THE ROLE OF THE DISABILITY GRANT IN THE LIVES OF VISUALLY DISABLED ADULTS ON THE CAPE FLATS

BY

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DECLARATION

I, Thomas O. Ong'olo, hereby declare that the work on which this dissertation is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other university.

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ACRONYMS

CDG	Care Dependency Grant
CSG	Child Support Grant
DG	Disability Grant
DOSD	Department of Social Development
DPOs	Disabled People's Organisations
DPSA	Disabled People South Africa
GIA	Grant In Aid
ICF	International Classification of Functioning, Disability and Health
ILO	International Labour Organisation
LOFOB	League of Friends of the Blind
NGO	Non-governmental Organisation
OAP	Old Age Pension
OVC	Orphans and (other) vulnerable children
PWD	People with Disabilities
SAFOD	Southern Africa Federation of the Disabled
SASSA	South African Social Security Agency
EPRI	Economic Policy Research Institute

OPERATIONAL DEFINITIONS

Terms	**Definitions**
Disability	A complex system of restrictions imposed on people with impairments resulting in a denial of rights and equal opportunities
Disability Grant (DG)	The disability grant is one component of a social assistance strategy, which involves cash transfers provided to benefit targeted individual adults, children and households that are vulnerable for reasons of disability. The terms ‘disability grant’, ‘grant’ and ‘DG’ are used interchangeably and reference to ‘grant’ will always be to the DG.
Disabled People or People with Disabilities (PWD)	The chosen terminology of the disability movement varies between cultures and languages. In this protocol I have used ‘disabled people’ and ‘people with disabilities’ synonymously as favoured in South Africa.
Impairment	A physical, sensory, intellectual or behavioural condition
Social model	The starting point of this model is that the inclusion of PWD is ultimately about removing physical, information and attitudinal barriers in society. Using the social model allows for a view of disability in terms of processes of exclusion and inclusion, with the aim of working towards greater social justice for disabled people.
Social protection	Social protection describes all public and private initiatives that provide income or consumption to the poor. It targets the vulnerable against livelihood risks and enhances the social status and rights of the marginalised, with the overall objective of alleviating poverty.

GLOSSARY OF TERMS

Terms	Definitions
Advocacy	Active support for and promotion of an idea
Beneficiary	The recipient of a benefit
Conditional transfer	A benefit which depends upon the recipient complying with one or more conditions
Dependency	A reliance on receiving support from others in order to survive
Empowerment	A marginalised person or group taking or being given power or voice
Food insecurity	Hunger or vulnerability to hunger
Income inequality	The divergence between rich and poor people
Millennium Development Goals (MDGs)	A set of eight goals and 18 targets for international development, approved by the United Nations General Assembly in 2000
Non-contributory (social) insurance/pension	An insurance or pension scheme to which the beneficiary is not obliged to contribute payments
On-budget/off-budget	Included/not included in the government's national budget
Pandemic	A countrywide, regional or global epidemic
Poverty gap	The extent to which poor people fall below the national poverty line, that is the depth or severity of their poverty
Poverty head count/prevalence	The number of people in a country falling below the national poverty line, that is not having enough income to buy the basic necessities
Predictable social transfer	The regular, foreseeable and guaranteed distribution of a benefit
Pro-poor	Policies/actions which favour the poor

Safety net	A strategy that protects a person or a household from falling into poverty or food insecurity
Stakeholder	A person or an organisation that has a stake or an interest in a particular process or outcome
Targeting	The identification and selection of recipients of a benefit according to predetermined criteria
Unconditional transfer	A benefit that is provided to recipients with no conditions attached
Universal	Including everyone, without discrimination or targeting
Welfare	Benefits provided to people in need

ABSTRACT

Introduction and background: Wide spectrums of studies have been conducted around social assistance, producing a range of evidence that shows how it impacts on beneficiaries. The question remains as to the effectiveness of cash transfers like the disability grant in minimising poverty for disabled adults and their families. There is a great interest in understanding what determines the different ways of grant usage amongst beneficiaries and how it contributes to claiming their social rights. This study explores the role of the disability grant; poverty and disability-related costs; disability grant expenditure as well as household decision-making on expenses. **Methodology:** The study uses a qualitative descriptive research design, which explores and documents the lived experiences of visually disabled adults on the Cape Flats who are the recipients of disability grants. Methods of data gathering were individual interviews and focus group sessions. Data analysis looked at themes, concepts and ideas linked to research questions, but allowing the analysis to generate emerging codes as well. **Findings:** The study was able to determine the role of the disability grant in the lives of visually disabled beneficiaries on the Cape Flats. The research found that most participants were knowledgeable and aware of what the grant is to be used for and whom it targets. There was also evidence of what determines the choices made for expenditure by beneficiaries and how these are prioritised. There was understanding of how household *decision-making dynamics on expenditure* influences autonomy or authority and how this impacts on household power relationships. Lastly, the study looks at how the *disability grant has potential to unlock opportunity especially when it facilitates access to broader social assistance services.* This situation is dependent on sensitisation, poverty and individual literacy. **Conclusions:** What emerges from these findings is that the disability grant is certainly very important and does provide significant assistance for beneficiaries. However, it is not sufficient to provide full assistance. Visually disabled beneficiaries are still very vulnerable and have many needs still not met. The basic needs for food and shelter (housing) were generally met but these were precarious in the context of a nationwide increase in food and other prices. **Recommendations:** The South African Social Security Agency (SASSA) must invest in networking with other government departments to link essential service delivery and resources for grant beneficiaries. SASSA pay points must be made accessible; DPOs must create more awareness amongst its members and their families to enhance visibility so as to exploit empowerment opportunities. The sector must also advocate and promote the understanding of social assistance as a human right and be part of the discourse on a universal Social Protection and Social Protection Policy response to the problems of extreme poverty. Finally, further study should be conducted to understand how visually disabled men and women grant beneficiaries cover the extra costs they incur.

CHAPTER 1

INTRODUCTION

1.1 Introduction and background of study

Disabled people are a significant sector of the population and, more importantly, they constitute a disproportionately high number of the poorer citizens in most countries (Coleridge, 1993; Elwan, 1999). In order to address issues of poverty, social protection mechanisms have been developed to benefit targeted individual adults and children or households that are vulnerable because of disability. Some of the schemes include school vouchers, waivers of public fees and conditional cash transfers like the disability grant (DG).

People with visual disability constitute this group and are made up of blind an partially sighted persons. They face different barriers and discrimination which are unique due to their disability. Access to information in Braille, large print, audio and digital formats as well as orientation & mobility are central in creating inclusion. However, many employers are reluctant to provide these assistive devices which are paramount in facilitating their inclusion in job market (Johannsmeier, 2007).

There is a reasonable amount of documentation available on the disability grant as a social assistance strategy. In addition, a range of evidence exists to suggest that the disability grant has a positive impact on its beneficiaries and provides both social and economic relief for the beneficiaries (Schneider and Marshall, 1998; Economic Policy Research Institute (EPRI), 2001; Johannsmeier, 2007). However, these studies do not provide detailed information on the impact of the DG at an individual level or have only provided such information for physically disabled people (Johannsmeier, 2007). Hence, the question remains as to the effectiveness of the disability grant in minimising poverty amongst disabled adults and their families. This research is motivated out of my own experience as an adult person with a disability. Furthermore, I have many friends with disabilities who face poverty and struggle to meet their basic needs.

The ease in which I relate with many of these friends have led to sharing with them their pains and frustrations in facing the challenges of being in a state of dependency and being beneficiaries of a welfare system. In addition, this has happened within the context of the state's responsibility to ensure safety nets for its citizens and protect them from vulnerability. This situation has generated a concern worth studying.

1.2 Problem statement

This, research is an investigation into why many visually disabled people face poverty-related challenges despite access to a disability grant. Of interest is the understanding of what determines different ways of grant usage amongst beneficiaries and how the disability grant facilitates opportunities to accessing other social rights.

1.3 Purpose

The purpose of the study is to explore the role of the disability grant, disability-related costs, disability grant expenditure, household and intra household decision-making, meeting household expenses using the DGs or where the DG is a significant source of income in the lives of people with disabilities.

1.4 Rationale

The study used the social model of disability as a lens to gain an understanding of the role of the disability grant and how beneficiaries view their quality of life. The social model provides a framework within which the interactions between poverty, disability and development can be understood (Nagata, 2007). The social model does not view disability as an individual problem to be cured, but rather sees it as a problem lying in society. It points to the ways in which people with impairments are excluded by the way society is organised that excludes disables people (Yeo, 2005). It is for this reason that the study examines how beneficiaries use the disability grant to overcome and address these social barriers that exclude persons with visual disability.

In acknowledgment of the critical role of the disability grant, it needs to be pointed out that it has empowering aspects that directly contribute to poverty reduction amongst people with disabilities. Despite this, there is still the need to understand how the DG is spent, whether the disabled person is in control, how expenditure is determined, whether this expenditure is more for the household (more poverty focused) or the individual (more disability focused), and if it enables more inclusion or not and how this affects quality of life.

1.5 Structure of chapters

The chapters are segmented into six sections. Chapter 1 as the introduction gives the executive summary of the study, showing the problem statement, purpose, rationale and conclusions.

Chapter 2 presents a literature review with the arguments for social protection, social assistance and how they play a part in poverty reduction. Using citations and evidence from existing literature, the discussion shows that the disability grant can facilitate empowerment and social inclusion of visually disabled people.

Chapter 3 describes the research method used, focusing on obtaining qualitative information related to the research questions. It elaborates on issues related to doing qualitative research with visually disabled people.

Chapter 4 looks at the findings and brings out the key issues regarding the research questions. These are:

1) The meaning of the disability grant to the beneficiaries;
2) The disability grant usage and its adequacy in meeting the basic needs;
3) How additional costs are met; and
4) How the disability grant contributes to claiming social rights.

The chapter indicates whether the findings are in line with the existing literature or whether they show different or new perspectives when looking at the research questions.

Chapter 5 discusses and provides insights into the role of the disability grant (DG) in the lives of people with visual disabilities and suggests useful directions for further research. It shows that the DG is necessary but not sufficient in meeting basic needs and allowing people with visual disabilities to realise their rights and obtain full equalisation of opportunities. The discussion on the findings will be further synthesised and contextualised within the available literature on the role of social grants.

Finally, Chapter 6 presents a brief summary, the conclusions and recommendations of the study. Based on the findings from interviews, focus group discussions and document reviews, a number of conclusions are drawn and recommendations made with respect to the impressions of the visually disabled DG beneficiaries on the Cape Flats towards the disability grant. The chapter ends with a presentation of the study's limitations and constraints.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The literature review examines the arguments for social protection, social assistance and how they play a part in poverty reduction. Using citations and evidence from the existing literature, the chapter discusses the different development models, socio-economic barriers and how the disability grant can facilitate empowerment and social inclusion of visually disabled people.

2.2 Disability and poverty

There is a vicious cycle between poverty and disability. Poverty increases the instances of disability while disability increases the probability of being subject to poverty (Coleridge, 1993). People with disabilities have been identified as most vulnerable to poverty due to societal constraints caused by the lack of access to basic services and opportunities. Disability increases the chances of exclusion from society, thus creating barriers to education, economic independency, and access to appropriate basic services, in effect leading to poverty (Albert, 2004; Yeo, 2005). On the other hand, some cases of physical conditions that have caused disability are poverty related and can be traced to malnutrition, lack of access to adequate health care services and illiteracy, amongst others (Yeo, 2005).

