People with Disabilities and the Role of Social Workers in Lesotho

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1 Introduction

According to Pachaka (2003:109) the United Nations General Assembly adopted the World Programme of Action Concerning Disabled Persons at its 37th regular session in 1982. The purpose of that programme was to promote measures for prevention of disabilities, rehabilitation and realisation of goals, “full participation” of disabled persons in social life, development and “equality”. The Programme further emphasised that these concepts should apply with the same scope and urgency to all countries, regardless of their level of development. It was during this era that public concern and consciousness were directed towards providing people with disabilities with the same opportunities available to ordinary citizens. Subsequently, the United Nations Decade of the Disabled Persons (1983-1992) came into force thereafter. However, the situation of people with disabilities has not greatly improved since then and their numbers are actually increasing.

There are more than 600 million people with disabilities worldwide and 180 million are children, 400 million live in developing countries and 80 million in Africa. The World Health Organisation (2002) reported that about 40 per cent of Africa’s population consists of people with disabilities, including 10-15% of school age children. This percentage translates to about 300 million people with disabilities in Africa. Burton (1996) notes that people with disabilities have been treated like outcasts for over 100 years and whatever attention is drawn to them, it is only with sympathy and pity. Disability has been presented as a culturally embedded socially accepted form of oppression against people with disabilities. To date some community members still encounter difficulties in accepting people with disabilities. It is against this background that this paper seeks to examine the situation of people with disabilities in Lesotho. The paper also highlights the roles of social workers in dealing with people with disabilities. It should be mentioned at the outset that this paper is mainly a review of the literature of people with disabilities in Lesotho and it also includes interviews with people working with PWDs in the country. For purposes of this paper, the Word Health Organisation (WHO)’s definition of disability is adopted. The WHO (2002) defines disability as an umbrella term, covering impairments, activity limitations and participation restrictions. Impairment is a problem in the body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action while participation restriction is a problem experienced by an individual in involvement in life situations. Therefore, disability is a complex phenomenon, reflecting an interaction between features of a person body and features of the society in which he/he she lives. A disability may occur during a person’s lifetime or may be present from birth.

The paper is divided into seven sections. The first section provides background information on Lesotho. The second section provides the models of disability. The third section discusses the prevalence of disability in Lesotho. The fourth section examines the problems faced by people with disabilities in Lesotho. The fifth section provides the legislation and institutional frameworks governing disability issues in the country. The sixth section provides the organisations working with people with disabilities and the last section deals with the role of social workers in dealing with people with disabilities in Lesotho.

2 Lesotho: The Country

The Kingdom of Lesotho is a small landlocked southern African country encircled by the Republic of South Africa. It has a population of 1, 8 million (2006 census) of whom more than 80 per cent live in rural areas. Lesotho obtained its independence from the United Kingdom in 1966 and is a member of the Southern African Development Community (SADC). The citizens of Lesotho are known as Basotho and the official languages are Sesotho and English.

According to the United Nations Development Programme, UNDP (2004) Lesotho is one of the world's 50 Least Developed Countries (LDCs) and ranks 145 out of 177 countries on UNDP's Human Development Index (HDI) in 2004. Life expectancy at birth in 2002 was 36, 3 years- 39 years for women and 33, 3 years for men. Gross enrolment ratio (combined for primary, secondary and tertiary education), was estimated at 64 per cent among boys and 66 per cent among girls. Adult literacy rate was 81, 4 per cent with a higher rate recorded for women (90 per cent) than for men (74 per cent).

Poverty is widespread. Over 36 per cent of the population lives on less than $1 per day while 56 per cent live on less than $2 per day. According to the International Labour Organisation, ILO (2006) unemployment in Lesotho, estimated at 31, 4 per cent in 2002 is one of the most important factors explaining the high levels of poverty. The labour force participation rate of the population aged 15 – 64 years is 63, 3 per cent, with a higher rate for men (70,5 per cent) than for women (57,9 per cent).

