in this study as the researcher was of the view that key informants are people who “possess special knowledge, status, or communications, who are willing to share their knowledge and skills with the researcher, and who have access to perspectives or observations denied to the researcher through other means” (Gabtree and Miler, 1999:73). The researcher purposively selected municipal officials in the Directorate of Development Planning and Local Development and Construction, Directorate of Social Services and Roads and Projects and the Special Programs Department based on the assumption that data collected would yield valuable information on the planning, design, construction and maintenance of municipal facilities.

There are two departments in the Directorate of Development Planning and Local Development, namely: Development, Planning and Transport Planning Department and Operations Department. The Development Planning department comprises five divisions: City Planning, Land Surveying, Land Administration, Housing, and Architecture. For the purposes of the study the researcher selected participants in the Architecture division. Among the four branches in the Architecture division the study focused on the architectural services branch, which deals with the design and erection of municipal buildings, and the building maintenance branch, which deals with the maintenance of municipal buildings.

The Transport Planning and Operations Department has three main divisions: Transport Planning and Development, Public Transport Services, and Traffic Engineering. For the purposes of the study the researcher selected participants in the Traffic Engineering division, specifically the divisions that deal with traffic signal plans which focus on the development, provision and maintenance of new signalised intersections, and signage management which focuses on installation and maintenance of new signalised installations.

Participants were selected from the municipality’s Directorate of Social Services, with a focus on the division of Arts and Cultural Services which falls under the Department of Health and Public Safety within the aforementioned Directorate and whose key responsibility is operating library services to the public.

The researcher also selected key informants in the Construction, Roads and Projects Department. This department has three main branches: Construction, Roads, and Projects Management. For the purposes of the study, the researcher selected participants in the Construction and Roads branches.

The responsibility of the Construction Branch, which made it relevant for the study, is construction of surfaced and gravel roads (including road-side furniture), traffic and pedestrian facilities on proclaimed roads (including signage, traffic circles and raised pedestrian crossings), and sleeved road crossings for services across proclaimed roads, among others.

The responsibilities of the Roads branch, which made its employees relevant to the study, include the maintenance and construction of the above-mentioned municipal structures and also managing all activities within the road reserve, including design approvals, way-leaves, accommodation of utilities and traffic facilities.

Lastly, key informants were selected from the Special Programmes Department that falls under the Executive Support Services Department. This department, which is a division of the Public Participation and Special Programmes Department, is responsible for developing and implementing special programmes in line with issues of disability strategies, among others.

The above detailing of the key informants illustrates that the key informants were not selected randomly; rather the informants’ position and knowledge of the design, construction and provisioning for people with disabilities of the selected amenities within BCMM were taken into consideration. These key informants are municipal officials who were approached by the researcher to participate in the study prior to the data collection as she wanted to assess the officials’ knowledge on the study’s topic and the municipality’s willingness to share this knowledge with the researcher.

Before the researcher could interview municipal officials she had to apply for permission from the municipal manager and follow the steps stipulated in the application process. This was part of the municipality's policy and so communication was done through The BCMM Knowledge Management and Research Policy. Once the application was approved the researcher carried the memorandum (see Annexure B) to set up appointments with the officials and also presented a copy before the interviews commenced. The researcher followed a semi-structured interview schedule.

The engagement of the BCMM personnel during the reconnaissance period and the pilot data exercise helped the researcher conduct the interviews promptly. The researcher was able to meet with the key informants as planned, interview dates were set up via email and telephone, and all interviews were scheduled and then transcribed at a later date. The interviews took place at the participants' offices for convenience and to save cost.

The researcher had to be mindful of the verbal and non-verbal interaction when communicating with people with disabilities (see Section 4.11). Nonetheless, the researcher saw interviewing as an appropriate strategy to complement other data collection instruments. As Siedman (2013:8) states, "interviews give people a chance to reflect on their own experiences". The departure point of inclusion of interviews for people with disabilities was to gain an in-depth understanding of their lived experiences with regard to accessibility to common property resources in BCMM and the meaning they made from that. Although interviews are the "most basic mode of inquiry" (Siedman, 2013:9), the researcher had to adjust herself to circumstances that she could not control, such as:

- **Setting up the interviews**
  Some of the participants were employed, and this meant that the researcher had to go to their workplace and arrange to meet with participants there, as meeting at a central venue would shorten the time for an interview. Most of the interviewing was done during the participants' lunch breaks. Some wheelchair users (paraplegics) could not afford full-time peer assistants and therefore had none. This meant that they could not independently transport themselves or find their way to the proposed venue. The researcher thus had to visit them at their homes so as to cut costs for the participants and meet the target time allocated for data collection. This was not a very safe procedure but because of the limited

number of people available within the area of study the researcher had to do home visits, most times unaccompanied. However, the researcher believes that going to the participants' venues (place of work and home) conveyed the message that the participants' stories were important. One drawback was that the researcher did not have the full degree of privacy that she would have wished, in line with Terre Blanche's (2006) suggestion that the researcher should ensure that no undue disturbances take place during and interview. The researcher was, however, able to maximise the time allocated by the participant to ensure that she gave her undivided attention to the interview.

- **Starting the interview**

  Given the sensitive nature of the topic, the researcher felt the need to first establish trust with the participants, which was ironic as she felt unsafe going to participants' homes unaccompanied at times. Nonetheless, the researcher produced a form of identification (a student card), introduced herself and the study, and then clearly stated the municipal amenities which she was focusing on, as she learnt from the first interview that just saying "municipal amenities" led participants to speak of various buildings that were not the focus of the study. For the wheelchair users the researcher had to keep informed consent forms within easy reach of the wheelchair.

- **The interview itself**

  During the interview the researcher had to be mindful of the correct terminology ('people with disabilities', not 'disabled people' or 'differently able'). This was quite tricky as the term referring to disability in isiXhosa was a direct translation of 'disabled people'. In addressing that issue the researcher used English to refer people with disabilities and resorted to the isiXhosa word – *abantu abakhubazekileyo* - only when or if necessary or interviewing people who were less literate. For these interviews the researcher could only interview wheelchair users and the blind.

  Whilst conducting these interviews the researcher had to bear in mind her non-verbal gestures as she had been inducted on them. These included: looking at the person with the disability and not the peer assistant; when conversing with a wheelchair user, the researcher's responsibility was to immediately sit on a chair in order to be at eye level so as not to strain the person’s neck; to avoid leaning on the wheelchair as it is a part of the individual’s personal space; to be prepared to offer assistance only when requested to do so; to look at the blind person whilst speaking with them; and to refer to the blind person by calling out his/her name in the conversation as an indication that you are listening. The researcher had to be mindful of the above behaviours as recognising them meant that the researcher understood the feelings of the persons with disabilities, and also by so doing this ensured that the person felt completely comfortable during the interview process. Although this may seem insignificant, failure to be sensitive to small details and behaviour may reaffirm inaccurate assumptions and cause unnecessary offence, according to the NCCPDSA. Overall, the interviews were conducted as conversations and not as question and answer sessions as, Terre Blanche (2006) suggests.

- **Ending the interview**

  The interviews typically lasted between 45 minutes and an hour. Before the end of the session the researcher would ask the participant if there was anything else they would like to add or mention. It is of importance that the researcher was “aware of what the person [said] after the recorder was switched off as sometimes the most interesting understandings emerge[d] then” (Terre Blanche et al., 2006:300). In the fieldwork participants would suggest possible research studies and have recommendations as to how BCMM could be more inclusive. The researcher noted these ideas down as part of the process notes. Because the researcher struggled to get hold of interview participants from the database due to contact details being changed or participants having relocated, to mention just some obstacles, the researcher enquired from the participants at that time if he/she could refer her to another participant who fitted the area focus of the group. This was based on the understanding that people with disabilities are a ‘closely knit group’. In Buffalo City, the researcher learnt that have general monthly and annual meetings at their respective NGOs, health care centres and social service centres.

4.5.3 Focus group discussions (FGD)

Barbour and Kitzinger (1999:4) are of the view that focus groups are a form of interview in a group setting within the qualitative paradigm where data is obtained through the communication between research participants: “at the very least, research participants create an audience for one another”. According to these authors, researchers explicitly use group interaction as part of the method of generating data. Focus groups were used in this study to elicit data from the people with disability on the following issues: 1) the challenges they encounter in accessing and using the municipal amenities in BCM; 2) their views on inclusivity and equality of the design and provisioning for people with disabilities within BCMM; 3) the perceptions of people with disabilities on how the BCMM policies and relevant laws are implemented to uphold the rights of people with disabilities; 4) the extent to which these views resonate with commonly held beliefs about disability; and 5) the perceptions that people with disabilities have towards these amenities being classified as ‘common pool resources’.

This technique is commonly assumed to save time and cost; however, in this study the researcher found the opposite. The researcher could not easily access the database of NGOs (listed above) so as to immediately contact the participants. Instead, it is the NGO representatives who had to contact the participants on the researcher’s behalf. This was done in line with the NGO’s protocol on sensitising and protecting their clients/members’ well-being while adhering to the company’s ethical standards. Once participants’ contact details were obtained, the researcher found that other participants were difficult to access as the researcher could not contact the deaf participants through calling them on their mobile phones; instead a text message was the only way to communicate the message on the FGD meeting and preparations.

Again, speedy responses to text messages were dependent on the participant’s funds or airtime. Another obstacle was acquiring a venue that could fully accommodate people with disabilities. This was a daunting and time-consuming task as the researcher found that even the NGO offices that represent people with disabilities were not accommodative of all the different disabilities that were included in this study.

In addition, arranging the FGDs required the researcher to reimburse participants for transport fares to the venue, as most of them were unemployed and also had to be accompanied by their peer assistants. A further expense was related to the hiring of a Sign Language Interpreter as a means of including deaf participants in group discussions. Lastly, because of the distance between participants' places of residence and the venue, as well as the length of the FGDs, the researcher felt it was courteous to offer light refreshments to the participants and their peer assistants. Had it not been for the financial assistance of my research supervisor to collect data, this study would not have been a success at all as the amounts quoted for sign language interpretation (see Annexure C) was beyond the researcher's budget.

Nonetheless, the FGDs were facilitated in such a manner that people were encouraged to speak to one another, ask questions – with the researcher emphasising that "there is no right or wrong question or answer" – and comment on each other's experiences and points of view. This method is valuable for "exploring people's knowledge and experiences and can be used to examine not only what people think but how they think and why they think that way"(Kitzinger, 1995: 299).

Three site-based FGDs were conducted with participants with disabilities in Mdantsane Township, King William's Town and East London. Each had six participants, plus one sign language interpreter (except for the Mdantsane FGD where deaf participants were not present due the communication issue discussed above). The FGDs assisted the participants to share their own experiences and to comment on common experiences encountered in matters of inclusivity in BCM. Through this the researcher was also able to capitalise on the interaction of participants in response to the FGD guide questions and in responding to each other's views and encounters. The data generated would have grossly inadequate without the FGDs.

The proceedings of each FGD session were recorded using the researcher's mobile phone voice recorder; transcription was done at a later stage to complement the field notes. The researcher used the FGD discussion guide (Annexure D) to facilitate the group process and give guidance and structure to the FGD.

4.5.4 The survey questionnaire

It was necessary to include the mini-survey in the study because, as much as the interviews and FGD helped the researcher to attain data that assisted in understanding the complexities of the accessibility experience for people with disabilities, they did not adequately assist the researcher in gaining understanding on a larger scale of the reality in which complexities exist, which the survey does. This is in accordance with Babbie and Mouton (1998:232) who hold the view that surveys are exceptional in establishing attitudes on a large scale, but these authors also argue that surveys are regarded “as the best method available to the social scientist interested in collecting original data for describing a population too large to observe directly.” A concern in using surveys is that data obtained are possibly lacking in depth with regard to the topic researched (Kelley et al., 2003:262). This could result from the participants misunderstanding or lacking understanding of the questionnaire. In the case of the present study, blind participants were not able to read the text in the questionnaire as it was not transcribed into Braille due to limited funds. However the researcher addressed the latter limitation by having a research assistant read out the questionnaire for the blind people and assisting them to fill in the answers and offering clarification for the less literate. These too were costly and time-consuming.

It is worth noting that participants were not randomly drawn from the databases of the organisations as initially proposed. Although the databases of the NGOs had the numbers required to conduct the survey, the researcher faced the same financial predicament as she did with planning the FGDs, which was the ‘communication’ obstacles in reaching deaf participants, transcribing Braille for blind participants and finding a suitable venue to accommodate a large number of the diverse physical disabilities. Overall, calling or texting all 100 participants as initially planned seemed an impossible task. To overcome this the researcher established rapport with the ‘gatekeepers’ of the NGOs, and proposed to the managers that she be invited to community campaigns or any outreach programmes and asked to be included in the programme agenda to conduct the survey. The NGOs ultimately agreed on the researcher being the last item on the community’s programme so that the programme/event of the day was not disturbed and she could reach her target before the meetings/events were closed.

4.5.5 Observation

As the saying goes, “If you make listening and observation your occupation you will gain much more than you can by talking.” Throughout the study the researcher used subtle observation whilst also employing the above discussed research methods. When collecting data observational work entailed discreetly taking note of non-verbal gestures and communication such as facial expressions, body language, group interaction and the time frame it took to answer certain questions, to mention only a few, that could not be captured through recording. The inclusion of observation is in line with Babbie and Mouton’s (1998:57) view that the shift in complementing this approach in methodology is a result of factors, such as the rise of symbolic interactionism. According to these authors emphasis on the creation of meaning and interaction “forced” researchers to be more reflective and sensitive to their interactions with the subject field. For the present researcher, this meant taking photographs of the study area and its amenities so as to capture the interaction people with disabilities have with their environment. As the saying goes, a photograph is “worth more than a thousand words”.

The researcher visited various amenities selected for the study. It was obvious from even casual observation that the architecture of the public libraries and the construction of municipal public roads had not considered people with disabilities. Over the years the municipality added ramps to some sidewalks, pavements and entrances to the library. The researcher observed that kerbs on sidewalks were too small to fit a wheelchair, let alone the user on it. None of the traffic signals in the East London and King William’s Town CBDs had audible traffic signals to ensure the safety and independent use of roads for blind and visually impaired road users. Needless to say, that alone excludes blind and vision impaired pedestrians on public municipal roads. The ramps constructed on the roads in line with the BCMM Disability Strategy and Integrated Plan are – based on the researcher’s observation

– too small, and often situated next to a rubbish bin, which makes manoeuvring a disheartening task, to say the least.

The different photographs in this section (Plates 4-17, all taken by the researcher) are a commentary on the state of disability-friendliness of even some of the public amenities boldly described on signage as “fully accessible”.

PLATE NO. 4: Wheeling aroung East London CBD

PLATE NO. 5: **Pavements (East London CBD)**

PLATE NO. 6: **Pedestrian sidewalks (Mdantsane CBD -'Highway')**

PLATE NO. 7: **Kerbs at a traffic signal (East London CBD)**

PLATE NO. 8: **Traffic signal (East London CBD)**

PLATE NO. 9: **Congested side walk (East London CBD)**

PLATE NO. 10: **Congested pedestrian sidewalks (Mdantsane CBD -'Highway')**

The libraries visited by the researcher had a ramp at the entrance; however, the researcher found that a wheelchair user could not use it independently as it was too steep and the handrails were far from the wheelchair user's grip.