People with disabilities are amongst the poorest in a community and the poorest people are highly susceptible to incurring some form of impairment. Furthermore, a higher proportion of people with disabilities experience severe and chronic poverty than non-disabled people (Yeo, 2005). The World Bank Reports indicate that approximately ten percent of the population in developing countries has a disability (Elwan, 1999). Schneider and Marshall (1998) argue that disability and living with impairment requires investment to address the challenges of mobility and access to basic services. For example, where public transport is inaccessible, people with disabilities are compelled to use expensive alternatives such as private or adapted transport. Extra expenses may include attendant care services, assistive technology, rehabilitative equipment or devices, transportation services, housing and workplace modifications, interpreter or reader services, periodic medical or hospital visits, and many more. All these expenses place a greater financial burden on people with disabilities and their families as compared to those of people without disabilities (Schneider and Marshall, 1998). These expenses, especially in cases where there is little or no income in the household diametrically plunges people with disabilities into poverty. These financial challenges, largely attributed to societal constraints, have made people with disabilities an increasingly marginalised group, yet they often are neglected due to the complex nature of disability and stigma associated with it (Hartley, 2002; Coleridge, 1993).

Disability also adds to the risk of poverty through social exclusion, for example, due to the costs associated with the disability, discrimination in the labour market or exclusion from education. People with disabilities are more likely to experience discrimination that leads to financial difficulties through social and economic deprivation. These social and economic environments exclude people with disabilities as well as their households or families. According to the 1999 October Household Survey, an estimated 16 percent of households in South Africa have family members with disabilities (Emmett, 2006). Households spend time and resources supporting family members with disabilities or paying for disability-related costs, thereby increasing the likelihood of keeping the household in poverty (Mitra, 2005).

From the argument advanced, addressing the challenges faced by people with disabilities takes centre stage in the fight against poverty as poverty further increases the incidence of disability (Yeo, 2005). Social and economic systems and environments must be created which enable the inclusion of people with disabilities and their participation in the open economy. Access to social and economic opportunities and rights for people with disabilities is key to eradicating poverty and in effect reducing the incidence of disability occurring (Elwan, 1999).

2.3 Disability and development

Development yields sustainable means to economic and social growth. In ensuring the sustainable development of people with disabilities, one must address chronic poverty as a whole and the societal barriers hindering the progress of people with disabilities (Albert, Dube and Riis-Hansen, 2005).

Two decades ago, people with disabilities were not regarded as full recipients of and contributors towards development (Coleridge, 1993). Where development agencies or governments addressed disability, it was typically marked as a residual or social welfare category, rather than forming an integrated part of economic development policies (Department of Social Welfare, 1997). This situation has changed; governments, development agencies, financial institutions and Non-governmental Organisations (NGOs) have adopted disability as an international development issue and acknowledged the marginalisation of people with disabilities (Department for International Development (DFID), 2000; Yeo, 2005; Albert, 2004). This shift is evident in the emphasis on policy for mainstreaming disability into development and increased specialised efforts by governments to target people with disabilities (Albert, 2004).

It is important to integrate disability into mainstream development processes for people with disabilities in order for them to be regarded as equal members of society (DFID, 2000; Albert 2004). The Southern Africa Federation of the Disabled (SAFOD) and Disabled People South Africa (DPSA), in championing for the rights of people with disabilities, note that realising their human rights and opportunities would contribute to poverty reduction as a whole. Advancing the rights of people with disabilities contributes towards achieving development targets such as the Millennium Development Goals (MDGs) (Yeo, 2005). The MDGs cannot be realised without addressing the high and increasing occurrences of disability that are generally caused by the exclusion of people with disabilities from economic, social and political opportunities.

Inclusion of disability into development and poverty reduction initiatives highlights the need to view disability not only as an economic issue, but also in terms of social and political development (Albert, 2004). Therefore, it calls for developing systems that will improve the overall life of people with disabilities through enabling them to contribute towards and participate in the social, economic and political domains.

2.4 Theoretical models of disability

2.4.1 Traditional models of disability

Traditional models of disability have been criticised for working on the perception that disability is an ailment that needs to be cured, thus calling for approaches that leaned towards adapting people with disabilities to society (Barnes and Mercer, 2004). Society is perceived to be static while disability is viewed as a condition that must be altered to fit into the society. Therefore, traditional models of disability implement solutions based on curing, correcting and overcoming impairment to allow the person with disabilities to blend into the society. These models assume that people with disabilities (PWD) are incapable and unworthy of fully participating in the development of society, that they are in need of special care and charity and hence they are classified as those with ‘special or different needs’ and relegated to special charitable programmes (Barnes and Mercer, 2004). Traditional models may favour medical and technical solutions rather than promoting inclusion and access of people with disabilities into development (Oliver, 1996).

2.4.2 The social model

The social model of disability is an inclusive alternative approach to disability where the focus in no longer on the individual but on the environment. The model focuses on the inclusion of people with disabilities into mainstream society and development by addressing the challenges faced by people with disabilities (Nagata, 2007). The model also provides a social understanding of disability by addressing disability as a crosscutting issue that needs to be mainstreamed through all thematic areas of development and social interaction (Oliver, 1996; Nagata, 2007). The emphasis remains on aspects of access to developmental resources and social inclusion instead of using measures that exclude people with impairments from society (Yeo, 2005).

The social model of disability applies techniques that empower and incorporate the experiences of people with disabilities into society as a way of bringing about social change (Hartley, 2002). The ultimate challenge remains in the removal of barriers hindering inclusion and participation in society and acknowledging that people with disabilities have equal rights in society. The social model addresses three major types of discrimination: attitudinal, institutional and environmental (Dube, 2005).

2.4.2.1 Attitudinal barriers

Attitudinal barriers or discrimination refers to the perception of society towards people with disabilities (Albert, 2004; DFID, 2000; Hartley, 2002). They argue that the social model looks at ways of countering the societal outlook of fear and embarrassment towards people with disabilities through advocacy in addressing the stigma and discrimination. Therefore, within this context, some attitudinal barriers in the labour market can be identified where employers focus on the probable additional costs of employing impaired persons rather than the increased productivity that would flow from employing people with disabilities.

2.4.2.2 Environmental barriers

Barnes and Mercer (2004) unpack environmental barriers and discrimination further by referring to those physical barriers that hinder the mobility of people with disabilities, and in effect, excluding them from participating in society, for example, the challenges around lack of access to public transport and buildings.

2.4.2.3 Institutional barriers

Institutional policies and practices can act as barriers to the social inclusion and development of people with disabilities (Nagata, 2007). Therefore, it can be argued that lack of access to information or prioritising persons without disabilities hinders PWD from fully participating in development and enjoying the resultant benefits. Understanding these barriers places the onus for the social inclusion of disabled people on society as a whole rather than on the individual with the disability (Barnes and Mercer, 2004; Nagata, 2007).

Worth noting is that social barriers directly influence the economic status of people with disabilities and those living with them. If these barriers are removed, the social exclusion of people with disabilities will decrease and their vulnerability to poverty will lessen as they assert their right to full social inclusion (Mitra, 2005). Social inclusion, therefore, champions social, economic and political justice for all people with disabilities (Lorenzo, 2003; Coleridge, 1993; Coleridge, 1999; Oliver, 1996).

However, this does not mean ignoring specific medical or individual interventions. Good practice calls for including both a social and medical approach in addressing disability (Lorenzo, 2003). Developmental organisations have begun adopting a two-pronged approach through the twin-track model that recognises the need for specific initiatives for empowerment, while simultaneously acknowledging the needs of disabled people in mainstreaming and inclusion in all areas of development (Albert, Dube and Riis-Hansen, 2005; Nagata, 2007). This approach calls for identifying and addressing any existing inequalities against people with disabilities in society and at the same time including people with disabilities in specific initiatives that will empower them to fully participate and contribute to development.

2.5 Social protection and disability

The United Declaration of Human Rights pursues the theme of social protection, which is to guarantee a minimum livelihood in cases where an individual's survival is threatened by his or her disability (Elwan, 1999).

Social protection is essentially a strategy to alleviate poverty through public action in response to the challenges facing groups that are vulnerable and living in conditions of deprivation within the context of what is acceptable in a society (Samson, 2006). It describes all public initiatives that provide income or consumption transfers to the poor, that protect the vulnerable against livelihood risks, and that enhance the social status and rights of the marginalised, with the overall objective of reducing the economic and social vulnerability of marginalised groups (EPRI, 2001).

Social protection is most functional in circumstances of absolute deprivation or in response to uncertain risk of loss, for example, in cases of death (Swartz and Schneider, 2006). When securing the livelihoods of vulnerable groups through social protection either a social assistance or social insurance mechanism is adopted. Social assistance is administered in cash or kind by the state as the basis of a means of income while social insurance is a social security for a group of persons who contribute to a scheme to protect themselves against uncertain risk of loss (Norton, Conway and Foster, 2001).

In administering social grants through social assistance, government administers cash or resources in kind as a response to poverty to uphold a minimum livelihood for the vulnerable group (Regional Hunger and Poverty Programme (RHVP), 2007). Thus, an awareness of the needs and realities of the vulnerable group, in this case, people with disabilities, aims to protect them through promoting their human development and enhancing social cohesion (Yeo 2005; United Nations, 1990).

The United Nations Disability Statistics Compendium (1990) shows that people with disabilities comprise a significant sector of the population living in extreme poverty. It is estimated that out of the 50,000 people who die from poverty a staggering one fifth are people with disabilities (Yeo, 2005; United Nations, 1990). The World Development Report (1999) estimated that every one in five people living in abject poverty are people with disabilities. This illustrates the extent of social and economic marginalisation and deprivation.

The International Labour Organisation (ILO) has advanced claims that social protection should be broader and more inclusive (International Labour Organisation, 2000). This consists of a universal old age and invalidity pension, universal access to basic education, universal access to basic health care and a child benefit. The social and economic implications of disability affect the ability of disabled people to participate in society as equals, to work for a living, to have gainful employment and even to enjoy a normal family life.

The comprehensive approach described above argues for the elimination of structural causes of vulnerability and for links to other essential services. It also argues for an empowerment approach that promotes the equalisation of opportunity. It is evident that the social and economic exclusion of people with disabilities drives the need for social protection as a temporary measure while other constructive and sustainable measures are adopted to accelerate the pace of their economic, social and human development (RHVP, 2007).

Social protection does not only address the enduring problems of human welfare but also works towards liberating the human potential of people with disabilities and promoting equality by allowing them to access and achieve their basic needs to education and health care in achieving their human development (Norton, Conway and Foster, 2001). It is important, therefore, to provide support through policy to those outside the labour market in promoting social and economic justice.

2.6 Social protection as human rights

Social protection arguments are drawn from the human rights approach and can be traced back to different international declarations and covenants. The United Nations Declaration of Human Rights (1948) affirms its theme to guarantee a minimum livelihood in cases where an individual's survival is threatened by his or her disability. Furthermore, the International Covenant on Economic, Social and Cultural Rights (United Nations, 1966) recognises the right of everyone to social security, including social insurance.

Recognition is seen in instruments like the International Convention on all Forms of Racial Discrimination, (United Nations, 1965); the Elimination of All Forms of Discrimination against Women (United Nations, 1979); the United Nations Convention on the Rights of the Child (United Nations, 1989); the Livingstone Call to Action, the African Intergovernmental Meeting (African Union, 2006) and the African Union Social Policy Framework (Help Age International, 2008).

Chapter 28 of the new United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006) calls for the recognition of and the right to an adequate standard of living for people with disabilities and their families as an important framework for poverty reduction. It highlights the need for a broad range policy and diverse programmes in response to disability. The Convention acknowledges the centrality of social protection in the empowerment of people with disabilities and in countering negative social constructs of disability. This can be met progressively and according to resources and capability.

Once a state ratifies international treaties affirming the right to social protection, an individual is entitled to claim social protection from the state and the state agrees to be accountable to the international community for this right (RHVP, 2007). The state becomes responsible for guaranteeing that those rights are respected. This obligation to respect and protect means that the state must facilitate, provide and promote the right to social protection. Hence, the right to social protection is an important human right especially in breaking the intergenerational cycle of poverty, in enabling access to essential services and securing an adequate standard of living for the most excluded citizens (Samson, 2006).

