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Traversing Disability: Building Social Capital through Skill Development for Employment

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Abstract: This paper investigates the influence of social capital in the training of persons with disabilities. The expansion of social networks is regarded as a central principle of the rehabilitation agenda and thus is a central concept that may influence the training experiences of persons with disabilities. Absent from much of social capital research is its influence on skill development and employment opportunities for persons with disabilities. Social capital has the potential to play an important role in the livelihoods of persons with disabilities who are at high risk of being marginalised. The aim of this qualitative study was to explore and critically examine the experiences of persons with disabilities who participated in an auxiliary skill development programme, to determine whether and how it has strengthened and expanded their social capital to advance their opportunities for economic inclusion and/or employment. There is currently no convincing practice available, particularly in the South African employment landscape, around how social capital can be incorporated in the employment of persons with disabilities. An intrinsic case study approach was utilised as it allowed for the identification and description of an employability-related skill development programme for persons with disabilities. In this paper, we argue that the transfer of skills alone is not enough for persons with disabilities to gain employment.

Keywords: disability; social capital; employment; skill development; livelihoods



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1. Introduction

Persons with disabilities have historically faced pervasive inaccessibility that has perpetuated their exclusion from community participation [1]. Responses to the issue of disability include the segregation of individuals into residential and long-term care facilities, which ultimately leave them in the care of professionals and policy makers [1]. However, the development of policy mandates increasingly supports the expansion of community-based rehabilitation services, accommodations, and support systems and are now focusing on the capabilities and rights of persons with disabilities [2]. The expansion of and participation in social networks is thus regarded as a central principle of the rehabilitation agenda [3]. If the expansion of social networks is a central concept, then its influence of labour and social and economic development on health and well-being require consideration.

In South Africa and internationally, there is policy written and work performed around empowering persons with disabilities to earn an income to become economically active. Similarly, much has been written about the importance of social inclusion for persons with disabilities [4]. In 2001, the World Health Organization developed the International Classification of Functioning, Disability and Health (ICF), a framework for the conceptualisation, classification, and measurement of health and health-related domains within disability [5]. The ICF framework proposes that the health of persons with disabilities is a multidimensional experience. Psychosocial influences, biological processes, and environmental factors are equally enmeshed in how individuals experience their disability. The main tenet of this framework is that the ultimate goal for persons with disabilities is not merely to enhance

function, but also to enhance their full inclusion and participation within their communities. Quick and Feldman [6] suggest that inclusion continuously creates a community involved in defining and addressing public issues, while participation emphasises public input into the content of programs and policies.

When viewing persons with disabilities through the lenses of the Convention on the Rights of Persons with Disabilities [7] and the ICF, the importance of social connections is emphasised. Social capital theory advocates that the support systems provided by networks of family, friends, neighbours, co-workers, acquaintances, and other associations have value and offer benefits in concrete and measurable ways [8]. Putnam [9] (p. 19) defined social capital as “our relations to one another” and the “connections among individuals—social networks and the norms of reciprocity and trustworthiness that arise from them”. Places of employment are examples of key sources of support and emotional well-being as they present opportunities for socialising and are often antecedents to the development of relationships [2]. Work settings have been found to be the second most important social unit, following family [10]. Workplace relationships have traditionally been among the most common forms of civic connectedness [9] and social connections also impact career mobility. It is estimated that between 40–70% of those seeking employment find their jobs through others in their social network [11].

Absent from much of social capital research is its influence on skill development and employment opportunities for persons with disabilities. Declining trends in civic engagement are especially relevant when applied to the disabled community, which has historically experienced greater social isolation and lower social capital compared to the general population [12]. Given the importance of social relationships for economic empowerment, an exploration of the how the social networks of persons with disabilities are developed.

This qualitative study aimed to explore how and to what extent the social capital of persons is developed through participation in auxiliary (non-formal) education and training programmes [13,14], offered by a Disabled Persons Organisation, that prepare them for employment or as a pathway to employment. In this paper, we argue that the transfer of skills alone is not enough for persons with disabilities to gain employment.

A review of the literature on social capital theory and how this theory may support the transition from skill development opportunities to employment follows. Thereafter, the qualitative methods used for data generation from a cohort of persons with disabilities who received information and computer technology (ICT) skills training are reported.

1.1. Social Capital and Employment

An exploration of how the notion of social capital may influence skills and development opportunities and employment highlights how social networks may enhance economic empowerment for persons with disabilities. This review expands on the theory of social capital as it relates to disability, followed by a focus on how social capital influences and is influenced by skill development and employment of persons with disabilities.

