Supporting students with disabilities:

The impact of the disability grant and the

National Student Financial Aid Scheme (NSFAS)

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As the candidate's supervisor I have/have not
approved this short dissertation for submission.

Date: _____

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Signature: _____

Declaration

Submitted in fulfilment/partial fulfilment of the requirements for the degree of Masters in Development Studies, in the Graduate Programme in the School of Built Environment and Development Studies, University of KwaZulu-Natal, Durban, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. I confirm that an external editor was used and that my Supervisor was informed of the identity and details of my editor.

This dissertation is being submitted for the degree of Masters in Development Studies in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other university.

Student signature:

Date:

Abstract

The transition in South Africa has meant that institutions of higher learning have become much more inclusive spaces of many kinds of people who historically found it difficult to access them. In attempting to achieve this inclusion, the state and institutions of higher learning have recognised that inclusion is not simply the removal of racial exclusions. It also requires support for students who in practice cannot take up their studies due to particular constraints. One response has been the establishment of the National Student Financial Aid Scheme (NSFAS) which offers financial aid in loans and bursaries to students who cannot afford to study. In the case of students with disabilities, a further form of support is important, namely the state disability grant.

NSFAS is effective at ameliorating not only the financial constraints of studying, but also the social and academic barriers that are specific to students with disabilities. The disability grant serves as a general source of income to pay for general expenses, to supplement NSFA funding or to be saved for emergencies.

While literature exposes the income, educational and geospatial inequalities between disabled and non-disabled people over history, it highlights the financial, academic, social and structural barriers that disabled students face at university. The research highlights why people with disabilities are the 'deserving poor' of development and social assistance.

With development being understood as the improvement of well-being or living standards, this research explores the role of the disability grant not as social assistance in alleviating poverty, but as social assistance that is developmental.

Thus, just as NSFAS redresses the problems of affordability and disability in higher education, the disability grant needs to improve penetration and expansion to people with chronic illnesses, in order to avoid exclusion errors in the interdepartmental network on poverty reduction.

Acknowledgements

Contents

List of abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
CORA	Community, opportunity, responsibility and accountability
DMS	Disability Management Services
DOE	Department of Education
DOL	Department of Labour
DUT	Durban University of Technology
HSRC	Human Sciences Research Council
ICF	International Classification of Functioning, Disability and Health
IT	Information technology
LAN	Local Area Network
NHS	National Health Service
NRF	National Research Foundation
NSFAS	National Student Financial Aid Scheme
OHS	October Household Survey
PFI	Private Finance Initiative
RIO	Responsibility, inclusion and opportunity
SEPC	Social and Economic Planning Council
UKZN	University of KwaZulu-Natal

Chapter 1: Introduction

The disability grant in South Africa, like the care dependency grant, serves indirectly to strengthen existing poverty alleviation strategies in education. The care dependency grant does this by providing meal allowances to supplement primary school feeding schemes. It is my purpose to research the impact of government interventions on university students with disabilities for three reasons.

Firstly, the Education White Paper 6 of 2001 acknowledges the effort of the Department of Social Development in tackling some of the barriers to education and training by providing social grants (RSA, 2001: 26). Secondly, the White Paper calls for research to determine the minimum levels of provision for learners with special needs and for higher education institutions such as the University of KwaZulu-Natal (RSA, 2001: 44). Thirdly, The University of KwaZulu-Natal's 'Policy on Students and Staff with Disabilities' of 2004 encourages research and policy development in the area of disability towards informing interventions and sustainable service provision (UKZN Council, 2004: 3 and 8).

1.1   The multiple deprivations of people with disabilities

According to the 1999 October Household survey (OHS), 3.7 per cent of the South African population had disabilities, 16 per cent of households had a disabled member and fewer than 2 per cent of individuals living in these households earned monthly incomes above R10, 000 (Woolard, 2002: 5 cited in Emmett, 2006: 221). In South Africa, 46 per cent of disabled people had incomes below R800 in 1999 (Emmett, 2006: 221).

Regionally, poverty-stricken provinces have proportionally more people with disabilities because in 2001, KwaZulu-Natal was among the South African provinces with the highest concentrations of poverty and had the highest prevalence rates for disability at 6.7 per cent, whereas Free State and North West provinces ranged lower at between 5.8 per cent and 3.1 per cent (Emmett, 2006: 223). Provinces with poorer municipalities, which raised more than seven times less revenue than the richer municipalities in 2004, have

less human capacity with which to assist people with disabilities because in 2003, the poorer provinces "had on average 2.8 employees per resident, compared to 6.7 employees per resident in the four richer provinces of Gauteng, the Western and Northern Cape, and the Free State" (Makgetla, 2007: 159). Poorer provinces have proportionally more people with disabilities because they had 66 percent of the population being economically inactive, 60 percent living off social grants such as the disability grant and almost half (41 percent) going hungry at times (see Table 1)(Makgetla, 2007: 159).
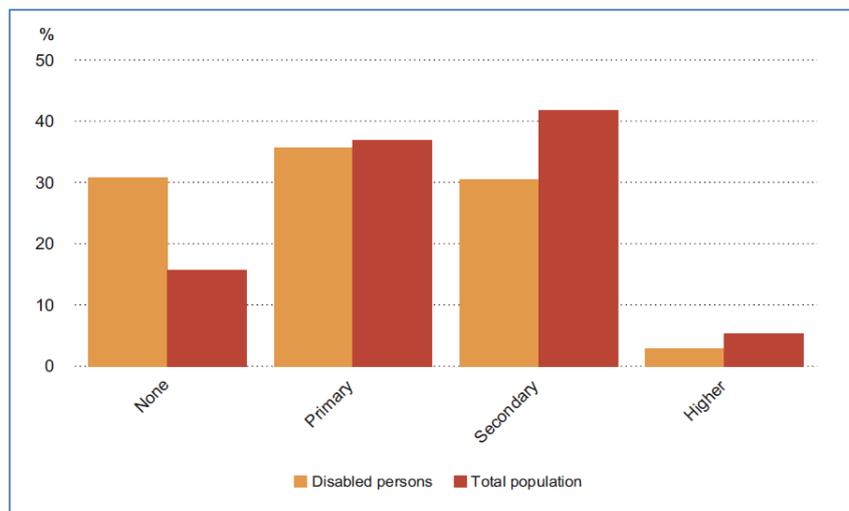
Figure 1: Percentage distribution of disabled persons by highest level of education

(Source: Stats SA (2005: 20)

Stats SA's 1999 OHS showed that only 28 per cent of disabled people had attained a high school education, as against 36 per cent of non-disabled people (Emmett, 2006: 226). Four per cent of disabled people had reached tertiary education in 1999, as against 6 per cent of non-disabled people (Emmett, 2006: 226). Stats SA indicates that there is a minimal difference between the 3.1 per cent of disabled males as compared to the 2.9 per cent of disabled females who had access to higher education in South Africa in 2001 (Stats SA, 2005: 13). Recently, Disability Management Services (DMS, 2011) estimated that disabled students comprise proportionally less than 1 per cent of the total student population of the 15 public higher education institutions it studied. The labour market

requires 2 per cent overall employment to be allocated to people with disabilities (Xingwana, 2011).

Table 1: Number of beneficiaries of disability grants by province

Province	April 1997	April 1998	April 1999	April 2000	April 2001	April 2002	April 2003	April 2004
Eastern Cape	167090	149485	128942	132732	139417	163099	218273	301415
Free State	43182	47582	40140	31384	36402	45790	76392	108869
Gauteng	81929	67701	60005	63615	63632	73265	116706	156457
KwaZulu-Natal	167618	171120	148165	133847	135480	146932	186086	284163
Limpopo	68040	17838	46203	51693	58237	68010	76297	89589
Mpumalanga	31558	32153	30703	32533	34764	38454	47123	65603
Northern Cape	31276	31418	37509	27874	26994	33315	38545	42659
North-West	51900	50301	52839	48987	55812	58501	72363	98402
Western Cape	89729	92930	89272	89947	90721	105562	125180	123807
Total	732322	660528	633778	612614	641459	732928	953965	1270964

(Source: Treasury cited in Swartz and Schneider (2006: 237)

Moeketsi Letseka and Mignonne Breier argue that with every 100 new students in South African higher education institutions, about 30 per cent are likely to drop out as freshers, and about 50 per cent upon conclusion of their third year (Maile, 2008: xvi; Letseka and Breier, 2008: 66). Furthermore, "four years after entering, less than a quarter would have graduated" (Maile, 2008: xvi; Letseka and Breier, 2008: 66). Commonly, people blame the basic education system for ill preparing learners, and higher education institutions for not supporting students enough (Maile, 2008: xvi; Letseka and Breier, 2008: 66). While students are increasingly likely to be able to afford registration fees, many soon find that

their bursaries, loans and other income sources are insufficient to cover full living expenses for themselves and their dependents at home. (Maile, 2008: xvi).

A disability grant is a non-contributory, means-tested, state social provision received by people with disabilities between 18 years and the age of retirement. Strict medical criteria are applied in the award of a disability grant, on the principle of compensating persons with disabilities for loss of income. "The disability should be permanent and sufficiently severe to prevent the affected person from entering the labour market" (Financial and Fiscal Commission, 2009: 53). People who receive the disability grant range from the blind, deaf and autistic to the physically disabled, as well as people with chronic illnesses such as tuberculosis. John Daniel (2007: 172) introduces the argument by Nicola Nattrass that the liberalisation of South African social policy includes making provision for people with AIDS (Acquired Immune Deficiency Syndrome). As seen in Table 1 below, this has led to a rise in the number of recipients of the disability grant "between 2000 and 2004 from 600 000 to some 1.3 million beneficiaries" (Daniel, 2007: 172). Later on, the National Treasury (2008: 96 cited in Financial and Fiscal Commission, 2009: 45) projected that the disability grant, which cost the fiscal budget R17.7 billion, constituted 11.4 per cent of all grants paid in April 2008.

The National Student Financial Aid Scheme (NSFAS), a body of the South African government made statutory by the Bill of Rights, promotes the right to a basic education, including adult basic education and further education (NSFAS, 2012a). The Constitution of 1996 binds the state, through reasonable measures, to progressively make this education available and accessible (NSFAS, 2012a). Since 2004, the NSFAS has collaborated with the Department of Labour (DOL) and more recently, with the Department of Education (DOE) to provide funding to students with disabilities registered with any one of the 23 public higher education and training institutions in the country (NSFAS, 2010: 3). Since the start of the bursary in 2004, the number of students with disabilities assisted nationally jumped from 701 to a high of 1,112 in 2007, and dropped again to 649 in 2009 (NSFAS, 2012b). At its peak, the funding programme cost

the NSFAS R31,328,927.50. It comprised five components, namely, tuition costs, accommodation costs (including meals) or private accommodation (including transport), materials costs (commonly known as book allowance), and assistive device costs (NSFAS, 2010:8). The fifth component, the assistive device allowance, made up much of the funding, at an approximate value of R17,000.00 per annum prior to the new partnership with DOE, which added the option of augmenting the bursary with a NSFAS loan, and thereafter, restricting the allocation to R21,000.00 per qualification instead of per annum (NSFAS, 2010: 3 and 5).

Table 2: NSFAS Pass rate

Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
%	72.6	75	76.1	73.8	74.6	73.1	73.9	72.3	74.3	73.9	73.4	74.7	72.9	73.9

 (Source: NSFAS (2012c)

Table 2 demonstrates that the bursary increased the annual rate at which NSFAS beneficiaries are passing (NSFAS pass rate), which includes both disabled and non-disabled students, to 74.3 per cent in 2004 from the previous year's 72.3 per cent rate (NSFAS, 2012c). Furthermore, it sustained a 74.7 per cent NSFAS pass rate in 2007 when the number of students with disabilities funded was at its height (NSFAS, 2012b; 2012c). Overall, the lowest NSFAS pass rate of 72.9 per cent during the term of the bursary in 2008 was still higher than the NSFAS pass rate prior to the 2004 inception of the bursary. Across the University of KwaZulu-Natal, there were 373 registered students with disabilities at the end of 2011 (Corporate Relations, 2012a). From that number, an estimated 50 disabled students graduated from the College of Humanities in the 2012 graduation ceremony (Corporate Relations, 2012b). Likewise, Disability Management Services (2011: 42) confirms that the majority of students who have declared their disability and require services by disability units in institutions of higher education are studying in the arts faculty in the College of Humanities.

1.2 Research questions and aims

The purpose of this dissertation is to examine in detail the roles of the disability grant and the National Student Financial Aid Scheme (NSFAS) bursary in the lives of students with disabilities and chronic illnesses who receive them. This research poses the following questions:

1. According to students with disabilities and chronic illnesses at UKZN, what is the impact of having a disability on studying at university?

2. What difficulties do these students report in everyday life and in studying?

3. What is the role (or impact) of the NSFAS bursary and the disability grant in these student's lives?

4. What further support do students require in order to manage at university?

The research study follows the typology of research purposes proposed by Newman and others (2003: 176), for generating new ideas by aiming:

- To uncover the relationship of having a disability and studying at university;

- To explore the role of the NSFAS bursary and the disability grant in the lives of disabled students;

- To examine further cultures and techniques for supporting disabled students even better in order for them to manage at university; and

- In general, to assess the impact of state support in the well-being of students who receive the disability grant and the NSFAS bursary.

1.3 Research design

The purpose of the research is to conduct an evaluation of government interventions that have been designed to reduce specific forms of social marginalization through the provision of social grants and bursaries. The research takes a multi-disciplinary approach

(cutting across disciplines vertically and horizontally) and a trans-disciplinary approach (cutting horizontally across disciplines) to conduct an applied poverty reduction assessment within social policy, disability studies and development studies. The accuracy, validity and integrity of the results are not ensured by quantified statistics. Rather, the rigour of thematic analysis ensures a contextual understanding of the phenomena. The study seeks qualitatively to assess whether or not a programme, policy or product is effective without generalising about it and the population (Patton, 1990: 155). Formative evaluation relies heavily on implementation studies and case-studies (Patton, 1990: 16). This research evaluates the implementation of the UKZN 'Policy on Students and Staff with Disabilities', the disability grant policy document and NSFAS bursary guidelines in a case-study of the University of KwaZulu-Natal. The focus on "participants' subjective experience of the program would reflect an interpretive/constructivist paradigm" (Haverkamp and Young, 2007: 274). As a result, the research focuses on disabled students' personal problems and individualised solutions as opposed to the Disability Unit's institutional problems and communal support. In terms of basic beliefs, the research links with constructivism by involving local and specific constructed realities and by the qualitative methodology, which subjectivists use to create findings (Guba and Lincoln, 1994: 109). The proposed research, therefore, qualitatively assesses the adequacy of the provisions in meeting the problems faced by students with disabilities in their daily lives generally and, specifically, in university.