Therefore, the disability grant must be viewed as a human right and as a responsibility of the state towards its citizens. The DG is thus a public initiative that provides for transfers to the poor, that protects the vulnerable against livelihood risks, and that enhances the social status and rights of the disabled people (RHVP, 2007). This means taking cognizance of human rights principles, particularly in respect to universality, indivisibility and interdependence, equality and non-discrimination, participation and inclusion, accountability and rule of law, availability, adequacy and accessibility (RHVP, 2007; Samson, 2006).

The right to social protection is closely linked to other core rights like the right to food, health and education. This fortifies the argument for social protection enforcement (RHVP, 2007; Swartz and Schneider, 2006). However, when the state is shown to be unwilling, negligent or discriminatory, then a violation of this right occurs. If, on the other hand, the state can show resource constraints and that it has short additional resources or circumstances beyond its control, then we have a strong moral argument and the state can expect international funding as encouraged in article 32 of the UN Convention on the Rights of Persons with Disabilities (UN, 2006).

2.7 Disability grants for social protection

The Social Assistance Act 59 of 1992 and Act 13 of 2004 of South Africa provide that people are eligible for disability grants if, by means of any physical or mental disability, they are unable to provide for themselves through employment or professional activity. Disability grants are a form of social assistance to counteract the inability of people with disabilities to earn an income due to the systemic challenges facing them. It is a grant that acknowledges the social and economic implications of disability that limit most disabled people to earn a decent livelihood.

Disability grants are necessary for addressing the endemic poverty of people with disabilities and to tackle misconceived perceptions of disability (Department of Social Development (DSD), 2006b). The existing stereotypes of disability are social constructs that have led to the exclusion of people with disabilities through discrimination in the labour market and society at large. These social restrictions are evident in the low rate of employment, education, economic independence and mobility (Mji, 2006).

Consequently, disability grants are a necessary redress to the systematic exclusion of disabled people. Disability grants provide the means of alleviating poverty and improving the welfare of people with disabilities as well as their households (Norton, Conway and Foster, 2001). Since people with disabilities are more prone to poverty, it follows that disability grants can provide an economic platform to further their growth. In light of the nature of the vicious cycle of poverty and disability, disability grants can help to reduce disability in itself. Impairment caused through lack of proper nutrition, lack of access to health care services and waivers, and no access to vaccination can be prevented through the provision of grants and adequate health care services for all poor sectors of the population (Lorenzo, 2003; Norton, Conway and Foster, 2001).

The Republic of South Africa (RSA) is one of the few African countries that provides a wide range of social assistance benefits targeted at elderly people, young children, children in foster care and adults with disabilities (Department of Social Development, 2006a). The disability grant in South Africa has worked towards bridging inequality in the country. The Care Dependency Grant (CDG) of South Africa also provides social assistance to families of children below 18 years of age who have some form of impairment. These disability grants are provided either on a temporary or permanent basis.

Countries like India have used a targeted approached to people with disabilities in providing assistive devices to enhance mobility and social inclusion in society, which is a form of disability grant (Norton, Conway and Foster, 2001).

2.8 Predictability of cash transfers

Southern African countries are characterised by poverty, low life expectancy, weak economic growth and highly skewed wealth distribution (RHVP, 2007). Cash transfers not only reduce poverty amongst direct beneficiaries, their households, and facilitate wealth distribution, but they also generate economic growth within local community (RHVP, 2007). Therefore, many civil society advocates see this emerging as an attractive policy instrument for the Ministry of Social Welfare but also for the traditionally sceptical Ministry of Finance and Economic Development.

Evidence shows that DG as a cash transfer provides more that simply welfare to the poor; beneficiaries use the DG for a range of purposes beyond immediate consumption needs. The DG enables them to manage risks better; it reduces their vulnerability to shocks and their need to sell assets. It also enables them make investments, however small, as this can improve their livelihood and extricate them from the cycle of poverty (Devereux and Sabates-Wheeler, 2004; RHVP, 2007).

Predictable cash transfers enable households with low purchasing power to engage in local market activities. This increases the demand for goods and services which in turn stimulates local producers. In the context of rural areas, purchasing power holds the potential to revitalise the local economy and the multiplier effect can serve as an engine for wider growth (RHVP, 2007).

2.9 Social Assistance as part of a poverty reduction strategy

The Millennium Development Goals (MDGs) provide measurable goals for improving the standard of living of hundreds of millions of people in developing countries by 2015 (DFID, 2000). In sub-Saharan Africa, the number of people living in extreme poverty (one dollar a day or less) rose from 217 million in 1990 to 290 million in 2000 with the majority of these being women. Evidence shows that social protection has a broader impact on the quality of lives of these households and thereby contributes towards the achievement of the broad spectrum of MDGs in areas such as health, education and gender equality (Hartley, 2002; RHVP, 2007).

Millennium Development Goal 3 is the promotion of gender equality in primary and secondary school enrolment. Therefore, social transfers can help to achieve this goal directly and indirectly. The goal is achieved directly, by increasing the household income available for education, as traditionally, in a low income household, resources available for schooling are spent preferentially on boys (Hartley, 2002; RHVP, 2007). Hence, a grant would increase the income in households and improve the chances of girls receiving an education. The indirect effect is seen through school nutrition outcomes and healthier girls who are better able to cope with school and complete their primary and secondary education (Mji, 2006; Yeo, 2005; Hartley, 2002; RHVP, 2007).

Therefore, cash transfer schemes as part of a poverty reduction strategy are in most cases targeted towards poverty reduction rather than people with disabilities specifically (Swartz and Schneider, 2006). The social assistance schemes in many African countries are general poverty reduction benefits and it is not clear to what extent people with disabilities are included or not in such schemes at the design and/or implementation stages (EPRI, 2001a).

In South Africa, social transfers have helped to close the poverty gap by 47 percent; In Mauritius, the old age pension has reduced the proportion of households living below the poverty line from 30 percent to six percent; In Swaziland, the elderly are the major carers of orphans and vulnerable children, apart from helping to feed the household (Centre for Analysis of South African Social Policy (CASASP), 2005). Thus, their old age grant is used on a wide range of expenses which include giving children access to health and education services.

2.10 Limitations of social assistance

The DG has a fiscal impact in generating economic growth. This means that the grants are ultimately more affordable than a continuous series of short-term ad hoc transfers. There is significant empowerment in disability grants that directly contribute to poverty reduction amongst people with disabilities as seen in the findings of Johannsmeier, (2007). On the other hand, Schneider and Marshall (1998) mention that many recipients of disability grants experience difficulty in surviving on that money because in most cases the grants support both themselves and their families. In her study in KwaZulu-Natal, Johannsmeier (2007) found that the disability grant scheme is a positive strategy because many problems facing people with disabilities or their families are poverty related; over and above there are those attributed to specific health care costs and assistive devices (Schneider and Marshall, 1998).

A number of limitations to the provision of cash transfers for grants have been noted. They include the disincentive to work amongst those who are capable of finding gainful employment, enhancing negative stereotypes of the inability of people with disabilities and a failure to take a developmental approach (Norton, Conway and Foster, 2001). These limitations must not detract from the fact that people with disabilities are entitled to a decent standard of living and must be empowered both socially and economically.

Disability grants must adopt a developmental approach rather than a charitable approach. In addition to improving the welfare of people with disabilities and bridging inequality, the grants must work towards initiating economic independence and promoting the social inclusion of people with disabilities within the overall context of sustainable development (Schneider and Marshall, 1998). Therefore, there is a need to understand how the disability grant is spent, whether the person with disabilities is in control, how expenditure is determined, whether the household is the recipient (more poverty focused) or whether the individual is the recipient (more disability focused), whether it enables more inclusion and how this affects quality of life.

2.11 Research questions

Out of the literature reviewed in this chapter, the following research questions arise that will assist in determining the role of the disability grant in the lives of visually impaired beneficiaries in Cape Town, Western Cape:

- What is the meaning of the disability grant to the beneficiaries?
- How is the disability grant used by the beneficiaries?
- Is the disability grant adequate in meeting the basic needs of its beneficiaries?
- How can the disability grant contribute to claiming social rights for beneficiaries?

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter describes the research method used by focusing on obtaining qualitative information related to the research questions. It will elaborate on issues related to doing qualitative research with visually disabled people.

3.2 Research design

The research approach I used in this study is a qualitative descriptive design. The approach in this study helps in bringing out the essence of human experience, the specific social reality of the study, and ways that disability grant beneficiaries perceive the true nature of their experiences (McMillan and Schumacher, 2001). This design is important in the study as it helps to explore and describe the effects of the social grant on the lives of people with visual disability.

Qualitative research was relevant in this context as it enabled interviews to be conducted with informants in a detailed and unstructured way. As a result, they were able to reveal their views, attitudes, feelings, values, beliefs and motives related to the disability grant services (Turmusani, 2004). Through this interview process, I was able to make participants explain their behaviour as beneficiaries. In the process, I got detailed and in-depth information. This approach transforms the lived experience into a description (McMillan and Schumacher, 2001). Since disabled people are often marginalised, this research gave them an opportunity to voice their perspective on policies that affect their lives (Turmusani, 2004). This is useful in disability studies as it creates opportunities to voice and initiate social action.

A strong point of qualitative interviews is that they are personal. They enable sorting out what is unique and what may be common while staying close to real examples. I was able to establish a personal understanding and relationship with the interviewees (Greenbaum, 2000).

At the same time, I guarded against overstretched interpersonal relationship with the interviewees so that the interviews would not become limiting or affected; this can influence perceptions on what can or cannot be said, or how open research subjects are willing to be. It was my obligation to protect the interviewees and they were referred to social development officer if any issues arose from the study (Robson and Foster, 1996). As the interviews with the focus groups continued, the questions changed based on the responses of the interviewees. I could not confidently know in advance what was to happen at each and every step of the way. However, the design allowed for mistakes and recovery. It generates excitement as you have to do a lot of thinking on the spot, and this creates a feeling of delight when something new is discovered (Greenbaum, 2000).

3.3 Research site

The League of Friends of the Blind (LOFOB), a service provision organisation in Grassy Park, was chosen because of centrality. It has access to transport and a building that is accessible (see Appendix B). LOFOB also has a van that transports its members to and from the sports centre to attend recreation sessions. Using LOFOB also enabled us to get both hostel and community dwellers as participants.

3.3.1 Accessing participants

Through the LOFOB social development officer, who works with visually disabled on a regular basis, it was easy to access participants. The LOFOB officer had the role during the study to identify, invite participants and be the reference point during the research. Prior arrangements were made before each session that he would provide support to participants if any were distressed during or after the interviews or focus groups (see Appendix B). This was aligned to his community development programme responsibility.

3.4 Population

The population for the study was adults with visual disability, beneficiaries of the disability grant and residents of Cape Town. There were three focus groups and three individual interviews.

3.5 Sample

Purposive sampling was used to ensure a selection of 15 people from both sexes with different visual disabilities between the ages of 21 and 40 years, with blindness and low vision who were residing on the Cape Flats of Cape Town. The focus groups consisted of a male and female group of participants under 40 years of age, each with five participants; and one group with a mix of men and women aged 40 years and older. This last group also had five participants. Two women and one man were interviewed individually

3.5.1 Inclusion criteria

The 15 participants in the three focus groups were persons with visual disability, adults between the ages of 21–40 years and those over 40 years, all races and disability grant beneficiaries, ensuring gender balance and equity, as well as impairment categories, namely, totally blind and low vision.

There were three focus groups and three individual interviews. The focus groups consisted of a male and female group of participants under 40 years of age, each with five participants, and one group of a mix of men and women aged 40 years and older. This last group also had five participants. Two women and one man were interviewed individually.

Table 1: Number and distribution of visually disabled participants

	Male	Female	Total
Under 40 years	5	5	10
Over 40 years (mixed group)	3	2	5
Hostel residents	4	5	9
Community residents	3	3	6

3.5.2 Exclusion criteria

The scope of this study has been limited to visually disabled people. People with physical, hearing, intellectual disabilities or psychosocial disabilities were not included, yet they are an important part of the disability sector, and a follow-up study should be done to highlight the role of the disability grant for these groups, as Johannsmeier (2007) did for people with physical disabilities.