HIVAIDS has also had a huge impact on Lesotho's population, with women and the youth being the hardest hit. According to Lesotho Review (2009) from just 4 per cent in 1993 the country's prevalence rate has risen to 23, 2 per cent - the third highest in the world – with 270 000 adults living with the pandemic. The latest statistics indicate that there are an estimated 62 new infections and about 50 deaths due to AIDS-related illnesses every day.

3 Models of Disability

There are 3 main models of disability which will be explained in this paper, namely, the religious/charitable/social welfare model; the medical model and the social model. These models have made a major contribution to the understanding of disability, its description and possible ways of dealing with it.

The religious/charitable/welfare model of disability tends to view disabled people as victims of impairment and hence the beneficiaries of charity, alms and services for which they should be thankful. According to Harris and Enfield (2003) impairment in many societies is traditionally interpreted according to religious beliefs. Thus impairment is regarded as a punishment from God for a sin committed by oneself or one's family. As a result, having a disabled relative is a source of shame, often for the whole family. Hence disabled people are viewed as a tragic of suffering people, to be pitied and cared for. At the same time the disabled people may find that they have few choices, no means of accessing relevant advice, and no powers to decide how they could be best be assisted. Services are designed for them and delivered to them, perhaps with the best of intentions, but with insufficient consultation. The caregiver may become unacceptably powerful, making decisions about what is best for those in their care. An extreme example of this is the enforced sterilization, without consultation of consent, of the disabled women (though not very common). Typically, the individual is seen is as follows: sad, tragic, and passive or bitter, twisted and aggressive or brave, courageous and inspirational (Oliver, 1990). Disable people are therefore perceived as in need of help, protection, care, pity, charity, sympathy, special services, special schools and charitable donations. Through what is known as the mirror effect, many disabled people have come to believe that they are unable just like the attitude portrayed by the people around them. This model has been criticised by many authorities. It has been viewed as patronising the person with disabilities by allowing very little decision-making and control to the individual being helped. Oliver (1990) argues that the model engineered stringent criteria for groups declared invalid ensuring their exclusion from social arrangements and services in the public domain. It justified their exclusion from the mainstream education and employment, and other rights and privileges enjoyed by other citizens who fitted into the criteria of valid holders of rights. Charity has not really solved the problems of disabled people. Charity has entrenched the negative attitudes; that it has made the position of the disabled people worse. Disabled people have not benefited from charity because charity is not part of the development process. Disabled people want to be treated as normal citizens with rights. They want to be treated equally and participate as equal citizens in their own communities.

The medical model of disability tends to view disabled people first and foremost as having physical problems to be cured. People with disabilities are treated by professional experts where the desired effect is a cure. This model basically focuses on the lack of physical, sensory or mental functioning, and uses a clinical way of describing an individual’s disability. The disabled person’s is relegated to the passive role of the patient , with the medical personnel and care professional making many decisions, even issues unrelated to impairment such as how the individual should dress or what he should eat. Thus medical personnel focus on the things that the disabled person cannot do, for example can’t walk, can’t see or can’t talk. In response to their diagnosis, medical personnel do their job and try to find a cure. If a cure is possible, all energy is and resources are used to achieve it. However, if there is no cure, this is seen as tragic and it is considered that the individual will need to be cared for instead. Care is to be prescribed and provided by a range of specialist professionals, social workers, counsellors, therapists and psychologists. These professionals will work with the individual or his or her family to reduce the problems. This model is problematic because of its excessive focus on the desirability of fixing the disabled person’s impairment. This model has been criticised for the way in which it views disabled people as somehow “lacking, unable to play a full role” in society. Thus it has implications for research and policy with disabled people’s needs being marginalised (Shakespeare, 2006). The search for a cure is often pronged, painful and unnecessary. It also means that the rest of life is put on hold while professionals strive to return the body to a normal level of functioning. Also professionals may refuse to tell disabled patients and their families that there is no cure for their conditions, in the mistaken belief that this will sustain and hope that one day they might be normal (Shakespeare, 2006).