The researcher uses a purposive or judgmental sampling technique to select respondents according to his judgment of the population, its elements, and the purpose of the study (Babbie and Mouton, 2001: 166). The researcher uses thematic analysis to organise data into themes based on the technique of argument theory. The steps of analysis concern: (1) coding; (2) identifying themes; (3) constructing thematic networks to conclude the text itemisation stage; (4) describing and exploring thematic networks; (5) summarising thematic networks for ending the text exploration stage; and (6) interpreting patterns (for finalising the exploration consolidation stage (Attride-Stirling, 2001: 391).

1.4   Structure of dissertation

Chapter 1: Introduction

The introduction chapter outlines the premise, questions and aims of the study. It introduces and accounts for the chapters that follow. It describes the context and the multiple deprivations of the disabled in South Africa, in terms of the income, geographical and educational inequalities that occur. The introduction discusses how mechanisms of support, such as the disability grant and the NSFAS, feature in the academic performance of students who are funded. Finally, the introduction links with the methodology chapter to outline the empirical nature of this study.

Chapter 2: Literature Review

The literature review in this chapter outlines the research that is related to the study. It gives a theoretical framework and a historical account of international and South African social policy debates. It describes the context or state-of-welfare provision in South Africa before, during and after the apartheid era. The literature review also presents the case of the Disability Unit, the disability grant, the NSFAS and other mechanisms that attempt to prevent the poverty trap of disability. Finally, the literature review shows that social policy can be considered developmental. This informs the empirical chapters that follow.

Chapter 3: Research methodology

This chapter adopts and outlines the principles and methods of research in the social sciences. The chapter explains the factors in the non-probability sampling method of purposive sampling considered suitable for this study. These factors include the research design, the research site and the researcher's position to accomplish and produce a sound piece of literature. The chapter discusses representivity in the sample frame, according to the population of disabled students at Howard College campus. Once the feasibility of the study has been considered, the chapter spells out the contents of the sample tool used, the process of sampling 14 interviewees and the use of manual thematic analysis instead of

computing data through the QSR NVivo 9 qualitative research tool. The methodology established outputs for the results in the findings c0068apter.

Chapter 4: Findings

This chapter reveals the processed (secondary) data, thematically analysed to show the claims, assertions and conclusions of participants' responses. Notes made on the appendices (the questionnaire and formulated tables) are included in the chapter. In this chapter, the researcher provides an application of the data to the theory, and offers arguments for the manner in which the collected data has turned out. The chapter is broken down into a series of discussion themes and sub-themes. The themes deal with what it means to study with a disability, the difficulties that participants face, including their financial challenges in the context of the state's role in improving well-being through grants provision. Thus, although the research is mostly qualitative, it is able to draw conclusions and make recommendations for economic development without using quantitative methods.

Chapter 5: Conclusions and recommendations

The concluding chapter deals with the double burden faced by students – affordability and disability – in undertaking tertiary studies. It deals also with the two forms of available state support (financial aid and the grant). The chapter restates each research question and gives a summary answer for each. It offers some analysis of the role and forms of state support, what this enables, and what the constraints are. The chapter draws out some of the bigger themes, such as welfare provision and human development, which are mentioned in the literature review. Finally, the chapter offers recommendations for corrective measures and further research.

Chapter 2: Literature review

In order to provide a conceptual and contextual structure for this dissertation, this chapter maps out the major state models of social policy. The first section examines the notion of the welfare state, using in particular Esping-Andersen's argument that different kinds of welfare states have emerged during the course of the twentieth century, some of which have been more effective at reducing individuals' dependence on the market than others. The second section examines the impact of neo-liberalism that emphasises minimal welfare provision and the encouragement of market and growth-based mechanisms to provide prosperity. The third section considers the Third Way approaches of the 1990s, which have tried to bring together welfarist approaches and market-orientated approaches into a blend of pro-growth and pro-social justice policy mechanisms. The fourth section turns to the case of South Africa, tracing the origins of social policy in the 1930s through to the structures established in the post-apartheid era.

2.1 Welfare states

In social democratic regimes, the objective of welfare is to reduce a person's dependence on the market for their survival. As argued by Esping-Andersen, welfare states are often defined as those that take "responsibility for securing some basic modicum of welfare for its citizens" (Esping-Andersen, 2006: 161). However, such a definition does not adequately cover the issue of whether social policies "help system legitimation or not; whether they contradict or aid the market process; and what, indeed, is meant by 'basic'" (Esping-Andersen, 2006: 161). Esping-Andersen argues against linear notions that assume that more social spending equates simply to more welfare (Mkandawire, 2001: 9; Esping-Andersen, 2006: 162). He was interested in considerations beyond expenditure on welfare, such as the way in which power operates in society, how social expenditure is directed, who benefits, and how this relates to labour market policies (Esping-Andersen, 2006: 162).

T. H. Marshall (1949, cited in Esping-Andersen, 2006: 163) proposes that "social citizenship constitutes the core idea of a welfare state". T.H. Marshall (1992) proposed that citizenship evolves through three stages. Firstly, that of civil rights which are concerned mainly with rights necessary for individual freedom - liberty of the person, freedom of speech, thought and faith, the right to own property and to conclude valid contracts, and the right to justice (T.H.Marshall, 1992:8 cited in Van Niekerk, 2007: 6). Secondly, they progress to political rights for participating in the exercise of political power and thirdly, to social rights, which range from the right to a modicum of economic welfare and security to the right to share to the full in the social heritage (T.H.Marshall, 1992:8 cited in Van Niekerk, 2007: 6).

Esping-Andersen (2006: 169) develops the idea further by arguing that an understanding of welfare states has to involve three principles concerning "the granting of social rights, social stratification and interactions between activities of the state, market and family". So, "if social rights are given the legal and practical status of property rights, if they are inviolable, and if they are granted on the basis of citizenship rather than performance, they will entail a de-commodification of the status of individuals vis-à-vis the market" (Esping-Andersen, 2006: 163). However, how does the state balance the granting of social rights based on citizenship (the right to education) with performance (employment)?

In this context, when societies modernised from pre-capitalism to industrialism, their "institutional layers that guaranteed social reproduction outside the labour contract" fell away (Esping-Andersen, 2006: 163). This "meant that people were commodified and their de-commodification could occur when a service is rendered as a matter of right, and when a person can maintain a livelihood without reliance on the market" (Esping-Andersen, 2006: 163). If people could be educated as a matter of right and if their human capital or income could allow them to be well off, they would be delinked from the market. Thus, social policy serves the three purposes of (1) Residual Welfare, by providing temporary institutional support from government agencies and state formations such as universities where the private market and family cannot; (2) Industrial

Achievement, by meeting social needs on the basis of merit, work performance and productivity; or (3) institutional redistribution by providing universalist services outside the market on the principle of need (NSFAS, 2010: 3; Titmuss, 1974: 30–1).

In response, in the first case of "social-assistance dominated welfare states, mainly the Anglo-Saxon countries, rights are not so much attached to work performance as to demonstrable need" (Esping-Andersen, 2006: 164). Social movements influence social policy to focus on the social expenditure (social benefits) side of public finance by highlighting demonstrable needs in racial, disability and environmental issues though neglecting the social investment side (education and training) (Alcock, 2003: 6; Mkandawire, 2001: 3). By taking the income approach, without emphasising the importance of education, social movements have failed to link social policy with economic development and they have hindered the self-help approach (i.e. learning) and the partnership approach (i.e. affirmative action policies) from revealing their constituencies' potential for better occupation (Oliver, 1983: 4). Germany pioneered a second dominant model that promotes compulsory contributions to gain benefits with strong entitlements (Esping-Andersen, 2006: 164). This was based on the 1950s notion that primary education is a basic right and on later arguments that education and health expenditures are a means of raising productivity, economic growth and therefore reducing poverty or stabilising population growth, especially if they target the poor through means tests (Weeks, 2012: 216; Mkandawire, 2001: 13–14). This again may not automatically secure substantial de-commodification because the state social insurance scheme concentrates mostly on basing eligibility on poverty that is means-tested, and basing the rules of benefits on the capacity to contribute earnings. The reason lies in that "social policies that enhance education and health must also create conditions that harness these capacities for growth and ensure that growth, in turn, addresses issues of equity and poverty" (Mkandawire, 2001: 4; Oliver, 1983: 4). William Beveridge and T.H. Marshall argue for the third dominant model of a more universal welfare state in Britain, "which may seem the most de-commodifying" (Seekings, 2000: 386; Esping-Andersen, 2006: 164). They call for a universal, contributory social insurance system to attack the five evils of (1) Physical want through pro-poor national insurance benefits; (2) Disease through a national health service (NHS); (3) Ignorance through free education up to age

15; (4) Squalor through public housing for rental; and, (5) Idleness by endorsing full employment (Alcock, 2003: 6; Seekings, 2000: 389).

Esping-Andersen's major argument is that welfare states are not simply distributed between those with less and more social expenditure, but are clustered by regime-types because of "qualitatively different arrangements between the state, market and family" (Esping-Andersen, 2006: 167). "In one cluster", there is "the 'liberal' welfare state" found in the United States, Canada and Australia, "in which means-tested assistance, modest universal transfers or modest social-insurance plans predominate" (Esping-Andersen, 2006: 167). The state encourages market participation passively through entitlement rules that "are strict and often associated with stigma and actively through 'benefits that are typically modest'" (Esping-Andersen, 2006: 167).

A second regime-type known as the conservative or 'corporatist' welfare state clusters nations such as Austria, France, Germany and Italy in their way of granting social rights according to class and status (Esping-Andersen, 2006: 169). Although private insurance and occupational fringe benefits play a limited role in social stratification, state family benefits such as the child support grant, encourage motherhood by means of paying the grants to mothers (Esping-Andersen, 2006: 169). Furthermore, underdeveloped day care and similar family services such as special schools, have made the responsibility of servicing individuals lie primarily within the capacity of the family (RSA, 2001: 13–16; Esping-Andersen, 2006: 169).

The third, and clearly smallest, regime-cluster is known as the 'social democratic' and comprises countries such as Sweden and Norway in which the new middle classes started to enjoy the universal provision of upgraded benefits and services (Esping-Andersen, 2006: 169). In addition, citizens started to enjoy de-commodification of social rights through the pursuit of equality in the quality of rights granted to workers and the well-off and thus incorporating all strata of people under one universal insurance system (Esping-Andersen, 2006: 169). In comparison to the corporatist-subsidiarity model, "the ideal" of social democracy "is not to maximize dependence on the family", but to enhance the "capacities for individual independence" (Esping-Andersen, 2006: 169). Thereby, the

social democratic regime seeks to increase the capabilities of individuals by maximising their benefit from different forms of capital, though social capital suffers a negative trade-off due to greater individualism. This form of welfare state balances the trade-off incurred from the performance or employment of individuals by taking "direct responsibility of caring for children, the aged and the helpless", based on granting them citizenship (Seekings, 2008: 33; Esping-Andersen, 2006: 169).

2.2   Neo-liberalism

These various forms of post-war welfarism in the global North long seemed at one point to be the destiny of developing states. However, the project of welfarism in both the North and South was challenged by the ascendance of market-friendly and anti-statist ideologies and practices often now dubbed neo-liberalism. "By the mid-1980s, in the new ideological dispensation of stabilization and structural adjustment," social policy in the form of social development was linked with state intervention, which exposed it to attack by neo-liberalism as one of the sources of economic failure (Mkandawire, 2001). In a liberal regime, the objective of welfare is to provide minimal state support with a view to encouraging participation in the labour force. Nick Ellison gives a critical review of the neo-liberal regime which questions the legitimacy of "publicly funded, state-delivered or state-regulated institutions", and which criticises the "socialist and social democratic" principles of "social equality and social justice" (Ellison, 2012: 58). The two parts to the neo-liberal argument are about, firstly, the high taxes that have assumedly undercut the productive, entrepreneurial and innovative capacity of firms, individuals, and activities (Bird, 2008: 6; Ellison, 2012: 59). Secondly, neo-liberals argue that comprehensive social protection has failed to move from preserving budgets to providing the needy with a "good level and choice of services" (efficiency) as well, and it has failed to move welfare recipients from depending on welfare to earning in the market (Ellison, 2012: 59).

Neo-liberalism comes from liberal understandings of the free market and individual freedom, starting primarily with Adam Smith's (1723–1790) notion of the market as a means of stratifying society and providing welfare through individuals who compete freely in a self-interested pursuit of wealth to gain collective prosperity in the context of

falling prices (Ellison, 2012: 59). Liberal Victorian theorists such as Samuel Smiles emphasised "the virtues of individual responsibility, hard work, and 'self-help'" and, later, neo-liberals in the post-war era (1945–1980) opposed the Keynesian-type welfare state involving government stimuli into weak economies because of the inflationary pressures that the loans create (Oliver, 1983: 4; Ellison, 2012: 59). While Milton Friedman argued for a state that is restricted mostly to monetary policy instead of fiscal policy, Friedrich von Hayek argued for a competitive market economy under a strong rule of law with minimal provision of public goods such as health and safety-net security (Ellison, 2012: 59 and 60). Hayek used the term 'negative freedoms' to suggest that the state has the market failure of lack of information and this makes it unable to achieve democratic justice through coercion, as would human liberty do in a market economy (Lin and Chang, 2009: 484; Ellison, 2012: 60).

Neo-liberals propose that the other ways in which the state can encourage hard work and compensate the inability to work involve (1) reducing welfare in order to crowd-in private and volunteer welfare provision to expand the beneficiaries' choices and human liberty; (2) instituting negative tax structures to encourage more participation in the formal economy (Bird, 2008: 13; Ellison, 2012: 61). Furthermore, they argue that the state should (3) encourage individuals to ensure against risk while providing the poorest with vouchers; (4) avoid negative freedoms such as redistribution from occurring through fiscal action, but by progressive tax structures; and (5) reduce its coercive behaviour by allowing more choices in public goods and services (RSA, 2011a: 21, 175 and 412; Ellison, 2012: 61). As a result, Minford (1991, cited in Ellison, 2012: 61) suggests that privatisation can remedy wasteful expenditure found in the state's over-supply and monopoly of public goods and services because the state would create more choices for individuals and it would pressure more individuals to pay.

However, there are four key problems with neo-liberals, starting, firstly, with their failure to appreciate that positive freedom exists in women, disabled people, and other marginal groups' use of collective action to offset their disadvantages and add to the liberties of individuals (Oliver, 1983: 4; Ellison, 2012: 62). Secondly, neo-liberals fail to distinguish between the freedom to exercise liberty and the inability (lack of income and resources)

to do so (Plant, 1990 cited in Ellison, 2012: 62). Thirdly, neo-liberals fail to appreciate that private institutions can be as coercive as the state by forming "price cartels or informing consumers about selective benefits of their products" (Bowles et al., 2005: 265; Ellison, 2012: 62). Fourthly, they fail to understand that it is due to different socio-economic conditions that the liberal welfare regime stimulates "entrepreneurial behaviour and encourage personal responsibility" in "the United States and the United Kingdom" while social democracy keeps "Swedish economic competitiveness or … welfare dependency" stable (Ellison, 2012: 62 and 63).