3.6 Data gathering

The main method of data gathering was interviews. Two types of interviews were conducted: individual and focus group sessions. This method meant carrying out interviews with the informants to understand their perspective on their everyday lived social experiences (Moustakas, 1994; McMillan and Schumacher, 2001).

3.6.1 The focus group method

I started my interviews with focus group discussions followed by an analysis of these initial data to identify some of the major issues (Robson and Foster, 1996). From the findings, I was able to select one participant from each of the three groups focussing on those who were forthcoming with information and had a wide range of experience for further in-depth interviews.

Focus group interviews involve organised discussion with a selected group of individuals to gain information about their views and experiences of a topic (Gibbs, 1997). For this study focus groups were effective in obtaining perspectives on several topics, based on the ways in which individuals interact, agree, or differ about the topic.

I ensured that the environment was conducive for all participant interactions with each other, both verbally and nonverbally. This technique was advantageous as the content of focus groups was changed according to order from session to session making it easy to explore ideas. However, the findings cannot be generalised to groups not represented in the focus groups.

My three focus groups were structured as follows: The first two groups being young DG beneficiaries, namely, a group of men and another group of women below the age of 40 years. The third group was comprised of older DG beneficiaries of both sexes above 40 years of age. Each of the three groups had five participants and with mixed visual disability, that is, either blind or with low vision. According to Gibbs (1997), the recommended number of participants should range between four to ten people, as this size yields a reasonable depth of information. An interview guide was used to outline the topics to be discussed in focus groups (see Appendix A1). The guide helped to collect information on the relationship between poverty and the DG.

Before starting the focus group discussions, which were about one hour in length, participants were made comfortable. I used open questions, with probing questions to supplement or follow up if no spontaneous response was forthcoming. This enabled participants to bring up their own perspectives and ideas (Greenbaum, 2000). The questions took cognizance of the nature of sensitive information relating to income and were simplified as much as possible to make it easy to obtain such information. All the sessions were audio taped and voice variation and other communications noted for analysis. I avoided using questionnaires, as the visually disabled informants could not fill in the forms independently.

The focus group discussion method that I picked was appropriate because it enabled informants to share their lived experiences. This involves probing, explanations and elaboration.

3.6.2 In-depth Interviews

Further, to check the data gained in focus group discussions, I used in-depth interviews. This provided confirmation and examples of trends noted in the focus groups. It also confirmed and clarified responses (Robson and Foster, 1996). To follow up on issues after focus group sessions, I used three participants from the focus groups for the individual interviews. This method was used to check and address information that cannot be obtained during focus group discussion sessions. For example, individual experiences of using the DG and expenditure patterns.

Interviews were conducted in one-to-one sessions lasting approximately one hour. The environment was made conducive to enable participants to bring up their own perspectives and ideas. The questions for the individual interviews were drawn from the focus group discussion schedule, while specific questions were asked in order to follow up on issues arising from the focus group discussions (see Appendix A2). All the sessions were taped with permission obtained from each interviewee.

3.6.3 Reflections

To ensure that I covered all issues as set out in the question guide, I undertook self-reflection after each focus group discussion and after the individual interviews (Miles and Huberman 1994). The result was a Contact Summary which covered the scope as follows:

- **Main issues or themes arising from this contact**: These were mainly poverty related, lack of opportunity, range of items the DG could cover, decisions and DG usage, community and hostel needs variance and the range of disability challenges unique to visually disabled people.
- **Summarise the information obtained (or not) on each of the target questions for this contact**: During the data gathering what emerged as sensitive were mainly personal financial issues, but as the interviews became interactive, the needed information was provided with ease. This also meant reorganising the order of questions in subsequent sessions. Issues on DG and opportunities elicited an immediate negative response, but further discussions opened up more information.

- **Anything else that stood out as salient, interesting, illuminating or important in this contact**: During the different sessions, several issues that called for follow-up emerged; these ranged from facilitating the renewal of library books, seeking contacts and addresses to ideas on social integration. The participants were free and expressed opinions without fear on how the DG was impacting on their lives. The focus was on issues that affect the person, the environment or those that draw strong opinions for or against.
- **What new (or remaining) target questions have to be considered in the next contact** (Miles and Huberman, 1994: 53) This was easy as listening to the tapes gave me a chance to restructure questions. Generally, gaps or un-exhausted themes were taken up with the next group or individual. One example was the process leading to receiving the DG and the effectiveness of the South African Social Security (SASSA) officers that led to different responses that had to be pursued.

The reflection after the contact helped to increase my self-awareness as a researcher. It highlighted information gaps, helped to guide planning for the next contact, helped to summarise the contact, and aided in the data analysis (Miles and Huberman, 1994; Rubin and Rubin, 1995).

3.7 Data analysis

Data analysis is the final stage of listening to hear the meaning of what is being said. Rubin and Rubin (1995) argue that it is about weaving the themes and concepts into a broader explanation of theoretical or practical import to guide the final report. After each interview session, transcripts of data collected were catalogued with date and name. Content analysis was applied to the data by classifying, categorising and marking with codes (Moustakas, 1994; McMillan and Schumacher, 2001).

To ensure effective qualitative data analysis and interpretation, the following processes were taken. Codes were pre-determined based on the research questions, as well as created inductively, emerging from the data as read (Babbie, 2002). This implies having a start-list of possible themes, concepts and ideas keyed to research questions, but gradually adding emerging codes as well as revising, expanding or breaking down codes (Moustakas, 1994;

McMillan and Schumacher, 2001). Once the data was labelled with codes, they were clustered around themes relating to each other in a conceptual web (Miles and Huberman, 1994).

At the end of each focus group interview, a summary of preliminary findings was given to participants. The aim was to get their feedback and verify these initial impressions. During this stage of the sessions, I clearly articulated key impressions and summarised key findings from the groups as accurately and factually as possible.

This brief overview showed the extent to which there was agreement on findings that had emerged up to that point. This short briefing also helped identify the areas that needed to be covered in more detail in subsequent group interview sessions.

3.8 Ensuring trustworthiness

Ulin, Robinson, Tolley and McNeill (2002) and Krefting (1991) list four criteria with which to establish the trustworthiness of qualitative findings: credibility, transferability, dependability and confirmability.

3.8.1 Credibility

To increase the credibility of the study, I was able to present multiple grant beneficiaries and diverging perspectives through age, sex and visual disabilities in sampling (Robson and Foster, 1996). Given my use of one data gathering tool, I further compared and contrasted the focus group discussions and interviews and through feedback of the findings from participants could draw conclusions (Greenbaum, 2000). This allowed for comment or verification of accurate representation of the data (Rubin and Rubin, 1995).

3.8.2 Transferability

Transferability means the application of findings to other contexts. It was enhanced in the study through a detailed description of the research context and the methodological approach (Robson and Foster, 1996) so that it could be applied to other disability groups like people with physical, hearing or psychosocial disabilities. Transferability helps in ensuring that the study can be replicated in other places to see if similar findings on the role of the DG (Silverman, 1997) are evident.

3.8.3 Dependability

The idea of dependability emphasises the need for the researcher to account for the ever changing context within which research occurs (Robson and Foster, 1996). The researcher is responsible for describing the changes that occur in the setting and how these changes affect the way the researcher approached the study. Context was increased by recording a descriptive audit trail of methods, by keeping a diary of how the data were collected and what happened during each stage of the discussions and interviews. To maintain context, the availability of participants was respected especially when they had received their grant and had space to mix recreation time with interviews. This timing was vital in ensuring that focus was maintained and that participants had less basic needs issues preoccupying them.

3.8.4 Confirmability

Confirmability refers to the degree that findings could be confirmed or corroborated by others (Robson and Foster, 1996). The strategy for enhancing confirmability in the study included documenting the procedures for checking and rechecking the data throughout the study. The field observation notes taken were essential with a lookout for any single incident that may have been significant. In addition, conditions for the external scrutiny of the process and the final transcribed data collected were made by storing all materials. This created an audit trail for the supervisor or any other researchers to review or examine the data gathered, to analyse procedures and make a judgment about the potential for bias, distortion or decisions.

3.9 Ethical considerations and informed consent

Ethical issues form an important part of this qualitative research as they deal with people and their rights. The study respected the World Medical Association declaration of Helsinki Ethical Principles for Medical Research (World Medical Association, 2000). The research proposal was submitted for approval to the Ethical Review Committee of the University of Cape Town and approval was granted prior to the commencement of the study and another from the management of the league and friends of the blind.

3.9.1 Informed consent

Each participant got a letter explaining the purpose of the research (see Appendix C1) (Greenbaum, 2000). The informed consent form for participants was structured to include details of the purpose of the study, and the right to enter into the research voluntarily (Silverman, 1997). The document was in Braille or large print. Thereafter, participants were required to sign or use thumb prints indicating consent prior to any interview (see Appendices C1 and C2). Each participant had a copy of these documents. My role and intentions were clearly explained to avoid high expectations or misunderstanding that I may be doing the study in my capacity as a member of a funding agency.

3.9.2 Anonymity

Privacy, including maintaining the confidentiality and anonymity of data is critical (Silverman, 1997). During all stages of the study process, all transcripts remained confidential and anonymous. One participant from each focus group validated the transcripts by listening to the audio tape recording at the end of the interview sessions. In addition, participants had opportunities to check some of the findings of the initial analyses and key findings that had emerged. This process is respectful and necessary for authentic representation (Rubin and Rubin, 1995). The audio tape recordings will be in safe storage for between two to three years.

3.9.3 Appropriate referral

In the process of sharing their experiences, participants might be alerted to difficult feelings or concerns (Greenbaum, 2000). Consent was obtained from the participants to establish appropriate links with the LOFOB officer so that should any participants experience considerable distress, they could discuss these with the LOFOB officer.

CHAPTER 4

FINDINGS

4.1 Introduction

This chapter brings out the key issues of the findings regarding the research questions, namely, the meaning of the disability grant to the beneficiaries; disability grant usage and its adequacy in meeting basic needs; how additional costs incurred are met; and how the disability grant contributes towards claiming social rights. The chapter indicates whether the findings are in line with existing literature or whether they reveal different or new perspectives when looking at the research questions.

4.2 Meaning of the disability grant to beneficiaries

The meaning of the DG is concerned with whether beneficiaries understand how to apply for and retain the DG, as well as the intention of the DG as set out by government as they, the beneficiaries, understand it.

4.2.1 Knowledge and awareness

When looking at the meaning of the DG for beneficiaries the prior question is whether they understand the DG and the process of obtaining it. It is clear that beneficiaries have a certain level of knowledge and awareness as all participants were DG beneficiaries. As DG beneficiaries the participants showed they were knowledgeable of the South African Social Security Agency (SASSA) services and procedures of applying for the grant. They were aware that the amount paid out is per month and that deductions are made on their accounts. An old man living in hostel spelled out his budget:

> *When I get my R940, rent is R627 and my insurance and burial is taken off and I remain with about R200. I then use this to buy toiletries* (Man, hostel resident, over 40).

4.2.2 Target recipients of the disability grant

Those who live in the community are aware that the DG is for the individual, but explained that it also helps support others within the household. One young man argued:

> *The grant is designed for individuals but in our communities you stay with the families, you must use it for the benefit of everyone in the house* (Man, community resident, under 40).

There were indications from hostel dwellers that despite wishing to share the grant, they cannot stretch their grant to accommodate the needs of others.

> *Some people always get the wrong impression that you use your grant on others. You would wish to use your grant on others; you haven't got money to use it on them* (Woman, hostel resident, under 40).

4.2.3 Significance of the disability grant

The participants experienced the DG as having quite significant meaning in their lives (Table 2).

Table 2: Opinions on the impact of the DG on beneficiaries' lives

Impact of the grant	**Number of participants (N=15)**
A little change	5
Worse	1
Major change	9
Total	**15**

An older beneficiary shows how they eagerly await the grant:

> *I must say I look forward to getting the grant, because there is nothing else to look forward to* (Man, hostel resident, over 40).