In 1983, the disabled academic Michael Oliver coined the phrase “social model of disability”. The social model of disability perceives disabled people not as individual victims of tragedy, but as collective victims of an uncaring oppressive society. In accordance with this model, environmental hindrances or barriers like lack of lifts, steps, narrow doors are the vivid example of this social construction of disability: they are what limit persons with functional impairments, not the impairments themselves. The social model of disability proposes that systematic barriers, negative attitudes and exclusion by society, purposely or inadvertently, are the ultimate factors defining who is disabled and who is not in a particular society (Oliver, 1990). The model therefore often focuses on changes required in society. These might be in terms of:

- Attitudes, for example a more positive attitude toward certain mental traits or behaviours, or not underestimating the potential quality of life of those with potential impairments

- Social support, for example helps dealing with the above barriers, resources, aids or positive discrimination to overcome them.

- Information , for example using suitable formats (e.g. Braille) or levels (e.g. simplicity of language) or coverage (e.g. explaining issues others may take for granted)

- Physical structures, for example buildings with slopped access and elevators.

The social model has provided a powerful framework for bringing disabled people together in a common struggle for equality and rights. By doing this the social model has promoted the idea that disabled people should be actors in their own lives rather than passive recipients of care. This equates almost exactly to current thinking on rights-based approach to development, adopted by governments and development agencies throughout the world. Nevertheless, some criticisms have been levelled against the social model of disability.

The main criticism of the social model of disability is that, taken to an extreme, it suggests that disability would be eradicated if society was changed in the appropriate ways. For example, disabled people could do any job if attitudes changed, the environment was accessible and work was organised appropriately. It also does not acknowledge the limitations which may result from impairment (e.g. pain) that no amount of change to the social context could remove. The social model has hitherto not fully considered the nature and extent of ‘sanism’ or psychiatric oppression (Shakespeare, 2006). In conditions of extreme poverty in which most disabled people in the developing world live, should they care about the social model of disability? It must be stressed that this approach can only yield results for disabled people if they are able to organise or lobby effectively as equal members of society. Normally, the voices of the disabled are not heard in developing countries because this group is usually marginalised and poor. Addressing discrimination in legislations, policies and society contributes to an environment in which excluded people have more control over their lives. Shakespeare (2006) sees the social model of disability as damaging. He argues that it does not take into account the people whose disability leave them completely dependant on care and medicine. The social model way of thinking needs to stop recognising the non-disabled as an enemy or immediate oppressor, but rather that as well as only society needing to change to allow inclusion of disabled people, there is also need to be a shift in the non-disabled doctors, teachers and supports in reaching this goal. There needs to be a realisation that not every disabled person wants, or is capable of attending disability events, that the social model is just as in danger of promoting exclusion as the medical model. Shakespeare (2006) believes that the way forward is a combination of both models, drawing on the best points of each, also creating new ways of thinking to help overcome the barriers that disabled people still face.

4 Prevalence of Disability in Lesotho

According to the Ministry of Health and Social Welfare's draft National Disability and Rehabilitation Policy (2008) Lesotho has very limited coordinated disability database to provide statistics of people with disabilities. More importantly, there is no comprehensive national disability survey that has been undertaken in the country. However, some institutions, ministries and organisations have useful statistics on people with disabilities in Lesotho. For instance, the Bureau of Statistics, BOS (2001) indicates that according to the Lesotho Demographic Survey carried out in 2001, about 4, 2% of the population, about 79,794 people in Lesotho had some form of disability that required a service. Four major variables of impairment, that is, sensory, physical, and mental and multiple impairments were used in the survey. Sensory impairments referred to vision, speech and hearing impairments. Physical impairments included visceral, skeletal and disfiguring impairments- for example, amputations, paralysis, limping and lameness, deformity and hunched back. Mental impairments included intellectual and other psychological impairments while multiple impairments referred to a combination of any of the above.

Physical disabilities were more prevalent than others due to amputations attributed to a long history of male migrant labour in the neighbouring Republic of South Africa. The prevalence of disability was measured in percentage terms as the percent of the population reported as disabled. The total disability ratio for Lesotho was 4,179 per 100,000 population, with the male disability ratio (4,814) being about 26 percent higher than the female disability ratio (3,556) (BOS, 2001).