1.2. Social Capital Theory Related to Disability

In the realm of disability studies, the notion of social capital has the potential to play an important role in the lives of individuals with disabilities who are at high risk of being marginalised and experience diminished self-determination [15]. The disability rights movement has consistently been working towards the notions of community living, community participation, and inclusion, and central to these ideals is the notion of community membership [16]. It has become essential to create social places, spaces, and networks within communities where persons with disabilities are fully accepted and are provided with the same opportunities for participation as non-disabled persons. Chenoweth and Stehlik [16] argued that for this participation to occur, there has to be an accepted and shared understanding of what inclusion is and what it means.

Inclusion means that all people, regardless of their abilities, impairments, or health care needs, have the right to be respected and appreciated as valuable members of their communities, participate in recreational activities, be employed in work that pays competitive wages, and have careers that use their capacities to the fullest. Following from this understanding, it is evident that inclusion has an important social component that supports participation and capacity building for persons with disabilities. Whiteford and Pereira [17] suggested that social inclusion is about increasing opportunities for all people to engage in all aspects of community life. These authors stated that social inclusion is about participation as a method for achieving social justice. From the social science literature, it can be learned that it is the activities or engagement of individuals and groups in society, in other words, the exercise of social capital, that is the medium through which participation and ultimately inclusion can be attained [18–22]. Mishra [18] described social inclusion according to different constructs, including social inclusion as capability, social inclusion as opportunity, social inclusion as citizenship, social inclusion as poverty reduction, social inclusion as connectedness, and social inclusion as economic participation. All of these constructs show social inclusion to be an important factor in participation and engagement.

In this light, the argument for social capital can be supported in various domains. Social capital facilitates learning and skills acquisition [21,22]. Learning is a social process and social networks and communities of practices become spaces of informal learning, which provide opportunities for persons with disabilities to share and discuss ideas to improve their work-related and other skills. Secondly, social capital creates economic opportunities and assists individuals with seeking employment, enhances their employability, and generates the trust and reciprocity required for efficient markets [22,23]. Thirdly, social capital can stimulate political participation and community engagement [23].

The advantages of social capital demonstrate that expanding the social networks of persons with disabilities enhances their opportunities to make choices that influence their quality of life. Increased social capital allows persons with disabilities to live more self-determined lives [24,25]. Self-development strategies, such as accessing training opportunities, are used to create and maximise opportunities for future employment. Individuals must increasingly take it upon themselves to acquire new skills and knowledge (build their human capital) and seek out networks that possibly benefit future employment prospects [25].

A goal of education or skill development is to obtain and maintain gainful employment but, historically, work and disability were mutually exclusive [25]. For most people, including persons with disabilities, education, training, or up-skilling holds the prospect of obtaining or maintaining gainful employment and being able to meaningfully contribute to their communities.

1.3. Social Capital Theory Related to Employment

The current study draws on the common themes identified in the work of Putnam [9] and Ghaffar [26], both of whom analysed indicators of social capital in relation to employment, particularly from the perspective of how the Global North social capital highlights the way in which inter-relatedness impacts and informs socioeconomic development [22].

According to Ghaffar [26], the value of social capital for an employee should be assessed based on its potential impact on the employee. However, Putnam [9] exposed the decline of social capital in the Global North and asserts that changes in work, family structure, age, suburban life, television, computers, women's roles, and other factors have contributed to this decline. From a local, Global South perspective, it must be noted that, while we are focusing on disability, inclusion on the basis of race, gender, and geographical location is a further challenge for the majority of people, including those with disabilities. Ghaffar [26] presented a model to illustrate the relationships between indicators of social capital. He defines social capital as the "ability to secure or obtain assets or resources, knowledge, and information by an individual, group, organisation or community for its benefit through social networks, trust, license operate and shared norms" [26] (p. 1). This

definition, as it pertains to employment, can be determined, measured, and developed through concepts such as trust and reciprocity, shared norms, social cohesion, network structures, reciprocity, civic norms, civic engagement, and shared values and goals.

The aim of this qualitative study was to critically examine the experiences of persons with disabilities who participated in an auxiliary skill development programme, to determine whether and to what extent it has strengthened and expanded their social capital to advance their opportunities for economic inclusion and/or employment. There is currently no convincing practice available, particularly in the South African employment landscape, around how social capital can be better used in the employment of persons with disabilities. Additionally, very little is known about how persons with disabilities use education and training opportunities to develop their social network and advance their social capital.

2. Materials and Methods

For the overall study, an intrinsic case study approach was utilised as it identified and described one Disabled Peoples Organization's (DPO) employability-related skill development programme for persons with disabilities [27]. Table 1 illustrates how the case study design was utilised in this study.