Others reflected that without access to employment, the DG as a predictable source of income is viewed with a lot of respect and has helped to integrate them within their family as expressed in the following quote:

> *… so when I moved to live with my family, many things changed. Suddenly opportunity opened up. I started getting my grant and this made me recognised in the home* (Man, community resident, under 40).

Others see the DG as being a government obligation to create some transformation in their lives and a way out of poverty as expressed by a male community resident (under 40 years) who was recently blinded:

> *The SASSA officers came to me while I was in hospital and filled in all the forms; weeks later I was getting my grant. Since then, my life has changed differently; I am able to direct focus in rehabilitation and my participation in the community as a visually disabled person.*

The above findings show that amongst the disability grant beneficiaries there was good knowledge and awareness of the grant and many saw the grant as an important source of income. Further, the grant as a predictable source of income was appreciated as it enabled participants to respond to household demands and gain respect as contributing members of their families.

4.3 Usage and adequacy

This section brings together themes about how the DG was used, the amount and its adequacy, and whether the participants' needs are being met by the grant.

4.3.1 Adequacy – meeting basic needs

All participants, except for one, indicated that the grant amount was too small, and hence inadequate to meet their needs. A young woman felt that the amount was not enough to think about the future.

> *I only get R200, what can a woman use, she can't come out of that money* (Woman, hostel resident, under 40).

While another woman added:

> *I think government should give us enough to see to ourselves and not depend on children, because today children work and the next week they don't* (Woman, community resident, over 40).

A range of figures (from R2,000 to R3,000) was given as an acceptable amount to cater for basic needs.

4.3.2 Expenditure

The section is divided into two – basic needs and disability needs. Food, toiletries and housing are basic needs, followed by needs seen as important by participants, such as clothing and education. All participants mentioned food and toiletries as being key expenses. Other disability-related expenses that are covered by the DG included personal assistance when going for the grant and to local municipality offices, talking cellular phones, holidays and membership fees for Disabled People's Organisations (DPOs).

Table 3 sets out what these expenses included as reported by focus group and individual participants in interviews. Even though not all of the expenses are necessarily basic needs, some beneficiaries expressed these as being important and thus included them in their regular expenditure using the DG.

Table 3: Reported usage of grant

Basic needs-related costs	**Disability-related costs**
Groceries, child support	Guides to pay point
Clothes, shoes, outfit	Accessibility/pay point transport, private hired car to get to pay point, Dial-a-Ride
Toiletries	Readers
Hostel board and lodging, rent, own house bond	Talking thermometer, kitchen items
Electricity, water, cell phone, public phone calls	Subsidised Telkom landlines, talking cell phones
Burial insurance, granddaughter's travelling money, DPO membership fee, saving for a holiday	Braille cars

This study differentiates between expenses that cover basic needs and those addressing disability-related needs. Expenses aimed at addressing hunger, vulnerability and building of assets are poverty related, while those that promote and advance the participation and inclusion of disabled people in the society are disability related.

4.3.2.1 Basic needs: food and toiletries expenses

Both hostel and community dwellers identified food as the first priority when spending the grant. They buy food and the grant amount is never enough. Two women expressed this clearly:

> *I can tell you I am hungry most of the month before I get paid again* (Woman, community resident, under 40).

And:

> *I buy food; you never have enough food in your house. Nobody around here can tell me they have cupboards full with groceries* (Woman, community resident, over 40).

There was a common understanding that the grant, even if budgeted to cover many basic needs, is not sufficient even for food. This is summarised by one lady:

> *We are blind and we are poor and we hardly eat* (Woman, community resident, over 40).

However, this concern was not as strong for the hostel dwellers who are provided with accommodation, water and electricity, food and security at the hostels. One man confirmed this by saying:

> *They deduct our boarding and burial and then we get the change, and that is the rule of the hostel* (Man, hostel resident, over 40).

A female hostel dweller, added that she was happy with the arrangement, because all food issues are out of her hands.

The second important basic expenditure mentioned by all was toiletries. This was common to both those who lived in institutional accommodation and in the community. Individual beneficiaries bought toiletries to last them the whole month while those who lived in family households bought them weekly. This was because the household (as expressed by a female community dweller) shares toiletries:

> *My granddaughter, she uses my food to eat, my toiletries and we share* (Woman, community resident, over 40).

However, the participants indicated that the DG did not allow them to buy as much as they required:

> *I buy toiletries, but there isn't enough to buy toiletries* (Woman, community resident, under 40).

Another older man agrees:

> *Rent is R627 and my burial is taken off there and then I get about R200, I can't buy enough toiletries off that* (Man, hostel resident, over 40).

However, because grooming was recognised as very important, there was a view that this was an important expenditure but did not need be expensive. The importance of grooming was seen as being related to one's independence and makes inclusion in the community easier – an aspect stressed in rehabilitation.

The information presented in Table 3 above confirms that food and toiletries are basic needs and are prioritised. One woman observes:

> *So at the end of the day, you got nothing in your hands, it goes on food and on toiletries* (Woman, community resident, under 40).

Food ranks as the priority in the disability grant expenditure list. However, this does not cushion the beneficiaries from hunger and poverty, especially those who do not live in hostels and confirms similar findings by the EPRI (2005) on the use of the old age grant.

4.3.2.2 Basic needs: housing expenses

Most housing needs were items like rent, electricity, rates and water. These were seen as being equally important needs as emphasised by the following quote:

> *You got to eat, you got to have lettuce in your house, you are blind and you need a phone, a cell phone, you need airtime, that is also a need to have in the house, part of my needs* (Woman, community resident, over 40).

This quote shows some of the tension between meeting individual needs and household needs.

Those who lived in hostels, paid for accommodation and meals in a lump sum once a month. One hostel resident summarises what she covers with the grant:

> *For paying my rent here at LOFOB and for paying the food* (Woman, hostel resident, under 40).

With another adding:

> *… to pay our board and lodging* (Man, hostel resident, under 40).

A woman who lives in council housing states:

> *I live in a rented house and every year they put my rental up* (Woman, community resident, over 40).

There was also a case where a beneficiary was using the grant to pay a home loan.

> *I have my own house. I must pay my rent and buy electricity and food and my burial* (Woman, community resident, over 40).

Household demands at times generated a lot of stress. One woman observed that many times she was driven to wishful thinking:

> *Sometimes you want to be funny and think: I'm not going to pay the water and bills and there's money; but that doesn't work and you must come back to reality* (Woman, community resident, over 40).

This quote highlights the stress of having to juggle expenditure between competing but equally important basic needs.

The above findings show that beneficiaries of the disability grant give priority to spending the grant on basic needs to address poverty-related issues. We also see evidence in this urban context that rent and hostel accommodation rate highly on the expenditure list. This is different to findings in the rural context study by Schneider and Marshall (1998) where rent expenditure was uncommon.

4.3.3.3 Expenses on other needs

Participants mentioned a number of other expenses that they paid for using the DG. These included both household and individual level expenses as well as disability-related ones. Examples of such spending include clothing, educational expenses, recreational and spiritually-related expenses. These are discussed in more detail below.

Clothing

Clothing expenses included shirts, trousers, pullovers and shoes. These items were getting further from the reach for many beneficiaries in ‘these hard times’ and the economic recession as the following quotes highlight:

> *With the high cost of living, I don’t remember when last I bought myself an outfit or a pair of shoes* (Woman, community resident, under 40).

While another added:

> *If I didn’t get presents from my children I would walk barefoot* (Woman, community resident, over 40).

This frustration is echoed when the same participant added:

> *What can you do with that grant today, nothing, absolutely nothing.*

Educational expenses

Some of the expenses identified and which are educational in nature were for the support of a family member. For example, one man used the grant to help his child and a niece. The assistance was in the form of transport to school and buying the child shoes and a uniform. One lady explained how she had to cover expenses when her granddaughter's Child Support Grant was suspended:

> *My granddaughter is 16 years old, she goes to high school, she used to get a grant, now she doesn't get the grant, so we lost R200 which helped me for her travelling money* (Woman, community resident, over 40).

This educational support to the family showed responsibility and, in one case, individual fulfilment:

> *When I help my child with her school fees, there is a smile on my face and also on my child's face* (Man, community resident, under 40).

However, very few beneficiaries used the grant to pay for their own studies as the amount was little. Participants showed an interest in skills development:

> *I want to go study further, I want to do my computer course, and I need books* (Man, community resident, under 40).

Another expressed enthusiasm to improve his knowledge and skills:

> *Is there special money in the government especially in the municipality, to go and ask if we can study further?* (Man, community resident, over 40).

Some beneficiaries explained that they used the grant income to go to offices to seek or process scholarships or bursaries, as explained by a male hostel dweller (under 40):

> *You can't afford further studies with this money, so that's whereby you can make plan to have bursaries* (Man, hostel resident, under 40).

The computer studies and training at LOFOB are provided free of charge and the only requirement is that they show commitment. However, one man had bought his own books on tapes to enhance his computer skills.

The above findings show that beneficiaries are willing to further their skills through training. The grant helped some beneficiaries to meet family responsibilities and a few to unlock personal educational development.

Transport and communication expenses

Accessibility is central in creating opportunity and addressing social barriers. The grant was used to address social, physical, information and attitudinal barriers. The use of Cape Town's subsidised transport, Dial-a-Ride, was noted as being important. Beneficiaries were able to get to any part of the city and shops for a set standard fare and buy basic things like food as explained in this quote:

> *You go with Dial-a-Ride and it's R5 there and R5 back, and that's not so bad* (Woman, community resident, under 40).

Some beneficiaries applied for Telkom landline phones that are subsidised and enable them to communicate widely within the community. The accessible or talking cell phones were identified as a need, but they are also seen as being too expensive and unreachable to many who receive the grant money.

> *I think government must see the development use of new technologies and we need those new phones. The problem is they are very expensive. If you go to those talking phones, you can't get a contract if you are not working* (Man, community resident, under 40).

The purchase of cell phone scratch cards to make calls was mentioned by the majority of participants. Most had a cell phone or a cell number that they could be reached on.

The above findings show that the disability grant enables beneficiaries to cover some disability needs like physical, information and attitudinal barriers. We also see that the use of information, communication and technology is in demand to enable the choice for assistance or communication services for social participation.

Miscellaneous expenses

Participants reported that they were able to use the grant on items which each felt was paramount to them as part of their own comprehensive social security or integration. All beneficiaries who lived in the hostels had a burial insurance cover. This was paid monthly and was seen as investing in a funeral with dignity upon death.

> *Accommodation is R627 and my burial is taken off there monthly* (Woman, hostel resident, over 40).

Another participant ensured that his church tithe was paid up as this was an important spiritual obligation:

> *That R940 we have to pay part to God as well, all the money you owed, and you must pay your tithe* (Man, community resident, under 40).

As a way of building participation, all beneficiaries attend LOFOB and community cultural events. They pay their annual membership fee to the disability organisation. They see this as helping in conscientising and participating in disability rights promotion initiatives:

> *We do games and choir and sometimes speakers come to talk to us. Like the TV people now want to do a film* (Woman, hostel resident, over 40).

One man manages to use his grant for paying for a holiday. He saves a little money and when he travels back to his province at the end of the year he enjoys the reunion with his family.

> *I get the same, but I don't smoke and keep some even though it's little for my December holidays. I feel happy when I buy as it's my own money* (Man, hostel resident, over 40).

This is a good example of having a choice when the social assistance benefit is a cash payment and not in kind, such as a food parcel. This beneficiary can choose how to use his money. If it had been paid in kind, he would not have had this choice (Rook and Freeland, 2007).

Participants expressed a wish to have accounts in shops:

> *We would like to go to the Edgars or whatever shop, go and buy, but we can't, they would laugh at us. If we say we need that jacket or that track suit, and when*

> *they tell you come open an account, and find you are not working, they send you away* (Man, community resident, under 40).