The East London library had one parking area for people with disabilities that was located close to the library. On the three occasions the researcher visited the library, this parking bay was occupied by a vehicle not authorised for this parking bay. An authorised vehicle has a sticker with a wheelchair on the back and front windscreen.

All of the book shelves in the three libraries were too high for wheelchair users and no Braille copies of books were available. The East London library, however, has a room which blind people can use to print documents and use a computer that was "friendly" to their needs. This room can also be found in the King Williams Town Library, named the "Provincial Mini-lab". For a first time user, however, this may be challenging as even though the staff are said to have been trained and sensitised to disability issues, the researcher had to return unassisted when the one person "responsible" for the reading room was not available at work and the other staff members claimed they did not know how to operate it. There was a service available at the East London Library that sent and collected audio books for the blind together with the machines that they used.

The East London Library is recognised as "fully accessible" for users with all types of physical disabilities and had large print books for visually impaired users. Ironically, the "fully accessible" library of East London does not have ablution facilities designed for people with physical disabilities, and there is no signage whatsoever for the services offered. In addition, there was no staff member who knew how to communicate to deaf people using sign language. Although there is an elevator for wheelchair users to access the other floors of the library, the elevator buttons are high and not audible for the blind user. This left the researcher with the questions of what made this library "accessible". What criteria were used to determine "accessibility"?

PLATE NO. 11: ‘Fully accessible’ Library (East London CBD)

PLATE NO. 12: Unlawfully occupied 'disability parking’ space

PLATE NO. 13: **Ramp and door (East London CBD Library**

PLATE NO. 14: **Ramp (King Williams Town Library)**

PLATE NO. 15: 'Unreachable' bookshelves (East London CBD Library)

PLATE NO. 16: Inaccessible toilet (East London CBD Library)

During interviews with the key informants, the researcher observed how reluctant the key informants were to admit the flaws in applying the legislation that deals with ensuring accessibility for people with disabilities. In almost every interview the researcher noted that municipal officials spoke of “them” or “those people” when referring to people with disabilities. Furthermore, the majority of key informants compared accessibility issues of pertaining to people with disabilities to the situation during apartheid, except that today it is the minority is being oppressed by the ruling government. They felt that the minority now need to fight for their basic human rights to be recognised and upheld. Another interesting observation was the shrug of shoulders during an interview which indicated to the researcher that the interviewees slightly and momentarily expressed ignorance or indifference.

Interviews with people with disabilities were by far the most interesting to observe and somewhat challenging for the researcher. The two interviews with paraplegic and blind participants were at their homes. The researcher observed that this made them more relaxed and interactive with the researcher. In all of the participants’ homes, ‘low income’ was evident to the extent that one could tell just by observation that the whole household expenses were being paid for by a social security grant. The two blind participants were interviewed in Dimbaza, a location 20 kilometres west of King William’s Town. At the onset the researcher observed that the participants walked hand-in-hand to lead each other on the road, with the leader being a partially sighted person and the two blind participants walking slightly behind her. In this location (Khayelitsha) in Dimbaza, which is an RDP house location, the researcher noticed that all the houses leading to the participant’s home were owned by blind people and yet all of them had ramps. This was a clear segregation of people with disabilities from the community. Furthermore, the insertion of a ramp in a house owned by blind people was an indication of outright ignorance of the specific needs of blind people. Equally interesting, similar houses with ramps for wheelchair users have small door frames and doorways which clearly make the house inaccessible for a wheelchair user!

PLATE NO. 17: The blind leading the blind (King Williams Town)

The researcher observed that people with disabilities almost pride themselves on being independent. The above pictures illustrate such: for an average person this would be a classic case of the “blind leading the blind”, but for people with disabilities this was a subtle demonstration of independence. Furthermore, on an interview visit, one of the participants offered the researcher a drink. The researcher turned down the offer mainly because of how the drink was poured into the glass: the participant inserted his finger in the glass and poured the drink and when the drink reached the knuckle of his finger the participant knew that the glass was full.

One interview was conducted with a blind participant at his workplace (Nedbank). The researcher was a bit taken aback when the interviewee alerted her that he was the man in a “yellow shirt”, and wondered how a blind person knew the colour of the shirt he was wearing. Nonetheless, what was of special interest to the researcher was how the man moved about while at work. He held on to the walls and objects around and in front of him, and surprisingly his shirt was not yellow! Needless to say, the researcher’s sense of empathy as a social worker did not allow her to inform him of the correct colour of his shirt. It became clear to the researcher that the interviewee was merely trying to affirm his independence.

In all three FGDs sessions, it appeared that deaf people isolated themselves from the rest of the group (see Chapter 6). This affected the group’s participation so much that when the Sign Language Interpreter was communicating to deaf participants other participants would start small conversations among themselves. To avoid incoherence in group participation, the researcher had to constantly be aware and facilitate the discussion in such a way that the deaf participants did not feel that their views were not valued.

Whilst conducting the survey, the researcher observed that the deaf people were accompanied by their peer assistants who provided interpretation. However, the participants were picked up in taxis that were not wheelchair friendly. It was also quite surprising that the ablution services were inaccessible. The researcher was unsure if it was the result of the general design of community halls or that people with disabilities were not factored into the definition of the 'target audience' of these facilities.

The researcher was unsure if it was the result of the design of community halls or inconsideration for the needs of the target audience.

4.6 Review of Policy and Implementation Documents

A review of accessibility for people with disabilities – international, regional, local as well as municipal policy and legislation – was done in this study in order for the researcher to gain an in-depth understanding of the expected design and provisioning for people with disabilities in municipal 'common pool' amenities. This review served as a backdrop against which to adjudge how policy, architecture and provision of these amenities (vis-à-vis people with disabilities) comply with international, national, regional and local legislation.

4.7 Sampling Procedure

The sample strategy was informed by the research techniques used. Purposive sampling was used to select participants from whom data were sourced though FGDs and in-depth interviews. The researcher observed amenities in the study area through convenience sampling. Time- and cost-saving measures dictated the amenities selected. Six respondents (from the databases of the five disability stakeholder organisations named earlier) were selected for each of the three FGDs. The FGDs were site-based (not disability based). In other words, the researcher endeavoured to represent all disability categories in each FGD in each of the three locations – East London CBD, Mdantsane and King William's Town. Six in-depth interviewees were selected from the same database; these participants were not among the participants in the mini-survey or the FGD participants.

The selection of the seven key informants in BCMM was done purposively. They included senior officials in the following directorates and departments:

- The Directorate of Development Planning and Local Development: Architectural division: this department is responsible for architecture services and building maintenance;
- Directorate of Social Services: Arts and Culture division, under which the library falls;
- Department of Transport and Planning;
- Department of Construction, Roads & Projects; and
- Special Programmes Department.

The 105 mini-survey participants were randomly selected. The researcher, with the help of an assistant, went to the outreach programmes and randomly approached participants who were suitable for the study according to disability to conduct the survey.

4.8 Data Collection: Working Around Constraints

According to the researcher’s plan, the key informant interviews and the review of policy and implementation documents were to be completed first; however, this did not work according to plan as the researcher found that in order to interview BCMM personnel (key informants) and have access to BCMM documents which are regarded as confidential, the researcher had to first apply for permission. This application was done through the Municipal Manager’s offices and the Directorate of Research and Knowledge Management and had an unspecified time frame for approval. This introduced some delay to the data collection process. To overcome such an obstacle the researcher had to re-design the data collection to commence with the interviews for people with disabilities and the FGD.

4.9 Data Analysis

> “The better the execution of the analysis, the stronger the conclusions.”
>
> (Lewis-Beck (1995:1)

As far as the researcher is concerned, data analysis is the most skilful task and critical step undertaken after the research data collection process. This stage, especially for this study, called for the researcher to incorporate her own discretion and skill not only to inspect but also to evaluate data collected with the goal of discovering valuable information in line with the research question. As stated earlier, this study made use of quantitative and qualitative research methods to obtain data. Quantitative data was analysed using the Statistical Package for Social Sciences (SPSS). The method of thematic content analysis was used to interrogate the data obtained through the qualitative research methods. For the most part, data analysis (especially qualitative data analysis) in this study occurred as the data were collected.

4.9.1 Quantitative data

After data collection, the researcher assigned labels in number form from 1 to 114 and thereafter assembled the questionnaires per disability for easy identification. The programming of the questionnaire variables in the SPSS programme was then done and data were later entered. Then a check for missing data was done through a data cleaning process and any noted errors on data entered were rectified by physical checking of the affected questionnaire. Thereafter, data analysis proceeded with careful calculation and creation of frequency tables and cross-tabulation, and pie charts of different independent and dependent variables. A display of the findings in the form of pie charts and tables and graphs are presented in Chapter Five.

4.9.2 Qualitative data

After the data collection, the recorded FGDs and interviews were transcribed. This involved manually identifying and organising transcribed data and formulating themes predefined by the researcher for each group of subjects. The themes and findings were then compared with those from the quantitative data and results were presented in a triangulated manner. The final stage of the research involved using these themes and findings to answer the main research question(s).

4.10 Limitations of the Study

This study aimed at assessing inclusivity but the researcher feels that more could be done in terms of the logistics to include people who are blind, such as providing blind participants with Braille consent forms. For the researcher to print Braille documents she was referred to the South African Library for the Blind in Grahamstown. (Though the municipal library could print the documents it could not proofread Braille documents to ensure that they corresponded with the Microsoft Word documents.) Printing Braille documents was also a catch-22 situation because, as much as the researcher wanted to ensure inclusivity for blind people by providing Braille transcribed documents, information gathered through the reconnaissance and pilot data exercise highlighted that there are different levels of Braille and some participants could only read one or the other or no Braille at all. This complicated matters which ultimately led to no provision of Braille. Informed consent was read to the participants and the researcher requested their assistance for the mini-survey questionnaire, or the researcher read it herself in cases of limited literacy levels presented by the assistant.

Another limitation was that the researcher could not conduct in-depth interviews with all disability groups of the study, such as the deaf, as she was unable to use sign language. Even so, due to cost constraints she was unable to hire Sign Language Services.

Lastly, the sample size is small compared to the number of people with disabilities in BCMM. But then reaching them would have been an impossible task as most of them were not registered with the NGOs that were used to obtain participants. There are numerous challenges encountered by people with disabilities in BCMM; however, the study's narrow focus on only three physical disabilities mentioned earlier made the sample size small. Time and cost implications also contributed to the restricted coverage of the study.

A future study that is able to overcome all or most of the above limitations might be able to yield data that are more generalisable.

4.11 Useful Hints on Etiquette for Interacting with People with Disabilities

In the deaf community persons with a hearing loss are a varied group; therefore, communication preference can and does differ. It then becomes important to know before researching/interacting with persons with a hearing loss which method participants prefer. There are two main groups in the deaf community: post-lingual and pre-lingual.

Post-lingual is when hearing loss occurs after acquisition of speech. This group does not use Sign Language. Communication is done by means of lip reading, enhanced with gestures/hearing aids or a combination thereof (called speech reading), and the use of a lip speaker as an interpreter or a transcriber, if required–and sometimes FM sender or loop system (NCPPDSA).

Pre-lingual is when hearing loss occurs before the acquisition of speech (in any language). This group use Sign Language as a medium and a Sign Language interpreter, if required (NCPPDSA).

The following are basic useful hints when interacting with people with hearing loss:

TABLE NO. 3: Do’s and don’ts for interacting with deaf people

Do’s	Don’ts
• **Tap gently on shoulder to get attention.** • **If beyond reach to tap, wave in the air until eye contact is established.** • **Switch lights on and off to get attention.** • **Establish a comfortable distance between you and the person involved in communication.** • **Establish eye contact before beginning communication. This may be considered a stare in other cultures but not in the Deaf**	• Do not touch elsewhere on the body to get attention, e.g. head, face, stomach. • Don't wave in the person's face or use huge waving gestures if you are close by. A small flapping movement of the hand is usually enough. • Do not used a fist/punch to get attention. • Do not kick or throw things to get attention. • Do not stand against a window.

culture. • **Keep eye contact with the person and talk to the person and not to the interpreter/lip speaker/transcriber.** • **Eye contact can also be used as a turn-taking technique, especially in group discussions where everyone looks at the next speaker.** • **Keep sentences short and use proper sentence construction.** • **Rephrase rather than repeat sentences that the person does not understand.** • **Speak clearly so that the person can see and read your lips.** • **Use a normal tone of voice when having a conversation, unless otherwise indicated by the person.** • **Keep the face clear of any obstructions, e.g. hair, scarf, etc.** • **Show that you are attentive by nodding slightly. If you are expressionless it conveys inattentiveness.** • **Use facial expressions to correspond with the topic and mood of discussion.** • **Be patient when either you or the person experiencing hearing loss, has difficulty in understanding or transferring a message.** • **Ensure that the light shines on your face from the front.**	• Do not pass between two people signing. If you have to, excuse yourself before walking through. • Do not stand too close. • Do not walk away during the conversation as that denotes termination communication. • Do not talk or sign with hands full of objects, e.g. cup, books, etc. • Do not eat or chew anything while signing or speaking as this may distract lip reading. • Do not smoke, chew gum or let your hair cover your face whilst in conversation. • Do not change the subject or change your language in midsentence. • Do not stand in a dark spot. • Avoid backlight – If you are standing with your back to a light source, such as a window, the glare may obscure your face and make it difficult for the person experiencing hearing loss to communicate.

Source: DeafSA and NCPPDSA, DEAFSA sensitising documents is also accessible http://www.deafsa.co.za

For wheelchair users:

TABLE NO. 4: Dos and don'ts when interacting with wheelchair users

Do's	Don'ts
• **Always speak to the person with the disability and not to the person accompanying them.** • **Be prepared to offer assistance to persons with limited hand, wrist or arm function**. • **When talking to a wheelchair user, sit on a chair in order to be at eye-level. If you have to**	• Never ask a wheelchair user to hold coats, etc. • Do not put your drink, for instance, on the desktop attached to someone's wheelchair. • Do not push a person's wheelchair without the permission of the user or being requested to do

stand, stay at a distance so that the person does not strain his/her neck. • **Place items within a wheelchair user's easy reach.**	so(offer to help). • Don't kick or stand on the wheels–wheelchairs are part of the individual's personal space. • Placing mats on slippery floors is not wise – slippery floors and small mats can cause accidents.

Source: NCPPDSA and APDEC, APDEC document also accessible at http://www.bethesdahoutbay.co.za/articles.htm

For blind people:

TABLE NO. 5: Dos and don'ts when interacting with Blind people

Do's	Don'ts
• **When greeting a blind person, wait for him /her to extend his/her hand before shaking it. Say something like 'take my hand'. This will prevent uncertainty and embarrassment for both parties.** • **When speaking to a blind person, always identify who you are.** • **Address a blind person directly and not through a third person.** • **Always say goodbye when leaving a room so that the blind person is not left speaking to no one.** • **Allow a blind / partially sighted person to take your arm (at the elbow). This will enable you to guide them rather than propel them.**	• Do not grab the end of a blind person's cane in trying to guide him/her. • Do not distract or interact in any way with a blind person's guide dog. • Do not leave a blind/partially sighted person in a strange room. • Do not hesitate to laugh when a blind person tells a joke about blindness. • Do not be afraid to use the word 'see' in phrases like 'see you later'. Blind people talk to each other in the same way.