2.3   The Third Way

Since the 1990s, Third Way approaches have attempted to bring together social democratic and liberal approaches in a pragmatic allocation of resources to those in need, alongside strong support for the free market. Third Way approaches have emphasised public-private partnerships and the importance of market provision (Harrison, 2006: 188). Martin Powell (2012: 135) outlines "the discourse, values, policy goals, and policy means or mechanisms … of the Third Way", as articulated in "the writings of Anthony Giddens (e.g. 1998, 2007), the Democrat administrations of Bill Clinton in the United States (1992–2000) and the New Labour governments of Tony Blair and Gordon Brown in the United Kingdom". Instead of being social democratic or neo-liberal, Giddens (1998, cited in Powell, 2012: 135) stresses that the Third Way is a modernised social democracy that provides a third or middle way between the "classic welfare state" and "Old Labour" polity; that is, it involves left-of-center politics.

In this context, the discourse of the Third Way conflated existing political discourses to form what Blair termed political "cross-dressing" (Powell, 2012: 137). Unlike the antagonistic claims of "the 'new right'", which "promoted economic growth at the risk of large social inequalities", and of the "old Left" which attempted to reduce inequalities at the risk of slowing down growth, the Third Way claimed that increased economic growth could be complementary to the reduction of poverty and inequalities (Powell, 2012: 137).

While Blair claimed that policies originate out of values and evidence-based policy-making, the realisation of the values rests on the policy goals or objectives (Powell, 2012:

137). For example, the realisation of equality as a value rests on the policy goal of whether it is possible to achieve "equality of opportunity" in the form of "a reduction of inequalities of income, wealth, health status, and educational qualifications" generally, or "equality of outcomes" in the form of an increase in the human development of certain individuals (Powell, 2012: 137). In terms of "policy instruments", New Labour followed a "process-driven" distribution that emphasised "conditional … welfare" concerned with the values of creating responsible citizens by linking their rights with obligations which steered them to meet certain goals or else face benefit reduction if they demonstrated no performance (Powell, 2012: 139). "Debates about universalism versus selectivity" concerned stressing universal services for inclusion while strengthening "selectivity in cash benefits" (Financial and Fiscal Commission, 2009: 51, 52 and 56; 2008: 4; Powell, 2012: 139). Consequently, "services were still largely financed by the state, but were increasingly delivered by private or voluntary bodies" (Powell, 2012: 139).

Third Way approaches to welfare focused centrally on more 'flexible' and paid work, by dealing with structural unemployment through "an increase in part-time and temporary employment … on the supply-side" instead of managing demand through Keynesianism (Powell, 2012: 139). In the UK, this central approach "may have emphasized carrots" by lessening the information market failure through announcements of "job opportunities, curriculum vitae preparations and job interview presentations", or by "making work pay" through tax credits and a national minimum wage, though in the US, low or time-limited benefits may have highlighted the stick that compelled poor people to work (Rodrik, 2004: 11; Powell, 2012: 139).

2.4   The case of South Africa

South Africa put in place many welfare mechanisms from the 1930s onwards that were inspired by the emerging social democratic welfare states in the North. The apartheid regime was racially discriminating in the way it allocated welfare, although it did not eliminate all welfare for black people. After the transition to democracy in 1994, South Africa's approach to welfare followed the Third Way approach, particularly under the presidency of Thabo Mbeki. It has continued and extended many of the welfare

mechanisms laid down in earlier parts of the century and has introduced new grants such as the child support grant. In line with Third Way thinking, the approach of developmental social welfare requires that grants have a developmental objective rather than simply meet people's needs (Harrison, 2006: 195).

In this context, "the general elections of 1994" followed by "The Constitution of 1996 secured political and legal equality … with the recognition of citizens' … qualified … right of access to adequate housing, health care, education and social security"; however, the democratic government, within reasonable means, has failed to eradicate social and economic inequality" (Southall, 2007: 1 and 2; Seekings, 2000: 386). As citizenship entails equality of treatment, fairness of political and civil rights before the polls and court have been easy to define (Seekings, 2000:386). However, the social rights of citizenship have been more complex.

Historically, South African social policy comes from a corporatist-subsidiarity model which the Dutch East India company established to provide "public assistance … to destitute children, the chronic sick and the indigent disabled" through the "family and church" (Sagner, 2000: 525). "Besides the introduction of the old-age pension in 1928, the social reforms in the 1920s and 1930s included a series of laws that laid the foundation of child welfare grants (1921, consolidated 1937), blind pensions (1936) and disability grants (1937)" based on compensating "loss of labour power" (Sagner, 2000: 527). The urban Africans faced escalating difficulties in caring for the frail and elderly due to inadequate housing facilities, increasing segregation and tightening urban influx controls (Sagner, 2000: 533). "In the absence of other institutions to house the African elderly … the Bantu Refuge at Germiston", which was "established in 1927 in an abandoned mine compound … soon" became a place designated to "the disabled, the chronic sick, non-certifiable mental cases, blind persons and beggars, regardless of age" (Sagner, 2000: 54425). "Only a few municipalities, most notably Port Elizabeth, were prepared to invest in residential accommodation for aged Africans" (Sagner, 2000: 54425). "In 1943, out of a total of £9,750,000 spent on social assistance and social insurance by public and private bodies … the total yearly expenditure" for Africans who formed about 80 percent of the national population, "amounted to only £600,000" and it

represented "about seven per cent of the expenditure" for the "White population" (Sagner, 2000:530 and 535). Though social spending remained disproportional, welfare for Africans later increased "mainly as a consequence of the introduction of pensions for elderly and blind Africans (1944), disability grants (1946), the inclusion of Africans in school-feeding schemes (1943) and the 1945 decision to finance African education from the general revenue" (Sagner, 2000: 534).

"In the early and mid-1940s … the state assumed responsibility" for providing social welfare in the form of "a universal old-age pension" at different levels, a unitary and non-discriminatory "unemployment insurance system, a universal but discriminatory disability pension system, and a notable shift in state responsibility for schooling African children" (Seekings, 2000: 388). Following increasing interest in welfarism in Britain and elsewhere, the Afrikaner churches and nationalist politicians, as well as trade unions and allegedly 'socialist' politicians, ensured the welfare and employment of white people and, to an extent, coloured people, through the enactment of a range of economic and social measures between 1924 and 1937 (Seekings, 2000: 391). Plans for the future of social security and poverty reduction "for all sections of the people of the Union of South Africa" came from South African Prime Minister Jan Smuts' endorsement of "the 1941 Atlantic Charter," which was "drawn up by the British Prime Minister, Winston Churchill, and American President Roosevelt" (Seekings, 2000: 391). Meanwhile, the African elites drafted the African Claims, which laid out their demands for the government and employers to compensate for disabling industrial work, in line with the Atlantic Charter and Germany's initial occupational accident and health insurance systems of 1884 (ANC, 1943: 8; Meyer and Homann, 2009: 251). In their decision for the future of the country, white political and intellectual elites had to consider two questions concerning:

> Firstly, should emphasis be attached to reducing state regulation of economic production, especially with respect to the fixing of prices and wages, or to increasing the state's role in redistribution through the development of a welfare state?

Secondly, should public policy be geared at white and coloured people only, or should African and Indian people also be embraced?

Seekings argues that three major positions in response to these questions were, firstly, the classic liberal position which emphasised purposive production over distribution; secondly, the New Liberal position influenced by Keynesian macro-economic thought) which emphasised purposive redistribution; and, thirdly, "the National Party position" which "emphasised the redistributive role of the state" for "white and coloured people only" (Seekings, 2000: 393).

"Between 1944 and 1946 … means-tested, non-contributory old-age pensions were deracialised, unemployment insurance" was deracialised in some industrial sectors, "steps towards a more inclusive education system and … a national health service" were taken, and "the earnings of African workers" were revisited (Seekings, 2000: 395). South African welfare policy adapted "international developments "including "New Zealand's 1938 Social Security Act", Britain's 1942 Beveridge Report, and America's specific provision for war veterans (Seekings, 2000: 395 and 396). The latter encouraged the South African government to enact the 1942 War Pensions Act, which established a universal war pensions scheme with racially skewed benefits for soldiers and their dependents (Seekings, 2000: 396). "In the development process", the importance of social security in "increasing social cohesion and thus promoting the accumulation of social capital and growth-complementing stability" may make a large public sector necessary not only for partially decommodifying labour from the market but also for "improving the performance of the labour market through social welfare policies that increase productivity and mobility" (Mkandawire, 2001: 14). "The Social Security Committee proposed a two-part social security system", which leaned on the racially segmented living standards prevailing (Seekings, 2000: 386 and 396). The proposed system involved a "contributory but heavily state subsidized part encompassing white, coloured and Indian people" generally (including "most urban or formally employed African people"), which "would cover sickness, unemployment, retirement and family allowances", and "a non-contributory" (heavily state-subsidised) "but means-tested part encompassing mostly African people", which "would cover retirement and disability

only" (Seekings, 2000: 396). In 1943, "the Gluckman Commission's report called for a unified health service, with extensive primary preventative services offered through four hundred health centers across the country, all financed out of general tax revenue" (Union of SA, 1944 cited in Seekings, 2000: 397). In the same year, a new Social and Economic Planning Council, "the SEPC, proposed for massive public investment in schooling for 'non-European' children", as well as for "food subsidies" to "be extended" (Seekings, 2000: 397).

Ultimately, the legacies of liberalism in South African history have been, firstly, a high rate of long-term unemployment, of which its effect of chronic poverty leaves out non-disabled adults from state welfare alongside the second part, universal means-tested old-age pensions, of which their benefits were fully deracialised in 1993 (Seekings, 2000: 400 and 401). Moreover, "increased public expenditures on health, education and housing for the poor were, by 1993, effective at reducing inequality largely than in any comparable middle-income country in Latin America or poor country elsewhere" (Seekings, 2000: 387, 398 and 400).

Jeremy Seekings (2008) also outlines the state of welfare in post-apartheid South Africa, according to the state's understanding of whom or not is deserving of social assistance. Throughout history, debates in South African social policy have raised complaints about the financial costs of "hand-outs" and the social and economic costs concerning the "culture of dependency and entitlement", with the most recent approach to social policy viewing South Africa as a "developmental" state that provides contributory programmes of social assistance (RSA, 2001: 25; RSA, 2011a: 5; Seekings, 2008: 29). "Total expenditure on social assistance programmes and the total number of beneficiaries changed little during the Mandela presidency in the late 1990s", only to rise rapidly during Thabo Mbeki's presidency in the early 2000s (see figure 2 and Table 3) (Emmett, 2006: 223; Seekings, 2008: 30). In 2004, they rose together with an increase in the maximum real value of the old-age pension (paid to men and women from the ages of 60 and 65 respectively), disability and care dependency grants (paid to the disabled and caregivers of disabled children), and the foster care grant (paid to court-recognised foster parents) (Seekings, 2008: 30). Upon recommendations of the Lund Committee in 1998,

the child support grant (paid initially on a low level for young children from poor households) replaced the state maintenance grant (paid previously to families with poor children outside of the Bantustans) (Barchiesi, 2007: 567; Seekings, 2008: 32). In comparison to other forms of social assistance, the child support grant grew rapidly due to rising take-up rates among eligible groups, and expanded years of eligibility among poor children (Seekings, 2008: 32).
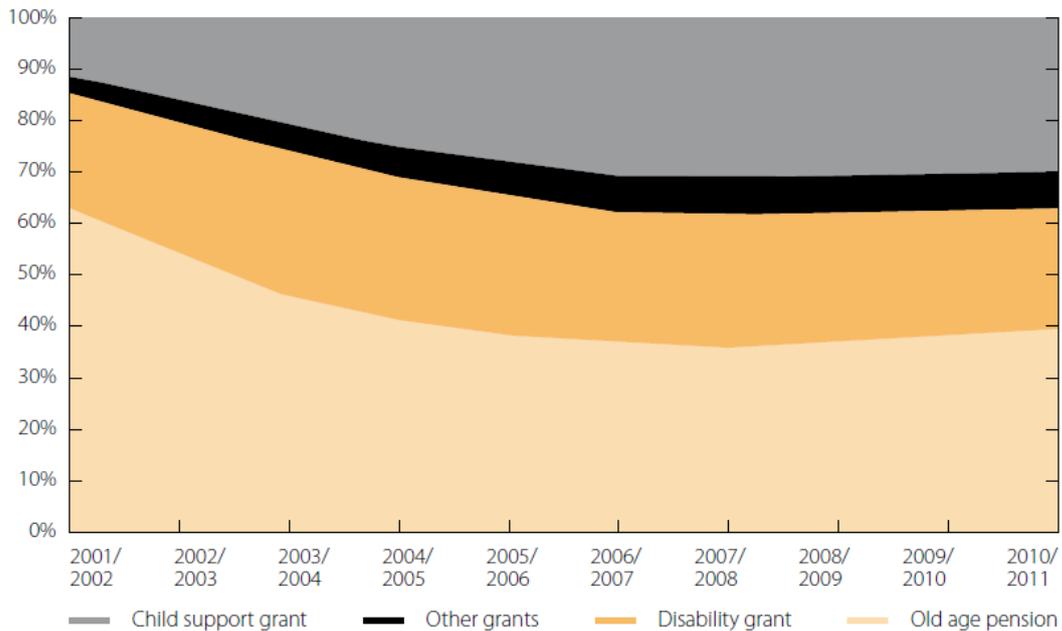
Figure 2: Percentage contribution of spending on each type of social grant to total spending on social grants

(Source: National Treasury website, cited in Financial and Fiscal Commission (2009:69)

Table 3: Number of beneficiaries of each type of grant

Fiscal year (1 April – March 30)	Old-age pension	Disability grant	War veterans' grant	Foster care grant	Care dependency grant	Child support grant	Grant in aid port grant
1998/1999	1 812 695	633 778	9 197	71 901	16 835	34 471	8 496
1999/2000	1 860 710	612 614	7 553	79 937	24 438	352 617	8 748
2000/2001	1 877 538	627 481	6 175	85 910	28 897	974 724	9 489
2001/2002	1 903 042	694 232	5 266	95 216	34 978	1 907 774	10 332
2002/2003	2 009 419	953 965	4 594	138 763	58 140	2 630 826	12 787
2003/2004	2 060 421	1 270 964	3 961	200 340	77 934	4 309 772	18 170
2004/2005	2 093 440	1 307 551	3 343	252 106	88 889	5 663 647	23 131
2005/2006	2 144 117	1 319 536	2 832	312 614	94 263	7 075 266	n/a
2006/2007	2 195 018	1 422 808	2 340	400 503	98 631	7 863 841	31 918
2007/2008	2 225 354	1 409 434	1 931	446 994	102 153	8 189 914	37 343

(Source: Department of Social Development, cited in Financial and Fiscal Commission (2009: 70)

Just like a social democratic welfare state, the South African state views the three categories of people who deserve social assistance as the elderly, the disabled and children, on the grounds that they cannot work due to either age or disability, with poor adults of working age assigned to public works programmes on the basis of providing them with the "dignity of work" (Esping-Andersen, 2006: 169; Seekings, 2008: 33; Seekings, 2000: 401). South Africa's commitment to full employment, increased participation of disabled people in the labour market, and the continuous emphasis on the importance of national revenue to fund development have made the country a social democratic regime in name. However, the ideal of a lean, social democratic system has increasingly diminished by few people formally employed, and very many beneficiaries

living off social transfers (Swartz and Schneider, 2006: 237). The success of the welfare system in South Africa is subject to one necessary and two sufficient conditions, concerning, firstly, enough contributory pensions to sustain retirees' lives; secondly, low "unemployment … whether through Keynesian macro-economic policies, active labour market policies or American-style growth of low-wage employment"; and third, "contributory social insurance "against the risk of short-term unemployment" (Seekings, 2008: 33). None of these conditions hold in South Africa because the country has "the world's highest unemployment rate … a minimal" contributory "system of social insurance … and very few" retirees benefit significantly "from contributory pension schemes" (Financial and Fiscal Commission, 2009: 49 and 51; Seekings, 2008: 33 and 34). Thus, "the long-term unemployed" have no welfare benefit except the 'social wage' and most retiring workers rely "on the state's tax-funded old age pension" (RSA, 2011a: 21; Seekings, 2008: 33 and 34).