Table 1. Intrinsic case study design.

| The Case | Auxiliary Training Programme as a Pathway to Employment for Persons with Disabilities |
|------------------------------------|--|
| Unit of Analysis ("what" or "who") | The value of skill development in improving social capital for increased employment and/or economic inclusion for persons with disabilities. |
| A bounded system | Bounded by time (2015–2020). Bounded by activity (auxiliary ICT training programme). Bounded by context (persons with disabilities affiliated to the DPO). |
| Studied in context | Studied in its real-life setting or natural environment, which is the DPO. Context of persons with disabilities is significant to understanding the case. Contextual variables considered include political, economic, social, cultural, historical, and/or organisational factors |
| In-depth study | Fieldwork in terms of naturalistic observation and interviews were intrinsic to the process of the inquiry. Reflexive techniques were pivotal to the trustworthiness and rigour of the research process. |
| Multiple sources of evidence | Multiple sources of evidence for comprehensive depth and breadth of inquiry were utilised. These included in-depth interviews, naturalistic observations, focus groups, and document review. Methods of analysis depended on data collection methods and data sources. Triangulation was highly valued and often employed. |

In the context of this study, the DPO has developed strategies and business plans that address issues of rehabilitation, advocacy, access, and education and skill development in response to the difficulties faced by persons with disabilities. It endeavours to assist persons with mobility impairments to lead independent lives and achieve a decent standard of living in areas ranging from personal care and assistive devices to adequate skill development and employment. To this end, they have developed and established three computer literacy training centres in major South African cities in 2012. These centres offer a basic computer literacy training programme. This training course is non-accredited (auxiliary) and is aimed

at any person with a disability wanting to improve upon their existing skills or gain new skills. Digital technologies have been identified as one of the most important factors that can contribute to reducing existing social gaps and can be used to encourage and support social inclusion and increase persons with disabilities' quality of life [28].

Document and database analyses preceded purposive, non-probability sampling of participants for interview [29]. This strategy was used to select participants who were involved in training opportunities offered by the organisation. Inclusion criteria were participants who had successfully completed the training offered by the centre in the 2015–2017 time period, those who were able to communicate independently in English or Afrikaans, and those who were between the ages of 18 years and 65 years and self-identified an impairment. Contact to 214 eligible participants was made via email and eight positive responses were received. The sample also included trainers, who themselves had completed the training course under investigation.

Table 2 illustrates the participants included in this case study.

Table 2. Demographics of participants.

| Pseudonym | Gender | Employment Status | Diagnosis |
|-----------|--------|-------------------|----------------------|
| BS | Woman | Unemployed | Right Leg Amputation |
| DN | Man | Unemployed | Paraplegia |
| ES | Man | Unemployed | Quadriplegia |
| MR | Man | Employed | Spinal Cord injury |
| NS | Woman | Employed | Polio |
| YP | Woman | Unemployed | Spinal cord injury |
| AM | Man | Employed | Left leg amputation |
| MM | Man | Employed | Paraplegic |

At the time of this study, four of these trainees with disabilities were employed and four were unemployed. Semi-structured interviews were conducted to examine the experiences of persons with disabilities who received training with the intent to enter or re-enter the labour market in South Africa. Interviews were conducted either at the homes or the places of work of these participants and lasted between 45 min and 2 h. Interviews were conducted in either English or Afrikaans, as preferred by the participant. These interviews were audio-recorded and transcribed before a process of thematic analysis occurred.

The data were reviewed and code categories were assigned through an inductive process [30]. An inductive process allowed us to look for patterns in the data in order to develop a theory that could explain those patterns and it was utilised when analysing data generated through the in-depth, semi-structured interviews conducted with participants with disabilities. Memoing [30], which involves a process of creating short, descriptive headings based on the patterns and quotations identified, was used to describe and analyse the patterns that were found. The organised descriptive statements were then interpreted. This analysis culminated in a main theme that related to the overarching motivation for accessing further training opportunities. This paper presents four sub-themes, which speak to the importance of social capital and were found to be common to all participants, from their own perspectives and everyday experiences.

This study was approved by the Faculty of Health Sciences at the University of Cape Town under ethical approval number HREC740/2016 and informed consent was received from each of the participants.

3. Findings

3.1. Experiences of the Role of Social Connections during Training

Participants were all of employment age and had all acquired impairments through the course of their lives. There were five male participants and three female participants, ranging in age from 25 to 60 years of age. All the participants are of previously disadvantaged racial groups in the South African context. Four sub-themes relate to the experiences

of the participants' overarching motivation for accessing and completing this training programme. The sub-themes relate to the role of social connections, which developed over the course of the training programme and are reported as Seeing and Being Seen, Your Attitude Counts a Lot, Different and the Same, and We Know Where To Go.