Source: APDSA, also accessible online At: http://www.bethesdahoutbay.co.za/articles.htm

4.12 Ethical Considerations

The researcher was fully aware that the study population falls under the category of "vulnerable population", who should be treated with utmost sensitivity. Besides abiding fully with the University of Fort Hare's Research Ethics code, the researcher did the following: (a) used correct and socially acceptable terminology when addressing or referring to people with disabilities; (b) used appropriate communication techniques in interacting with people with disabilities – a basic hint was always to refer to the person first and then the disability (for other etiquettes employed in the data collection processes see Tables 3, 4 and 5; (c) enlisted a sign language interpreter for deaf participants to be included equally in FGDs; (d) ensured that FGD venues and interview venues were fully accessible, that is, there were accessible ramps and accessible ablution facilities; (e) adhered to the principles of voluntary participation and respondent anonymity; and (f) assured respondents that all data obtained would be for academic use only.

It must be emphasised that in keeping with the student's professional background as a registered Social Worker the study was conducted in a way that complied with good ethical practice in social scientific studies of its kind. The researcher worked closely with the recognised institutions (Disabled People South Africa [DPSA], Rehab, the Eastern Cape Provincial Council for Persons with Physical Disabilities [APDEC], and DeafSA Eastern Cape) in selecting participants for the study and running the survey, interviews and FGDs. While remaining professionally neutral throughout the research process, she utilised sign language interpreters and personal assistants (for paraplegics) recommended by these institutions and also made use of their meeting spaces. She also obtained official permission from the Buffalo City Metropolitan Municipality to conduct the study.

CHAPTER FIVE

ANALYSIS AND PRESENTATION OF FINDINGS

5.1 Introduction

As stated in Chapter 1, the aim of this study is to understand, from the experiences and discourses of people with disabilities and those of municipal officials, to what extent inclusivity and equity matter within the context of the design and provision of municipal amenities. The study specifically focused on: (a) the challenges faced by people with disabilities in accessing the selected municipal facilities; (b) the renovations and/or alterations done to the selected amenities to address requirements in current legislative environment; and (c) the perceptions and narratives of people with disabilities *vis-à-vis* municipal officials about municipal amenities as a whole.

These three focus areas are empirically captured in the three research questions elucidated in Chapter 1, namely:

i. What challenges do people with specific disabilities face in accessing the selected public amenities in Buffalo City Metropolitan Municipality?

ii. In cases where the design and construction of the municipal amenities predate the South African Bill of Rights (1996), the Integrated National Disability Strategy (1997), and the Convention on the Rights of Persons with Disabilities (2006), what renovations and/or alterations have been made to the selected public amenities so as to address the requirements of user-friendliness that are implicit in these documents?

iii. What are the perceptions and narratives of people with disability about such renovations and/or alterations – and about municipal amenities as a whole – and how do those perceptions and narratives compare to those of municipal officials?

Data presented in this chapter were derived from responses obtained quantitatively (survey) and qualitatively (FGD, interview and observation). These are used in such a way that the reader is able to differentiate information obtained during, for example, a FGD session, which is corroborated or contradicted by information obtained through the mini-survey. The main research findings are presented under themes and sub-themes where necessary. The study uses verbatim quotes drawn from the interview and FGD sessions. Tables, figures and photographs are used to give an appropriate visual angle to the presentation.

5.2 Respondents' Characteristics

This study focuses on people with disabilities who are blind, deaf and paraplegic. Three site-based focus FGD sessions were devoted to each of the three categories of disabilities (excluding Mdantsane). The gender composition and total number of participants per FGD are provided in Table 6.

TABLE NO. 6: Characteristics of focus groups

	Choice	Frequency
GENDER	Male	11
	Female	5
	Total	16
DISABILITY	Below 40	9
	40-49	4
	50-59	3
	60-69	
	70-79	
	80 above	
	Total	16

EDUCATION	High school or lower	5
	grade 12	10
	Tertiary	1
	Graduate	0
	Total	16
DISABILITY	Blind	6
	Deaf	6
	Paraplegic	4
	Total	16

The sample size of the in-depth interview respondents (people with disabilities) was six, three from the two disabilities, namely, blind and paraplegic (three each per category). Blind respondents consisted of two male respondents and one female and the paraplegic respondents comprised two female respondents and one male. The respondents' ages ranged from 30-45 (see Table 7).

TABLE NO. 7: Characteristics of in-depth interviews respondents

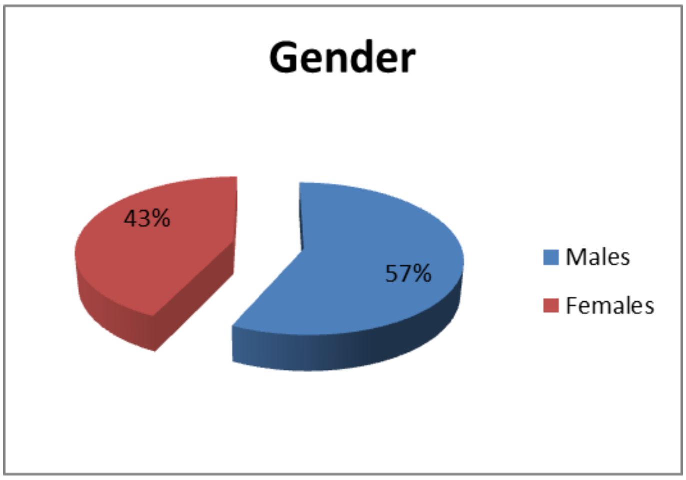
	Choice	Frequency
GENDER	Male	3
	Female	3
	Total	6
DISABILITY	Below 40	3
	40-49	3
	50-59	
	60-69	

	70-79	
	80 above	
	Total	6
EDUCATION	High school or lower	3
	grade 12	1
	Tertiary	0
	Graduate	2
	Total	6
DISABILITY	Blind	3
	Deaf	0
	Paraplegic	3
	Total	6

The sample size for the mini-survey was 114 (this was also the number of valid, completed questionnaires received from respondents). However, the researcher focused on the specific disability categories mentioned in this study: this means that from the 114 mini surveys completed only 105 mini-surveys were analysed. The gender composition of the total 114 is presented in the pie-charts shown in Figure 2 and is further broken down in figures 3, 4 and 5.

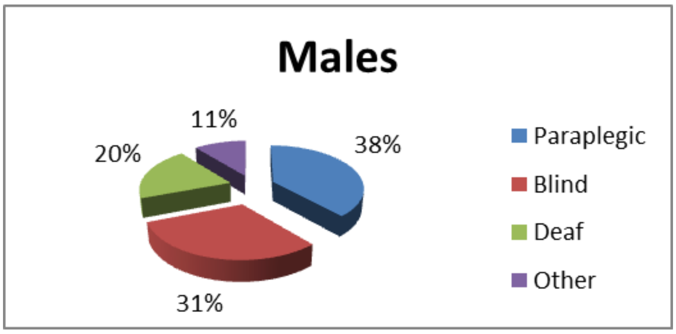
Gender n= 114

FIGURE NO. 2: Gender characteristics of mini survey respondents



Males n=65

FIGURE NO. 3: Gender Characteristics of Mini-Survey Participants Breakdown



Females n= 49

FIGURE NO. 4: Presents participants further broken down to represent the gender distribution in the specific (105) disabilities from survey participants

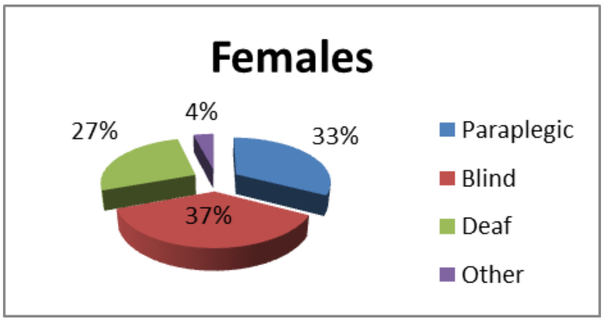
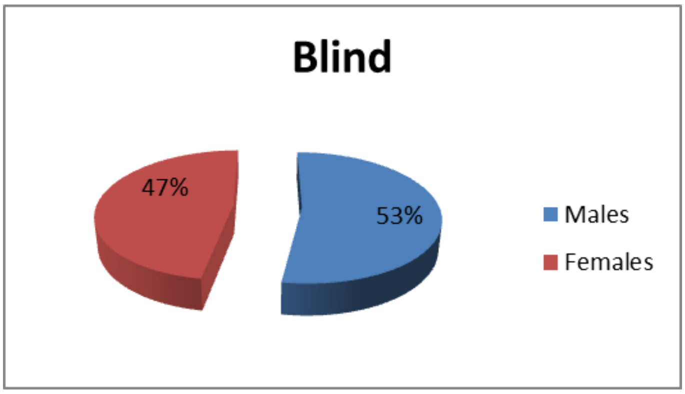
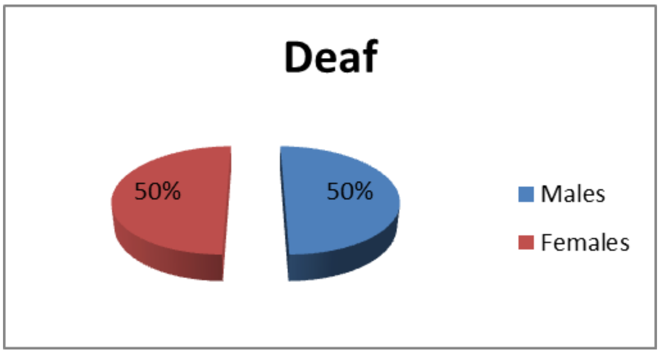


FIGURE NO. 5: Gender distribution by disability category

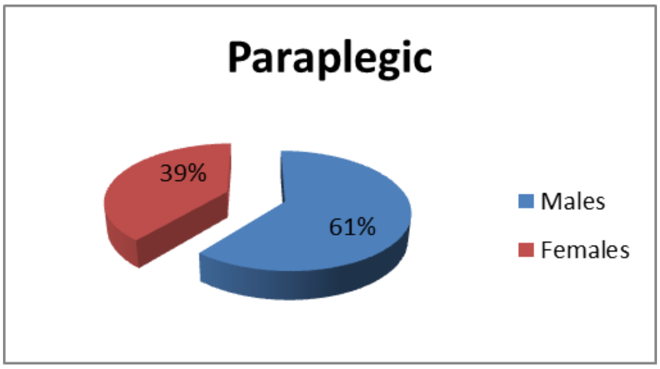
Blind = 38



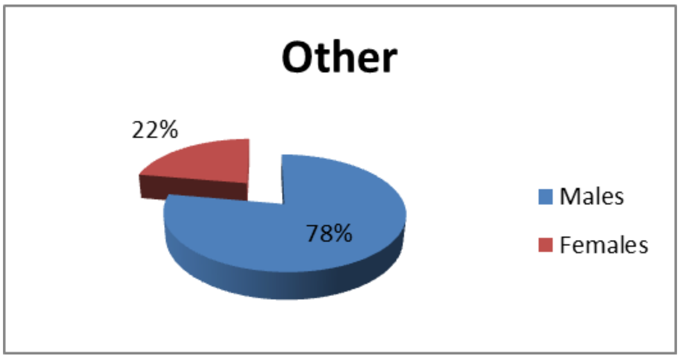
Deaf = 26



Paraplegic = 41

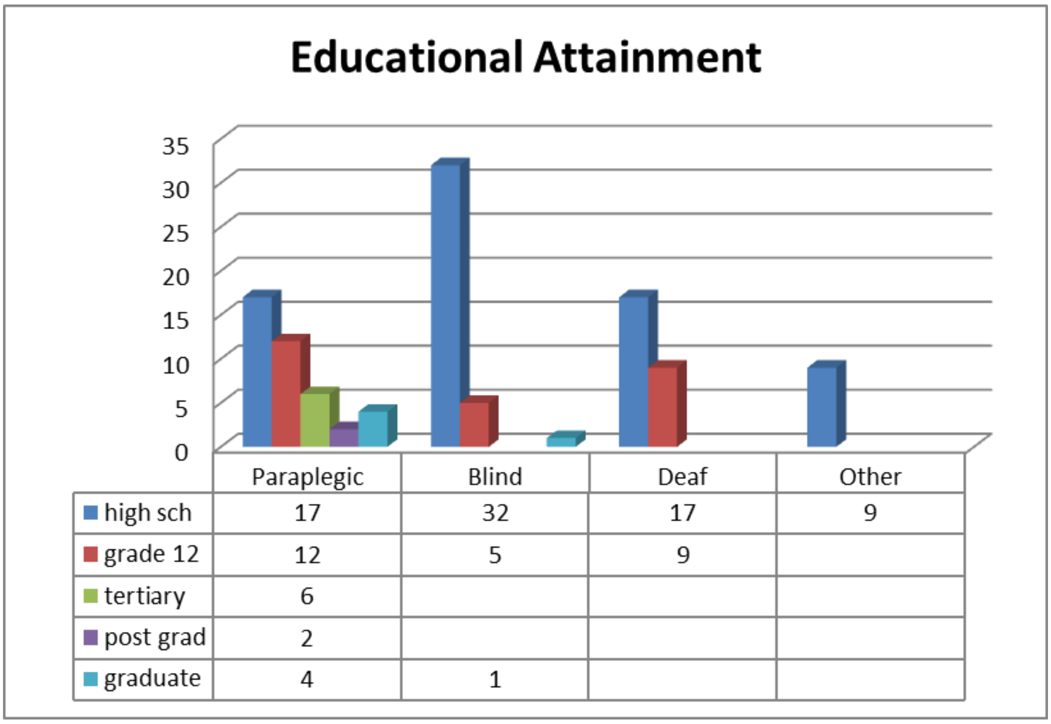


Other= 9



The 105 survey respondents were asked to specify their highest educational attainments. An analysis of this variable showed that two had a post-graduate qualification, five had a graduate qualification, six had a tertiary (non-university) education qualification, and 26 had Grade 12, while 66 had attained high school or lower grades – in other words, did not complete high school. These results are depicted in Figure 6.