The 1997 White Paper on Social Welfare (RSA, 1997 cited in Seekings, 2008: 36) and National Development Plan (RSA, 2011a: 415) express the notion of "'Developmental' welfare, which entails the provision of the poor with skills and opportunities so that they could support themselves". Furthermore, the National Development Plan and Education White Paper Six express efforts on "comprehensive education programmes that provide life-skills training and programme-to-work linkages" (RSA, 2011a: 6; RSA, 2001: 21). Nevertheless, there has been neither "strong civil society nor electoral pressures to expand the social welfare system" with the effect that the "Taylor Committee's central recommendation" for establishing "a comprehensive system of social security" through "the introduction of a modest 'basic income grant', on a phased basis and conditional on administrative efficacy" was not acted upon "in 2002" (Seekings, 2008:36; Barchiesi, 2007: 574). The Reconstruction and Development Programme (RDP) of 1994 specifies that, "although a much stronger welfare system is needed to support all of the vulnerable, the old, the disabled and the sick who currently live in poverty, a system of 'hand-outs' for the unemployed should be avoided" (ANC 1994:18 cited in Seekings, 2008: 35). Seekings (2008: 36) shows how Section 27 of the Constitution (RSA, 1996) states and qualifies the country's developmental objectives:

1) Everyone has the right to have access to … (c) social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights.

Figure 3 demonstrates the different extents to which these rights were realised by the pre- and post-apartheid governments. "The 2008/09 Budget provided for social assistance expenditure of R70.7 billion, of which R26.4 billion was allocated for old age pensions, R21.6 billion for child support grants, R17.7 billion for disability grants and R5.0 billion for other grants" (National Treasury, 2008: 319 cited in Financial and Fiscal Commission, 2009: 46). In addition, "the sharp spike in both ratios in 1993/94 resected a special transfer of R7.340 million to the Government Employees Pension Fund" (Financial and Fiscal Commission, 2009: 46).

Figure 3: General government spending on social protection (1983/84-2005/06)
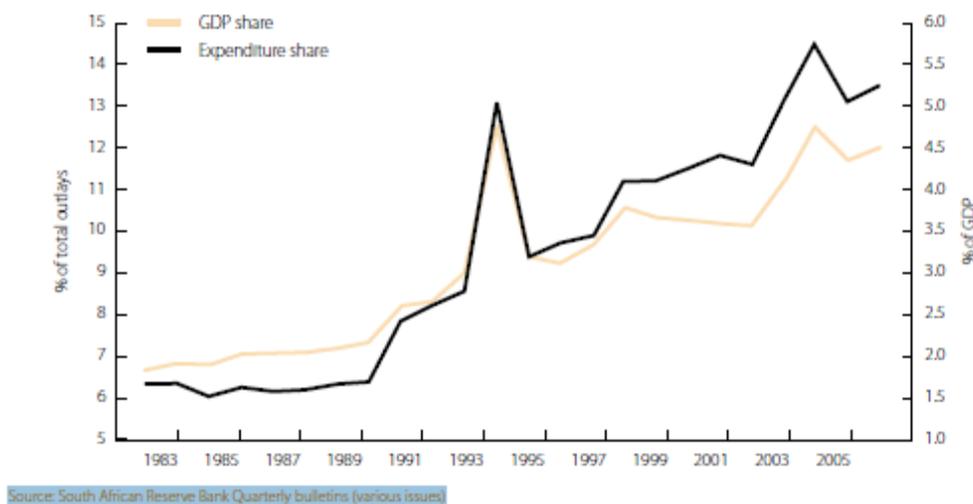
Figure 3: General government spending on social protection (1983/84-2005/06)

(Source: South African Reserve Bank Quarterly bulletins (various issues) cited in Financial and Fiscal Commission (2009: 46)

Section 29 of the Constitution (RSA, 1996) states and qualifies more of the country's developmental objectives as follows:

1) Everyone has the right to have access … (b) to further education, which the state, through reasonable measures, must make progressively available and accessible.

Table 4 shows the extent to which the post-apartheid government has sought to directly redress inequalities in the provision of quality education with knock-on effects expected to change income inequalities as the skills and knowledge transform into productivity and ultimately, increased economic growth-raising incomes (Sayed, 2008: 54). The state balances social rights of citizenship with employment in an intricate manner. It seeks to ensure that higher education institutions are more financially, environmentally and pedagogically accessible, while it redresses income inequalities through preferential recruitment and procurement (NSFAS, 2012b; RSA, 2001: 31; RSA, 2011a: 412). Moreover, the Department of Education (2003) provided that "households receiving welfare grants on the basis of poverty should be granted exemption from school fees" (Maile, 2008: 174). This integrated approach, which involves Department of Social Development means tests and social workers, is an interdepartmental network, which affects poverty reduction better than the 'silo effect', as it consists of institutional and social weights of disadvantage.

Table 4: Percentage of Provincial Education expenditure.

	2003	2004	2005	2006	2007
Current payments of which:	91.6	91.2	90.8	89.3	89.3
Compensation of employees	82.5	82.6	80.8	79.3	78
Goods and services	9.1	8.5	10	10	11.3
Transfers and subsidies	4.1	5	5.3	6	6.4
Payment for capital assets	4.3	3.9	3.9	4.7	4.3
	100	100	100	100	100

(Source: National Treasury, 2007, cited in Financial and Fiscal Commission (2009: 24))

2.5 The case of the disability grant and other mechanisms, including NSFAS

In the 1990s, the disability grant was deracialised and currently, a temporary benefit (max R1, 260) lasting six months, is provided to means-tested persons who are unfit to work for a period between six months and a year, while a permanent one lasting indefinitely is provided to those unfit to work for more than a year (Government Services, 2011). With the risk of studying and labour market absorption at hand (Nzimande, 2010; Xingwana, 2011), the South African disability grant, like similar mechanisms elsewhere, "offers a basic, equal benefit to all …" people with disabilities, "… irrespective of prior earnings, contributions or performance" (Esping-Andersen, 2006: 164). The disability grant in effect covers some of the opportunity costs to disabled students studying at tertiary education institutions in South Africa, explicitly in order to qualify them in scarce skills careers (NSFAS, 2010; NSFAS, 2011; NRF, 2012: 2).

Moreover, skills and opportunities remain necessary for ultimately reducing dependency on state support and reducing citizens' feeling of free entitlement (RSA, 2011a: 5; RSA, 2001: 24). As a result, just as the South African education and training strategy seeks to develop "all human resources to their fullest potential" in accordance with social democracy, it also aims to reduce "the Government's fiscal burden" by "increasing the number of productive citizens relative to those who are dependent on the state for social security grants" (RSA, 2001: 24). The National Student Financial AID Scheme (NSFAS) has been a statutory body of the South African government since 1996, to make further education available and accessible progressively through financial support within reasonable measures (NSFAS, 2012a). In 2004, the Department of Labour introduced a state bursary under the National Skills Fund, which later became the NSFAS and, from 2008 onwards, was financed by the Department of Education (NSFAS, 2010: 3). Besides funding students with disabilities who meet the performance requirement of academic ability, as well as demonstrable needs such as declared disability and financial means tests, the NSFAS bursary fosters patriotic ties to South Africa by binding its beneficiaries to work in the country for a specified period (NSFAS, 2011: 46; also see Esping-Andersen, 2006: 165; Powell, 2012: 139). The NSFAS bursary for students with disabilities covers five costs namely: (1) tuition costs; (2) accommodation costs; (3)

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meals costs (max R12, 000 per annum, conditional on type of accommodation); (4) materials costs (max R4, 600 per annum); and, (5) assistive device costs (max R21, 000 per qualification) (NSFAS, 2010: 8). Assistive devices are particularly pertinent in reducing the cost of disablement by promoting independence, contributing to functioning in society, facilitating communication, and improving the quality of life of persons with disabilities (NSFAS, 2011: 48; Schneider, 2006: 15; Emmett, 2006: 227; Rule et al., 2006: 283).

Financial aid is important in keeping students in higher education institutions. The main reason given by students who leave university is 'no funds'. For female students, the second major reason for leaving university is "the need to stop out", referring to pause one's studies to earn money (Letseka and Breier, 2008: 91). While funds are important, the 2013 NSFAS guidelines also provide for an allocation for acquiring personal assistance, scribes and tutors by recognised professionals (NSFAS, 2012b:6 and 12). The NSFAS should recognise that the second major reason why male students leave university are "failing courses", with female students finding it difficult to adapt to the curricula (Letseka and Breier, 2008: 91). While new services can be outsourced, others such as mentoring are necessary to assist students in general deal with "very active social lives", "frustration with the administration", "self-confidence" and the academic environment (Letseka and Breier, 2008: 91).

 In conclusion, the three worlds of welfare states offer a theoretical framework for understanding that welfarism encompasses more than just the social rights of citizenship. They help us recognize that South Africa, as a social democratic state, has moved towards incorporating all strata of races under one universal insurance system, it has pursued equality in the quality of rights granted to different races, and the state has enabled de-commodification to occur when services such as welfare and education are rendered as a matter of right. South Africa comes from an era of a liberal regime where the virtues of self-interest were promoted, a competitive market economy was under a strong rule of law, and minimal public goods such as health and safety-net security were provided. Thus, proponents of the third way such as Thabo Mbeki have sought to realize the values of equality through measurable policy goals of "equality of opportunity" by

reducing "inequalities of income, wealth, health status, and educational qualifications" generally, while achieving "equality of outcomes" by increasing the human development of people with disabilities through mechanisms such as NSFAS.

Chapter 3: Research methodology

This chapter aims to summarise the steps taken by the researcher in this exploratory investigation. The chapter is set in three parts. Firstly, it outlines the basis of using qualitative principles of research (methodology). Secondly, it addresses the 'insider' purposive sampling method for collecting interview data from students with disabilities, and, thirdly, it deals with the thematic analysis method of grouping ideas into social constructs.

The chapter sets out to describe and outline the methodology in detail. It describes the preparatory exploration of the research question, the preliminary discussions held with 'experts' in the subject, and the piloting of the interview schedule. It describes the reflective nature of the interview and the researcher's role in administering it. It deals with the type of sample gathered, including its strengths and weaknesses. This chapter further describes and discusses the difficulties that arose during the process of data collection, as well as the measures taken to deal with them. Finally, the chapter explains how the researcher analysed the data manually.

3.1   Research design

Within the discipline of development studies, the basic or fundamental concerns are modernisation, dependency, the Washington Consensus or Third Way politics, the environment, gender, democracy, grassroots development and development alternatives such as the developmental state (Simon, 1997: 4). Matthews (2004: 376) closely associates the concept of development with improvement, amelioration and desirable change. Research, here, is a process of summative evaluation, which is not only descriptive of the subjects but also reflects and interprets their social experiences within an economic programme (Davies, 2007: 17; Patton, 1990: 150; Haverkamp and Young, 2007: 272). While emphasis is on exploration, objectivity in basic research means that concepts undergo a specific process of knowledge production and theoretical framing for a certain academic audience (Patton, 1990: 150). The process of gathering an in-depth

and elaborate "understanding of specific processes or concerns within a specified context" is called "qualitative inquiry" (Elliott, Fischer and Rennie, 1999, cited in Haverkamp and Young, 2007: 276; Denzin and Lincoln, 2003: 4, cited in Davies, 2007: 10). It is "a qualitative investigation that pursues understanding to illuminate specific problems or improve specific practices" having "a practice-oriented purpose" (Haverkamp and Young, 2007: 274). The researcher adopted a practice-oriented approach. As a beneficiary of the disability grant and a former beneficiary of the Student Financial Aid Scheme (NSFAS), as researcher, I have been immersed in the context, resulting in high levels of validity.

The focus on the "participants' subjective experience of the program would reflect an interpretive/constructivist paradigm" (Haverkamp and Young, 2007: 274). "An evaluation or practice-orientated purpose may organise rich, elaborated descriptions of specific concerns within a specified context into themes, but they would not be as extensive as those used in model or theory development" (Haverkamp and Young, 2007: 274).

The research has two competing paradigms, of which one was chosen by using the three foci, namely, (1) the form and nature of reality (ontology); (2) the nature of the relationship between the knower or would-be knower and what can be known (epistemology); and (3) the process that the inquirer (would-be knower) can use to find out about the believed knowledge (methodology). In terms of basic beliefs, the research links with constructivism by involving local and specific constructed realities and by the methodology, which subjectivists use to create findings (Guba and Lincoln, 1994: 109). Cross-paradigm analyses show that the ontology of constructivism's relativism "assumes multiple, graspable, and sometimes conflicting social realities that are the products of human intellects, but that may change as their constructors become more informed and sophisticated" (Guba and Lincoln, 1994: 111). In this regard, the research gives a critical account of gaps in social policy and, by sharing with policy constructors (politicians, officials, students and researchers) the participants' narratives, seeks to change and merge the understanding of the social benefits. The constructivism hermeneutic/dialectic methodology reconstructs previously held constructions of the International

Classification of Functioning (ICF) model of disability by weighing out the social model of disability against the medical model.

In preparation for the study, I held preliminary discussions with the Disability Unit Coordinator of the University of Kwazulu-Natal, Howard College Campus whose office 'monitors and provides advice on embedding responsibility for creating an inclusive working and learning environment for persons with disabilities' as well as with Student Funding Centre managers about the importance, relevance and approval of the study (UKZN Council, 2004: 8). Their 'open-door policy' and close relationship with me as a disabled student, who formerly received NSFAS funding, granted me easy access to them and their expert knowledge. Prior to conducting interviews, I explored literature on social policy and disability in the literature review to establish the background to social assistance in South Africa. I piloted the interview schedule on a blind male student. I experienced challenges with finding a convenient time for the interview because the pilot respondent was busy with second-semester examinations. To meet this challenge, the main interviews were conducted the following year during the latter part of the first semester in order to allow time for first-year students to first experience university life and NSFAS allocations.