The second leading type of disability was blindness (950), followed by severe deafness (513), mental problems (454) and lameness and paralysis (441). For all types of disability except for blindness, disability ratios were almost twice as high for males (1,984) as for females (1,065). The leading types of disability in 2001 were amputations, blindness, and severe deafness and mental problems.

Disability rates for each category were considerably higher in rural than in urban areas. An examination of causes of disability revealed that for males, working in the mines was a major risk factor for amputations, blindness and deafness. Not all male disabilities could be attributed to working in the mines of South Africa though. Together with causes of disability labelled as "unknown", more than one in two of all male disabilities (57, 3 percent) and about 85 percent of all female disabilities were due to causes other than accidents and violence (BOS,2001). The Ministry of Education and Training database also shows that out of the total enrolment of 424 855 pupils, a staggering 5, 2 percent (22 233) had a disability of one form or another. Further analysis showed that in all grades except the higher grade (7) more boys had disabilities than girls. There are at least 4 346 severely disabled children of primary school age and 2 764 of secondary school age. There may also be at least 2 568 blind and 1 857 deaf children of primary school age.

5 Legislation and Institutional Frameworks Governing Disability Issues in Lesotho

Lesotho does not have specific legislation for people with disabilities but is currently working on the National Disability and Rehabilitation Policy which is now a final draft. However, people with disabilities are catered for in other legislations and policies. According to the International Labour Organisation (2006) both the Constitution of 1993 and the Labour Code, 1992 of Lesotho include anti-discrimination and other provisions drawn from the international human rights instruments and ILO fundamental conventions that the country has ratified.

Without specifically mentioning disability, these provisions apply to all citizens and thus to people with disabilities.

In addition to these general provisions, the Constitution also contains a provision on training and employment of disabled persons. Several other laws (The Education Act, 1995; the Building Control Act, 1995 and the National Assembly Election #1 Amendment Act, 2001) contain a provision on disabled persons while the Public Service Act, 1995 specifies that recruitment and advancement in the public service must sorely be based on merit. The Lesotho Technical Vocational Training Act 1984 establishes the Industrial Vocational Training Board which also deals with disability issues, especially in vocational and training matters.

However, the overall responsibility for disability issues lies with the Ministry of Health and Social Welfare. Among its objectives are “rehabilitating and counselling of the less fortunate and socially deprived members of society” and promoting preventive Mental Health activities through community participation and providing efficient and effective curative and rehabilitative mental health services at all levels of the health care system. The Ministry also has a Rehabilitation Unit that provides rehabilitation services in the country. The Ministry also runs the Ithuseng Vocational Training School. In addition, several ministries cater to people with disabilities among a wider client group. The Ministry of Education and Training has a Special Education Unit. The Special Education Unit was established in 1991 and its main responsibilities are to facilitate the integration of learners with special educational needs into mainstream schools; provide support to learners with special educational needs; and provide support and training to teachers who are teaching children with special educational needs. The Ministry of Justice, Human Rights and Rehabilitation has a Human Rights Unit whose mission is to uphold the ideals of fundamental human rights as propounded by the International Human Rights Instruments and the Constitution of Lesotho, rights that apply to all including persons with disabilities. The Ministry of Communications, Science and Technology is responsible to ensure the accessibility of ICT. Under the ICT Policy, the ministry shall ensure that special initiatives are developed to support access to ICTs for disadvantaged groups such as the poor, the disabled and elderly, youth and women (ILO, 2006).

6 Organisations For and Working with People with Disabilities in Lesotho

In addition to government ministries, there are also organisations for and working with people with disabilities in Lesotho. The umbrella organisation is the Lesotho Federation of the Disabled (LINFOD) founded in 1989. It comprises the four main disabled persons’ organisations of Lesotho: Lesotho National Association of the Physically Disabled (LNAPD); Lesotho National League of the Visually Impaired Persons (LNLVIP); Lesotho Society of Mentally Handicapped Persons (LSMHP) and the National Association of the Deaf in Lesotho (NADL). LINFOD is a member of Southern African Federation of the Disabled (SAFOD). These organisations promote the rights of people with disabilities so that their needs can be realised. LINFOD has played a key role in challenging the inappropriateness of residential institutions for disabled children in Lesotho and has put pressure on the government to develop a policy on Integrated Education. LINFOD also participates in awareness raising meetings in the community and to address teachers and school children on the issue of Integrated Education (ILO, 2006).