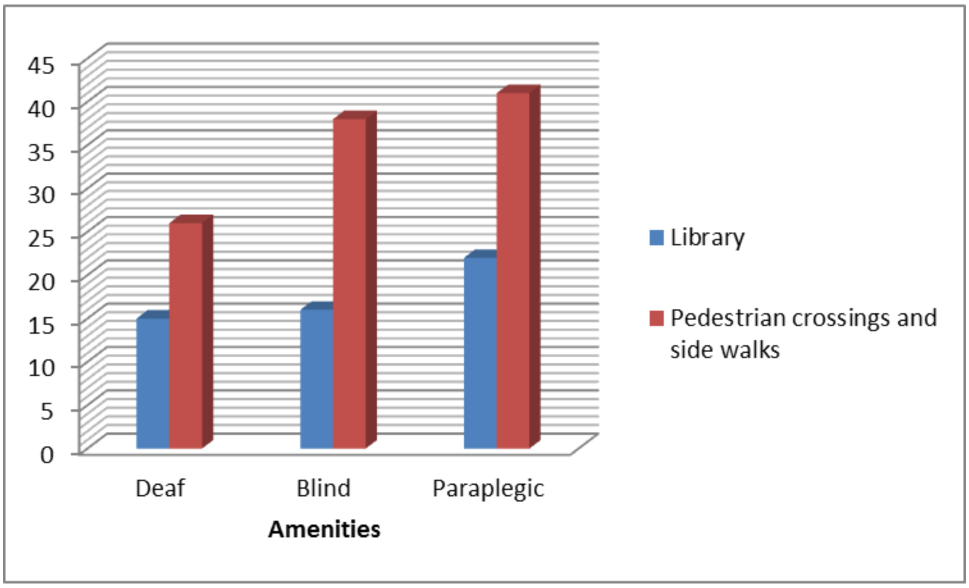
FIGURE NO. 6: Educational attainment



	Paraplegic	Blind	Deaf	Other
🟦 high sch	17	32	17	9
🟥 grade 12	12	5	9	
🟩 tertiary	6			
🟪 post grad	2			
🟦 graduate	4	1		

The amenities visited and reviewed in this study were also included with the mini-survey participants. The participants included in this study had to have used the amenities at least once in the last 36 months. See Figure 7

FIGURE NO. 7: Amenities visited



5.3 (In)Accessibility of Amenities

As stated earlier, the first research question sought to assess the challenges people with disabilities face when accessing municipal amenities. During data collection, the researcher discovered that difficulties associated with accessing municipal amenities in BCMM are not simply entering and using a building; other societal challenges – attitudinal and physical challenges – encountered by people with disabilities add to the physical inaccessibility of the amenities.

5.3.1 Attitudinal Challenges

Many of the people with disabilities who participated in the study identified barriers within the communities they live in, including personal encounters with people appear to who hold the medical model of disability. The medical model of disability (see Chapter 2) focuses only on the physical appearance of the individual in comparison to the accepted “normal” norms of physical appearances. Therefore, failure to be included in mainstream society is the result of the individual’s physical difference.

One participant expressed this as follows:

> The community is the only place where you would get negative labels like “iziqhwala” (cripples), deformed. (Paraplegic, 26/09/13, 10:49)

A participant in a FGD added that, “You are asked: ‘what do you want in town when you can’t see?’ ” (blind participant, 27/09/13, 12:08).

This is the same for participants who are wheelchair users. One FGD participant said that, “I was even asked what do I want in town (CBD) when I know the area is inaccessible, why can’t I send someone to do what I wanted to do in town” (10/10/2013,13:00).

It is as if people with disabilities are expected to either conform to inaccessible buildings or not complain. As one key informant put it:

> You see, people with disabilities must know that they are disabled and therefore there are things they can’t do, e.g. a blind person cannot drive, why does he ‘have to make a noise’ saying that he wants to drive? Same applies with the buildings. If you can’t ‘see’ obviously you need someone who is going to assist you (26/06/13, 09:42).

According to one key informant “it is almost human nature to stereotype and to stigmatise and to me it’s an ongoing thing where you need to remind yourself to move away from the stereotype and stigma” (Municipal official, 16/08/2013, 09:56).

This researcher found that when people in society acknowledge the existence of people with disabilities, they do so by feeling for them, or taking pity upon their mobility struggles. People who sympathise with people with disabilities are mobilising (even without knowing it) the ‘Charity Model’ of disability, where disabled people are seen as victims of tragedy. In the charity model, people with disabilities are rewarded with pity, mainly from ‘able-bodied’ people. The key informant responses above are a case.

One participant said, “In my personal experience, majority of the people view people with disabilities poorly. They always say shame, ‘arg’ ‘shame’”. (Paraplegic, 27/06/2013, 13:56).

In essence the medical model sees the “disability” and not the individual and, because the disability in society is considered a deformity or as unusual, people with disabilities are not regarded as “normal”. For a FGD participant this was evident when people would not look at her when communicating with her but rather at her assistant:

> Some people do not talk to me directly. They will talk to the person helping me who will sometimes be besides me or behind me. As if I’m invisible. They just see the chair and think and you swear they think ooh big problem. (26/06/2013, 14:30).

On the other hand, a municipal official feels that catering for people with disabilities is a complex task:

> People with disabilities also have a sense of entitlement – for lack of a better word. They want to make you *feel* their disability and disadvantage; they sometimes have outrageous expectations. For instance, when we do an event as a unit, they would want their own individual transport, a stipend and sometimes want to sleep over at a hotel. I feel that they sometimes use their disability to their advantage. (Municipal official, 16/08/2013, 09:56).

Another key informant said that, “sometimes people with disabilities stigmatise themselves, almost in agreement with the above statement.” She added: “They sometimes want to make sure that they make you feel that ‘we are disabled’. ‘Feel us, you are not dealing with just anyone here, we are disabled’.”(Municipal official, 16/08/13, 09:06).

To some extent, the researcher encountered this sentiment in reality while conducting the FGD: some of the participants felt entitled to the travelling reimbursement, in other cases, participants asked for a much higher amount then their actual taxi fare.

As discussed in Chapter 2, because there is no universally accepted definition of disability, the term has come to mean different things to different people. An apparent example can be found in the participants’ responses about disability. For some, like this key informant:

> disability is not so much what the person can do but what the environment allows them to do. (Municipal official, 16/08/13, 09:56).

For a person with a disability:

> disability is nothing to me, it's just another way of life...You walk with legs and I use a wheelchair (26/06/13, 15:30).

Both these quotes reflect people who adopt the Social Model thinking on disability. This model (discussed in Chapter Two) posits that it is not the physical impairment that disables people, but rather how society reacts in an exclusionist manner to people with disabilities. Such exclusion is evident in the physical construction and arrangement of the society; in this case, public municipal amenities.

The above statement has resonance in the life of people with disabilities:

> I only feel disabled the moment I am out of my yard, meaning that the only thing that makes us disabled is the environment. When you can't access and use 'public buildings' like other people it's like you are reminded that you are disabled. (Blind participant, 27/09/13, 12:08).

Consequently, most people with disabilities argue that society, especially the physical environment, should be mindful of people with disabilities when designing and provisioning public spaces. People with disabilities asked boldly, "Why should I not be able to access the same resources as other people?" (FGD-EL). One deaf participant said: "Tell me why should I write down on a piece of paper just because someone does not know Sign Language, most people speak more than one language, why can't the second or third language be South African Sign Language?" (FGD-EL).

This rhetorical question made the researcher to reflect on her own presumptions about disability. Having adopted the social model as part of her triangulated analytical model for the study, it seemed somewhat self-contradictory and awkward that the researcher was not 'literate' in sign language, but rather relied on the assistance of an interpreter.

Unfortunately, in everyday experience, the number of people who adopt the social model view of disability is insignificant in comparison to the total population: most people adopt the medical/individual model of disability and the charity model of disability.

In some extreme cases, people with physical disabilities are not differentiated from people with mental disabilities or someone in need of medical attention. One in-depth interviewee articulated:

> I don’t think people understand disability very well, or maybe they are not used to people with disabilities or in wheelchairs. In my case, if people aren’t ignoring me and talking to my assistant, they are being over friendly, talking to me like I’m a ‘special case’ or ‘retard’. People just think you are stupid when you`re in a chair (wheelchair), they think you are sick or feel pain. (Paraplegic, 28/06/13, 09:49).

In most cases where people with disabilities are seen as victims of tragedy or charity, it is the abled person who feels like they should ‘care’ for them, and make ‘special means’ to ensure the well-being of people with disabilities. One key informant stated, “I care for people with disabilities, and I go and assist where and when I can” (26/06/13, 09:42).

A FGD participant expressed that:

> People’s attitudes are still a problem, most of the time people take sympathy on you, before you do anything people already know you won’t be able to do things that other people do, without even asking your opinion. Practical examples would be people pushing your wheelchair, when you haven’t even asked them.(Paraplegic, 26/06/13, 14:30).

In most cases this is what deters people with disabilities from seeking help from ‘able-bodied’ people as they feel that asking for help not only gives the illusion that people with disabilities are incapable of independence but that they rely on people without disabilities to assist them. In order to fight such assumptions, people with disabilities shy away from seeking help.

An interviewee participant explained:

> The majority of people think people with disabilities are inferior to them and I don’t know where it comes from, maybe it comes from the way they grew up or seeing people like myself (in wheelchairs) am being pushed around. Let me add being pushed around, because of inaccessible amenities in town makes me feel helpless. And people who look at you see that, they see me as a helpless person who can’t even push myself in town. (Paraplegic, 26/06/13, 15:30).

Another added:

> I hate going to town because when I'm there I always have to ask people for help and mostly 'able-bodied' people. That makes me feel like I can't do anything for myself and for me that alone builds on the perception people have about people with disabilities that "these people can't do anything for themselves and we (people with disabilities) are inferior and our role is just to ask. This does something to me psychologically and I hate it. (Paraplegic, 26/06/2013, 14:30).

Attitudinal barriers expressed by people with disabilities affect them psychologically so that they themselves start to feel that they are really being a 'nuisance' to society for expecting enabling environments. As one participant put it:

> The ill-treatment we as paras get sometimes destroys your soul and positive outlook of disability. For instance, in Highway Mdantsane pavements are filled with hawkers and they`re selling stock and when you ask to pass it's either they look at you funny and pass remarks about what you are doing in town in any case, or they blatantly refuse to make way so I can pass. Now you sit there basically at the mercy of these hawkers and it's as if you are disturbing them or using their business sites for your own convenience, whereas it's a public pedestrian sidewalk. (26/09/13: 12:51

To summarise, respondents (people with disabilities) feel that society's attitudes is evident in the way that buildings are designed to exclude people with disabilities. As an interviewee put it, "I'm going to put it bluntly, as with any minority, people tend to side-line you" (30/12/13: 13:34).

Another determining factor to making buildings accessible for people with disabilities is that architects and building personnel suffer from attitudinal barriers, meaning that their attitude is a barrier in itself, besides the barrier that comes with the physical infrastructure.

5.3.2 Physical Challenges of Accessibility

Based on responses (see Table 8) to the Likert-scale statement about accessibility of public amenities for people with disabilities, it is evident that the majority of people with disabilities encounter numerous physical challenges when accessing public municipal amenities.

TABLE NO. 8: Accessibility Likert-scale

Statement	Disagree Strongly	Disagree	Not sure	Agree	Agree Strongly
I struggled to independently use the amenity	2%	7%	5%	46%	41%

It was not until the researcher conducted the focus group discussions that she was able to adequately comprehend the challenges people with disabilities face when accessing and using municipal amenities:

> I'm a member of the library [King Williams Town], I don't want to lie I've stopped using the library because the toilets are not accessible. If I have to use the toilets I have to be assisted into the toilet. To me I feel this lowers my dignity as I believe that when a person enters into a private space such as the toilets they have to be alone. Even afterwards when you done using the toilets you must call for help! That is not acceptable and very embarrassing for me. Yes it has a ramp at the entrance so you can gain access to the building but once inside you don't feel comfortable as everybody else as a person with a disability because we can't use it the same. (Paraplegic, 27/09/2013,12:08).

An interesting, related point was that made by a female paraplegic:

> To me, using the library is even worse because I'm a female, you ask yourself who can accompany me without putting yourself at risk of sexual offences and/or crimes and even saving yourself that whole humiliation of being basically seen naked by a stranger or your peer assistant.(Paraplegic,27/09/13,12:08).

Another participant added, "The buildings are what disables you. For me I feel disabled the moment I step out of the house."(Blind participant, 27/09/2013, 12:08).

In almost all the focus group discussions and interviews, people with disabilities expressed a sense of humiliation in having to ask for help from by passers, stating that this reinforces the idea that people with disabilities do, indeed, depend on 'able-bodied' people and are unable to look after themselves. More importantly for most participants this makes them feel humiliated and helpless. An analysis of the mini-survey revealed that 73% agree that they feel helpless and humiliated whilst trying to use municipal amenities.

One FGD participant said:

> To get up the ramps is a mission. Normally I have to ask someone to push me up and I don't like that because I like being independent, and sometimes I feel sad that I have to ask someone to push, because I know if it was fixed I wouldn't have to ask someone, so that's why I feel sad and humiliated and that's why I rather take the long route. I would rather go around into the street, which is dangerous for me, but it's still better than asking someone and getting the "shame", and "argh shame". (Paraplegic, 27/06/13: 13:56).

In an interview a paraplegic participant added:

> Each and every time you go to town you have to ask a person to help you. Can you help me get up the ramp? Can you help me get up? Can you push me on the pathways? That drops your self-esteem as a person. As a result I no longer go to town to do my shopping because it's not accessible. I hate asking people for help. Why? Because its like I can't do anything for myself. For me it builds that perception people have about people with disabilities that "these people can't do anything for themselves." And that people are inferior. Their role is just asking, and they really need us. This psychologically does something to me. (Paraplegic, 26/06/13, 15:30).

It turned out that the majority of the participants actually avoid the city's CBD. Most of them complained about the over crowdedness and inaccessibility of amenities. It was expressed that they would rather go to areas in the municipality where there is a mall, because at least there is "reasonable accommodation" as compared to other areas. This was also evident in the mini-survey as 62% agreed with the statement, "I am not likely to use the amenity again solely because of its improper design and lack of provision for someone with my disability."

The question of safety was also raised in interviews and focus group discussions for all wheelchair users. Participants mentioned that they would rather use the road with the motorists than the pedestrian sidewalks and pavements.

One FGD participant said:

> I have lost three front teeth just from falling because of uneven, inaccessible pedestrian sidewalks and pavements in Oxford Street, East London. (Paraplegic, 10/10/13, 13:00).

One key informant (Special Programmes) almost provided an explanation for this, stating that:

> If you walk up the pavements with abled-bodied people you find big blocks of concrete, there are manholes, people fall over people, some fall into manholes. Even if you're able-sized or able-bodied you're still at risk. (16/08/13, 09:56)

Only one participant from the focus group discussion and interviews had not been involved in an accident or fallen into open or poorly covered "manholes". This provides an explanation as to why all wheelchair users said they avoided going to town: manoeuvring the sidewalks is just so much of a problem! From her observation of the non-inclusive infrastructural provisioning, the researcher did not find it difficult to see why people with disabilities appeared 'forced' to withdraw from mainstream society (town or CBD). She observed that to be 'safe', wheelchair users in and around BCMM shared the road with motorists instead of using sidewalks!

It was also found that people with disabilities who are blind feel forced out of mainstream society. They felt that the inaccessibility of amenities was costly to them mainly because they can't use municipal amenities independently:

> It's R290 here to go to town as a blind person, just because I can't walk alone as a blind person in the municipality or you will feel completely lost and unsafe. Now imagine paying R290 every time you want to visit town and the facilities in town and yet your only source of income is the disability grant. You end up not going, or going when you absolutely have to. (Blind participant, 30/12/13: 14:47).

Another in-depth interviewee said:

> Yes back in the day we were hidden away from society because people were ashamed of people with disabilities, but I feel it's still like that even now just at another level, because you eventually end up not going to places that most abled people go to because you can't access facilities or use them without being escorted or helped, and escorted means you have to pay for your assistant's taxi fare and cater for lunch. How do I do that every time I go to town when I am unemployed? So you end up staying at home and not going anywhere just like in the olden days because of the environment's inaccessibility. (Blind participant, 30/12/13: 14:47).