3.2 Sampling

I gathered a sample of 14 disabled and chronically ill students situated at the sampling site of the University of KwaZulu-Natal (UKZN), Howard College campus. Across UKZN, there were 373 registered students with disabilities at the end of 2011 (Corporate Relations, 2012a). From that number, an estimated 50 disabled students graduated from the College of Humanities in the 2012 graduation ceremony (Corporate Relations, 2012b). Thus, I focused on Howard College campus and the College of Humanities where most disabled students are located. As a blind student who has studied there, I had become familiar with the terrain, environment and facilities about which the respondents spoke in the interviews. The sample achieved a gender balance and some representivity in terms of disability and race. However, the weakness of not including a deaf student or a

white person was not directly overcome. Although the sample does not include a white person, the sample population does present indicators that are similar to the demographics of the country's white population. Although the sample does not include a deaf student, it is strengthened by its inclusion of the voices of chronically ill beneficiaries, that is, extending the scope past disabled students. Social policy has recently been broadened to include them (RSA, 2001; Emmett, 2006: 223; Nattrass, 2007: 198). The research sought representivity by using social factors (i.e. gender, disability and race) instead of economic indicators (i.e. level of study or benefit status) to avoid creating classes within the disability community. By default, variations in the economic indicators were achieved as the sample comprised respondents ranging from first-year to honours students, from students with slow academic progress to well-progressing students, from students with affording households to students with poor backgrounds, and from beneficiaries of the disability grant and/or NSFAS funding to non-beneficiaries of the benefits (Appendix 2).

I used a purposive or judgmental sampling technique to select respondents according to my "judgment of the population, its elements, and the purpose of the study" (Babbie and Mouton, 2001: 166). Disability Management Services (2010) mentions that the number of students who use the services of the Disability Unit determines the number of students with disabilities in any university. In an instance such as this, purposive sampling is suitable as the research sought to study "a small subset of a larger population in which many members of the subset are easily identified, but the enumeration of all of them is nearly impossible" (Babbie and Mouton, 2001: 166). In this study, the population refers to disabled students who, by default, have received financial aid from the NSFAS bursary for students with disabilities at the Howard College campus of UKZN. The subset refers to the beneficiaries and non-beneficiaries of the disability grant studying at the university. The members of the subsets are the differentiated individuals with respective impairments studying at the university. For the reason that the subsets do not neatly overlap, a quantitative methodology that requires probability-sampling techniques was unworkable. An accurate proportional estimate of on-campus students with disabilities is attainable only if the researcher gains access to confidential information from the Student Funding Center about income sources, types of disability and number of students funded.

I conducted interviews using the sample instrument of an interview schedule which asked open-ended, semi-structured questions (Appendix 1). The sampling tool posed a challenge of multi-tasking on the computer. Administering the interviews, I communicated with the disabled and chronically ill respondents with my mouth; was attentive to the computer with one ear and listened to the respondents with the other ear; used my fingers to manipulate the computer with the aid of JAWS (Job Access With Speech screen-reading software), and, used the laptop's sound recorder to record the voices. As I had the option of reading the informed consent form electronically, by Braille or mentally before each interview, I chose to express it mentally to save time. This method had the potential weakness of inexactness. However, all the important information mentioned orally was presented in hard copy to the participants before they signed the informed consent form.

3.3   Analysis

The research used thematic analysis to organise data into themes. Based on the technique of argument theory, thematic analysis comprises basic themes, which make a claim; organising themes, which linked several basic themes to provide clarity on the broader assumptions made; and a global theme, which groups organising themes to sum up the assumptions, assertions, and conclusions of the entire text (Attride-Stirling, 2001). The stages of thematic analysis broadly proceeded with (1) the itemisation of the text; (2) the exploration of the text; and (3) the consolidation of the exploration (Attride-Stirling, 2001). Specifically, the steps of analysis concerned (a) coding; (b) identifying themes; (c) constructing thematic networks to conclude the first stage; (d) describing and exploring thematic networks; (e) summarising thematic networks for ending the second stage; and (f) interpreting patterns for the last stage (Attride-Stirling, 2001: 391).

Descriptively, the stages of analysis involved, firstly, the itemisation of the text by copying and pasting extracts from the transcript to a new Microsoft Word document, which has predetermined frames, with the remainder of extracts being used to develop new codes such as the three parts of academic problems. Secondly, the exploration of the text concerned introducing a description of each explored thematic network and

summarising them in the conclusion. Thirdly, the consolidation of the exploration concerned manually finding patterns or counting occurrences across respondents and their responses by using a technique that is closely similar to analysing mechanically with the QSR NVivo 9 qualitative research tool. Furthermore, the typology of thematic analysis allowed me to revisit the global themes by identifying themes relating to the research purpose, and constructing new thematic networks relating to the research questions. Thus, the new structure comprised three themes that (1) analysed studying with a disability; (2) the difficulties in studying with a disability; and (3) the role of institutional support in assisting students to manage financially and in other respects. An integrated approach to coding used both a deductive method to fit text segments into predetermined frames as well as the inductive method of the grounded theory approach, which abstracted new codes from the remainder of segments that did not comfortably fit the predetermined labels (Bradley et al., 2007: 1763).

The five codes for basic themes included (1) conceptual codes and sub-codes; (2) relationship codes; (3) participant perspective codes; (4) participant characteristic codes; and (5) setting codes (Bradley et al., 2007: 1763 and 1764). Conceptual codes and sub-codes involved the nature of disability, time of disablement, and problems encountered by the disabled respondents in life and, specifically, at university. Relationship codes included information about how respondents' disabilities influenced their decision to study at university, how the NSFAS bursary assisted them in respect to its five components, as well as how the disability grant boosts the five components of the NSFAS bursary or how it serves to counter the problems faced by the disabled respondent in life and, specifically, at university. Participant perspective codes involved information about the disabled respondent's capability to study at university without the bursary, as well as the measures participants recommended for assisting disabled students at university. Participant characteristic codes included information concerning the nature of disability, field of study, level of study, status of bursary, and status of disability grant, and they provide a picture of why we should understand differences within disabilities in terms of diversity and inequality (Appendix 2). Setting codes included information about the time of disablement, period under NSFAS funding and period under social security.

They provide a picture of why social policy of equal benefits is not equivalent to that of equality of outcomes (Appendix 3).

Conclusion

This chapter has laid out the paradigms overarching the research design, it has contextualized the sampling frame,tool and technique, and it has explained the process of coding, grouping and organizing extracts into thematic networks during data analysis. Moreover, the chapter has accounted for the ethical considerations taken when interviewing vulnerable groups on a sensitive topic.

Chapter 4: Findings

For the disabled person, choosing to study at university is not a straight-forward decision to take. Upon registering, there are certain social and academic difficulties that students with disabilities and chronic illnesses face. Nevertheless, the NSFAS bursary and the disability grant assist these students to manage not only financially, but socially and academically as well. The purpose of this chapter is to present the interview findings, elaborating on the levels of citizenship experienced by students with disabilities and chronic illnesses, both in and outside of the university, as they arise from two forms of social policy, that is, education and welfare. Achieving this purpose, this chapter deals with three themes: (1) studying with a disability; (2) the difficulties in studying with a disability; and (3) the role of institutional support in assisting students to manage financially and in other respects.

The first theme, which deals with civil rights of citizenship, starts with categorising the medical conditions of participants in order to establish the rights that are necessary for individual freedom. Thereafter, it tracks the students' decision-making processes during their exercise of freedom of speech, thought and entry into valid contracts. The second theme moves on to the political and social rights of citizenship whereby deprivation is considered according to political rights or structural problems at university, as well as "social rights, which range from the right to a modicum of economic welfare and security to the right to share to the full in the social heritage" (Marshall, 1992: 8, cited in Van Niekerk, 2007: 6). Besides offering a recommendation, the third theme discusses how the participants manage financial deprivation, as well as the role that institutional support by NSFAS, social grants and university departments such as the Disability Unit, effectively play in human development, resource acquisition and service delivery at university.

4.1   Theme 1: Studying with a disability

The first theme contextualises disability and the process of becoming a student. It is made out of two pairs of sub-themes. The first two sub-themes about disablement provide,

firstly, the labels and descriptions that respondents use to categorise their disabilities and, secondly, the setting of the time of life at which participants sustained impairment. The next two sub-themes about studying outline the process of considering disability, firstly, when making the decision to come to university and, secondly, when choosing to study certain courses.

4.1.1 Nature of disability

The respondents had two ways of labelling their condition. They either referred to their conditions generally as a disability or called the condition by specific name. The specific degrees of isolated conditions ranged from being "a paraplegic" (Respondents 1 and 7), to Respondent 8 whose "disability is quadriplegia". They also ranged from Respondents 2, 6, 12 and 14 who are "short-sighted", "partially sighted", "extremely short-sighted" or understood as having "a very bad eyesight problem", to the other "visually impaired" respondents (5, 6 and 11) who are "totally blind", "very blind and living with "blindness".

In the sample group of 14 interviewees, four respondents had multiple medical conditions. They included "having Asthma", "eczema" and being "partially sighted" as for the disability of Respondent 3, whereas Respondent 9 argued that she does not have a disability, she only has "diabetes and hypertension" as well as epilepsy "as chronic illnesses apart from "a very small memory". The other pair of respondents with multiple disabilities were "physically disabled", with Respondent 10 being paraplegic ("limping leg") and "partially sighted", whilst Respondent 13 was also paraplegic, with shaky limbs and speech that is "not a hundred percent clear", emanating from "cerebral palsy". The debilitating illnesses that are not chronic included "congenital nyastigmus", "glaucoma, cataracts and myopia", which caused "eye problems", whilst, "diabetes", "polio" and trauma from causes such as "an accident" were said to have affected the functioning of the limbs causing "pokey feet" or a person to be "in a wheelchair" (Respondents 3, 7, 8, 9, 12 and 14).

The nature of disability is complicated further by the description of the impairments. For example, Respondent 8 explained, "I am able to type but, I cannot hold the pen and

write", whilst Respondent 6 captured the sentiment of most visually impaired respondents when she said that "only when I look things at close proximity am I able to see them properly, but before that, I'm unable to see them". These and other similar conditions make disability means-testing difficult as they shake the rigidness of predetermined frameworks to question the extent to which physical disabilities are limiting, and therefore the level of incapability at which people should be compensated or supported.

4.1.2   Time of disablement

Half of the sample group of 14 interviewees sustained a disability after they were born (Respondents 2, 3, 5, 6, 12, 13 and 14). With the exception of Respondent 13, who had cerebral palsy, the respondents who said they had "had it since birth", were mostly "visually impaired" and their "sight was deteriorating along the way". Respondents 7 and 11 "had it since the age of three", followed by Respondent 1 who has been disabled "since the age of four". For those whom the impairment had "started when old" (Respondents 4, 8, 9 and 10), their time of disablement ranged from "five years" to "about eight years" or, specifically, "since 2005" for Respondent 8, and "since 2007" for Respondent 9. Respondent 4 said she had not had her disability for "a very long time", having acquired it seven years before. The time of disablement befell the respondents at different stages of their lives, such as at birth, primary school, matric, whilst studying for a degree and even in or out of employment.

Two cases give an account of the thin line between a medical condition and an impairment that gives rise to disability. A medical condition on its own, no matter how limiting, recurring or long-term, is not regarded as a disability until the multi-factor situation is classified as an impairment, which means a disability of some form. This definition of disability appeared in the case of Respondent 6 who "recently found out" that she was disabled though she had "a bad eyesight" medical condition since birth. She expressed that "before I came to university, I never knew that I was disabled; I knew I had a very bad eyesight problem but I never considered it to be a disability" (Respondent 6). Similarly, the multiple medical conditions of Respondent 3 on their own were not regarded as disability until nurses conducting community healthcare assessments at her mainstream school referred her to a doctor to be properly diagnosed and classified.

4.1.3   How respondents' disabilities influenced their decision to study at university

Many students came to university despite the doubts of those around them. At school, Respondent 13 "was told he wouldn't reach even standard seven (grade nine)"; "the people from the Department of Education said Respondent 3 shouldn't go to a special school because the mainstream school is supposed to be helping her"; and Respondent 9's "mother didn't think" she "was ready to go to university or a tertiary education".

The medical model of understanding disability attributes the difficulties that people with disabilities encounter to their medical conditions (disease, trauma or injury), whereas the social model of understanding disability finds inaccessibility in the natural and built environments, as well as an unaccommodating society, to be problematic to people with disabilities.

Disability directly influences the disabled student's decision to come to university; other factors, such as ambition, passion and future financial prospects; are considered secondary. Similar contributing factors, including the instinct/compromise to settle on alternatives for survival, were primary and disability was an indirect influence. Just under half of the sample (6 of 14) (Respondents 1, 2, 6, 8, 12 and 14) comprised students who thought their disability did not directly influence their decision to study at university. Their motivation came from "an ambition" to satisfy the "need to study and need to go to the best institution" (Respondents 1, 6, 12 and 14); "the passion" to fulfill pre-existing "plans and love to come to university one day" (Respondents 8 and 14); and future financial prospects of "expecting to get a job" as "UKZN was offering a bursary" (Respondents 1 and 12).

The eight students (Respondents 3, 4, 5, 7, 9, 10, 11 and 13) who applied the medical model in explaining their decision-making process, thought that their disabilities directly influenced their decision to come to university and that contributing factors were secondary. Similarly, the contributing factors included the ambitions of Respondents 5 and 13 who mentioned, "I wanted to prove my point … that being disabled as I am, but I'm able to do things, I'm able to progress", and "I wanted to prove them wrong that I have the ability to do what I want". They also included the passion to fulfill pre-existing

plans, as Respondent 10 explained: "Before I became disabled, I wanted to come to university; now that I was disabled, I would not be able to sit and do nothing because … I would not acquire knowledge, I would not get a job and I would not get information".

For others (Respondents 3, 7 and 11), their motivation involved the instinct/compromise to settle on alternatives for survival. For instance, Respondent 3 mentioned that her choices were limited because her marks in matric were not too good, and Respondent 7 was unsure of whether "he would have taken studying seriously" if he did not have a disability, as he has a passion for sports. Furthermore, Respondent 11 argued: "there was no other job; there was no other alternative", and he explained: "I decided to come here to rather get something to fall on if I didn't pursue those other dreams of mine". Lastly, the future financial prospects affected Respondent 4 who said that "coming from this background where you're financially unstable, having done well in my matric results, I'll be able to get funding from the NSFAS and then I'll not have to rely on my disability grant", with Respondent 5 adding: "I'm doing academic studies to invest in return for employment and payment stuff so that I can live the right life".

4.1.4 How respondents' disabilities influenced their decision to enroll for the courses that they study

Disability directly influenced the disabled students' decision to enroll for the courses of their choice, with contributing factors consisting of pull (+) factors, personal (0) factors and push (-) factors being secondary. Passion and institutional restrictions/diversions were considered secondary; otherwise, factors including compromise, passion and love were primary and disability was an indirect influence on them. A few students (Respondents 5, 11, 13 and 14) thought their disability did not directly influence their decision to enroll for the courses of their choice. Their motivation came from a compromise against "some courses that are challenging" or "more visual art than anything else", "such as probably engineering, sport science where there is a lot of movement" and "maybe media – that's more interesting" (Respondents 5 and 11); or a passion for a course and a "love of assisting people who are unable" (Respondents 13 and 14). The two variations in motivation correspond with Respondent 14 who argued: "With a disability like mine, for me, luckily, I wanted to do psychology but, for instance, if it

was someone else and they had other ambitions, it would restrict them".