Non-Governmental Organisations (NGOs) also work with people with disabilities in the country. For instance, Cheshire services in Lesotho are provided at St. Angela’s Home, which offers rehabilitation services and facilitates mainstreaming education and vocational training for disabled persons between five and eighteen. NGOs also run community based rehabilitation programmes in the country – Save the Children has a Disability Programme aimed at developing Community Based Support for disabled children and their families including Community Based Rehabilitation. It is also promoting inclusive education. Save the Children contributed to the setting up of a Special Unit in the Ministry of Education and helps some children by covering their school fees (ILO, 2006). Income generating schemes have been set up, for instance Scott Hospital Community Based Rehabilitation ensures that costs such as school fees, medical expenses and the purchase of assistive devises can be met by the families with support from their communities. There are also special schools that cater for those with special needs and they are staffed with relatively highly trained teachers. In an interview on 28 April, 2010 with Ms Malineo Motsepe- a Child Welfare Officer with Sentabale- an organisation working with children in Lesotho, it emerged that some of the special schools in Lesotho included the following: Kananelo School for the deaf in Berea; St. Paul's School for the deaf in Leribe; Thoso Centre for Children with Multiple Disabilities in Butha Buthe and Motsekoua Centre for Disabled Girls in Mafeteng.

7 Problems Faced by People with Disabilities in Lesotho

People with disabilities' needs differ from other people's needs. Their needs also depend on the type and degree of disability. According to Zastrow (2000) people with disabilities confront many challenges derived from both internal and external factors. The emphasis on the perfect and attractive physique has caused people with disabilities to be the objects of unkind jokes and has led to them being either ignored or treated as inferior. It is asserted that if PWDs are designated as if they are inferior or second-class citizens, they are likely to have negative self-concept and to view themselves as inferior. As has been mentioned above, Lesotho does not have legislation specifically for people with disabilities or a policy and this presents problems in meeting the needs of people with disabilities.

In Lesotho, society has historically imposed barriers that subject people with disabilities to lives of unjust dependency, segregation, isolation and exclusion from mainstream society. The barriers are normally either attitudinal or institutional in nature (Ministry of Health and Social Welfare, 2008). Attitudinal barriers are characterised by beliefs held by non-disabled persons about people with disabilities. Institutional barriers on the other hand, include policies, practices and procedures adopted by the government, employers, businesses and public agencies. For instance, essential services are mostly offered in urban areas and cities where the environment is not friendly for people with movement and visual impairment. According to Weiner (2003) disabled people often live as outsiders in their own villages and neighbourhoods. This is because the disabled in most societies are given so little chance to take part in the life of the community because of the general belief that they are unable and should be treated accordingly. This situation makes it extremely difficult and sometimes impossible for them to access their fundamental social, political and economic rights.

Section 3 (1) of the Constitution of Lesotho provides that the official languages shall be English and Sesotho. The Constitution fails to recognise sign language as a language of business in the country. This negatively impacts on people with language and hearing impairments as they cannot easily access information in a language they are comfortable with. Language is not only a means of identifying, but also of entering the labour market. People with disabilities run the risk of being shut out from employment, education and social spheres of life simply because of socially created language barriers. Lesotho does not have many institutions that provide education and training to people with disabilities. The few that are there are located in urban areas. Furthermore, Community Based Rehabilitation programmes in the country do not have enough resources to provide for the needs of people with disabilities. For instance, the Integrated Education programme cannot be extended to the deaf and deaf/mute children as there are no teachers to provide special education. Even Lesotho College of Education does not train teachers in special education resulting in these children being excluded in mainstream schools. As a result, the bulk of people with disabilities end up impoverished, abandoned, uneducated, malnourished, discriminated against, neglected and extremely vulnerable.