It might be assumed that all people with disabilities have difficulties accessing municipal amenities. Table 9 illustrates that although the majority of people with disabilities do experience problems, there is a significant number of people with disabilities who do not necessarily encounter difficulties in accessing municipal amenities

TABLE NO. 9: Accessibility experiences (access)

Statement	Disagree strongly	Disagree	Not sure	Agree	Agree strongly
I had no difficulty in accessing the amenity	27%	33%	10%	30%	0

n=105

Those individuals include members of the deaf community, of whom 92% (25 of 26) deaf participants reported that they do not have difficulties in accessing municipal amenities. However, when asked about the usability of the very same municipal amenities, 96% (25 of 26) of deaf participants reported having difficulty not only in using the amenities but 81% (21 of 26) of deaf participants reported that they struggled to independently use the amenities.

It was in the FGD sessions that the researcher gained a deeper understanding as to why deaf participants did not ‘experience’ challenges in accessing municipal amenities compared to the other categories of disabilities who participated in the mini survey. According to the FGD participants, there is one main reason: communication limitations are not ‘really’ perceived as a disability.

According to one deaf participant:

> We the deaf don’t have problem or challenges. We stay or live in our own area as deafs. The only problem is communication. I just don’t hear, I don’t have a problem. (Deaf participant, 27/09/13, 14:15)

Another deaf participant’s opinion was that:

> I am very independent because I can see and walk, so I have no problem in accessing the sidewalks and accessing the library. The only problem I have is for

> instance when I have to ask for help in the library and I can't communicate with any of the library assistants, that's when I personally feel discriminated against, because it means I have to write down what I want to say. To avoid that I just walk out of the library.(Deaf participant, 10/10/13, 13:00).

For these participants 'communication problem' was not really classified as a disability – as 'they could walk and see' and therefore had no challenges in walking in and accessing most facilities 'able-bodied' people access. However, their predicament is when they have to communicate with 'able-bodied' people.

On the other hand, these comments seemed to have alarmed another (paraplegic) participant:

> I'm very much surprised when deaf participants say I don't have a problem and yet here at the library deaf people have to write down what they say. To me that's denying deaf people the freedom of speech and it's discrimination and belittling. (Paraplegic, 27/09/13,12:08).

Other blind participants went as far as understanding deaf people's stance on 'not being disabled' as a result of the inequalities that are present within the disability sector. This participant's opinion was that:

> Other barriers are formed by people with disabilities themselves. We undermine each other; because we don't think that our disabilities are equal we think other disabilities are better than others. We compare them because others are on wheelchair or the other maybe can speak or the other can walk without assistance and so on. (Blind participant, 27/09 /2013, 12:08).

One blind participant reasoned with those promoting the 'inequality' narrative, but nonetheless, seemed to have a word of caution for those who think that the deaf do not have a 'disability problem':

> There is no equality out there at all. Disabled to non-disabled people, they're not equal. If you break up disabilities into the main ones like wheelchair users, blind and deaf...then you'll see what I mean when it comes to the use of amenities.
>
> It is true that the deaf person does not need anyone to assist them to read a book, so it's fine there. But what if that person wants assistance in the library and there's no sign language interpreter? Now for the blind people: what if I can't read Braille, how am I going to access the library service? The answer is they will use tapes but now the other question is, are tapes readily and easily

> available? No. So where's the equality part of it? (Blind participant, 30/12/13: 13:34).

Interestingly, other people with disabilities in the in-depth interviews were of the view that the inequalities were created by government institutions like municipalities by accommodating mainly wheelchair users. One participant (blind) added:

> I get emotional when talking about this type of things. When government talks about disability it translates to a wheelchair user, once there's a ramp and sliding doors then they feel they have done an outstanding job. It's never the assumption that accessibility for people with disabilities is more than that...blind and deaf people are not included even in planning or consulting committees. People who have multiple disabilities, May God help them! (Blind participant, 27/09/13, 12:08).

Another interviewee remarked thus:

> You see that the discrimination that we didn't want under the apartheid government, black on white, we have it here within the disabilities with government. (Blind participant, 30/12/13, 14:47).

According to people with disabilities, the inequalities and discrimination experienced in the disability sector is a result of government's selected provisioning for the different disabilities. One participant expressed the following in this regard:

> The greatest challenge in making accessible environments which ultimately causes a division within the disability sector is that government and municipalities nationally, not just in East London, cater for tangible disabilities, meaning – disabilities that you can see a mile away.(Blind participant, 30/12/13, 13:34).

In most cases, these "tangible disabilities" referred to by the participants are people in wheelchairs. On observation BCMM amenities are moderately accessible for people in wheelchairs, based on the visibility of ramps and kerbs on pedestrian sidewalks and pavements. This is also a point picked up by municipal officials who stated that:

> The understanding of disability is lacking from our side. We understand a disabled person to be a person on the wheelchair. (16/08/13, 09:56).

When another municipal official was probed on why, when referring to people with disabilities, he always responds with examples of a wheelchair user, he responded:

> Because it's the most obvious, people would generally refer to people with disabilities as people who are wheelchair-bound. For me they [wheelchair users] tend to be the most limited in terms of getting from place to place. Blind and deaf people are pretty mobile and it's easy for them to access most places. The awkward part is from getting from place to place and that normally affects the wheelchair-bound people. Everyone else is normally fit and normal as the deaf people can access places that I can access. (26/06/13, 11:56).

Another key informant's personal reasoning about buildings being accessible for wheelchair users is that:

> We talk of people who are physically disabled, meaning the physical body in terms of accepting and accommodating them. I think we are making a big fuss when we include blind people and the deaf...because people will come with other disabilities now and really we will be chasing the wind and we don't want to chase the wind.(26/06/13, 09:42).

The provisioning for wheelchair users in BCMM is not taken lightly by people with other disabilities as one participant mentioned:

> I get emotional when talking about these type of things, when government and municipalities talk about disability, it automatically translates to a wheelchair user. Once there is a ramp and sliding doors then they feel they have done an outstanding job. It's never the assumption that accessibility for people with disabilities is more than that...I mean God help people on wheelchairs who have multiple disabilities.(Blind participant, 27/09/13, 14:15/).

To make BCMM amenities to fully comply with the concept of "common property" one has to take into account that BCMM is a fairly old city. However, does this exempt the amenities from being accessible, especially in accordance with international, national and local legislation on inclusiveness, equality and disability mainstreaming. The next set of findings was part of the researchers attempt to probe this theme.

5.4 Narratives about Renovations and/or Alterations in a New Legislative Environment

This theme was derived from the second research question ("In cases where the design and construction of the municipal amenities predate the South African Bill of Rights [1996], the Integrated National Disability Strategy [1997], and the Convention on the Rights of Persons with Disabilities [2006], what renovations and/or alterations have been made to the selected public amenities so as to address the requirements of user-friendliness that are implicit in these documents?).The findings pertaining to this research question are presented under four subthemes: (a) brief background to disability-friendly amenities in BCMM, (b) narratives about the current state of amenities, (c) renovations implemented, and (d) narratives about compliance to international, national and local legislation.

5.4.1 Brief Background of Disability Friendly Amenities in BCMM

The researcher learnt that the prioritisation of the needs in BCMM is relatively new. According to the Building Maintenance unit:

> For some years BCMM did not have money for disabled ramps. But since 2002 and 2003 we installed 18 or 19 disabled facilities per month. However about 60% of municipal buildings are not disabled friendly at all. 27/06/13 15:00).

The respondent added that the current state of municipal buildings in terms of accessibility is that, "In most cases, there is access through a ramp only but when you get to the lift, the lift is not working," (27/06/13, 15:00).

It was only in 2008 – 31 years after the passing of the National Buildings Regulation Act and 12 years after the Constitution of the Republic of South Africa was enacted – that BCMM was mandated to install elements required by people with disability. A key informant explained thus:

> In 2008 BCMM was on a mission to ensure that we install all elements required by disabled persons. We were mandated to ensure that buildings, especially old buildings, comply with Part S. Prior to that Part S was just for the new buildings, but now as long as it is a public building, we have to ensure compliance. (26/06/13, 09:42).

Making accessible pedestrian sidewalks and pavements is also something relatively new for the municipality, as one key informant pointed out:

> Accessible Pedestrian Systems have been identified and has been part of the Buffalo City Metropolitan Municipality's Municipal Disability Strategy and Integrated Transport Plan since 10 years back. As far as I am concerned the implementation process has been fairly slow if you take into consideration when this was initially identified and it's only been recently that we were told that we need to start. (26/06/13, 11:56).

5.4.2 Narratives about the Current State of Amenities

From the Lickert-scale statement shown in Table 10, the researcher gained an overall impression that not many renovations have been done in BCMM to accommodate people with disabilities.

TABLE NO. 10: Amenity alterations (Lickert-scale)

Statement	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Alterations have been done to the amenity to accommodate people with disabilities	52%	20%	16%	11%	-

As can be seen in Table 9 the majority of people with disabilities are of the opinion that there have been little or no renovations to accommodate such people in BCCM. One key informant stated that "municipal buildings are accessible." This was not sufficient for the researcher as she was interested in knowing what renovations/alterations have been done, if any, to accommodate people with disabilities in BCMM based on international and national legislation, particularly what renovations have been done to accommodate people with paraplegia, blindness and deafness. The majority (77%) of respondents agreed that BCMM is extremely inconsiderate to their specific disability needs in designing public amenities for common and equal use.

In terms of the designing of municipal buildings, the researcher found that it is compulsory for BCMM to comply with the National Buildings Regulation Act 103 of

1977(see Chapter 4, section 4.3.4) which includes Part S. Part S provides a regulatory framework that ensures access for people with disabilities in the design and construction of buildings. Part S is said to reflect the principles of the Constitution of the Republic of South Africa (1996) and promotes inclusivity and equality in the design of the built environment.

Given the fact that BCMM is an old city and the amenities included in the study were designed and constructed prior to the inclusion of Part S in the National Buildings Regulation Act 103 of 1977, when asked how the municipality, has ensured compliance in the buildings for the three disabilities selected in the study, the key informant responded:

> We were mandated to ensure that buildings, especially old buildings, comply with Part S. Prior to that Part S was just for the new buildings but now as long as it is a public building then we have to ensure compliancy. (26/06/13, 09:42).

However, this contradicts the remark of another key informant – in the Architectural Division – about this legislation, which was that:

> New buildings have to comply with regulations and old buildings don't comply because they are not a priority. (27/06/13, 15:00).

The current observable state, however, does not correspond, to say the least, with the above key informant's statement. From observation only, historic buildings in BCMM are completely inaccessible for people with disabilities. A much fairer picture was painted by another key informant who explained:

> Physically a lot of our buildings, like the libraries, people with disabilities cannot access, especially when the lift is not working. In most situations they can get to the lift area but cannot access the rest of the building. (27/06/13, 15:00)

In terms of the accessibility of pedestrian sidewalks and pavements, one key informant mentioned:

> All the new intersections we design there are ramps and tactile push buttons. And then for the older intersections we`re phasing in (I think we are close to halfway) with phasing in push buttons. The ramps it's a bit more complicated because it's not just a simple case of taking out the curb stones and dropping

> them and building the ramps as often there are storm water, there are street lights poles and access ramps to buildings. So old existing intersections is difficult to ‘now’ come and try and make them accessible, But for the new ones we are designing it in from the word go, the older ones we do our best to modify them and build ramps. (26/06/13, 11:56).

Another key informant added:

> BCMM is fairly an old city and initially I don’t think it was designed to be accessible for physically challenged people, because if I look and see lots of curb stones are high. And from what I have seen those people who are wheelchair bound end up using the roads. At the moment I see most people in wheelchairs are mostly sharing the roads with motorist. This is obviously not an ideal situation, but we are doing our best to make the city accessible. (26/06/2013, 11:56).

One key informant said that:

> Renovations are not enough – no, absolutely not. We`re sitting with ageing infrastructure; driving down the road is a nightmare, let alone walking on the pavements.”(16/08/13, 09:56).

According to another key informant:

> Accessibility is now included for sidewalks, all included in the design. For old stuff it’s only a reactive thing, we wait till there’s a need and then we will only go out to fix. (27/06/13 13:27).

When probed about the accessibility of municipal amenities (physical infrastructure) for people with disabilities, one key informant responded:

> To me a disabled person is a disabled person, am I’m not going to categorise them, but the municipal buildings are accessible to disabled people. I’m not an expert in knowing all those disabilities and what I can do to ensure accessibility. I can only look at Part S, and Part S does not talk about disability, just the building itself. (26/06/13, 09:42).

Observing the reluctance of the key informant, the researcher asked him to review Part S with regard to efficiency in accommodating all disabilities. He responded by stating that,

> Off the record, when I look at it (Part S) deals with people who are on a wheelchair. Almost everything in Part S is for the wheelchair if you scrutinise it. (26/06/23, 09:42)[16]

This is the same key informant who, in the previous section, thought the inclusion of other disabilities in making buildings accessible would be “Chasing the wind”, and that if people with disabilities want to be accommodated further, they “should make a noise like the black people did to fight the Apartheid government. But besides that we cannot do anything as we do not fix laws, we implement them; and disability is very complex. I cannot know what they want. They must tell us what they want.” According to this informant, they had never received any complaints about inaccessible buildings at BCMM: “Without them having to complain about inaccessible buildings then I can’t really do anything, and at this moment I’ve never heard complaints.”(26/06/13, 09:42).

The reader would notice how these responses echo some of the ‘distasteful’ attributes of the medical model of disability discussed earlier in this work (see Chapter 2, Section 2.2.2).

The municipal officials noted two major challenges in making historic buildings accessible for people with disabilities: 1) building ownership, and 2) cost implications and maintenance of municipal amenities.

The researcher found that one major obstacle to making accessible environments in BCMM, especially renovating and altering old and historic buildings, is that the majority of the buildings do not belong to the municipality, as one key informant explained:

> The challenge of most of the buildings in the municipality is occupying currently for municipal services, do not belong to the municipality. This is why that most buildings have side or back entrance points for wheelchair users. (16/08/13, 09:56).

Basically, this means that wheelchair users must be pushed around the back/side door, past the garbage bags and so forth to access building. Upon deeper inquiry

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[16] Because all direct responses are used anonymously in this dissertation, in keeping with good research practice, the ‘off-the-record’ remarks are used here because of the important information they convey. The respondent’s identity is duly protected.

about why accessibility was not improved in public amenities, the researcher encountered a familiar narrative:

> The challenge is the budget and no one is willing to take responsibility to actually run with it and get it done it. Currently there's no one who's responsible for the budget. (Key informant, 27/06/13, 15:00).

The same budget issue was raised when municipal officials were probed as to why pedestrian sidewalks and crossings were not renovated or altered for people with disabilities. One key informant mentioned that, "If you have to undo all of them, that is a multi-million rand project on its own, so we have to just do it like that." (27/06/13 13:27). The challenge mentioned by another key informant is that:

> Existing services are costly to renovate as we have to relocate the storm water drainage system; it's not a cheap exercise because there are existing services that are built in the electricity boxes and cables. So getting the old intersections to be more physically challenged friendly sometimes becomes costly and it's a big job. (26/06/13, 11:56).