This explains why many beneficiaries felt discriminated against because of not being able to afford such accounts:

> *I don't have an Edgars account, I can't afford to have accounts like that* (Woman, hostel resident, over 40).

A few participants do have such credit accounts and are able to buy items on loan. They pay store accounts monthly using their grant. However, very few have this facility as the grant is not being accepted by the stores as proof of income nor do most of them have sufficient funds available. Many of the participants reported having loans from informal lenders ranging from R20 to R100. One man had borrowed money to cover his expenses when his grant was suspended. He was currently having trouble repaying the debt, as his grant was over committed.

The above findings show that beneficiaries do plan their expenditure and are able to some extent to use the DG beyond paying for basic needs on items such as burial insurance and cultural events. A few seek credit from different sources to supplement the grant but only borrow very small amounts which is in line with findings by the Department of Social Development (2006b) that confirm the wealth creation properties of the grants.

We have seen that without the DG, the visually disabled would fall into poverty and many into destitution. However, due to the DG's predictability, income inequality has been reduced and economic growth promoted amongst many beneficiaries. This plays a great role in supporting the attainment of the UN Millennium Development Goals (MDG).

Disability-related costs

Participants were clear on what disability needs were met by the DG. Visual disability barriers were mainly found in the form of accessing information within government services and the general challenges of participation in society. The grants covered costs for personal assistance, guides and readers.

Use of sighted guides during grant pay days was identified as important to all visually disabled beneficiaries. These guides were either family members, friends or hostel mates. Expenses paid by the participants for this assistance would include bus fare, meals during the travel and some additional money for their time. These trips enabled beneficiaries to undertake monthly transactions like buying groceries, toiletries and buying electricity in local shops. This is a way to guarantee their security and also makes shopping easy.

Assistive devices that could facilitate participation for visually disabled people are expensive and not found in the open market. One woman describes this as follows:

> *I saw prices in SANCB [SA National Council for the Blind] in Pretoria – very expensive. I would wish to have many things for blind people, remember the talking thermometer, Braille cars, talking cell phone, kitchen items and many other things* (Woman, hostel resident, over 40).

A community resident (man, over 40) said that he paid for his caregiver who comes in twice a week. The caregiver is his aunt, and she washes and irons his clothes, and reads any mail that call for his attention. He is losing his hearing and knows that he will be deaf/blind in the coming years. Therefore, they are developing a means of communication with his aunt to facilitate access to information.

This study showed how the DG money was used to overcome some of these disability-related barriers like paying for a private hired car to take one to the hospital or to the pay point; paying for a sighted guide as accompaniment; paying someone to read documents or to help with household tasks such as cooking and ironing. Many of the major electronic assistive devices that would facilitate social inclusion are too expensive and beyond being covered by the grant.

4.4 Opportunities created by the DG – household decision-making processes

Opportunities created by the DG are about individual transformation and claiming control of decision-making – both important for working towards achieving the equalisation of opportunity and social inclusion.

There were various ways in which decisions on what items should be bought with the grant were reached. Some beneficiaries appeared to have autonomy and to be in control and able to decide on how to spend their DG. No participant expressed having no control in decision-making – all had some control over these decisions. This was aptly reflected in the following quote:

> *On my side, it is me who makes the decision. But I must look at everything that is necessary for me for the people who are around me and assist me* (Man, community resident, over 40).

Others made collective decisions and, in many instances, added their DG income to the general household income pool to share out costs. However, some participants described situations where reaching consensus on what was a priority created antagonism in the family. Conflicting needs and making decisions on items opened up household power relationships:

> *In some situation[s], we can't, we must agree, put our hands in our pockets, and say Mummy, Daddy, here is the money, but we can't go out and say I buy for you that jacket now* (Man, community resident, under 40).

Another observed that they had to be firm to ensure their own needs were catered for, even if these decisions meant trouble:

> *They think you have money, they would check in my pockets when I am sleeping, always I knew they will be doing that and I keep my money far* (Man, community resident, under 40).

The above findings show that the grant on the whole is empowering to disabled people and affirms their status as family members. It creates some balance in family power relationships and gives disabled people some voice in household budgeting. Other opportunities that were reported as arising from being a DG beneficiary are membership of DPOs and other cultural groupings, and accessing services.

4.5 How the DG interacts with poverty and empowerment

The disability grant has been found to play a role in alleviating poverty and in empowering beneficiaries within their communities.

4.5.1 The disability grant and poverty

When the role of parent was combined with the role of grant beneficiary, decisions were made by denying themselves many basic needs for the good of the family. A woman noted that:

> *My family comes first, many times I chose to get food and then less expensive toiletry for my grooming or even do without* (Woman, community resident, over 40).

The reality expressed by most participants (certainly the community dwellers) that the grant is for the support of all within the household raised the significance of the grant as a predictable source of income. We see this, for example, where the grant reduced the person's disability as a burden on the household and allowed the beneficiary to contribute significantly to the household finances:

> *As we live with families with little opportunity, what we get is part of our contribution and this make us recognised as contributing members* (Man, community resident, over 40).

Some participants felt that the grant had some transformative effects, in that it allowed them to exit poverty and attain an improved lifestyle. A recently blinded woman noted the following:

> *My life has changed differently, my children's father is back and we are staying together. He realised I could manage my grant money plus the income from making lampshades* (Woman, community resident, over 40).

However, it is important to note that the amount of the DG does not cover all expenses and some families continue to struggle. One woman lamented about having a big family and about some of her children having lost their jobs due to layoffs:

> *My daughter is now unemployed and she is now staying with me together with her two sons. I now must share what I have. So this development put all pressure on my little grant and made me stop all my plans* (Woman, community resident, over 40).

With the recent commodity price hikes, many beneficiaries experienced financial shocks and re-entered poverty. Hard choices had to be made about what to spend the money on and what could be forgone:

> *You got to choose, am I going to buy food or am I going to pay my rent?* (Woman, community resident, under 40).

This is not a case of freedom of choice, but an example of being forced to make choices between two necessities and to pick what they can most likely live without.

The above findings show that amongst the disability grant beneficiaries, the grant plays a great role in cushioning them from poverty. However, it does not necessarily provide sufficient protection against events like a downturn in the economic environment and price hikes that could push them back into dire poverty.

4.5.2 Economic opportunities

The majority of the visually disabled men and women participants in this study expressed the desire to work or start a business. Some have tried to apply for a job, while others expressed their concern at the struggle to find employment:

> *I sent a job application form and I have been waiting for a whole year. I sent it in George, so they must help us out* (Man, hostel resident, over 40).

There was evidence that participants increase their drive to participate especially after acquiring new social skills like mobility and orientation. We see that newly blinded people gain confidence with time. As their independence increases, beneficiaries are willing to supplement the grant by being involved in small enterprises. One participant noted that:

> *I think government can provide a project and assist us to get work ... If you can go out there and have something to do to make some profit at least that will boost the struggle* (Man, hostel resident, under 40).

Another added that to supplement the grant

> *We can do the filing for them, three days a week; there is something we can do* (Man, community resident, over 40).

Nevertheless, without actively engaging in additional income supplementation these suggestions remain just that.

Some participants described how they are engaged in additional income generating activities. One lady expressed her breakthrough:

> *I got trained, then recruited part-time and I do telephone switchboard* (Woman, community resident, over 40).

A few participants have tried to start a business, or are currently in the process of starting one, with one participant being upbeat by noting:

> *I had little money and I started here in Grassy Park a slot shop. I get little income but it's mine* (Man, community resident, over 40).

Despite the drive to seek gainful employment, there was a general concern amongst beneficiaries that they could not unlock opportunities with the grant as jobs were difficult to get:

> *Where will you get that work? I have waited for years and they don't think about us* (Woman, hostel resident, over 40).

And this lament seems to grow:

> *What does government do, nothing, we moan and moan* (Woman, community resident, over 40).

In the context of discrimination and unemployment, some participants saw it as their lot to remain grant beneficiaries:

> *There is nothing else, it's a help* (Woman, hostel resident, over 40).

And:

> *There’s some people that’s lucky that makes it, some that don’t* (Woman, community resident, over 40).

The above findings are in line with findings by CASE (2005) on beneficiaries supplementing their grant with other income. However, motivation and perceptions of the individual to societal barriers shape possible incentives to either seek extra income or remain on the disability grant.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

This exploratory study provides insights into the role of the disability grant in the lives of people with visual disabilities and suggests useful directions for further research. It shows that the DG is necessary but not sufficient for meeting basic needs even though it does allow people with visual disabilities to realise their rights and obtain full equalisation of opportunities. The discussion on the findings will be synthesised and contextualised within the available literature on the role of social grants.

5.2 Understanding the significance of the disability grant

The findings of the study indicate good levels of knowledge of the disability grant as all participants were also beneficiaries. The existence of support services (for example, the identification of visually disabled people, education programmes that range from early childhood to skills development for adults) have ensured that the participants understand the DG and how to access this social assistance benefit (RHVP, 2007).

The generally good infrastructure around the Cape Flats that include road networks, housing and the transport system had a significant direct and indirect bearing on the enlightenment and awareness of disabled people in this community. Visually disabled people are easily able to come together and meet in groups and in the process share information including on the grant.

Furthermore, the extension services offered by agencies like LOFOB in the community have helped to make families and potential applicants knowledgeable, aware and, therefore, able to apply for the grant. However, this is different from the information provided on the Child Support Grant where SASSA officers go from house to house to facilitate the application process (DOSD, 2006b).

Understanding of the grant was not limited to accessing the right grant processing offices but also the interlinked local essential support services to which a beneficiary would be eligible (RHVP, 2007). These include discounted TV and telephone subscriptions, subsidised electricity and water rates, subsidised transport, food stamps and health care. Generally, the activities of DPOs and the wider participation of the community in these organisations play an important role in the level of knowledge and the conscientisation of their consumers.

There is a wide range of services to which grant beneficiaries are entitled and inter-agency collaboration would strengthen services (Samson, 2006). This would support and complement the services each organisation is providing and ensure that potentially eligible consumers are aware of and reached because they target the same beneficiaries.

It was evident that DG beneficiaries give high significance to the grant as a cash transfer and because it is predictable (RHVP, 2007). Had there been no DG, many would be exposed to poverty, hunger and destitution. Due to its predictability, many participants were able to plan, take risks and acquire assets (Johannsmeier, 2007). Being a DG beneficiary meant confident access to a monthly income, secure opportunities for themselves and their family members. It encouraged them to strive to claim their rights. This sense of self-esteem by DG beneficiaries was important as it led to improved overall well-being because of enhanced service delivery (RHVP, 2007).

The above findings show that amongst the disability grant beneficiaries, there was good knowledge and awareness of the grant and the essential support services to which they were eligible. Many saw the grant as an important source of income for individuals. Furthermore, the grant as a predictable source of income was appreciated as it enabled participants to respond to household demands and gain respect as contributing members of their families.

5.2 Usage and adequacy of the disability grant

Food ranks as the main priority on the list of what both the community and hostel residents spent their DG on. However, the grant does not cushion beneficiaries from hunger, especially those living in the community who generally share their DG with the whole household. For hostel dwellers, the portion of the DG paid by the beneficiary every month covers accommodation and meals. Agencies that provide care assistance and skills development receive government subsidies, thus enabling them to run hostels with high and a wide range of services at a cost that is affordable at the DG income level. Thus hostel dwellers are offered a better quality of life as they do not need to worry about their DG lasting long enough to buy enough food until next pay day. This confirms the findings by EPRI on the use of the old age pension for food (EPRI, 2005).

Toiletries rank second as the most prioritised expenditure of the DG especially for hostel residents who had their essential expenses already covered in the accommodation package. Beyond food and toiletries, the expenditure using the DG varied widely amongst the different participants who were hostel dwellers. Some of the items mentioned included paying for burial insurance, communication needs and assistance to access services (for example, transport to get to the shopping centres).