3.2. Seeing and Being Seen

A sentiment expressed by participants was that of "seeing and being seen". This response related to their experiences as being both able-bodied and disabled. Participants were emphatic about the changes in their own perceptions and what this meant for their ability to participate in activities of daily living. Speaking of a time before acquiring an impairment, a participant expressed a feeling with a genuine sense of incredulosity:

... And I was talking to a woman next to her. But I didn't even take note. She was standing up and walking here in front of me. I didn't even...I'm not lying to you. I didn't take note of that girl ... But when my leg is cut off, I see all the people that is disabled. (BS)

The change in "seeing" is interesting to note. It appears that the participants' worldview and what is viewed as important changes. Similarly, what others see is noted as important, as evidenced by a participant who shared an ordinary experience of visiting a bank: "If I am going to the bank now, someone asking 'Hey—when you're putting your money in—is it yours or someone else?' Then if you say it's yours, then people looking" (T2). The notion of "people looking" is indicative of the novelty of seeing persons with disabilities participating in ordinary daily activities. There is also a sense that persons with disabilities want to be seen doing what others are doing, as revealed by participant T2, who said, "I was happy, because at least I was also earning something". There seems to be an emphasis on ownership of what is theirs. The assumption is that the persons with disabilities don't have money, for example, so statements such as "is it yours or someone else?" illustrated the opinions and perceptions that persons with disabilities face.

There was a range of responses when asked about engaging with general training providers who provide skill development specifically for persons with disabilities. One negative comment related to a participant who expressed that there are some trainers who do not "even understand what a disability is" (T2). This desire for autonomy is mentioned by another participant who expressed that "it's not for them to decide for me or to think that or to assume that I cannot do it. It must be me who says no, because of my disability" (MR).

Conversely, when talking about the training offered by the DPO in this study, there was a general feeling of comfort and motivation. There appears to be another shift in worldview when one sees others engaging in tasks that are thought to be impossible. One participant shared:

So, when I see {trainer} and she's ... she's a quad, she can't use the fingers properly, so she's using a stick to ... and she's fast. I said wow! She's my teacher, I can stand and she can't, and I come here or there's ... this guy, he have a computer, he's working ... the things that you ask yourself, if someone who do like that why, not you? (T2)

In looking at this theme, there are different types of "seeing". There is how the person with a disability sees themselves and other persons with disabilities; there is the way others view persons with disabilities and the expectations that accompany this view. There is also the notion of how persons with disabilities want to be seen. Persons with disabilities want to be seen in a particular manner, which has to be self-determined. The manner in which persons with disabilities want to be seen speaks directly to the notions of attitude.

3.3. Your Attitude Counts a Lot

The ability to be self-sufficient and sanguine is an important concept reported by participants. Participants indicated that "others" (meaning other persons with disabilities) can be lazy and diffident, but success and progress are only possible with a sense of fortitude. If an innate sense of fortitude is absent, the person is perceived as lazy, as expressed by participant MR when he said, "First of all you need to be a positive person. You

need to be positive . . . your attitude counts a lot" (MR). This sentiment speaks to internal, psycho-emotional processes that need to occur in order to develop fortitude. It is these processes that need to be more supported and nurtured by those working with persons with disabilities, to enable the growth of confidence and fortitude. There is a responsibility that lies solely with the person with a disability: *"I came because I was serious and enthusiastic"* (T1). In addition, the motivation to improve the self was evident in T2's comment: *" . . . the only thing that was ringing in my mind is to get a job"* (T2). These comments illustrate that there is a sense of knowing that skills have to be developed to obtain employment.

There is the longing for achievement and possibly self-appraisal that comes from doing more than what others expected, which was expressed by T1, who intimated that *"at least when you're getting something more than that [disability grant] it feels like, you know what, I'm living a normal life . . . at least it feels like I achieve something"* (T1). Participant DN similarly articulated that *"[the training] actually boosted my independence, you know? My confidence? So, I doubt it if it wasn't for the training. Then I would maybe not achieve all this [the participant embarked on entrepreneurial endeavours]"* (DN).

Another interesting sentiment is that of making one's presence felt, in that people must be aware that persons with disabilities want to participate in order for them to actually participate. MR indicated that *"Those people must know that you are here . . . how are they going to know that you're here? You have to tell them that I'm here"*. Some participants expressed that relationship building should be done by persons with disabilities in order to develop relationships and support persons with disabilities: *" . . . persons with disabilities should stand up for themselves because when you engage with the disability people, you should have the disability also. They hear more from you, more than the able body people"* (NS).

A concern for persons with disabilities is the need to engage with those around them, which speaks to a desire for a shared understanding and levelled hierarchy, despite differences and hierarchies of abilities.