According to the WHO (2002:72) environmental barriers include inaccessible public and private buildings, such as schools, office, factories, shops and transport as well as information and communication systems. Most public buildings are not accessible for people with disabilities as they do not have ramps. The available modes of transport are not designed to respond to the needs of people with disabilities. The taxis and buses represent the only possible public transport option for people with disabilities to carry out their daily activities such as work, education, shopping, banking, medical appointments and other social activities yet the modes of transport are not designed to accommodate people with disabilities. Another problem facing poor people with disabilities is lack of affordable wheelchairs which greatly hinders their mobility. Access to information is also a challenge for people with disabilities in the country as information is presented in a way that can be read or understood by the non-disabled only. For example, information not presented in Braille form is inaccessible to blind people.

There is also a social stigmatisation for persons with disabilities that in turn force them into exclusion from mainstream public life. In Lesotho some families actually hide their children from the public because they are ashamed of them. This is also typical practice in most African countries. The excessive overprotection of some people with disabilities by society lead to the development of dependency syndrome which further prevent them from accessing social and economic services. This affects them and their families as well. In the majority of cases, people with disabilities are treated as sick people who deserve sympathy, care and cure. The end result is that persons with disabilities are marginalised.

Sporting is vital as it helps in integrating people with disabilities into mainstream society and it can be a component in the rehabilitation of people with disabilities. Yet, people with disabilities in Lesotho are denied their right to participate in sports and there are no recreational facilities where they can go and spend their leisure time.

Finally, people with disabilities in Lesotho do not have a special grant to cater for their welfare needs. They are only given public assistance of only one hundred Maluti a month by the Department of Social Welfare which is means-tested. One loti is equivalent to one South African Rand and equivalent to eight US dollars. This money is barely adequate to cover all the needs of the poorer sections of the people with disabilities. Consequently, they are among the least nourished, healthy, educated, employed and the most poverty stricken in the country.

8 The Role of Social Workers in Dealing with People with Disabilities in Lesotho

According to Weaver (2006:38) social work has existed as a discipline for well over 100 years. The original roots of social work took hold in England with Settlement Houses and Charity Organisation Societies, and these quickly spread to the United States and elsewhere. While the extent to which the profession has developed varies across countries, social work organisations can now be found throughout the world. In the case of Africa and other developing countries, social work was introduced during the era of colonialism mainly by the British, the French and the Portuguese.

In Lesotho, prior to the introduction of social work training in the country, the majority of its citizens were trained in countries such as South Africa, Zambia, Zimbabwe later the United Kingdom. The first training programme for social workers in Lesotho was initiated in 1991 and was housed in the Department of Social Anthropology and Sociology. It was a Master of Social Work degree. The rationale for introducing a Masters degree was that the graduates of the programme would in turn train undergraduate students. A four year Bachelor of Social Work degree programme was introduced by the Department of Social Anthropology and Sociology in 2002 and the first class graduated in 2005. Over 200 students have since graduated and they are working abroad and within the country in various settings.

According to Weaver (2006) the commitment to assisting disenfranchised people has always distinguished social work from other helping professions. Social work has always reached out to those with limited power in society, including the poor, homeless, children, the elderly and people with disabilities. DuBois and Miley (2005) also argue that in line with its mission as a human and helping profession, social workers' interventions are generally initiated to strengthen human functioning and to enhance the effectiveness of societal structures that provide resources and opportunities for clients and beneficiaries of services, including people with disabilities.

In Lesotho, social workers work in Government Ministries and Non-Governmental Organisations where they provide various services to people with disabilities. In the Department of Social Welfare, which is housed in the Ministry of Health and Social Welfare, over and above provision of generic social welfare services, social workers' roles include preventive, curative and rehabilitative services for disabled persons. Disability care includes improving capacity for caregivers and parents to care for their disabled children and facilitating integration of disabled children into mainstream schools and other social settings. Ithuseng Vocational Rehabilitation Centre which falls under the Rehabilitation Unit of the Ministry was established in 1991 as a response to the realisation that disability perpetuates poverty. The Centre provides support to adults and youth with any form of disability by providing vocational guidance and training, literacy and numeracy training skills, technical skills in metal work, leather work, carpentry, sewing, knitting, agriculture, general repair skills and basic training in business management. With the devastating effects of HIV/AIDS in the country, social workers have also provided information about the pandemic to people with disabilities. They have encouraged them to know their status and seek relevant treatment from hospitals. The Department of Social Welfare has also provided public assistance to the poor and vulnerable people with disabilities. They receive 100 maluti (Lesotho currency which is equivalent to: 1-8 US dollars) a month.