Maintaining municipal amenities is another issue, as one key informant pointed out:

> You must remember that when speaking "maintenance", maintenance is just fixing up things; maintenance isn't getting new facilities in, that'd be re-furbishment or new disabled facilities that need capital injected. That does not fall under maintenance. There are two aspects, one is refurbishment of the building and the other is putting up the ramps. Refurbishment tends to take priority because it's a much smaller component of the budget. You first will have to be able fix the building up before you make it accessible, if there's still money - and most buildings are busy falling apart because they are so old.

The researcher also found a human capital challenge:

> The challenge there (maintenance) is there (is) only one depot that maintains the whole Municipality. The maintenance staff at extremely few, even though we are restructuring, there is a need for additional staff and, ideally, a second depot. (26/06/13, 11:56).

Overall the current state of public infrastructure is that in cases where the design pre-dates legislation, BCMM has done renovations; however, these renovations are at a minimum as there is no significant change in physical infrastructure. How then do people with disabilities perceive the renovations? What are their narratives? The third research question focused in on these questions and the data are presented below.

5.5 Perceptions and Narratives about Renovations and/or Alterations – and about Municipal Amenities as a Whole

What are the perceptions and narratives of people with disability about the renovations and/or alterations presented above – and about municipal amenities as a whole – and how do those perceptions and narratives compare to those of municipal officials? The findings pertaining to this research question are presented under three sub-themes: (a) perceptions and narratives of people with disabilities, (b) perceptions and narratives of municipal officials, and (c) a comparison of the two sets of perceptions and narratives.

5.5.1 Perceptions and narratives of people with disabilities

The consistent picture painted by people with disabilities was that the renovations and/or alterations done to municipal public amenities were not sufficient to meet the needs of people with disabilities. Table 11 presents the data pertaining to the perceptions of people with disabilities.

TABLE NO. 11: Specific disability needs

Statement	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I feel that BCMM is extremely inconsiderate to my specific disability needs in designing public amenities for common and equal use	0%	6%	17%	50%	27%

The majority of people with disabilities acknowledge that there have been renovations and/or alterations done on municipal amenities, however, such renovations are: 1) insufficient, and 2) generally do more harm than good. This is how one interviewee and one FGD participant articulated this irony:

> They see designing for people with disabilities and doing renovations as something that is a waste of money. If you look around town that alone will tell you what they think of people with disabilities. Renovations done are not enough. To me they really not helping, in terms of using the pavements and crossing the road you have to ask someone and that tells you the renovations are are not enough. (Interview - 27/06/13, 13:56).
>
> Even areas that have pavements are not user-friendly because some pavements are not finished or done properly. So even those become a risk to you. (FGD - 26/09/13, 10:49).

The study research found that people with disabilities are not satisfied with the renovations/and or alterations made to municipal public amenities (Table 12).

TABLE NO. 12: Satisfaction with alterations (Lickert-scale)

Statement	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
In general I am satisfied with the alterations made	29%	60%	7%	4%	1%

Table 13 shows that people with disabilities feel that the renovations and/or alterations basically do more harm than good. This can be gleaned from the remark below:

> You see some areas around Mdantsane there are ramps done. But those pavements are short and far between so it’s useless using them because they are not connected to one another. Even with the ramps you can’t reach it from the road you’ll have to ask people to lift you up. The ramps done are not done with the consideration of the wheelchair users. It’s like the ramps are done just for the sake of doing ramps. (FGD - Paraplegic, 26/09/13, 10:49).

Another interviewee said that the renovations “are too far apart, so it becomes pointless for me to use it.” (26/06/13, 14:30).

Even so the renovations and/or alterations lack inclusivity: blind and deaf people are generally not catered for.

TABLE NO. 13: 'Fairness' of alterations

Statement	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Renovations and/or alterations done to historic buildings for people with my disability are fair	40%	42%	16%	2%	0

This study found that the majority of people with disabilities, particularly blind and deaf people, feel that their needs were neglected in renovations done to public amenities. This is illustrated in the response to the Likert-scale statement, “I feel that the needs of people with physical disabilities such as my own were neglected in renovations done to public municipal amenities.”

TABLE NO. 14: Alterations 'neglect my condition'

Disability	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Deaf			27% (7 of 26)	73% (19 of 26)	
Blind	5% (2 of 38)			29% (11 of 38)	66% (25 of 38)
Paraplegic	5%	15%	17%	44%	20%

	(2 of 41)	(6 of 41)	(7 of 41)	(18 of 41)	(8 of 41)

The above survey result (Table 14) can be understood against the background of the following remarks by an FGD participant:

> I will be frank and say the people who plan or design roads don’t even think that there are people with disabilities in the world, let alone in BCM. Even when you`re on the road, the roads themselves have huge potholes and there are times you are stuck there and need help from people. This reinforces [the nation] that people with disabilities are dependent and a burden. This has resulted in me hiring public transport if I go out of my house even to see neighbours because the roads are not user friendly. I feel that the ramps are just decorations next to the roads, not ramps to be used by wheelchairs. (26/09/13, 10:49).

Another interviewee stated:

> If there are (renovations or alterations done) then they`re really quite little! You can’t say the library is accessible yet it doesn’t have Braille books; they can’t say it’s accessible yet there’s no toilet that is wheelchair friendly. Here in King Williams Town we literally race and fight over one parking bay in the whole town, so how can we say the Municipality has done anything? It’s the same as not having done anything at all. Even the ramps that are constructed are like they were not planned with the person of the wheelchair in mind. They are too steep you still need assistance and sometimes you feel unsafe using the same ramp that’s meant for you. (Paraplegic, 27/09/2013, 12:08).

For blind people, one FGD remarked:

> We are completely forgotten in alterations and renovations; there no tactile or audio intersections on the roads in BCMM and the Braille books, as said before, are like for Grade 1 people or learners. The Braille here is not enough, or even the audio books. (27/09/13, 12:08).

One deaf participant felt that he would only accept the claim of equal use when:

> We as deaf people don’t have to write down what we are saying and there’s an interpreter at every public amenity. Right now, I would say no, nothing has been done for us. (10/10/13, 13:00)

The major problem in the design and renovations of public municipal amenities is the lack of consultation with people with disabilities prior the construction and implementation of “disability-friendly amenities”. This is captured by the statement below:

> The problem is that they do the renovations without consulting us. We as people with disabilities are supposed to be part of the process, because we are the ones that have to use them at the end of the day. Even where there are ramps sometimes you can’t use them. Inaccessibility just pushes us away, it’s like you`re not part of the society, you`re not treated equally in the same society. We are treated as a separate society. (26/06/13,15:15)

Another interviewee argued that:

> It goes back to consultation. Involve people with disabilities; engage with NGOs for proper specs that are appropriate for people with disabilities when designing, managing and renovating resources. (26/06/2013 12:00).

These sentiments were echoed by one respondent who suggested that:

> A stronger presence of the disability sector is crucial when these renovations are done or plans are put in place to do renovations. Consultations help designers to capture the finer details from a person who has lived experiences of accessibility/ inaccessibility issues. That can actually happen when people with disabilities are involved from stepone. (30/12/13, 13:34).

The inaccessible public environments for people with disabilities translate to the municipality not caring about the needs of people with disabilities and puts people with disability at a level where even though they are independent, they still need to rely on the assistance of the ‘able-bodied’.

One interviewee stated that, “Looking at the buildings and roads, it’s clear that they (municipal officials) do not care about us” (Paraplegic 28/06/13). Another interviewee felt “discriminated against by them (municipal officials); they don’t care about us and our needs.” (Blind, 30/12/13).

Some, like the following interviewee, feel that it is not all municipal officials who fail the consideracy test:

> Within the municipality I believe that there are sections or small departments that adhere to the BCM strategy and act on the views and concerns of people with disabilities. But you also get people in the same municipality who don't understand, who have a barrier in implementing and people who blatantly don't care. (30/12/13, 13:34).

5.5.2 Perceptions and narratives of municipal officials

The reality, as painted by municipal officials in terms of making the city and public amenities accessible for people with disability is captured by the following remarks:

> The city has lots of pressure. Most people don't really prioritise in making the city accessible to the physically challenged ... it's like why worry about that? So I don't think it's high on the priority list of those people who are not physically challenged. Officials tend to deal with the issues that most people are pressurising them on and, as far as government and the city are concerned, most people want houses, toilets, electricity and water so that's where the focus goes because that's what's the problem for half of the population. Unfortunately physically challenged people are pretty much in the minority. It's only recently that the physically challenged are mainstreamed so it's still early days for the city. Even though it's still a long way off still there is progress being made. There are massive issues that are daunting the city. (26/06/13, 11:56).

The researcher found that this is a commonly held perception among officials:

> Disability issues are just not a priority, as there are too many other important things that the municipality has to worry about. Everything else has to be kept going. If you meet with the people on the streets, those aren't the complaint you come up with; the complaints you come up with are potholes on the roads or sewerage that doesn't work. When they do then that will be become a priority. Right now complaints [about amenities] are addressed individually, isolated. So you get specific case and specific instructions. (27/06/13, 15:00).

Another municipal official said: "The disability population is less than 10% is a minority. So your greater population is non-disabled. So where does the city put our energy?"(16/08/13, 09:56).

This might sound like democracy working against itself. The very process that potentially fosters inclusive service ethos now appears, in the remarks of municipal officials at least, to be exclusionist, with the people with disabilities being described as 'minorities', outsiders and invisible. The needs of the 'majority' become the definitive needs of society even in the face of legislative and policy instruments that suggest that this posture is fallacious and inhumane. But perhaps it is, in the main, also a question of pragmatics, as one official explained:

> Right now it's crisis management, so disability is not looked at holistically and there are too many crises to address. (27/06/13, 15:00).

With regard to pedestrian pavement and sidewalk, the municipal official feels that:

> From our side we won't know that we need to make the road more accessible until we get told. We only act when there's a need. We can't act proactively now and start ripping all the roads, it's mainly a money thing and it's impossible to put a ramp on every road. We need to do it as required or when the need arises ... we don't know about it, we don't how to respond and we can't respond until we know about it. (27/06/13 13:27).

In a nutshell, the municipality does not ensure equity with regard to accessibility, especially for historic buildings, unless they are informed on specific issues. The latter demonstrates that until people with disabilities inform municipal officials nothing will be done, as they simply 'won't know' and would turn a 'blind eye' to inclusivity until such issues are brought up at a crisis level. 'Crisis level' for the local municipality usually means picketing and marshalling. One municipal official mentioned:

> If we (the municipality) don't deliver then you'll see people *toy toying*, if we don't deliver then we will have people burning tyres. We don't see or think of people with disabilities coming down Oxford Street, coming down and burning tyres. (27/06/13, 15:00).

Another municipal official added that:

> Pre-1994, we didn't wait for other people to make the noise for us, we the people who were feeling the pain had to make a noise and then the noise was heard by the whole world and that's where the whole world came to our rescue. We the people who feel the pain made some noise. The point I'm trying to make with disability is that we can't know their needs, we can know them to a certain extent and sympathise with them, but the moment they make a noise then we can assist them. Disability in BCMM is dealt with in terms of needs; if there's a need and it's loud or vocal enough then people will start to address it; but otherwise they won't address it. (26/06/13, 09:42).

For the time being, the municipal officials are of the view that BCMM does have plans to make public amenities more accessible; however, this is done at a very slow pace. One key informant said, “We’re an old city, we’re not planning forward, we`re planning backwards and we’re planning catch up. We are getting there slowly… not as fast as we would like.” Other municipal officials feel that making the municipal disabled-friendly “… is nice talk but, in reality there is no physical implementation in terms of renovating old buildings.”

Against the backdrop of remarks made and sentiments expressed by several of the key informants, the researcher was not surprised when one municipal official described the whole ‘talk of inclusivity’ as ‘utopia’:

> Full accessibility, integration and inclusion of people with disabilities is Utopia, but there will be pockets and bodies of the city which are friendly but it will never be all of it. (16/08/13, 09:56).

5.6 Conclusion

This chapter provided detailed empirical data on the disability friendliness of public amenities in the Buffalo City Metropolitan Municipality. This was done by engaging in the narratives and discourses of people with disabilities on challenges they encounter with the built environment, and how these narratives compare to those of municipal officials. For easy reading, data has been presented under themes derived from the research questions.

In the next chapter, an attempt is made to tie together the key findings of the study and help the reader to make sense of them in the light of the research questions, the key literature reviewed and the theoretical issues that underpin the study.

CHAPTER SIX

DISCUSSION OF FINDINGS

6.1 Introduction

A recurring point highlighted in the research findings is that disability is a complex phenomenon and society’s understanding of disability is observable in the physical environment designs, as well as in policies and strategies which ultimately hinder the independent accessibility and functionality of common pool resources for persons with disabilities. This chapter summarises the key findings in line with the research questions and follows with a discussion of the summary of findings.

6.2 Summary of Findings

A summary of the study’s key findings is presented below.

6.2.1 Research Question I: Challenge Faced by People with Disabilities

The key findings pertaining to the first research question are as follows:

- The challenges faced by people with disabilities are both attitudinal and physical.
- Attitudinal challenges pertain not only to the general community negativity and, in some cases, dubious public empathy towards people with disability, but also a false sense of relative ‘ableness’ held by people with disabilities vis-a-vis their counterparts who have certain other disabilities.
- Discriminatory behaviour by members of the public appeared to reinforce notions of disability as a ‘burden’ to society.
- On the physical front, the majority of people with disabilities reported a distinct inability to use the selected amenities independently.

- The municipal officials acknowledged that municipal public amenities were not inclusive in their design to accommodate people with disabilities, based in part on the historic nature of the amenities, particularly buildings.
- The FGD data revealed that using the selected municipal amenities was dangerous for people with disabilities.
- The majority of people with disabilities felt humiliated whilst trying to access and use the selected amenities.
- The inaccessibility of the selected amenities had adverse financial consequences for people with disabilities, led to psychological distress, avoidance of use, and created negative public perceptions about people with disabilities.
- People with disabilities see the inaccessible built environment as the ‘reproduction of disability’ that serves as a reminder that they are ‘disabled’.

6.2.2 Research Question 2: Implementation of International and National Policy and Legislation

With regard to the second research question, the following key findings emerged:

- There is an insufficient mechanism in place for the safety, well-being and accessibility in the design of public amenities, from a disability point of view. It is an almost accepted understanding that public amenities exclude people with disabilities and will remain like that. Furthermore, these amenities and lack of provisioning for people with disabilities render legislation and policies useless.
- Although legislation and policies affirm the constitutional rights and values and also provide a stepping stone in designing and constructing accessible public amenities, these are not enough to address the deep-rooted social neglect of people with disabilities.
- Renovations and/or alterations of public amenities are not included in all spheres of the municipality. This is rather done in small pockets throughout the municipality, thus making this process retarded and ineffective.
- Even though all municipal officials – namely architects, building control, traffic management and roads construction personnel – are mandated to provide accessible environments, this is not done on a consistent basis; in other

words this process is reactionary rather than proactive from the municipal side mainly due to budget constraints.