It was noted that the participants all had a similar judgement of their disabled peers for example: *"If you were . . . a lazy person before your accident, that is not going to change after your accident"* (T2). The opinions expressed about themselves as well as others, that if one doesn't want to work then one is lazy, are strong and potentially controversial. Notably, these opinions of participants are quite rigid: either one wants to work, or one doesn't want to work. There doesn't seem to be room for an individual to "opt" out, to choose not to work but are not lazy. Participant BS was emphatic in her sentiment about this topic and said, *"I don't know. They're lazy, man. You know how lazy is a disabled now? They're very lazy . . . they get so swaar [life is difficult], they get so swaar. But they do nothing about their swaarkry [difficulties]"* (BS). This response is another clear indication of the importance of personal choice. This participant shared that there are choices and opportunities that are available to alleviate the individuals' difficulties, but they choose not to take these opportunities. Particularly, this participant spoke about training opportunities that are offered and were declined.

Examining the responses of the participants revealed the necessity of fortitude to access various opportunities, which include opportunities to develop social capital. The consensus is that advancement, of any sort, is hindered by acquiescence to one's current situation or perception of one's current situation.

3.4. Different and the Same

When questioned about the training undertaken, participants all expressed positive sentiments and found this opportunity to be inspirational on a personal level:

. . . you look at this person that is training you [the trainer], or this person is like a go-getter, it's like someone I . . . you feel yourself, you know what? I wish to also...to achieve something in life. Not just sitting around always looking at other people, what they have. (T1)

There is a sense of hope that arises, which is indicative of a previous sense of hopelessness and possible futility and ineptitude. Hopelessness is negated when persons with

disabilities see persons with disabilities engaging in activities such as training and skill development. The sense of being different but able to achieve the same as their peers is apparent.

Participant BS indicated the value of being “*around different people. And in different environments*”. This statement indicates the importance of social networks and social engagement that occurs away from their usual environments. By allowing themselves to be in different environments, persons with disabilities are exposed to a more conducive environment in which to develop their social capital.

Given that the participants in this study all acquired their disabilities, the emphasis on being the same but different on an individual level manifested. Most participants distinguished between their current situation and “*the walking years*” (ES). For example, ES said, “*Ja, some people think we’re rude . . . Yes, I thought so when I was walking . . .*”. This statement is telling in that the perception that the individual once had of persons with disabilities now has become the perception people have of him as a person with a disability. ES later commented that he calls it “*the disability word- that you’re disabled, but not unable.*” Thus through lived experience, it is apparent that there has been the realisation that one is the same, but different; disabled, but not unable.

It appears that engaging with opportunities offered to persons with disabilities has enhanced this participant’s motivation to participate. This sense is substantiated by ES’s comment that “*they do a lot of things I was ashamed to do. They showed me that there’s a lot of things you can do*” (ES). By attending a training opportunity aimed specifically at the needs of persons with disabilities, it appears that the training has removed some form of internal stigma from the participants. There seems to be a normalisation, which for persons who have acquired disabilities, is significant.

3.5. We Know Where to Go

While this sub-theme seems to encompass or form part of the aforementioned sub-themes, it is prudent to tease out this sub-theme on its own, as the support referred to in this data set appears to be particular to this cohort of trainees.

The first significant sentiment was expressed by participant DS, who lives in a long-term residential facility:

So, they [training provider/DPO] got all the resources, all the . . . you know? But now when they come to us, we know the whole of Mitchells Plain! So, we know where to go to for assistance, you know...So, they don’t actually know how it is here in the areas that is not so affluent, you know. They are living calm and peacefully, you know. And we know what is the challenges, what is the needs, you see? (DS)

While the intentions and outcomes of the training provided are appreciated, there seems to be a disconnect from the communities that they aim to serve and a general lack of awareness of what already exists in other communities. Additionally, the disconnect extends to a deeper level. There is a sense that while completing training, participants have access to resources but once the training is complete, these resources become scarce or unavailable. However, questions about, for example, if access to resources such as devices or connectivity are not available or too expensive, reflect this incomplete appreciation of context, which is the disconnect spoken about by participant DS.

In terms of garnering social capital, participants attended the training opportunity for more than just learning. T2 suggested that networks and social groups develop: “*And we are a group . . . if I know something, or if I hear something from you and I went and everything went well. I have to tell my friends, ‘Hey guys there’s a place there . . .*” (T2). The value embedded here is that social networks are able to be developed and supportive relationships are able to grow, as noted by NS: “*I’m not the only one. I’m not alone*”. These supportive relationships extend further than just networking, as expressed by MR, who described his increased level of motivation through being part of a group: “*. . . when you are in a group, you know and what was motivating more there, the facilitator was wheelchair-bound . . . and then it’s a sign of I can do it . . . or this is where I belong . . .*” (MR).