Disability also acted directly with stigma being an indirect influence because visually impaired students (Respondents 2, 4, 10, 12 and 14 particularly) expressed doubt that a person with their impairments could do certain subjects such as "a rocket science degree", "nursing", "drama", "B. Comm." and that "you can't become a doctor; you can't do many things in the sciences because it requires good sight". Respondent 4 provided an example of this form of self-stigmatisation, explaining that, "before I could come to the university, I was studying for nursing, a degree in nursing, then I became blind and then I had to resign in that career because a blind person is not suitable in being a nurse".

The majority of the sample (Respondents 1, 2, 3, 4, 7, 8, 9, 10 and 12) were students who applied the medical model in explaining their decision-making process, pointing out that their disabilities directly influenced their decision to enroll for the courses that they study, with contributing factors being secondary. Just as Respondent 9, a female community development studies student, argued: "I chose the modules that are connected to my daily life, not only my life but as a community", Respondent 8 explained that he was motivated by the "passion" to express new plans or a heightened love for social work because of his exposure to social services after disablement. Others (Respondents 1, 2, 3 and 12) compromised in the face of institutional restrictions – such as "not being accepted", sent to "first go to Access" and "never doing accounting in school" – on the basis of their physical limitations (disability). Respondent 2 recounted: "Unfortunately, I found out that someone who was in a similar situation was allowed to go through first year but in second year, he was told that given the specific things that you have to deal with in those particular fields, you can't necessarily be allowed when your eyesight doesn't go past a certain range; so I had to run to humanities". Respondent 7 mentioned an intermediate factor, saying: "I have to make sure that whatever I chose was not going to be beyond my control". As a result, Respondent 4 appreciated the contributing pull factors as she highlights "I chose social work because I've seen people, the blind people doing social work and other posts, I know physical disability and other disability, they are being catered for as well; our lecturers sometime, most of them are very much supportive, goodness sake".

Stigma acted directly against some disabled students' choice of courses. Some students (Respondents 1, 3 and 11), doubted the immediate benefits of their studies because "psychology is more clinician-based"; and it first needs a person to have "a masters level and be approved"; "they just teach you about Africa"; and there is no sociological conversation in a community or at home or with other people. Respondents 10 and 12 exposed the double-edged sword of education in that it removes the stigma of disability while in the longer term it places people with disabilities in the mainstream of unemployed graduates where they face renewed stigma. "Before, people with disabilities were not attended to – they were seen as items just to stay at home. Now, at times, you would finish and again stay unemployed. You would look like someone who did not study, someone who is uneducated" (Respondent 10).

4.2 Theme 2: Difficulties in studying with a disability

The second theme explores the social and academic problems encountered by the disabled respondents, both at the university and in life generally. It is made up of two sub-themes, the second sub-theme being broken further into three parts. The first sub-theme explores the social problems encountered by the disabled respondents in everyday life, in their communities, on weekends and during their leisure time. The second sub-theme explores the academic problems encountered by the disabled respondents in three aspects of the university: (1) the problems encountered whilst attending classes; (2) the problems disabled respondents encounter on and around campus; and (3) the structural problems that affect the respondents' studies directly and indirectly.

4.2.1 Social problems encountered by the disabled respondents in life

Within the disability literature, the barriers that inhibit people with disabilities from accessing environments, transport and facilities serve as the first sign of impairment (Watermeyer and Swartz, 2006: 3). The social model of disability regards the environment as the problem to disability and it avoids blaming the individual (Priestley, 2006: 25). This research adopts the social model by highlighting the environmental, social and institutional barriers that limit students with disabilities from achieving the same as their non-disabled counterparts. The problems experienced by the disabled

respondents in life centered on problems of mobility (well known as "problems of accessibility"), societal stigma against disability, problems of socialising with other people, problems of keeping a strict diet, and problems with the use of assistive technology.

For students with physical disabilities, the levels of limitation in their mobility ranged from "taking up a lot more space" to "not being able to reach certain places", and from taking longer to perform certain tasks to not being able to perform the tasks at all (Respondents 1, 7, 8, 10 and 13). As Respondents 1, 7, 8 and 10 were using wheelchairs, a scooter, calipers or crutches, they "take up a lot more space" and therefore "need a big enough toilet" and room. Respondents 1, 7 and 8 "can't walk". Respondent 8 said: "I don't use my hands to my full ability; that limits me from doing things for myself", "because of sometimes not being able to reach places like high counters" (Respondent 1). Respondent 10 remarked: "I take a long time to reach where I am going because of the 'limping leg'". Although assistive devices can aid in reaching places or performing tasks more quickly, setting them up can also cause delays. Respondent 7 reported that "sometimes when I'm preparing to go somewhere or do stuff, it takes me longer than an able-body person; For example, for me to take on/put on my calipers, it might take me five minutes while when someone is putting on shoes, it just take one minute or something less than that".

For the tasks that the physically disabled students cannot entirely perform, Respondent 7 said: "I think most of the things, things that I can't do, are the things that I've appreciated that I can't do"; however, "if I was able-bodied like everybody else, I would like probably play soccer". Respondent 7 argued: "I can't do everything that I want to do but I think as you grow up with a disability, you accept that there are things that you can't do and you have to ask for help". Some problems in mobility are not only costly in terms of time but they also take up the physically disabled students' finances, tastes and space.

Respondents 1, 4, 12 and 14 echo the same sentiment that they "can't readily get into a taxi so, as a disabled person somewhere … where public transport is not accessible, you have to hire a cab which is very much expensive". Furthermore, Respondent 8 exposed

areas where his tastes and space were beyond his control: "I can't cook for myself, I can't do most things for myself; I need personal assistance because I cannot do most things myself". Respondent 10 said that "the grocery runs out quickly", causing a negative impact on her finances. Respondent 7, who uses crutches, and Respondent 9, who is diabetic, shared similar points about their tastes being restricted as they "have to stick to a strict diet", especially since Respondent 9 has "diabetes which is very insulin-dependent". Healthcare is not only costly in terms of time; it also takes up Respondents 7 and 9's finances, tastes and space because "with a disability, sometimes you've got to be a regular to the doctor, sometimes you have to take some medications and all that" (Respondent 7). Respondent 9, who has chronic medical conditions, reported: "I have to go to the hospital; I'm using private hospital; sometimes the medical aid gets exhausted. Some doctors don't take medical aid, they want cash and everything".

The partially sighted students (Respondents 2, 6, 10, 11 and 14) shared similar points with Respondent 6 by having "a problem seeing past a very close proximity", entailing "not being able to see the signs; not being able to read things; not being able to enjoy everyday life in terms of walking at night like everybody else", with Respondent 14 adding that, "We won't be able to drive". Respondent 2 said that to cope, "I have to move closer to objects actually to see them better; sometimes when I'm walking, I have to pay extra attention" and Respondent 10 stated: "I need to come closer to see my destination". Some partially sighted students (Respondents 3 and 6) were "also having troubles at night as they "find it very difficult to work in the dark". This results in partially sighted students taking risks such as those mentioned by Respondent 3, who said, "when I have to cross roads, I just have to wait for people if there's no one, I'll wait until someone comes or I'll take a risk and you know, cross the road even though I am not sure if it's safe". Being partially sighted for Respondent 3 means "not really able to recognise the colours of the robot (traffic light); I can see colours from far but I would just see the colours, a little bit of the colours, but it's blurry and, I won't see the colour that's on at that particular time". The blind students have varying extents of mobility problems ranging from Respondent 4's statement saying, "not that much since I got training, orientation and mobility training" to Respondents 5's view that there are "quite a number of challenges". Respondent 11 names "navigation" as "one of the biggest challenges is

getting around "'cause basically you have to depend on someone to take you from point A to point B". He explained that a white cane is important in order to go and buy the basic necessity of food at the cafeteria.

With the exception of Respondents 9 and 14, it was mostly visually impaired students (Respondents 3, 4, 5, 10, 11 and 12) who felt stigmatised by society. They felt that "when you're going to town, in our communities, we have no belonging at all", and "it's just irritating because now even on campus, there is a stigma that the most drunkards are disabled students". They say that this stigma comes about because "so many stereotypes are linked with disability", "people are ignorant of disabilities" and "people tend to judge and give their own views, which are a little bit inappropriate". Respondent 3 gave examples of situations in which "people are ignorant of disabilities". When, for example, she is going to places, she also struggles because she cannot see people. "Sometimes you see people and … they don't understand that you can't see; they'd greet you and sometimes you won't see because they just using only their lips and they'd expect you to lip-read or something and you're just looking at a person 'cause you're just staring or something and they'd think that you are ignoring them" (Respondent 3).

Besides institutional barriers, there are three accounts that express how societal barriers keep people with disabilities less integrated into academia or the university community. Given the way in which society views people with disabilities and chronic medical conditions, "It restricts you to a certain point, to go and stand in the queues or get any complications when … not feeling well" (Respondent 9). Respondent 3 said she was "finding it difficult to make new friends because she has to explain to them, she has to make them understand her situation all over again". Instead of interacting with them, she had "friends who understand from high school in a way that even when I scratch myself, they don't mind 'cause they know that it's not contagious or anything" (Respondent 3). Respondent 11 felt that "maybe there's not much that they can do because if people don't want to approach or people feel that it's hard to come to someone like you, there's nothing that anyone can do".

Respondent 7 acknowledged that "There are things that we can't do without assistive

devices", though he and Respondents 1, 5, 8, 11 and 14 highlighted the following reality: "Some people with disabilities come from very disadvantaged backgrounds where they" face resource constraints, "software delay" on slow network systems or "broken assistive devices" "such as computers", "a cane", "a wheelchair", "crutches or calipers", which result in disabled students "missing classes". Although assistive devices can help make a person with disability feel less disabled, Respondent 14 recognised that "there are some everyday problems and sometimes that, you know, things just make you realise oh, I can't do that". Respondent 10 related the following account where assistive technology could have acted as the double-edged sword that kept Respondent 14 out of institutional education: "When I was younger, my parents didn't know anyone else with this disability so, I was the first one in my family. My father wanted to keep me at home and keep me in a cocoon. 'Oh, we'll just get her a computer'" (Respondent 14).

4.2.2 Academic problems encountered by the disabled respondents specifically at university

The respondents encountered academic problems in class, problems around campus and at university generally. While attending classes, students encounter problems of mobility (accessibility), problems in reading, speaking, listening and writing, problems concerning assistive devices and, at times, conflict with other students and lecturers. While Respondent 11, as a blind student, encountered the problem of "navigation" and Respondent 2 would "inevitably bump into things unintentionally or sometimes people" "because of his partial sightedness", the physically disabled students (Respondents 1 and 8) face environmental barriers, namely, that there are "not enough lecture venues or toilets that are accessible for people in wheelchairs" "because of steps and … some lifts breaking frequently". Respondent 8 told of his experience that, "whenever we start a semester, I have to stay without attending some classes maybe for two to three weeks because of the venues until they adjust the time table and change".

All students with visual impairments (Respondents 2, 3, 4, 5, 6, 10, 11 and 14) had a problem with reading "visual aids", "lecture notes", "the board", "textbooks", "course packs", "your script or your abstract", "small print", as well as "slides on the projector". The partially sighted students such as Respondents 2, 10 and 12 were limited to "coping

with close things", "large print" or reading "at a slower pace", and Respondent 14 said that it was difficult to interact with newspapers or magazines. The interaction entails enlarging documents for partially sighted students but, for students with very low vision, it entails an exhausting process as "every time, you can find a blind man running up and down short of notes and short of this, short of that" (Respondent 11). Respondent 4 explained that "you take this course pack in a hard copy and to be transformed electronically or in a Braille form, it's quite a long process for us. And, you find that our course packs are not ready on time and we'd be starting studying in the middle of the semester, which now puts more pressure on us".

Speaking and listening difficulties have an impact on class discussions. Respondent 3 had a problem with speaking in public whereas Respondent 13's speech was "not that hundred percent clear". Visually impaired students, including Respondents 8 and 9, were "unable to access notes in the lecture room". Respondent 8 said: "I cannot really memorise everything that I hear from the lecturers", and Respondent 6 explained: "I have to constantly depend on my hearing, which can be extremely disruptive, especially in lecture rooms".

Respondent 14 argued that a student has to "interact" with text and Respondent 5 explained that "you have to listen before you take (typed) notes". Respondent 5 described a typical problem he encounters as a student who has to listen when writing, stating, "I find it difficult in using a laptop because I cannot concentrate on Jaws (screen-reading software) and the lecture". Similarly, Respondent 13 was "shaky" and could not write. Respondent 8, who has quadriplegia and epilepsy, said, "When I have to write lots, I need a scribe and all that".

As Respondent 14 argued, "if you have an eye problem, you need assistive devices". Respondent 6 explained simply that, "The only thing that I really need is to have that book and to have my glasses". Respondent 10 said that "before she used a scooter, she arrived late at lectures". Other disabled students (Respondents 5, 6, 7, 8, 11 and 13) found assistive technology problematic because of their suddenly not working, their intrinsic deficiencies and their shortage. For Respondent 7, this meant that, "I have to miss

classes". Respondent 9 mentioned that she constantly faces a dilemma because of her medication: "I have to take my insulin three times a day and I can't take it during the day because I would be attending classes; I cannot … leave the class and go to my residence and eat and come back because I'll be missing out on my lessons, on my lecturers and stuff". Furthermore, Respondents 5 and 13 described the limits of technology saying, "I only bought a laptop and Dragon (speech-to-text converter) software, which did not help me because of my voice". "Even if you could be handed a Pacmate (portable note-taker computer) you cannot concentrate on writing and on the lecture because all these things need your full attention".

Respondent 4 recognised that, "our lecturers some times, most of them are very much supportive, goodness sake, but others are very much not approachable". For Respondent 14, lecturers were "not accommodating". Conflict between students and lecturers involves "interacting with the lecturer", lecturers "using visual aids that automatically leave out" or leave behind students, lecturers who "would think that maybe it's because you are lazy or something", and those who "sometimes write notes in small print" (Respondents 2, 3, 4 and 10). Specifically, "this person in the front giving these slides and not even discussing like one line or one paragraph, she'd discuss it in two lines" (Respondent 11). In addition: "There's so much of work required" (Respondents 11 and 12) and "as we're struggling with some of the other things, if maybe an able body person is putting 50 per cent on his work, you have to put maybe double on that" (Respondent 4). Respondent 8 said: "I can't do all my academic work on my own". The conflict among students themselves concerns "recognising people and lecturers" (Respondent 3) and "other students without disabilities," who "tend to judge and say, no, this person has a chronic sickness" and who "tend to discriminate and say no, this person does not need this" (Respondent 9).