- People with disabilities are regarded as a ‘tiny’ minority when compared to the larger population; therefore, making the built environment more inclusive is viewed as an expensive, diversionary and avoidable nicety.
- Renovations and or/alterations to historic buildings are viewed as a budgetary problem.

6.2.3 Research Question 3: Local Narratives and Perceptions on Implementation of Policies and Legislation

The following are the main findings pertaining to narratives and perceptions on the implementation of relevant policies and legislation:

- A clear majority (82%) of the people with disabilities surveyed believed that renovations and/or alterations done to historic buildings for people with disabilities are not fair. Most of the participants who held this view were paraplegic and blind participants.
- A clear majority (77%) of people with disabilities felt that the needs of their specific disabilities were neglected in renovations done to public amenities – indeed, renovations done to public amenities are just ‘for the sake’ of renovations and not for creating inclusive and equitable environments for people with disabilities.
- Municipal officials acknowledge that the municipality is neglectful in providing accessible environments citing budgetary constraints and the need to cater for and prioritise the needs of the ‘majority’.
- People with disabilities view renovations and/or alterations done to public amenities as ‘useless’ and ‘decorations’ and blame government and municipal exclusion of people with disabilities in the building planning and designing process.
- Municipal officials believe that they comply with regulations provided for their different departments, and that existing policies and legislation do not cater for all disabilities, but paraplegics (wheelchair users).

6.3 Discussion

The above findings are embedded in a number of issues, some of which were reviewed in the theoretical and empirical literature sections of this study.

First is the issue related to the social construction of disability, discussed in depth in Chapter 2 (Section 2.2.3). The social constructionist view of disability debunks the dominant, medical view that blames the individual and inspires the creation of exclusionist built environments. The social model puts blame on society. This study found that people with disabilities face altitudinal barriers from community members, who feel that because they are people with disabilities, they are not ‘expected’ to enjoy the same rights as non-disabled citizens. Even so, municipal officials, who are responsible for creating accessible buildings, still do not view people with disabilities as people who can function independently in society. Ironically some of these officials are not aware that the limit of functioning is largely caused by inaccessible environments. This attitude is evident in the ineffectual, ‘budget-constrained’ renovations and alterations so far done to ‘historic’ and ‘old’ amenities.

It is clear that a bare minimum is done to these resources to include people with disabilities. Little is known by officials that this minimalism creates inequalities and discrimination among people with disabilities, as some are now seen as more “disabled”, and thus more “dependent”, than others.

The study found that the built environment also has a psychological impact on the people with disabilities. Charlton (1998), reviewed in Chapter 2, refers to this as a form of ‘physiological oppression’, which goes as far as being internalised by the person with disability (see Chapter 2, Section 2.2.2.1).

The result of inaccessible public amenities is understood by people with disabilities as stemming from the negative attitudinal barriers of municipal officials, who ‘do not care’ about people with disabilities. Thus, BCMM’s failure to implement renovations and/or renovations to public amenities or historic buildings, which are now understood as common property, results in inaccessible buildings and is ultimately the result of the ignorance of architects, designers and managers about the needs of people with disabilities.

What emerges from the findings is a dominant notion that buildings are intended for “non-disabled” people and that the built environment is very much in line with the natural or historic order of things. The only alternative, then, is for people with disabilities to either adapt to the inaccessible environments by being accompanied by ‘non-disabled’ people, or to avoid using the buildings. The study found that alterations to buildings are rarely made, especially to buildings pre-dating current legislation, and, even when they are, these are done on an individual request basis; indeed, as a reactionary crisis-management intervention rather than a proactive measure. People with disabilities are perpetually haunted by the fear of falling off ramps or broken sidewalks, or being taunted as helpless and dependent.

Another unease about built public amenities is that the rights of the users are not equally upheld. The ambiguity in the current legislation gives local officials the leeway to not create accessible public amenities for all people with disabilities. As a result, they just provide the bare necessities of accessibility; in most cases this is the provision of a wheelchair ramp. Another contributing factor is that documents that advocate for full inclusiveness for people with disabilities, such as the Convention on the Rights of People with Disabilities and the Integrated Development Plan, are not legally enforceable and the non-existence of monitoring and evaluation committees for these documents makes a mockery of there ever being completely accessible environments for the people with different disabilities.

The study also revealed an important methodological issue. Clearly, the triangulation approach was necessary to capture the complexity of the disability phenomenon: a survey, interviews or FGD alone would not have done justice to the research. The assumption is always that when public buildings have ramps and toilets for people with disabilities then that building is moderately accessible for people with disabilities. It is through the triangulation approach that one systematically confronts the magnitude of the reality in the disability sector. This study revealed that amongst people with disabilities, there are different levels of how they personally view their disability and relate to the built environment and eventually to society. It becomes possible to state that the different levels of disability are a result of how officials view and cater for people with disabilities. For instance, from a quick observation of municipal amenities, there is a visibility of ramps but the construction of ramps solely caters for wheelchair users and not other disabilities. Even though deaf people can have access to the municipal facilities, they cannot independently use them because of the communication barrier. This is when blind people feel that they are ‘better’ than deaf people as “at least they can speak”. The study found that the relationships among people with disability reflect how they internalise their individual disability and that of others. Some people with disabilities measure their disabilities by gauging how best to adapt to the built environment and society, and how ‘normal’ they appear to be because they can access and use amenities just like “normal” people can.

A triangulated research methodology has thus helped the study to bring the following to light: (a) there is a weak perception among municipal officials regarding the rights of people with disabilities, (b) the perceptions appear to be rooted in a mindset that regards disability, and not the ‘engineering’ of the physical (public) space, as the problem, and (c) the thinking that public infrastructure cannot be ‘altered’ to meet ‘everyone’s’ needs, appears to permeate the municipal bureaucracy. From these findings, it is possible to state that for municipal amenities to become common property resources in the sense advocated by Ostrom and other scholars, a social, rather than a medical model of disability must dominate the thinking of municipal officials.

6.4 Conclusion

Based on the findings of this study it can be concluded that disability is a well-researched area. However, the interface between disability and the ‘new commons’ (as advocated by Ostrom), such as public environments, remain to be extensively studied. Yet, given its limited empirical and methodological scope, it is difficult for the study’s findings to be generalised. It suffices to state that the question of ‘common pool resources’, when applied to the accessibility and ‘equal’ use of municipal amenities like roads, sidewalks, street crossings, and municipal libraries, is a somewhat remote goal at BCMM.

CHAPTER SEVEN

POLICY IMPLICATIONS AND CONCLUSION

7.1 Introduction

Ostrom (1990) and others have provided a widely adopted analysis of how resources can be managed to the benefit of all citizens (see also Ostrom et al. 2000 in Agrawal, 2002; Acheson, 2000; and Hess, 2008). Every now and then, however – but especially in recent years – non-ecological resources have been brought into the corpus of commons (or common property) research and analysis. Such resources include roads, knowledge, budgets, sewage system, the internet, radio frequencies and open source software (see Agrawal, 2002; Hess and Ostrom, 2007; Hess, 2008). They are, as Hess (2008:01) puts it, shared resources with no "pre-existing rules or clear institutional arrangements". Indeed, Hess's article quoted here, titled "Mapping the New Commons", not only provides a synthesis of the wide array of resources that can come under the category of common pool resources but also a framework for managing them in an equitable and inclusive manner. The present study drew on the commons paradigm, but specifically on the "new commons" thinking, by extending the equity discourse on common pool resources to the provisioning, accessibility and user-friendliness of municipal amenities such as sidewalks, public libraries and pedestrian crossings. The discourses and experiences of people with physical disabilities and of municipal officials remained the focus of the study.

The purpose of the study was not only to assess the accessibility of these resources for people with disabilities but also to examine the manner in which people with disabilities interact with public buildings that are constitutionally meant for public access, and how the infrastructure informs the model of disability in which a society believes. Guided by the common pool resources paradigm and the social model of disability, the study has found that, from the experiences and discourses of people with disabilities, the narratives of municipal officials, and the researchers personal observation of the state of specific public amenities in BCMM, the built environment is, in a very real sense, designed to disable. This is complicated by the fact that legislation concerned with creating inclusive built environments in South Africa is replete with shortfalls, including the inadequate definition of disability and loopholes for property developers and municipal officials.

Against this background, certain policy implications can be highlighted and specific recommendations made. These are enumerated below:

7.2 Recommendations and Policy Implications

i. Every effort must be made by BCMM to ensure that environmental barriers are removed as this study has shown that physical environmental barriers are also a reflection of attitudinal barriers. This stems from the municipal officials' lack of knowledge on a wide range of accessibility issues affecting people with disabilities, and ambiguities in policies and legislation that currently advocate for equal access.

ii. Policies formulated by the municipality should explicitly define disability and enable people with all physical disabilities to access and utilise public municipal amenities.

iii. People with disabilities – different disabilities – should have an opportunity of making an input into the design, alteration and renovation of public amenities. Indeed, such opportunity should be made a policy imperative. This will ensure that buildings fairly represent and include people with different disabilities and do not predominately cater only for wheelchair users as they currently do.

iv. Renovations and/or alterations should be done on current public municipal amenities, especially the ones commonly described as 'historic', even though these may be costly. This study found that these renovations and alterations are necessary for the safe, convenient and non-exclusionary accommodation of people with disabilities. More importantly, these renovations and/or alterations are important if these amenities are to be true to their classification as common pool resources.

v. Not only should municipal departments responsible for managing public amenities in the BCMM be knowledgeable about the inclusion of different disabilities in the built environment, but also proactive, rather than reactionary, management of these resources should become mandatory.

vi. Of great urgency is the need to address attitudinal barriers which impact the lives of people with disabilities on an everyday basis. These attitudinal barriers include the following:

Viewing all people with disabilities as the same: At the moment, buildings are classified as '"disabled-friendly" when they have ramps in entrances. This approach fails to recognise that there are different needs for different disability categories.

Making uninformed assumptions about people with disabilities: This stems from making assumptions or acting on stereotypes fed by historic models of disability, namely, the charity and medical models

vii. While disability has been the main focus of this study, it must be emphasised that the inclusion of people with disabilities requires the implementation of Ostrom's (1990) concept of common pool resources which requires architects and municipal officials to implement principles of universal design practice. However, for this to happen a social model of disability should be promoted to talk back to the medical model which is the predominant mindset of municipal officials.

7.3 Conclusion

Although removing environmental barriers in society or renovating and/or altering amenities would be a primary requirement of an inclusive environment, this does not fully address the issue of equal access and equal use. To fully comprehend equality and non-discriminatory processes in the design and construction of public municipal amenities – in other words, to make these amenities common pool resources - building developers and architects at large must embrace in practice the social model of disability. Given the current mindset, municipal amenities would simply be designed to incapacitate people who currently have disabilities or, soberingly enough, disable any other citizen who lives long enough to need the kinds of social provisioning that this study focused on.

References

Acheson, J. (2000).Clearcutting Maine: Implications for the Theory of Common Property Resources. Springer Publications. *Human Ecology*, 28(2), pp. 145-169.

African Union. (1999–2009). *Continental Plan of Action for the African Decade of Persons with Disabilities*.Addis Ababa, Ethiopia.

Andrade, I.F. and Bins Ely, V.H.M. (2012).Assessment method of accessibility conditions: how to make public buildings accessible? *A Journal of Prevention, Assessment and Rehabilitation,*41(1), pp. 3774-3780.

Asheidu, F. and Ignoanugo, A.C. (2012).Design and Development of a Paraplegic-Century Mobility Aid.*Journal of Emerging Trends in Engineering and Applied Sciences (JETEAS)*, 3(1), pp. 195-202.

Babbie, E.R. (2001). *The Practice of Social Research*(9thed.).Belmont, CA: Wadsworth.

Babbie, E. and Mouton, J. (1998).*The Practices of Social Research* (South African edition).Cape Town: Oxford University Press.

Bailey, I.L. and Hall, A. (1989).*Visual Impairment: An Overview*. New York: American Foundation for the Blind.

Barbour, R.S. and Kitzinger, J. (1999).*Focus Group Research: Politics, Theory and Practice.* Thousand Oaks, California: Sage.

Barker, D. (2011). On the outside looking in: Public libraries serving young people with disabilities. *Australasian Public Libraries and Information Systems,*24(1), pp. 9-16.

Baris, M.E. and Uslu, A. (2009).Accessibility for the disabled people to the built environment in Ankara, Turkey. *African Journal of Agricultural Research,* 4(9), pp.801-814.

BCM (Buffalo City Municipality).(2007).*Final Municipal Disability Strategy (MDS).*

Beaman, J. (2002). Architectural sociology: A look at the relation between people and the built environment. http://architectural.com/architectural_Sociology/html Accessed on 3 July 2012)

Biegon, J. (2011). The Promotion of Disability in the African Human Rights System. In I. du Plessis and T. van Reenen (Eds.). *Aspects of Disability Law in* Africa. Pretoria: Pretoria University Law Press (PULP).

Bogle.(2007). The social construction of disability: The struggle for definitions of the victims of language. From http://criticalbogle.blogspot.com/2007/09/social-construction-of-disability.html (Accessed on 5July 2012)

Borsay, A. (1982). Equal Opportunities?A review of Transport and Environmental Design for People with Physical Disabilities.*The Town Planning Review*, 53, pp. 153-78.

Bromley, R.D.F., Matthews, D.L. and Thomas, C.J. (2007). City Centre Accessibility for wheelchair users: The consumers perspective and planning implications. *Cities*.*The International Journal of Urban Policy and Planning*, 24(3), pp. 229-241.

Bryne, B. (2012). Minding the Gap? Children with Disabilities and the United Nations Convention on the Rights of People with Disabilities. In M. Freeman(Ed.). *Law and Childhood Studies: Current Legal Issues*(Volume 14). Oxford: Oxford University Press.

Buffalo City Metropolitan Municipality. Draft Integrated Development Plan (2011-2016). *Buffalo City Profile: Situation Analysis*. Accessible online at: www.dwa.gov.za Accessed on 26 November 2013.

Buffalo City Municipality.(2004/2005).Annual Report. Accessible online at www.buffalocity.gov.za Accessed on 26 November 2013.

Buffalo City Municipality.(2008). *Buffalo Municipality Local Economic Development Strategy (BC LEDS)*.Accessible online at www.buffalocity.gov.za Accessed on 26 November 2013.

Burr, V. (1995). *An introduction to social construction.* London: Routledge.

Cahill, S.E. and Eggleston, R. (1995).Reconsidering the Stigma of Physical Disability: Wheelchair Use and Public Kindness. *The Sociological Quarterly*, 36, pp. 681-698.

Chalklen, S., Swartz, L. and Watermeyer, B. (2006).Establishing the Secretariat for the African Decade of People with Disabilities.In B. Watermeyer, L. Swartz, T. Lorenzo, M. Scheider and M. Priestley (Eds.).*Disability and Social Change: A South African Agenda*. Cape Town: Human Sciences Research Council Press.

Chappell, P. and Radebe, N. (2009). HIV & AIDS and youth with disabilities: A baseline study of youth with disabilities living in uMgungundlovu District, KwaZulu-Natal. Irish Aid: Department of Foreign Affairs CREATE (CBR Education and Training for Empowerment).

Crews, D.E. and Zavotka, S. (2006). Age, Disability and Frailty: Implications for Universal Design. *Journal of Physiological Anthropology,*25, pp.113-118.