Through experiencing this type of support, individuals are then able to engage with their communities in a stronger and more positive light, as intimated by MR when he said, “*you are all of you in the same category, and then you talk and you even talk now in your community . . . about your community and how they treat you and then now . . . This is where you are now*” (MR). What is emerging is that the support garnered for and by each other allows persons with disabilities to embark on community engagement in a more confident and self-determined manner. MR demonstrates this increased confidence by suggesting:

“Give us the opportunity to lead this [project] . . . Even if you go from outside your area, in your community. Invite them to come and join and all those things”. (MR)

Through reflecting on this sub-theme, it appears that the support and resources referred to by participants enhance their social capital and ability to re-engage with their communities. It also provides the motivation to develop fortitude by learning from their peers.

4. Discussion

The findings of this paper indicate that participants experienced higher levels of social networking as a direct result of attending this training. They formed relationships with one another and, for the most part, participants were active in family and community life. This ability to form social networks is in stark contradiction to Dimakos et al. [3], who suggest that persons with disabilities tend to show a marked disconnect from a number of social institutions including marriage, parenthood, religious organisations, employment, and politics. Contrary to the belief that potential agents of social support are absent, participants have found that such support is available and are aware of how to access it, which facilitates their community integration. These findings are inconsistent with previous research showing that persons with disabilities are more likely to be socially isolated [3]. Persons with disabilities are also thought to have fewer close friends and are less likely to participate in both formal and informal activities [31–33]. This non-participation was not found to be the case in this study, as a result of how the training is provided. This training aimed to increase employability and can be utilised as an opportunity to further develop social capital.

In line with the priorities of the South African National Development Plan 2030 [34], persons with disabilities must have “enhanced” access to quality education and employment. So, efforts need to be made to ensure that relevant and accessible skill development programmes are available for persons with disabilities. As such, organisations that offer “enhanced” opportunities require support to be able to reach more people. Interestingly, the National Development Plan [34] has little to say on the role of organisations working with persons with disabilities in this process. The National Development Plan fails to consider where the value of these organisations may lie in specifically supporting the training of persons with disabilities, while providing the opportunity for social networking. The findings of our study suggest that the delivery of training opportunities enhances social networking, which develops social capital.

The four themes presented in the findings reveal that participants who have completed this training have more opportunities to exercise and develop their social capital. These opportunities reflect the effectiveness of the DPO that provides training as well as the support and optimism needed to achieve community integration for this population. It is widely thought that the sources of social capital or access to social capital building opportunities among persons with disabilities will be primarily family members, NGOs and/or rehabilitation professionals or other individuals in paid positions of care and support, rather than natural friendships [3,35]. This study found that natural friendships that occur within the ambit of an organisation provide support and lead to increased levels of social capital. By virtue of the fact that the learning environment provided by the organisation is intended for persons with disabilities, by persons with disabilities, the chance of relevant and meaningful support is higher. The probability of persons with disabilities engaging in help-seeking or support-seeking behaviour is also markedly higher,

as their needs and wants are well-understood. In other words, they are seen in a manner that is self-determined and not subject to skewed assumptions.

The findings also suggest that there are certain personal attributes that are important components in the development of social capital for persons with disabilities. Arguably, the participants place emphasis on self-driven motivation and belief in self to access opportunities. Not accessing these opportunities is an indication of diffidence and not of an absence of available opportunities. Research tends to emphasise the absence of available opportunities for persons with disabilities [36], as well as the limited ability of persons with disabilities to access available opportunities. However, the findings of this study suggest that it is rather the diffidence of individuals that curtail advancement in levels of social capital. In line with Putnam's [9] research, which revealed that levels of social capital have deteriorated over past decades, persons with disabilities have also become socially isolated. Umberson and Montez [31] caution that social isolation is a cause of disease or ill-health. The findings of this paper have indicated that while this isolation may be true, some of the onus of repudiating social isolation is on the person with a disability themselves. Participants in this study identified that being part of a group facilitated social capital as a multiplier of other capitals, a natural motivator of human behaviour, and a mechanism of health and well-being.

Participants in this study indicated that access to resources is an important consideration as they were aware of how and where to access the resources they required. This finding is interesting in that professionals and those working with persons with disabilities usually assume that this knowledge is not held by persons with disabilities. What has emerged from this study is that persons with disabilities want to be able to share their resources or knowledge of resources with their peers. These resources need to be readily available within their communities. It seems that if persons with disabilities are afforded opportunities and resources outside of their communities, a disconnect and othering occurs. Burchardt [37] supports this claim and adds that social support and access to appropriate resources have been associated with well-being among persons with acquired impairments.