However, amongst the community residents, expenditure was tight and did not cover items like burial insurance. They generally had less flexibility in shifting their expenditure away from the basic needs. However, expenditure within the hostel group was much more flexible in addressing extra needs and seemed to focus on the creation of opportunities like applying for positions in government vacancies. Some expenses for beneficiaries of the grant included investing in themselves, for example, ensuring that they had a decent funeral at death. This was made to avoid being any burden to already overstretched family members.

Both groups of participants (community and hostel dwellers) had a willingness to further their skills training. Nevertheless, the grant was too little to be spent on their own educational needs. Some of the more innovative uses of the grant were to unlock personal educational development through bursaries and scholarships. The majority of participants who had families used the grant to supplement learners' educational needs although this was not always fully covered.

Findings show that beneficiaries of the disability grant give priority to rent and hostel accommodation as basic needs. Many stay in council houses and shelter forms part of their essential basic expenditure. This finding from within an urban context is different to that of Schneider and Marshall (1998) where in the rural context rent expenditure was uncommon.

There was also evidence that beneficiaries plan well about how the grant had to be used. Having a monthly planner was common to both men and women and was used to set milestones for what to acquire or achieve within some part of the year. This explains how they came to own assets and equipment bought using the grant money. It confirms the findings of Rook and Freeland (2007) regarding cash transfers and how these allow beneficiaries to plan on a medium-term basis since these transfers are regular and targeted. This is one of the more important benefits of the DG – its predictability and consistency in the amount paid.

However, when participants had family or personal expenditure deficits, there was evidence that to bridge this gap, some sought to gain credit or loans mainly from family members or friends. This was an effective way to respond to mainline shops and commercial credit houses not accepting the disability grant as a source of income or as security for credit worthiness. These findings are in line with the study conducted by Johannsmeier (2007); although unlike the KwaZulu-Natal findings, the participants in this Cape Flats study did not mention resorting to the use of loan sharks to access credit as in KwaZulu-Natal.

5.3 Barriers faced by visually disabled people

Participants mentioned several examples which they perceived as barriers that prevented them from participating in society.

5.3.1 Information barriers

Information barriers were experienced in the lack of audio or tactile cues for blind people to cross roads, as well as the inaccessible formats at the pay points.

5.3.2 Attitudinal barriers

Attitudinal barriers were found in the job application process where employers would turn people away when they see that they have a disability; and also there is the perception that disabled people are not seen as being capable of doing the job even when they have the skills

The above examples show that barriers in the environment or within society can lead to the exclusion of PWD (Barnes and Mercer, 2004; Nagata, 2007). A social model perspective highlights that disability is not only an individual medical issue – but rather, when changes are made in society (in people's attitudes and in the environment) – that disabled people can be included. The onus for change rests on society as a whole, and policies focusing on disability are, therefore, a crosscutting issue that should involve multiple stakeholders (Albert, Dube and Riis-Hansen, 2005; Barnes and Mercer, 2004; Coleridge, 1993; Coleridge, 1999; Oliver, 1996). The barriers noted above by the participants all provide good examples of the societal responsibility to overcome them.

The evidence shows that when the DG was used as a way to overcome these barriers, then every month participants had less money remaining for expenses related to basic needs, that is, poverty-related needs. In addition, if most of the DG is spent on poverty-related needs, then little remains to manage disability-related barriers that people with visual (and other) disabilities have to face. However, there are physical barriers that are beyond the scope of an individual person to change, for example, information at the SASSA pay points that is presented in inaccessible formats and with no accessible support (Johannsmeier, 2007). Similarly, the DG money despite, its facilitation role, is not enough to change the negative attitudes of employers towards people with disabilities during the job application process, or to change the negative attitude of a family members or officials (Swartz and Schneider, 2006).

Understanding these barriers contributes towards understanding the exclusion of disabled people from employment (Johannsmeier, 2007). It helps to understand why some participants want to work, and may have tried to apply, but are not able to get employment. It is not a matter of individual persons changing or adapting more, but rather there is a need to address physical inaccessibility and discrimination in society (Lorenzo, 2003).

The findings show that the grant enables beneficiaries to cover some disability needs. The grant gives them the power to choose and negotiate for assistance or the use of communication services. This is similar to the findings by Johannsmeier (2007) showing that DG beneficiaries who bought assistive devices like technical gadgets experienced transformation in their lives and participated more in the community. These pieces of equipment enabled them to be effective and efficient in doing many things as part of daily living skills.

5.4 Opportunities created by the disability grant

The findings showed that decisions were made individually or collectively before the DG income was spent. Generally, the grant is empowering to disabled people in their roles as individuals or family members. In the context of poor households, any new source of income was appreciated and improved the quality of life. Families were able to buy more food, clothes, electrical equipment and assets thanks to the availability of the DG as a source of income (RHVP, 2007; Mitra, 2005).

The sheer fact that disabled people are now able to acquire an income in their own name boosts individual confidence and self-esteem. We see that it creates some balance in family power relations and gives disabled people some voice in household budgeting. This is important as it affirms and recognises the disabled family member as a productive member of the household and not only as a consumer who puts pressure on the family income (EPRI, 2001a; EPRI, 2005; EPRI, 2006; DOSD, 2006a; Swartz and Schneider, 2006).

In one household, there was pressure to retain an uneven status quo. The visually disabled person was being pressured to hand over all his money into a family expenditure basket for collective budgeting. He felt he had the right to decide on how the DG was to be used, as well as the amount. In these instances, this meant conflict and led to the beneficiary either challenging the right to spend the money on his/her own needs or to forgo his/her needs in favour of the betterment of the family. The household relationship had a lot of bearing on how a balance was reached in deciding priority and choice of expenditures.

Household decision dynamics were a way to gauge how the disability grant was appreciated and the level of the beneficiary's empowerment within the household. This change is confirmed by the data from the SA 2000 Income and Expenditure Survey which indicates that the full uptake of the old age pension, the disability grant and the child support grant would reduce the Gini coefficient (an indicator of the severity of income inequality in a country) from 63 percent to 60 percent. Income inequality is socially unjust and can lead to political and socio-economic instability (RHVP, 2007).

This study did not see any case of abuse or dominance in deciding how the grant was to be spent. This could be different for beneficiaries who are not able to communicate their own needs or assert themselves within their households, such as would be the case for people with communication difficulties or who are intellectually disabled (Johannsmeier 2007). However, one beneficiary needed extra support and was not aware of any grant system that would have assisted him in improving his quality of life. As some visually disabled have additional impairments, there is need to study some of the disability needs of this group of visually disabled people who may need extra care.

For those who lived in the hostel, decisions were mainly individual but peer influence had some effect on the items bought. This was because they went shopping together and discussed common products advertised on TV or FM radio stations. In the context of discrimination and unemployment, some participants saw it as their lot to remain a grant beneficiary. There was a general concern amongst beneficiaries that they could not unlock opportunities with the grant as a job search was taking too long and jobs were difficult to get.

This is complicated in the context of high general unemployment and poverty, as described in the findings. While the broader goal of the social model is to maximise the participation of PWD (for example, through skills and jobs), it becomes complex in a context where jobs are scarce in the country as a whole, and where access to education and employment is a general problem in large parts of the population. In such a context it becomes necessary to provide appropriate forms of social assistance such as the DG (RHVP, 2007; Johannsmeier, 2007). However, such provisions should not, overrule former goals of inclusion of PWD into mainstream development efforts (Yeo, 2005; DFID, 2000; Mji, 2006).

The evidence shows that the role of the DG in its fiscal impact in generating economic growth means that grants are ultimately more affordable than a continuous series of short-term ad hoc transfers. The above findings also show a danger that social transfers may be taken as the only policy in response to the problems of extreme poverty and vulnerability. They should not be seen as just a treatment of the symptoms of development failures or a potential bridge to development, but as an important role in generating and contributing to development itself (DFID, 2000).

5.5 Disability grant and claiming human rights

The discourse around social assistance in social protection is drawn from the human rights approach and can be traced back from different international instruments. The United Nations Declaration of Human Rights (1948) affirms its theme to guarantee a minimum livelihood in cases where an individual's survival is threatened by his or her disability. The International Covenant on Economic, Social and Cultural Rights (1966) recognises the right of everyone to social security, including social insurance. This is further grounded by the new UN Convention on the Rights of Persons with Disabilities (2006) which promotes the recognition and right to an adequate standard of living for persons with disabilities and their families (RHVP, 2007).

Therefore, the access to disability grant must be viewed as a human right with the grant beneficiaries being given the opportunity to enjoy services and be catered for as citizens in relation to ensuring a basic income. This is in line with the Social Assistance Act 59 of 1992 and Act 13 of 2004 of South Africa.

Once a state ratifies international treaties affirming the right to social protection, an individual is entitled to claim social protection from the state and the state agrees to be accountable to the international community for this right. The state becomes responsible for guaranteeing that those rights are respected. Therefore, right to social protection is an important human right especially in breaking the intergenerational cycle of poverty; in enabling access to essential services and in securing an adequate standard of living for the most excluded citizens (RHVP, 2007; Elwan 1999).

Therefore, the disability grant must be viewed as a human right and as a responsibility of the state towards its citizens. The DG is thus a public initiative that provides transfers to the poor, that protects the vulnerable against livelihood risks, and that enhances the social status and rights of disabled persons. The findings of this study showed that the DG was facilitating the promotion of beneficiaries' participation in the community, their voice, their human development and enhanced social cohesion as noted by other studies (RHVP, 2007; Samson, 2006; Swartz and Schneider, 2006).

This shows that the DG is one that acknowledges the social and economic implications of disability that limit most persons with disabilities to earn a decent livelihood. This confirms the right enshrined in the Social Assistance Act 59 of 1992 and Act 13 of 2004 which aims to protect disabled persons. Similarly, we see that when the grant was used to improve social skills by way of the possession and use of assistive devices, there was greater drive to participate in socio-political activities.

In addition, there was evidence that the social assistance policy framework is leaning towards a wide basic social protection package which ensures linkage to a range of essential services and resources for the beneficiaries. Some of the beneficiaries were recipients of an old age pension, a child support grant, a care dependency grant and a wide range of subsidised services in the education, health, transport and utilities sectors (EPRI, 2001a; DOSD, 2006b; RHVP, 2007; Johannsmeier, 2007).

It can be further argued that due to vulnerability and barriers, disabled persons can only be protected if a minimum essential social security is provided which ensures access to food, water and sanitation, primary health care, shelter and housing and basic education. This means that the right to social protection is linked to other obligations; the core right to food, health and education (RHVP, 2007; Mitra, 2005).

The significance of the DG is not only evident in addressing the enduring problems of human welfare but it must work towards liberating the human potential of persons with disabilities. It should foster the promotion of equality by allowing access to and the achievement of basic needs to education and health care in realising human development.

The above findings show that the human right to social protection, where social protection is understood as going beyond charity or technical responses to vulnerability. It is this recognition of right to participation and an adequate standard of living for persons with disabilities that fosters free association and expression as called for by the new United Nations Convention on the Rights of Persons with Disabilities (2006). A social assistance policy promotes social and economic justice. It plays an important role in addressing and changing misconceived perceptions of disability. By showcasing best practice of human potential amongst persons with disabilities, greater opportunity and rights may be opened, claimed and more barriers broken.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents a brief summary, as well as the conclusions and recommendations of the study. Based on the findings from interviews, focus group discussions and document reviews, a number of conclusions were drawn and recommendations made with respect to the impressions of visually disabled DG beneficiaries on the Cape Flats towards the disability grant. The chapter ends with a presentation of the study's limitations and constraints.

6.2 Conclusions

A qualitative research approach was successfully used to gather information by way of structured face-to-face interviews and focus group methods of data gathering. The interviewees were grant beneficiaries and were found to be keen participants. The findings could therefore be inferred to represent probable trends for the majority of visually disabled adults in Cape Town.

The study found that most participants were knowledgeable and aware of what the grant is to be used for and whom it targets. There was also evidence of what determines the expenditure choices of beneficiaries and how these are prioritised. There was understanding of how household decision-making dynamics on expenditure influences autonomy or authority and how this impacts on household power relationships. Lastly, the disability grant has potential to unlock opportunity especially when it facilitates access to broader social assistance services.