4.2.3 Around campus

The problems encountered by students around campus combine problems with facilities and their resources as well as environmental barriers and distance. The public facilities that students named included "the university", "campus", the LANs (Local Area Networks), "the library", "the residence", "the taxi rank" and "lecture rooms", with

Respondents 6, 7, 10, 12 and 14 referring to "my space", "my place" and "home" to refer to their private rooms.

While Respondent 1 argued that "the resources that are available in university are too few, minimal and not quite enough", other students (Respondents 2, 3, 6, 7, 8,10 and 12) explained that "there isn't special software in all the other LANs, except for one"; "it's kind of hard to bring monitors in other LANs closer to eyes"; and there is the "trouble of sharing fridges, an unclear mirror and notices, especially if they're not within range". In addition: "Some lifts … break frequently"; physically disabled students are "unable to use the library like everybody else if it is too cold"; and "the library is like so big, there are so many different sections and books you wouldn't be able to find on your own".

Some students (Respondents 1, 3, 7 and 9) saw the environmental barriers as 'natural', namely, "many inclinations on campus"; "being sick"; "burnt by the sun, it getting worse and having complications"; "sometimes being too dark"; as well as being "prone to cold weather". Certain students (Respondents 1, 5 and 11) had physical challenges of "struggling to move between the environments" because "going up in a manual wheelchair would be very difficult" as they would "worry about getting tired" or "navigation around campus". This is especially the case for chronically ill respondents (3 and 9) who have to "go to the taxi ranks and … stand in queues", and for visually impaired students (Respondent 2) who would "inevitably bump into things unintentionally or sometimes people". As Respondent 14 argued, "if I had to go travel from here to 'Maritzburg every day, it was going to be stressful"; other students (Respondents 4, 9, 10 and 12) emphasised that they also "have to travel" and the distance is complicated by university campus being "far from home".

4.2.4   Structural problems

Structural problems are the institutional barriers that inhibit students with impairments from benefiting fully from the programmes and bureaucracy, as well as from the evaluation system of the university.

Regarding the university's programmes, respondents (4, 7, 8, 10, 11 and 14) mainly argued that "disability differs from person to person" and there is "equity" or "extra

money" for people with severe disabilities. Respondent 8 illustrated this in the following way: "You find that a student has a personal assistant and he stays with that personal assistant; the student has to buy groceries for two people and, at the same time, (he) has to pay for that personal assistant". Two students with chronic conditions (Respondents 3 and 9) saw university programmes such as NSFAS as "not well known even here at school (university)", especially since Respondent 9's "mother paid cash until she was notified about the bursary by one of the students from the Disability Unit" and was notified by the Disability Unit coordinator about assistive device quotations.

Regarding the university's bureaucracy, most students praised the government for its work in supporting people with disabilities, though criticism generally (Respondents 3 and 4) focused on "not being sure if the officials are doing their best" as "they overlook some of the other things". The specific problems with the hierarchical network or bureaucracy involve disabled students being advised that they "should first go to Access (foundation programme) then go to mainstream"; "not meeting disability policies"; "not being appropriately catered for and represented when we're having our grievances with the university"; certain attitudes in the working world; and, problems where "the Disability Units have to contact departments for the course pack" (Respondents 3, 4, 6 and 11). As Respondent 2 warned, "the problem lies within the execution when things have to be done; nobody follows up on them and you find that money gets lost somewhere along the paper trail". Respondent 14 explained that "the problem lies with the people who are in charge of actually allocating and actually doing these things because then, it becomes difficult when they don't understand and have issues".

Regarding the university's evaluation system, students (Respondents 3, 5, 11 and 12) echoed the sentiment of "problems in matric", "the delay in work", "falling behind in class", "special school never offering accounting or mathematics", "competing with sighted people who have no disabilities", who are "more strategically higher" and who "have more knowledge that the country needs, math and science field". In addition, Respondent 1 noted differences in the evaluation systems of universities, remarking, "I was accepted at DUT (Durban University of Technology) for IT (Information Technology) but not accepted here at UKZN (University of KwaZulu-Natal) for

computer science".

4.3   Theme 3: Managing financially and the role of institutional support

The third theme considers the way in which disabled students manage financial deprivation with cash transfers. The theme is made up of seven sub-themes, with three group areas of focus, namely, (1) higher education; (2) NSFAS; and (3) the disability grant. This section begins with a discussion on the economic problems encountered by respondents and goes on to emphasise the importance of the NSFAS bursary. The next three sub-themes centre on the NSFAS and explain why its provisions are important structurally and, specifically, in the immediate social and academic lives of students with disabilities. The next sub-theme deals with the disability grant and explores the extent to which the disability grant is developmental and boosts NSFAS funding. The section concludes with the measures that the disabled respondents recommend for assisting students at university.

4.3.1   Economic problems encountered by the disabled respondents in life

Participants had economic problems which differed in terms of family structure, status of family income, status of own income and expenditure of own income. The disabled respondents came from paternal households that were headed by nuclear parents (Respondents 6 and 14), a single mother (Respondents 10, 11 and 12), as well as households augmented by step-parents (Respondents 1 and 3). Respondent 5 came from a child-headed household, while Respondents 3 and 7 came from households headed by grandparents. Respondent 3 had grandparents and a single step-mother who augmented the household structure.

The households of Respondents 8 and 9 "are middle class" meaning "a managing or affording family". As with Respondent 13, they did not attribute their economic position to their household structure. The family incomes of the disabled respondents are mostly low (Respondents 1, 2, 3, 4, 5, 7, 10, 12 and 13) to medium (Respondents 6, 8, 9, 11 and 14), with the "temporary" or "very good" occupations of the family members being "domestic worker", "electric engineer" and "pensioner". Currently, the personal incomes of most disabled respondents mainly comprised a combination of NSFAS funding,

money from home and/or a disability grant. In the past, their sources of income came from "working". This was especially so for Respondent 8 who sustained disability later in life. Sources of income for the disabled respondents who sustained impairments earlier in life came from the care dependency grant, succeeded by the disability grant, unless their "parents did not apply" (Respondents 6, 12, and 14), or the government officials denied them access to the social grants (Respondents 1, 3, 11 and 13). To clarify the reason for the latter, Respondent 1 explained that, "my mom was still a teacher, working for the government so; I couldn't qualify for disability grant".

The students with disabilities spend their personal incomes entirely on themselves (Respondents 2, 5 and 7) or they (Respondents 1 and 8) budget in a similar manner as Respondent 12 who said that, "I contribute like a small sum to the household from my disability grant". Respondent 13 acts as the breadwinner of his home while Respondent 4 provides for the needs of her child with the disability grant. Respondent 4 reported that, "NSFAS is not enough" and "my disability grant, most of it takes care of my child's needs, especially paying the caregiver of the child". However, for Respondent 12 and 14, "the NSFAS bursary and disability grant" are "enough" to maintain a standard of living sufficiently to report that, "I don't have other expenses; I don't have debts; I don't have accounts".

4.3.2 How the NSFAS bursary assists in respects to its five components

The type of assistance gained from NSFAS funding can be inferred from each allocation's name. However, deeper patterns for the meals and books allocation are derivable from spending priorities, preferences and savings; the limits for the assistive device allocation are derivable from the severity of impairment; the residence allocation is patterned from ameliorated impairments; and, the tuition allocation is patterned into future prospects, current benefits and benefits for upcoming cohorts. Qualitatively, Respondent 4 reported that, "It pays for my studies. It pays for my accommodation. I get the meals allowance every month and I get assistive devices that help me to study as in reason for a laptop and a digital voice recorder". Respondent 2 argued: "Knowing that my tuition fees are being paid allows me to focus more on my school work" because, "it's less financial burden for the family and, (it's) less stressful" (Respondents 3 and 14).

Whereas Respondent 14 echoed the sentiment of Respondents 3, 9 and 13 when saying, "with NSFAS, I don't have any financial problems, nothing, nothing at all", Respondent 4 found, "meals allowance, sometimes, that money is not enough as we do practicals as social workers".

Other than affording food, meals and groceries with the meals allowance, Respondents 3, 4, 5, 6 and 11 prioritise "anything that is of importance at that time". Respondent 9 prefers to buy her "products especially from Pick & Pay 'cause they cater for diabetics", and Respondent 11, together with Respondents 5, 6, 9, 10, 12 and 13, gained "economic freedom" through saving "something out of it for rainy days". Respondents 5, 6, 9, 10, 12 and 13 prioritised book allowances, "just to buy academic related things" mainly for "more convenience". Respondent 4, however, remarked that, as a blind student, "you can go and buy the books but you find that the books are like four hundred pages long and … it would take about three weeks for the book to get converted". Respondents 2, 7, 8 and 11 "did not (purchase) only books with it" "since both bursaries don't provide for clothing allowance" and because assistive devices such as wheelchairs get broken and "need some minor repairs".

Although Respondent 13, who has cerebral palsy, remarked, "I think I'm fine" with "only a laptop and Dragon (speech-to-text converter) software", Respondent 10, who has multiple disabilities, said, "I have bought only a scooter 'cause the money that I was given (in 2012) was R21, 000 and the scooter was R19, 000. Actually, I wanted to quote a scooter and a laptop". Despite Respondent 9 saying, "I didn't quote for anything for epilepsy because I do not know what to quote exactly", Respondent 10 said, "I see it as very good and it continues to develop" as the once-off allocation has risen to R27, 000 with human support and off-campus accommodation now being funded in 2013 (NSFAS, 2013). The residence assists the chronically ill and partially sighted students (Respondents 2, 3, 6, 9, 12) in being "close to campus" and providing access to "meals", "a place to stay", "rest", "to do school work at night", and "it eliminates travel" or having "to walk long distances", "to go and stand in the queues or get any complications or go home where (it) is far". Respondent 2, who has albinism and partial sightedness, explained that, "being able to get accommodation on campus, makes it a lot easier for me

to attend classes and actually go there without getting lost or bumping into people or constantly having to rely on other people; I don't have to rely on other people moving from one place to another".

The tuition is beneficial for future prospects, current benefits and upcoming cohorts. For their future prospects, partially sighted students (Respondents 2, 12 and 14) argued: "When it comes to us in the workplace or being selected at university or just out there in the world, you know, it makes it better for us". Respondent 12 explained: "It's making me more accessible to the world, it's giving me an edge so if I go into a job market, I'll be able to do something irrespective of whether I have a disability or not". Current benefits for Respondents 3, 5, 6 and 10 respectively concern a better use of words; an ability to use the courses socially with an improved self-confidence; assistance in adapting to the university; assistance in acquiring more than tacit knowledge; and an opportunity to grow knowledge. As social science students, Respondents 5, 6, 7, 8, 11, 12 and 13 shared the sentiment that their courses were "useful": "I have made it through" and "now I can clearly define myself as an academic, which distinguishes me from the rest of society, especially the community that I come from". Respondent 7 explained: "I think the knowledge has helped me a lot in terms of understanding people and interacting with people because with those courses, or that degree, you get to understand human behaviour; you get to understand different cultures; you get to understand even criminals with the background of criminology". Regarding future cohorts and tuition, Respondent 1 said, "I try and help other people, for instance, people who are still starting out in first year, second year. I help them do their work or I check over assignments". Respondents 5 and 10 said that they "use it right here at school, on others who need assistance and at the rural areas".

4.3.3 How the provisions serve to counter the life problems faced by the disabled respondents

The provisions have helped to counter several problems experienced by the disabled respondents in their lives, namely, problems of mobility (environmental barriers and distance), societal stigma against disability, problems of socialising with other people, problems of keeping a strict diet, and problems with the use of assistive technology.

Being located on campus, students with different disabilities (Respondents 1, 3 and 13) observed that "the hospital I attend is down the road"; "I don't have to cross any roads"; and, "I could go in and out; I can go any time". In some cases the meals allowance is used for transport. As Respondent 7 stated, he "always uses the very same money to go to the hospital or get some medication from somewhere". Furthermore, it pays for Respondent 4's "bus fare" when she needs to go home. Respondent 7, as a physically disabled student, commented in this way on the student residence's facilities: "The type of accommodation that I got, it was friendly to disabled people … because kitchens and everything, it's closer". Visually impaired students (Respondents 4 and 14) commented on navigation and distance, observing that, "because my res. (residence) is so close to campus, it makes it easier for me to see my way around the place and not get lost between curves and turns around campus. It's like a routine thing now", and "from here, it's easy to get to the cafeteria, to the Student Union building, to some of my lectures, Disability office, you know what I mean".

In the problem of socialising with other people, female visually impaired students (Respondents 4 and 14) highlighted that the residence "has its uncertainties but is decently safe" as students are separated "by gender". Male students (Respondents 7, 8 and 11) observed that, "besides the campus on its own, but the lifestyle within … the res. (residence) that I got, is actually much better", "that's where I relax, there is that community that I'm talking about"; and, "I get to know other people that are not disabled like myself". Implicitly, the interpersonal skills are learned and practised from outside, as Respondents 1, 6 and 7 reported going out "for socials, out to the cinema" and to "do sport", using the meals cash allowance from NSFAS. Respondents 5 and 9 echoed the sentiment of other students (Respondents 2, 6, 7, 8, 10, 12, and 13), saying they gained interpersonal skills outside the classroom: "I'm able to face the community with confidence using the information that I have from the varsity. I'm able to show them, to cooperate with them, to assist them or to work hand in hand with them"; "finding initiatives that will help me create growth for myself and for my community. It's like empowering me".

Regarding the problems of keeping to a strict diet, the entire sample (Respondents 1–14)

mentioned that the meals allowance assists them in affording "meals", "food" and "groceries", with the addition of paying for "the cinema", "a fridge", "cold drink", "bread", "medication", "clothing", "shoes" and "phones".

Despite the financial and technological limits of assistive devices, the disabled students managed to acquire devices that aid them politically, socially and economically. Respondent 5 reported that the assistive device allocation had aided him in his political work: "I'm able to write, as a member of the organisation called Amandlethu, I've already drafted them a constitution with this computer". Respondent 1 noted that, "I was only able to acquire an electric wheelchair and it paid for half of my laptop. The electricity in the wheelchair is constant, I never have to worry about getting tired". Respondent 14 said, "Now phones, at least you can adjust the print to suit your needs" and she bought "a USB light", which "has a long extension and, you put it in there, and like you can bend it over towards your keyboard so you can better (view) the alphabets on the buttons". Respondent 11, who uses similar devices, explained that, "if I'm at home, and I want to put some music on or I want to read something, that's where Jaws narrator/ screen-reading software) basically allows me to work with a computer". Respondent 6 explained that, for her, the assistive device allocation was economically beneficial. It means that she can acquire essential goods and services that enable a productive life. Respondent 5 said, "I've already drafted the business plan" with the computer. "The purpose of the assistive device is therefore not only to improve the quality of life of the student with the disability and reduce the costs of dependency and care, but also to enhance the prospect of employment and participation within the economy that is facilitated by a higher education qualification" (NSFAS, 2010: 5).