While some persons with disabilities do access the various skill development opportunities available to them in the non-formal sector, there has been a dearth of information or research done on the way these programmes are experienced by participants.

5. Conclusions

It has been postulated that persons with disabilities face lower levels of career development and success as opposed to their peers, and their skills are often underdeveloped or underutilised. Additionally, research has shown that persons with disabilities are less involved in community groups and educational undertakings, which means that persons with disabilities have difficulty entering the workplace. To increase the possibility of obtaining gainful employment, the influence of social capital has to be considered.

Literature has shown that social capital might function as a multiplier for the other types of capital. Social relations connect people to valuable resources and individuals' social capital consists of their network and all the resources that they are able to access through this network [38]. The individuals' social resources depend both on the size of their network and on the capital they possess by each of those to whom they are connected [38]. It is suggested that training opportunities allow for this multiplication to occur and provide the space and support in which social capital can be nurtured. Efforts need to be made to increase social capital in all spheres that influence the role of being a worker to further understand and promote the employment of persons with disabilities. It is noted that while this programme provides important social supports, the social networks that are available for persons with historical privilege are still gaps which need to be overcome. Further investigation into how training programmes can foster the expansion of social capital in a more targeted manner is needed. A more collective and humanistic approach needs to be adopted, especially when preparing persons with disabilities for employment.

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References

- Galer, D. A place to work like any other? Sheltered workshops in Canada, 1970–1985. *Can. J. Disabil. Stud.* **2014**, *3*, 1–30. [[CrossRef](#)]
- South African Report to the UNCRPD Special Rapporteur*; The Department of Women, Children and People with Disabilities: Pretoria, South Africa, 2013.
- Dimakos, C.; Kamenetsky, S.B.; Condeluci, A.; Curran, J.; Flaherty, P.; Fromknecht, J.; Howard, M.; Williams, J. Somewhere to Live, Something to Do, Someone to Love: Examining Levels and Sources of Social Capital Among People with Disabilities. *Can. J. Disabil. Stud.* **2016**, *5*, 130–180. [[CrossRef](#)]
- McConkey, R.; Peng, C.; Merritt, M.; Shellard, A. The Meaning of Social Inclusion to Players With and Without Intellectual Disability in Unified Sports Teams. *Inclusion* **2019**, *7*, 234–243. [[CrossRef](#)]
- World Health Organization. *International Classification of Functioning, Disability and Health: ICF*; World Health Organization: Geneva, Switzerland, 2001.
- Quick, K.S.; Feldman, M.S. Distinguishing Participation and Inclusion. *J. Plan. Educ. Res.* **2011**, *31*, 272–290. [[CrossRef](#)]
- United Nations General Assembly. *Convention on the Rights of Persons with Disabilities*; United Nations General Assembly: New York, NY, USA, 2006.
- Claridge, T. Socialcapitalresearch.com. 2004. Available online: <https://www.socialcapitalresearch.com/wp-content/uploads/2013/01/Social-Capital-and-NRM.pdf> (accessed on 19 May 2020).
- Putnam, R.D. Is Bowling Together Sociologically Lite? Bowling Alone: The Collapse and Revival of American Community. *Contemp. Sociol. A J. Rev.* **2001**, *30*, 223. [[CrossRef](#)]
- Potts, B. Disability and Employment: Considering the importance of Social Capital. *J. Rehabil.* **2005**, *3*, 20–25.
- Parris, A.; Granger, T. The power and relativity of social capital. *J. Vocat. Rehabil.* **2008**, *29*, 165–171.
- South African Human Rights Commission. 2017. Available online: <https://sahrc.org.za/> (accessed on 29 February 2018).
- Ebrahim, A. Evaluating Database Information to Inform Recruitment Strategies and Transition to Employment for Persons with Disabilities. In *Traversing Disability in South Africa: Considering Social Capital in Disability Inclusive Employment Practices*. Ph.D. Thesis, University of Cape Town, Cape Town, South Africa, 2022.
- Ebrahim, A. *Traversing Disability: Building Social Capital through Skills Development for Employment*. In *Traversing Disability in South Africa: Considering Social Capital in Disability Inclusive Employment Practices*. Ph.D. Thesis, University of Cape Town, Cape Town, South Africa, 2022.
- Gotto, G.S.; Calkins, C.F.; Jackson, L.; Walker, H.; Beckmann, C. *Accessing Social Capital: Implications for Persons with Disabilities; A National Gateway to Self-Determination Project*: Kansas City, MO, USA, 2010.
- Chenoweth, L.; Stehlik, D. Implications of Social Capital for the Inclusion of Persons with disabilities and Families in Community Life. *Int. J. Incl. Educ.* **2004**, *8*, 59–72. [[CrossRef](#)]
- Whiteford, G.; Pereira, R. Occupation, Inclusion and Participation. In *Occupational Science: Society, Inclusion, Participation*; Whiteford, G.E., Hocking, C., Eds.; West Sussex Blackwell Publishing: Chichester, UK, 2012; pp. 187–208.
- Mishra, S. Social networks, social capital, social support and academic success in higher education: A systematic review with a special focus on ‘underrepresented’ students. *Educ. Res. Rev.* **2020**, *29*, 100307. [[CrossRef](#)]
- Howard, D.; Nieuwenhuijsen, E.R.; Saleeby, P. Health promotion and education: Application of the ICF in the US and Canada using an ecological perspective. *Disabil. Rehabil.* **2008**, *30*, 942–954. [[CrossRef](#)] [[PubMed](#)]
- Fonseca, X.; Lukosch, S.; Brazier, F. Social cohesion revisited: A new definition and how to characterize it. *Innov. Eur. J. Soc. Sci. Res.* **2018**, *32*, 231–253. [[CrossRef](#)]
- Smith, V. Review article: Enhancing employability: Human, cultural, and social capital in an era of turbulent unpredictability. *Hum. Relat.* **2010**, *63*, 279–300. [[CrossRef](#)]