Social workers in Lesotho are also employed as Psychiatric Social Workers in hospitals such as Queen 11 and Mohlomi Mental Hospital. In these settings, social workers work with mentally challenged patients and their families by providing counselling. They also help them to persistently take their medication. Social workers usually help the patients and their families prepare for returning to their homes after discharge. As Zastrow (2000) rightly notes, discharge planning is especially vital in some rehabilitation settings, such as hospitals. In a case that a person with disability cannot return home, placement in some other setting must be arranged, such as in a nursing home or a group home. Social workers also make sure that the discharged patient adheres to the medication regime after discharge to avoid relapsing.

Social workers also provide counselling to people with various forms of disabilities to help them adjust to their disability. In this context, counselling usually involves a wide range of problems such as personal, interpersonal, family, financial, vocational adjustment and educational adjustment. In some situations, social workers do not always provide counselling to people with disabilities directly, especially if the disabled is a young child. Instead, social workers provide counselling to the family of the person with disability, and other close parties such as siblings, peers and relatives. Working with the family is initiated to help them understand the nature of a disability and the prognosis, to make the essential adjustments to help the PWD and to deal with personal and interpersonal concerns associated with the disability (Zastrow, 2000).

Social workers employed by Lesotho Correctional Services are known as Rehabilitation Officers and they also work with prisoners with disabilities and their families. They serve as liaisons between the family and the Correctional Services authorities. According to Zastrow (2000) in a rehabilitation setting, social workers can serve as a liaison between the agency staff and the family to discuss disability conditions of people with disabilities, factors affecting rehabilitation and required future plans and services. Again, social workers make preparations for the eventual discharge of the prisoners especial those with disabilities. They strive to prepare for the reintegration of the ex-convicts into mainstream society.

Another role for social workers is to raise awareness of issues of disability in the country. As noted earlier on, there are still negative connotations about disabilities in the country hence social workers must be in the forefront of highlighting the plight of people with disabilities. This can also be linked to the advocacy role whereby social workers can lobby government to pass legislation specifically targeting people with disabilities.

People with disabilities often need a variety of services from other community agencies, such as financial assistance, wheelchairs, and prosthetic services as well as transportation. Social workers link people with disabilities with community resources. In Lesotho, social workers in the Department of Social Welfare are responsible for collaborating with NGOs like World Vision, Care Lesotho and Lesotho Red Cross Society that provide assistance to people with disabilities. These organisations have poverty alleviation programmes for people with disabilities. They encourage them to form income generation projects. Social workers should therefore have knowledge of different types of community resources and services, such as these organisations, including the provided, eligibility requirements and admission procedures. However, in a personal interview on 24 April, 2010 with Ms. T. Tsuinyane, the Principal Social Worker, the Department of Social Welfare's main challenges include severe shortages of staff given the increasing demand for services, particularly for orphans, other psychosocial support services and people with disabilities.

Social work academics at the National University of Lesotho also lecture to people with disabilities who are majoring in social work and they have a great understanding of disability issues. Research into problems affecting disabilities in the country is also carried out which informs policy.

9 Conclusion

This paper has given background information on Lesotho. It has explained the various models of disability. The prevalence of disability in Lesotho was also provided. The paper also highlighted the legislation and institutional frameworks governing disability issues in Lesotho as well as the organisations for and working with people with dis abilities in the country.

Problems faced by people with disabilities were also mentioned. The roles of social workers in dealing with people with disabilities in the country were provided. In conclusion, it is indeed sad that Lesotho does not have specific legislation dealing with disability issues. Its fragmented legislation does not help people with disabilities' cause. Parliament should speedily enact legislation for this section of the population so that their needs are highlighted. Finally, government should also consider providing disability grants to all people with disabilities in partnership with NGOs.

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