Coulson, J., Napier, M. and Matsepe, G. (2006). Disability and Universal Access: Observation on housing from the spatial social periphery. In B. Watermeyer, L. Swartz, T. Lorenzo, M. Scheider and M. Priestley (Eds.).*Disability and Social Change: A South African Agenda*. Cape Town: Human Sciences Research Council Press.

Danso,A., Owusu-Ansah and Alworwu, A.(2012).Designed to deter: Barriers to facilities at secondary schools in Ghana.*African Journal of Disability*, 1(1), pp. 1-9.

Denzin, N.K. and Lincoln, Y.S. (2003).*Strategies of Qualitative Inquiry* (2nded.).Thousand Oaks, CA, USA: SagePlublications.

DePoy, E. Gilson, S.F. (2004). *Rethinking Disability: Principles for Professional and Social Change.* Pacific Grove, USA: and Brooks/Cole.

Dietrich, K. (2008). Sociology and Architectural Design. Pratt Institute Architectural Curriculum: Course Outline, SK85ON23.

Dillon, P. (2008). Reconnaissance as an Unconsidered Component of Action Research. *Action and Learning and Action Research Journal (ALAR)*, 13(1), pp 4-17.

Eisenring, T.S.S. (2010). Social Construction of Consumptivism, and the Role of Architecture: A perspective of Architectural Sociology. *International Journal of Japanese Sociology,*21(4),pp. 1-10.

Evcil, N. (2010). Designers' attitudes towards disabled people and the compliance of public open places: The case of Istanbul. *European Planning Studies,*18(11), pp.1863-1880.

Faqih, A.H.M. (2013). Disables' Accessibility Problems on the Public Facilities within the Context of Surabaya, Indonesia.*Humanities and Social Sciences,* 1(3), pp. 78-84.

Flynn, E. (2011). *From Rhetoric to Action: Implementing the UN Convention on the Rights of People with Disabilities*. New York: Cambridge University Press.

Gabtree, B.F and Miller, W.L.(1999).*Doing Qualitative Research* (2ndⁿᵈed.). Thousand Oaks, California: Sage.

Grut, L., Mji, G., Braathen, S.T. and Ingstad, B. (2012).Accessing community health care services: challenges faced by poor people with disabilities in a rural community in South Africa.*African Journal of Disability*, 1(1), pp.1-7.

Hamell, W.K. (2006). *Perspectives on Disability & Rehabilitation: contesting assumptions; challenging practice*. USA: Elsevier Limited, Churchill Livingstone.

Harris, J. (2000). Is there a coherent social conception of disability? *Journal of Medical Ethics,* 26, pp. 95-100.

Hauland, H. and Allen, C. (2009).*Deaf People and Human Rights.*World Federation of the Deaf and the Swedish National Association of the Deaf. Helsinki, Finland Accessed online on 3 July 2013

Hess, C. (2008). “Mapping the new commons.” Paper presented at “Governing shared resources: Connecting local experience to global challenges”, the 12thbiennial conference of the International Association for the Study of the Commons,July 14-18, 2008, University of Gloucestershire, Cheltenham.

Hess, C. and Ostrom, E. (Eds.).(2007). *Understanding knowledge as a commons: From theory to practice.* Cambridge, Massachusetts: MIT Press.

Himely, M. and Fitzsimmons, A. (2010).*Critical Encounters with Text: Finding a place to stand* (6thed). New York, USA: Pearson Learning Solutions.

Howell,C. (2005). *Higher Education Monitor South African Higher Education Responses to Students with Disabilities.Equity of Access and Opportunity?* Pretoria: Council on Higher Education

Howell, C., Chalklein, S. and Alberts, T. (2006). A history of the disability rights movement in South Africa.In B. Watermeyer, L. Swartz, T. Lorenzo, M. Scheider and M. Priestley (Eds.).*Disability and Social Change: A South African Agenda.* Cape Town: Human Sciences Research Council Press.

Imrie, R. (1997). Challenging disabled access in the built environment: An evaluation of evidence from the United Kingdom. *The Town Planning Review*, 68(4), pp. 423-448.

Kadir, S.A., Jamaludin, M. and Asiah Abdul Rahim, A.A. (2012).Building Managers’ Perception in Regards to Accessibility and Universal Design Implementation in Public Buildings: Putrajaya case studies.*Procedia– Social and Behavioral Sciences,* 35, pp. 129-136.

Karusseit, C. and Gibberd, A. (2009). Towards inclusion: a critical appraisal of legislation and the South African Standard, Part S, *ActaStructilia: Journal for the Physical and Development Sciences/Tydskrifvir die Fisiese en Ontwikkelingswetenskappe*, 16(June), pp. 65-81.

Keller, H. and Ulfestein, G. (2012).*UN Human Rights Treaties: Law and Legitimacy*. New York: Cambridge University Press.

Kelley, K., Clark, B., Brown, V. and Sitzia, J. (2013). Good Practice in the Conduct and Reporting of Survey Research. *International Journal for Quality of Health Care*, 13(3), pp.261-266.

Kepley, B.B. (1983). Accessibility for the disabled. *Society of American archivists,*46(1-Winter), pp. 42-51.

Kitzinger, J. (1995). Qualitative Research: Introducing focus groups. *British Medical Journal*, Vol no. 311 pp. 299-302.

Koch, T. (2001).Disability and difference: Balancing social and physical constructions. *Journal of Medical Ethics,*27(6), pp. 370-376.

Laas, H.L. (2012).Journey through the Trials and Triumphs of Disability. *African Journal of Disability*, 1(1), Art.#16, 9 pages. Accessible online at: http://dx.doi.org/10.4102/ajod.v1i1.16 Accessed on 31 January, 2014.

Lang, R. (2001). *The Development and Critique of the Social Model of Disability*.University of East Anglia: Overseas Development Group.

Larner, A.J. (2011). *A Dictionary of Neurological Signs* (3rded.). New York: Springer.

Laubscher, J. (2011). Tracing the origins of the South African building regulations, with specific reference to the period between 1650 and circa 1740. *ActaStructillia*, 18(2), pp. 80-96.

Leshilo, W.M. (2005). The feelings of people with physical disabilities regarding discrimination in Tembisa. MA Social dissertation, University of Pretoria, Pretoria.

Llewellyn, A. and Hogan, K. (2000).The use and abuse of Models of Disability.*Disability & Society*, 15, pp. 157-165.

Lewis-Beck, M.S. (1995). *Data analysis: An Introduction*. Sage University Paper series on Quantitative Applications in the Social Sciences, 07-103. Thousand Oaks, CA: Sage.

Linton, S. (1998). *Claiming Disability.* New York: New York University Press.

Lipman, A. (1969). The Architectural Belief System and Social Behavior.*The British Journal of Sociology*, 20(2-June), pp. 190-204.

Livingston, K. (2000). When Architecture Disables: Teaching undergraduates to Perceive Ableism in the Built Environment. *Teaching Sociology*, 28(3), pp. 182-191.

Losinsky, L.O., Levi, T., Saffey, K. and Jelsma, J. (2003).An investigation into the physical accessibility to wheelchair bound students of an Institution of Higher Education in South Africa. *Disability and Rehabilitation*,25(7), pp. 305-308.

Mafhala, V.R. (2009). *Disability and the Built Environment.*Johannesburg:Faculty of Engineering and the Built Environment, University of the Witwatersrand.

Matshedisho, K.R. (2010). Experiences of disabled students in South Africa: Extending the thinking behind disability support. *South African Journal of Higher Education,*24(5), pp. 730-744.

McLaren, P., Solarsh, G. and Saloojee, G. (2004).Disability. *South African Health Review*. Durban: Health Systems Trust.. Health Systems Trust. pp.163-173.

Meyers, A.R., Anderson, J.J., Miller, D.R., Shipp, K. and Hoenig, H. (2002). Barriers, Facilitators and Access for wheelchair users: Substantive and methodological lessons from a pilot study of environmental effects. *Social Sciences & Medicine*, 55, pp.1435-1446.

O`Day, B. and Killeen, M. (2002). Research on the Lives of Persons with Disabilities: The Emerging Importance of Qualitative Research Methodologies, *Journal of Disability Policy Studies,* Vol 13(1), pp. 9-15.

Ngwena, C. (2009). The New Disability Convention Implications for Disability Equality Norms in the South African Workplace. In O.C.Dupperand C.Garbers (Eds).*Equality in the Workplace: Reflections from South Africa and Beyond*. Cape Town: Juta.

Oliver, M. (1996a). *Exploring the Divide, Defining Impairment and Disability: Issues at stake*. Leeds: *in C. Barnes and G, Mercer (Eds). Exploring the Divide Leeds*: The Disability Press.

Oliver, M. (1996b). *Understanding Disability: From theory to practice*. London: Macmillan Press Ltd.

Oliver, M. (1999). *Disabled people and the inclusive society: Or the times they really are changing.* Public lecture: University of Greenwich

O'Reilly, A. (2003). A UN Convention on the Rights of Persons with Disabilities: The Next Steps. A bimonthly web- zine of international news and views. Issue no. 17 January – March 2003. Accessed: http://www.disabilityworld.org/01-03_03/news/unconvention.shtml Accessed on 25 November 2013

Ostrom, E. (1990). *Governing the commons: The evolution of institutions for collective action.* Cambridge: Cambridge University Press.

Padden, C. and Humphries, T. (2005).*Inside Deaf Culture*. Harvard University Press: USA Cambridge, MA.

Quin, G., Degener, T., Bruce, A., Durke, C., Castellino, J., Kenna, P., Kikelly, U. and Quinlivan, S. (2002). *Human Rights and Disability: The current use and future potential of United Nations human rights instruments in the context of disability*. New York and Geneva: United Nations.

Republic of South Africa. (1996). The Constitution of the Republic of South Africa. Act No. 108 of 1996.

Republic of South Africa.(1997).White Paper on the Integrated National Disability Strategy.

Republic of South Africa. (1998). White paper on local government. DPLG, Pretoria.

Republic of South Africa. (2000). Local Government: Municipal Systems Act (Act No. 32 of 2000).

Republic of South Africa. (2009). Disability Framework for Local Government 2009 – 2014. Department of Provincial and Local Government. SALGA

Rivano-Fischer, D. (2004). Wheelchair accessibility of public buildings in Al Ain, United Arab Emirates (UAE).*Disability and Rehabilitation*, 26(19), pp. 1150-1157.

SAHRC (South African Human Rights Commission). 2002. *Towards a barrier-free society.* SAHRC Report, November 2002

Sardegna, J., Shelly, S., Rutzen, A.R, and Steidl, S.M. (2002).*The Encyclopaedia of Blindness and Vision Impairment* (2nded.). New York: Facts on File Inc.

Shakespeare, T. (2006).*Disability Rights and Wrongs*.London:Routledge.

Sharan, B.M. (2009). *Qualitative Research: A guide to Design and Implementation. an* Francisco: John Wiley.

Sherman, S. and Sherman, J. (2012). Design Professionals and the built environment: Encountering boundaries 20 years after the Americans with Disabilities Act. *Disability and Society*, 27(1), pp.51-64.

Siedman, I. (2013). *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences* (4thed.). New York: Teachers College Press.

Silbiger, H. (2006). *Disability and HIV/AIDS in sub-Saharan Africa: Barriers to prevention.*Graduate Program in Critical Disability Studies. Master of Arts

Graduate Program in Critical Disability Studies York University, Toronto, Ontario M3J 1P3.

Smith, R.K.M. (2013). Human Rights in International Law. In M. Goodhart (Ed.).*Human Rights: Politics and Practice* (2nded.). Oxford: Oxford University.

Smith, R.W. and Bugni, V. (2006).Symbolic Interaction Theory and Architecture.*Symbolic Interaction*, 29(Spring),pp. 123-155.

Statement of the Special Rapporteur on Disability to the 45th Session of the Commission for Social Development. (2007). http://www.un.org/esa/socdev/enable/srcsocd45.htm Accessed on 11 March 2013

Statistics South Africa.(2012). Census 2011 Statistical Release (Revised). Accessible online at www.statssa.gov.zaAccessed on 5 May 2013.

StatsSa (Statistics South Africa) (2003).*Census 2001: Census in Brief*. Pretoria: StatsSA.

Stein, A.M. (2007). Disability human rights. *California Law Review*, 95, pp. 75-121.

Story, M.F., Mueller, J.L. and Mace, R.L. (1998).*The Universal Design File: Designing for People of All Ages and Abilities.* NC State University: The Center for Universal Design.

Terre Blanche, M., Durheim, K. and Painter, D. (2006).*Research in Practice: Applied for the Social Sciences.* Cape Town: University of Cape Town Press.

Tharpar, N., Warner, G., Drainoni, M., Williams, S.R., Ditchfieald, H., Weirbicky, J. and Nesathurai, S. (2004). A pilot study of functional access to public buildings and facilities for persons with impairment.*Disability and Rehabilitation*, 26(5), pp. 280-289.

Thomas, L. (2004). How is disability understood? An examination of sociological approaches.*Disability & Society*, 19, pp. 569-583.

Thomas, P. (2004). Disablism and Charity.*GMCDP Coalition Magazine,* November.pp1-3.

Traustadóttir, R. (2009). Disability Studies, the Social Model and Legal Developments. In O.M.Arnardóttir and G. Quinn (Eds).*The UN Convention on the Rights of People with Disabilities: European and Scandinavian Perspectives.* Koniklijke Brill NV, Leiden: The Netherlands

United Nations.(1993).Standard Rules on the Equalisation of Opportunities for People with Disabilities.

UPIAS.(1976). *Fundamental Principles of Disability*. London: Union of the Physically Impaired Against Segregation.

United Nations.(2007). Convention on the Rights of Persons with Disabilities.

Useh, U., Moyo, A.M.andMunyonga, E. (2001). Wheelchair accessibility of public buildings in the central business district of Harare, Zimbabwe.*Disability and Rehabilitation,*23(11), pp. 490-496.

Vash, C.L. and Crewe, N.M. (2004).*Psychology of Disability* (2nded.). Springer Series on Rehabilitation. New York: Springer Publishing Company.

Venter, C., Savill, T., Rickert, T., Bogopane, H., Venkatesh, A., Camba, J., Mulikita, N., Khaula, C., Stone, J. and Maunder, D. (2002). Enhanced Accessibility for People with Disabilities Living in Urban Areas. Cornell University ILR School DigitalCommons@ILR, GLADNENT Collection. Unpublished Project Report PR/INT/248/02

World Health Organisation. (2011). Blindness. Accessed at: http://www.who.int/topics/blindness/en on 2 December 2013

Yeasmin, S. and Rahman, K.F. (2012).‘Triangulation’ Research Methods as the Tool of Social Science Research.*BUP Journal*, 1(1), pp.154-163.

Web references

African Union.http://www.africa-union.org/africandecade/concept_note.htm

http://www.bethesdahoutbay.co.za/articles.htm

http://www.deafsa.co.za

http://www.oxforddictionaries.com/defition/english/reconnaissance http://www.un.org/esa/socdev/enable/dissre00.htm

http://www.un.org/esa/socdev/enable/convinfofaq.htm#q1

http://www.un.org.esa/socdev/enable/disafricadecade.htm