22. Zinnbauer, D. *What Can Social Capital and ICT Do for Inclusion*. Institute for Prospective Technological Studies; European Commission Joint Research Centre: Seville, Spain, 2007.
23. Gewer, A. Features of social capital that enhance the employment outcomes of FET college learners. Ph.D. Thesis, University of Witwatersrand, Johannesburg, South Africa, 2009. Unpublished.
24. Clair, R.; Gordon, M.; Kroon, M.; Reilly, C. The effects of social isolation on well-being and life satisfaction during pandemic. *Humanit. Soc. Sci. Commun.* **2021**, *8*, 1–6. [[CrossRef](#)]
25. International Labour Office. *A Skilled Workforce for Strong, Sustainable and Balanced Growth: A G20 Training Strategy*; International Labour Office: Geneva, Switzerland, 2010.
26. Ghaffar, F. What does Social Capital mean for an employee? Innovation Exchange, IBM, Ireland. 2017. Available online: <http://develop-project.eu/news/what-does-social-capital-mean-for-employee> (accessed on 17 March 2020).
27. Harrison, H.; Birks, M.; Franklin, R.; Mills, J. Case Study Research: Foundations and Methodological Orientations. *Forum Qual. Soc. Res.* **2017**, *18*, 19.
28. Robinson, O.C. Sampling in Interview-Based Qualitative Research: A Theoretical and Practical Guide. *Qual. Res. Psychol.* **2013**, *11*, 25–41. [[CrossRef](#)]
29. Thomas, D.R. A general inductive approach for qualitative data analysis. 2003. Available online: https://www.researchgate.net/publication/228620846_A_General_Inductive_Approach_for_Qualitative_Data_Analysis (accessed on 25 July 2021).
30. Saldana, J. *Fundamentals of Qualitative Research*; Oxford University Press: Oxford, UK, 2011.
31. Umberson, D.; Montez, J.K. Social Relationships and Health: A Flashpoint for Health Policy. *J. Health Soc. Behav.* **2010**, *51*, S54–S66. [[CrossRef](#)]
32. Aguilar, C.D. Social protection and persons with disabilities. *Int. Soc. Secur. Rev.* **2017**, *70*, 45–65. [[CrossRef](#)]
33. Shandra, C.L. Disability and social participation: The case of formal and informal volunteering. *Soc. Sci. Res.* **2017**, *68*, 195–213. [[CrossRef](#)] [[PubMed](#)]
34. National Planning Commission. *National Development Plan Vision 2030*; National Planning Commission: Pretoria, South Africa, 2013.
35. Marumoagae, M. Disability Discrimination and the Right of Disabled Persons to Access the Labour Market. *Potchefstroom Electron. Law J.* **2012**, *15*. [[CrossRef](#)]
36. Lorenzo, T.; McKinney, V.; Bam, A.; Sigenu, V.; Sompeta, S. Mapping participation of disabled youth in sport and other free-time activities to facilitate their livelihoods development. *Br. J. Occup. Ther.* **2018**, *82*, 80–89. [[CrossRef](#)]
37. Burchardt, T. *Being and Becoming: Social Exclusion and the Onset of Disability*; CASE Report 21; LSE: London, UK, 2003.
38. Andersson, A. Networks and success: Access and use of social capital among young adults in Sweden. Ph.D. Thesis, Stockholm University, Stockholm, Sweden, 2017. Unpublished.