This situation of good awareness on the DG is the result of a number of factors, which range from sensitisation, poverty and individual literacy. The physical, social and attitudinal barriers that visually disabled people encounter played an even greater role.

What is emerging from these findings is that the disability grant is certainly very important and does provide significant assistance for beneficiaries. However, while the DG does open up opportunities, it is not sufficient to provide full assistance. We see that visually disabled beneficiaries are still very vulnerable and still have many needs that are not met. The basic needs for food and shelter (housing) were generally met but these were precarious in the context of increasing food and other prices.

6.3 Recommendations

6.3.1 Recommendations for government

Firstly, the South African Social Security Agency (SASSA) must invest in networking with other government departments to link essential service delivery and resources for grant beneficiaries. Secondly, the South African Social Security Agency (SASSA) pay points must be made accessible to all beneficiaries with necessary support services.

6.3.2 Recommendations for Disabled People's Organisations

The disability sector must create more awareness amongst its members and their families to enhance visibility of their potential so as to exploit empowerment opportunities. Secondly, the disability sector must advocate and promote the understanding of social assistance as human rights. Thirdly, the disability sector must be part of the discourse on a universal Social Protection and Social Protection Policy response to the problems of extreme poverty.

6.4 Recommendations for further studies

Further study should be conducted to understand how visually disabled men and women grant beneficiaries cover the extra costs they incur.

6.5 Limitations and constraints of the study

The study was qualitative and descriptive thus giving the design some limitations and constraints. One limitation was the purposive sampling used to select participants for semi-structured interviews.

The constraints included time to do the interviews and focus group discussions and the unavailability of beneficiaries due to the long holidays. This impacted on planned visits to participants on the agreed dates and time. There was also the problem of participants not being available as planned and the researcher had to reorganise and plan the interviews again. These interviews had to be linked to the recreation calendar when all were available and significantly after grant paydays when they had less stress about survival issues. The unavailability of participants occurred because they had emerging personal commitments.
Limitation worth highlighting was in the method; the participants were not equally credible as some had strong views and easily pressed their perceptions and thus influenced others. This occurred if they presented their views first, while a wide range of opinions were received when the responses were shuffled and spread out. Equally, for those participants whom I had not built a close relationship and trust, it was not easy to draw full and honest self-representation.

By being fully part of the process, my presence had some influence on the analysis through first impressions. This was evident in how the empowering and disempowering elements of the Disability Grant were easily clustered; thus bias interpretation reflected through the concluded implications. However, the study managed to establish interesting and valid insights and points about the issues around the role of the disability grant in the lives of visually disabled beneficiaries in the Western Cape.

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APPENDICES

Appendix A1: Focus group interview guide

Introduction by researcher: aim of group discussion and ground rules

What is the project about?

Ground rules:

- Speak up and if possible only one person at a time to get a good quality tape recording.
- First name basis (to be negotiated depending on group structure)

Signing of consent and what it means (confidentiality of information on transcripts – no names linked to comments).

- Permission to audio record the session and assurance that the tapes will be destroyed at the end of study so that no other person will have access.

There is no right or wrong view and we need to respect each other's opinions

As all are adults, if anyone does not feel comfortable in answering some of the questions, please feel free to say so.

Length of group – 45 minutes – 1 hour

Questions to focus the discussion

- How long have you been blind?
- How long have you been receiving the DG?
- What is your understanding of what the DG is for? (note if all participants have similar understandings or whether these differ)
- How does the DG affect your lives?
- Do you feel that the disability grant covers relevant basic needs? What are your basic needs?
- In your household, whose basic needs are met with the DG? For example, only yours or other members of the household as well?
- Are there expenses not covered by the disability grant that are important to you? What other needs are not covered?
- Do the participants feel that they need to increase their sources of income?

- Have you ever tried to find work while you are getting the DG? (Why or why not?) What happened to your attempt? Have you ever tried to start your own small business or get money in another way while getting the DG?
- How do you feel about the way their disability grant is spent? Do you decide on how it is spent or not? If not, who decides?
- How do you think the DG affects your life, how you feel about yourself and how people see you?

Closing comments

Thank you for your time. Once the tapes have been transcribed, I will let you have a copy to check whether you want to add some more information or remove any part that you will not like to be included in the study.

Appendix A2: In-depth interview guide

IN-DEPTH INTERVIEW GUIDELINES

Date:

Time:

Location:

The questions below will help us to know you better. The information provided will be treated in strict confidentiality.

Demographic information

Q1 Your age (in years) __________ years old

Q2 Are you (to be noted by interviewer only for checking purposes)

1 Male

2 Female

Q3 How many years of formal education have you completed? ______years

Q4 Your marital status?

1 Never married

2 De facto/living together

3 Married

4 Separated, divorced or widowed

B. INTERVIEW QUESTION

1. When did you become blind / partially sighted?

2. Tell me more about what was happening at the time and what you remember of where you lived?

3. How did you and your family manage the onset of disability? [If onset at childhood, they may not have much to say]

4. What schooling did you complete and was this as far as what you had planned? If not, tell me why you did not study further.

5. Tell me what has happened since then.
    i. Probe rehabilitation and on-going support.

6. How long have you been receiving the disability grant?

7. Tell me the story of how you started getting the grant.
    i. Probe trajectory of application process, etc.
    ii. causal theories

8. Tell me about the person you were before starting to get the grant.
    i. Self-image
    ii. Confidence
    iii. Employment/education
    iv. Social involvement

9. Tell me about the person you are now.
    i. Self-image
    ii. Confidence
    iii. Employment/education
    iv. Social involvement

10. What supplement income do you have and where does it come from? If in addition to the disability grant.
    i. How do you feel about it?

11. How does your money get spent and who decides on how to spend it?
    i. How do you feel about that?

12. Tell me what is good or bad about the disability grant?
    1. How do you feel about that?

13. Tell me about your day-to-day life.
    1. Employment activities
    2. Social situation (household, wider social context)

14. Tell me about the other people in your life.
    1. Types of relationships
    2. Influences on relationships

15. What makes your life happy?
    1. How do you feel about that?

16. What makes your life difficult?
    1. How do you feel about that?

Appendix B: Letter requesting access to the LOFOB Centre

The Pinnacle Building (10 Floor)
8 Burg Street, Cape Town 8000
17th October 2008

The Director, Development Officer
LOFOB
P O Box 31010
Grassypark 7888

Dear Sir

Re: Application for access to LOFOB centre to conduct a Research Study

I would like to inform you about the research project that will be taking place in the Jurisdiction of Cape Flats and seek your assistance.

The research study seeks to explore the role of the disability grant in the lives of visually disabled adults in the context of the states obligation to promote, protect, and fulfil provision of social assistance to persons with disabilities. The research will be a qualitative study with 15 participants drawn from the selected area. The study will also examine whether the disability grant is adequate in meeting basic needs, explore processes utilised in establishing the level of disability grant and investigate possible measures that would minimise poverty amongst visually impaired adults. The research will be done between October and November 2008 under the auspices of the University of Cape Town, which has approved the study and granted a clearance number.

I do hope that LOFOB will be able to provide access to rooms in the centre and support as and when required during the study to realise the objectives of the research.

Thank you.

Yours faithfully

Thomas O. Ong'olo
M.Phil (Disability studies student)

Appendix C1: Cover page – Letter of consent

The Pinnacle Building - 10 Floor
8 Burg Street, Cape Town 8000

1st October 2008

Re: Research on the role of the Disability Grant amongst visually impaired adults in Cape Town

Dear _______________Participant

Thank you for taking time to participate in this research study. I am aware that as a member of LOFOB, your time is valuable and therefore I greatly appreciate you consenting to this interview. I would ask you to carefully read this letter and then sign the consent form on the next page.

Ones again, thank you for your participation in this study.

Thomas Ong'olo
M.Phil (Disability studies student)
Contact details:
Office No: 021 4265858
Cell: 072 7982874

Appendix C2: Letter of consent

I, the participant, am signing this letter to give consent to be interviewed by a Master's student from the University of Cape Town's Department of Health Sciences and Rehabilitation, which is a non profit based research organisation. I will be part of a study that will explore the role of the disability grant in the lives of visually disabled adults in the context of the states obligation to promote protect and fulfil provision of social assistance to persons with disabilities. This study will give growth of knowledge on the current situation about the disability grant and linkage between the quality of life and disability costs. It will provide evidence for a more comprehensive understanding of the role of the DG from the perspectives of beneficiaries.

I understand that I will be interviewed in private Offices, LOFOB centre or at a place and time convenient to me. I will be asked to share my experiences in accessing the disability grant, its adequacy in meeting basic needs and how it impacts on my life. The interview will be approximately one hour in length and refreshments will be provided.

I understand that I was selected to participate in this study because I an a resident of Cape Town, have access to LOFOB services and am a Disability Grant beneficiary. My participation is entirely voluntary and that even after the interview begins I can refuse to answer any specific questions or decide to end or postpone the interview at any point. No reports of this study will ever identify me in anyway. I have also been informed that my participation or non-participation will not affect the care or services that any member of my family or I may receive from LOFOB, or the Faculty of Health Sciences and Rehabilitation, nor my status as a DG beneficiary. I am aware that the results of this research may be given to me if I ask for them and that Thomas Ong'olo is the person to contact if I have any questions about the study or about my rights as a study participant.

____________________	__________________
Participant's Signature	Date and place
____________________	__________________
Witness	Date and place
____________________	__________________
Researcher	Date and place

Appendix D: Letter requesting assistance with referrals

The Pinnacle Building (10 Floor)
8 Burg Street, Cape Town 8000

1st October 2008
The Social Worker [LOFOB]
Grassy Park

Dear Sir/Madam

Re: Requesting assistance with referrals from a Research Study
I would like to inform you about the research project that will be taking place in the Jurisdiction of Cape Flats and seek your assistance.

The research study seeks to explore the role of the disability grant in the lives of visually disabled adults in the context of the states obligation to promote, protect, and fulfil provision of social assistance to persons with disabilities. The research will be a qualitative study with eight participants drawn from the selected area. The study will also examine whether disability grant is adequate in meeting basic needs, explore processes utilised in establishing the level of disability grant and investigate possible measures that would minimise poverty amongst visually impaired adults. The research will be done between October and November 2008 under the auspices of the University of Cape Town, which has approved the study and granted a clearance number.

During the study, there will be issues from the visually disabled participants that may require further intervention by social workers. To this end, I hope you will be able to provide prompt support as and when appropriately referred to you in confidence.

Thank you

Yours faithfully

Thomas O. Ong’olo
M.Phil (Disability studies student)

Appendix E: Research Ethics *committee*

UNIVERSITY OF CAPE TOWN

Health Sciences Faculty
Research Ethics Committee
Room E52-24, Groote Schuur Hospital, Old Main Building
Observatory
7925
Telephone [021] 406 6338 □Facsimile [021] 406 6411
e-mail: lamees.emjedi@uct.ac.za

23 October 2008
REC REF: 430/2008
Mr T Ong’olo
Health & Rehab
F Floor
OMB
Dear T Ong’olo

PROJECT TITLE: THE ROLE OF THE DISABILITY GRANT IN THE LIVES OF VISUALLY DISABLED ADULTS IN THE CAPE FLATS

Thank you for submitting your study to the Research Ethics Committee for review.
It is a pleasure to inform you that the Ethics Committee has formally approved the above-mentioned study.
Approval is granted for one year till the 31st October 2009.
Please submit an annual progress report if the research continues beyond the expiry date. Please submit a brief
summary of findings if you complete the study within the approval period so that we can close our file.
Please note that the ongoing ethical conduct of the study remains the responsibility of the principal
investigator.

Please quote the REC. REF in all your correspondence.

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, HSF HUMAN ETHICS
Federal Wide Assurance Number: FWA00001637.
Institutional Review Board (IRB) number: IRB00001938