4.3.4 How the provisions serve to counter the problems faced by the disabled respondents, specifically at university

At university, the provisions serve to counter the problems faced by the disabled respondents by creating push and pull flows between facilities, resources and information, remembering that flows can occur within a spectrum and from more than one direction. At one spectrum of the triangular, facilities such as "campus" and "residence" pull all students sampled (Respondents 1–14) "close to campus facilities"

such as "the Disability Unit", "the LANS (Local Area Networks)", "the Red LAN (Disability Unit LAN)", "the lecture rooms and the library and all the resources", "the cafeteria" and the "hospital", so that "it is easier", they are "on time" and they "get extra time". As Respondent 14 explained, "when I have a two-hour break between lecture(s), I can go to the LAN, I can do my work". Secondly, the resources comprise "books like all the prescribed textbooks" and "a dictionary"; "a fridge" and "meals"; "a laptop and Zoom Text (screen-magnifying software)", "with Jaws (screen-reading software)" or "with Dragon (speech-to-text converting software)"; "a tape/ digital voice recorder", "printing, scanning, photocopying and internet resources', including "Wi-Fi in res.", "stationery, writing pads and paper to photocopy , enlarge print and Braille". The resources create resistance that keeps disabled students static "on campus" and "in residence" (Respondents 3 and 6); they pull, speed up or necessitate the use of "the university environment" or other resources such as "a laptop and Zoom Text" (Respondents 1, 2, 8, 10, 11 and 12); and, they push away or slow down the use of some resources and information because, as Respondent 5 put it, "sometimes there is software delay" (Respondents 4, 5, 9, 13 and 14).

At the third spectrum of the triangular, information creates resistance or constancy that keeps disabled students in a continuum of learning as their "courses are interlinked" (Respondents 3, 6, 7, 8, 9, 11, 12, 13 and 14) and it pulls, increases or necessitates more knowledge or the use of human resources such as "lecturers and tutors" (Respondents 4, 5 and 10).

4.3.5   How the disability grant boosts the NSFAS funding

The disability grant already boosts the NSFAS funding in three spheres of life, namely, personal life, campus life and family life, and serves as a complement, "extra money" or a supplement, to NSFAS funding. Respectively, Respondents 1, 3, 6 and 11 had "never" received the disability grant because, for Respondent 1, "the bursary was sufficient enough for supporting me at the time" and, for Respondent 3, "I didn't know that you can apply for the bursary and get both at the same time". Although Respondent 6 said, "only now I'm trying to make means to receive the grant like everybody else", Respondent 11 reported a hindrance: "I went there in high school and the people told me that, since my

mother is working for the government, then I couldn't receive a disability grant". In the personal sphere, the disability grant complements NSFAS funding as the main stream of paying for "products that students need even though they are not for academic purposes" such as "clothes", "cosmetics", "bus fare", "special diet" and "medical bills" (Respondents 2, 5, 6, 7, 8, 9, 10, 12, 13 and 14); it is saved for "unforeseen circumstances like sickness" or "glasses" (Respondents 7, 10 and 14); and, it supplements NSFAS funding because "sometimes … meals allowance won't last for the month" (Respondents 5, 7, 10 and 14). In their academic lives, Respondents 2 and 12 thought the disability grant "doesn't really help that much", specifically at university; however, others (Respondents 5, 7, 8 and 14) noted that the care dependency grant earlier and the disability grant now complements their NSFAS funding as the main stream for "surviving" and "paying for school fees", "to use a cab or if you need any assistance". Respondent 5 said, "I managed to pay my grade 12 certificate with it; so, I've been using the disability grant to support myself, to improve my education, to sustain the whole of my life and at university".

Regarding family life, except for Respondent 2, the disability grant complements NSFAS funding as the main stream of helping to "achieve the freedom of being able to help out at home", or to "support their families" (Respondents 1, 4, 6, 5 and 10). As Respondent 4, who also receives a child support grant, explained: "My disability grant, most of it takes care of my child's needs, especially paying the caregiver of the child". Furthermore, the disability grant is saved to "use it at home" (Respondents 10 and 14) and boosts the way the NSFAS counters stigma against disability. As Respondent 13 said, "at some families with the grant, that person (the beneficiary) could be a better-recognised person", and as Respondents 12 and 14 reported respectively, "I contribute to the household from the disability grant, you know, for lights, water, rent, rates … with the grant" and "I don't have a problem or money issues".

4.3.6 Ability to study at university without the bursary

Respondent 4 pointed out that the NSFAS (2010–13) eligibility criteria sought the "financially needy", the "academically able" and "disabled" applicants. She commented that, "coming from a poor background, as a disable person, having done well in my

matric results, going to the university, I'll be able to get funding from the NSFAS".

Consistent with the economic problems described by the disabled respondents, the entire sample answered "no" to the question of whether they would be able to study at university without the bursary. While their meanings or means are inferable from their income status (both individually and for the household), Respondents 3, 4, 6, 7 and 8 denoted their improved situation, as Respondent 6 noted: "the harsh realities of South Africa and the fact that not many of us get the opportunity to be as privileged as the rest". The entire sample (Respondents 1–14) pointed to the widely used convention of taking bursaries or the NSFAS loan because, as Respondent 1 put it, "without these bursaries as a motivator, people wouldn't be going to universities knowing that they could change their lives and get a betterment or get into better situations".

Unlike Respondents 1, 3, 5, 6, 8, 9, 10, 12, 13 and 14, who agree with the status quo of social assistance in South Africa, Respondents 2, 4, 7 and 11 counter-argued that money from the "disability grant" and "NSFAS is not enough". Respondent 7 explained that he found it hard to cope without the NSFAS bursary, stating: "receiving the loan affected me badly". "When the money decreased to the NSFAS loan, it wasn't sufficient to cover book costs". "For example, I had fungal infection, which was affecting my leg; I had my assistive devices broken, and some of them I couldn't even repair them". "It affected in my studies in such a way that I couldn't even finish it (on time)". "It is even worse now because for 2013, they (NSFAS) said they don't fund (honours) twice". "So, I'm not funded at the moment, still working on it but things are actually difficult".

4.3.7 Recommended measures for assisting disabled students at university

The measures that disabled respondents recommended for assisting disabled students at university focused on material support, institutional support and person capacity building. In effect, they recommended changes to make the environment and facilities more 'disability friendly'; to offer transport allowance, transport provisions, additional and more individualised assistive device allocations; to guarantee job security; to create higher-value social benefits, specifically for university disabled students; to grant medical rebates in both private and public hospitals; to make personal assistance affordable; and

to disseminate information about social benefits more widely (Respondents 1–12). In addition, the disabled respondents recommended changes that entailed linking related courses; linking departments and the Disability Unit; creating a (centralised) big office or system for making readings accessible; installing assistive devices in the library; adapting teaching to diversity; dividing classes into smaller units; encouraging lecturers to be more flexible; recruiting more Disability Unit staff, as well as creating interaction workshops or awareness among students and between students and staff about disability (Respondents 3, 4, 5, 7, 8, 9, 10, 11, 12 and 14). Lastly, the disabled respondents recommended changes that would de-stigmatise disability; impart a sense of belonging to disabled students; groom students at home to be independent; make students more ambitious, accountable or self-adjusting; and "incorporate us instead of generalizing" (Respondents 3, 4, 5, 6, 9, 11, 12, 13 and 14).

Conclusion

Discourse thematic analysis finds that the inference that disabled students lack the capability to study at university without the bursary has already been answered by the participants' financial deprivation. The significance of NSFAS in the students' lives has been denoted by self-reflecting on the bursary's provisions. In addition, the general custom of studying for financial benefits has highlighted what motivated students to come to university, what students perceive to be the cost of studying, and the possibilities of upward mobility that they perceive to have in their careers.

The impact of the NSFAS and the disability grant on the participants' lives has been seen to build affordability of tertiary studies and to ameliorate disability. Because the participants' disabilities and chronic illnesses govern their decisions, studies and daily activities, ameliorated impairments make it easier to take decisions, conduct studies and become active citizens. The provisions of the NSFAS bursary decrease learning inequalities between disabled and non-disabled students and the disability grant creates a social floor (a common living standard). Some people with disabilities do somehow fall through the cracks of the floor. However, the disability grant and the NSFAS are important for creating economic development while reducing poverty currently and for

future generations, that is, reducing intergenerational poverty or what has been extended to mean the 'disability poverty trap', evident in disabled people's perpetual cycle to become disability grant beneficiaries (Financial and Fiscal Commission, 2009: 57).

Chapter 5: Conclusion and recommendations

This chapter serves to tie in the arguments presented in this dissertation as a means of answering the research questions. It entails three sections. Firstly, the chapter restates each research question and gives a summary answer for each of them. Secondly, it offers some analysis on what is happening in education and social assistance in terms of the role of state support, the forms of state support, what this enables, and the constraints. This concluding chapter refers back to some of the bigger themes like welfare provision that were mentioned earlier in the literature review. Thirdly, the chapter finishes with recommendations that integrate the perceptions of the participants and the imperatives embedded in the literature.

5.1   Research questions and answers

This research study answers four main research questions:

5.1.1   Question 1

According to students with disabilities and chronic illnesses at UKZN, what is the impact of having a disability on studying at university?

Students with disabilities, who are differentiated by nature and time of disablement, find that their disabilities directly influence the decision to come to university. Other factors include ambition and passion, with future financial prospects being secondary. Another primary contributing factor includes the instinct/compromise to settle on alternatives for survival. Contributing factors consist of pull (+) factors, personal (0) factors and push (-) factors.

5.1.2   Question 2

What difficulties do these students report in everyday life and in studying?

The students with disabilities and chronic illnesses come from diverse household structures, mostly earning low incomes and, as a result, spend their personal incomes

entirely on themselves or shared them with closely related people. Education White Paper 6 recognises, amongst other things, that the methods and processes used in teaching, as well as the learning materials and equipment used, stand as curriculum and institutional barriers to learning (RSA, 2001: 23). In daily life, the students reported problems centering on mobility (well known as "problems of accessibility"), societal stigma against disability, problems of socialising with other people, problems of keeping a strict diet, and problems with the use of assistive technology. While attending classes, respondents encounter problems of mobility (accessibility); problems in reading, speaking, listening and/or writing; problems concerning assistive devices; and, conflict between students and lecturers. The problems associated with being on the university campus include problems with facilities and their resources, as well as environmental barriers and distance. Respondents also reported structural barriers in the institution that inhibit students with impairments from benefiting fully from the subjects, programmes and bureaucracy, as well as evaluation system of the university.

5.1.3 Question 3

What is the role (or impact) of the NSFAS bursary and the disability grant in these student's lives?

The NSFAS counters problems of mobility (environmental barriers and distance) with the meals, residence and assistive device allocations; societal stigma against disability with the residence allocation; problems of socialising with other people with the tuition, residence and meals allocations; problems of keeping a strict diet with the meals and book allocations; and, social, political and economic problems with the assistive device allocations. The NSFAS provisions enable the chronically ill and disabled students to use the meals and books allocations on products that were of priority at the time, at shops that they preferred and enabled some to save money for 'rainy days'.

The tuition is beneficial for future job prospects, for current benefits in language use, self-confidence, knowledge production and academic status, and for upcoming cohorts who are within and outside the university space. Despite some disabled students suffering from exclusion errors, the disability grant boosts the NSFAS funding in three spheres of

life, namely the personal life, campus life and family life, in the manner that it complements and supplements NSFAS funding.

5.1.4 Question 4

What further support do students require in order to manage at university?

Although the assistive device and residence allocations ameliorates the impairments of most participants, the assistive device allocation on its own needs also to make the chronic illnesses of students less limiting. The disability grant needs to increase penetration and expand in coverage. The students with disabilities and chronic illnesses recommended improvements in material support, institutional support and person capacity building for assisting similar students at university because NSFAS, social grants and the Disability Unit, as forms of institutional support, have already achieved human development, resource provision and service delivery on their campus.

5.2   Discussion

The exercise of social rights by the participants secures them a career path through university and, because very few families have the capacity to share in the heritage of university life, the exercise of political rights structurally is necessary to establish the participants' social rights in and out of university. The ability to access social rights for disabled people arises when the multi-factor medical condition (impairment) is classified as severely limiting, regardless of the time of disablement. Exercising the liberty to access a social right such as higher education gives students the opportunity to follow their ambition and passion and to utilise their social rights of freedom of speech and thought. However, the social rights of others are severely limited by disability, future financial prospects, compromise, and institutional restrictions/diversions.

The severe limitations on social rights prevent the disabled participants in this study from enjoying social heritage such as mobility (accessibility), societal integration, socialisation, a specialised diet, and the use of assistive technology in town and on campus. Although social policy has put in place the subjects, programmes and bureaucracy, as well as evaluation system of the university to monitor progress, students

doubted their social rights to manage in certain subjects; they doubted the programmes' impact on their social rights; they doubted the bureaucracy's commitment to respect their political rights; and they doubted the equity of the education system in sharing the social heritage of academia.

The findings of this study revealed that push-and-pull flows between facilities, resources and information have increased the utilisation of on-campus facilities and their resources; that the resources held constant, shortened or lengthened the use of facilities and their resources; and that information creates a constant continuum of learning or necessitates facilities, human resources and more knowledge.

Policy in practice shows how assistance for students comes from conditional grants and NSFAS bursaries though Education White Paper 6 that provides for district support teams to handle the curriculum and institutional barriers faced by students. Similar to the district support team, the NSFAS bursary seeks to provide disabled students with the means to acquire learning support material through the book allowance and assessment instruments through the assistive device allocation (NSFAS, 2010: 5; RSA, 2001: 23). Resources have been decentralised from being controlled by the Disability Unit to being owned by individual students. The conditional grants from the national government were proposed, in the short to medium term, so that the basic education system could "provide some of the non-educational resources that will be required to ensure access to the curriculum, such as medication, devices such as wheelchairs, crutches, hearing aids, guide dogs, interpreters and voice-activated computers, and social workers" (RSA, 2001: 43). The NSFAS has taken up most of this role in higher education by increasing its assistive device allocations and starting to provide money for human support in 2013, though participants seek more information about its programmes and provisions (NSFAS, 2012d: 12). Thus, the funding model of the entire education system was configured to enable disabled persons to pass through higher education before they could be entrusted with their own devices, instead of using public resources such as voice-activated computers in a communal LAN. Perhaps, the rationale was the potential of increased returns to capital whereby, tax revenues which are higher than the invested provisions are expected from a graduate with disability, who is more likely to be employed quickly through affirmative

action under the Employment Equity Act no. 55 of 1998, and who is more likely to earn a higher salary because of the qualifications gained.

Students with disabilities are in question because they have entered the poverty-reduction strategy of education as a means of exiting the social grant system at the top end rather than the bottom end where there are no savings, no income and a discontinuation of the disability grant. The ideal top end involves the recipient exiting the social grant system by earning more than R44 880, if single, or R89 760, if married, in accordance with the Social Assistance Act no. 13 of 2004 (Government Services, 2011). The top-end approach to social grant eligibility accords with the principles of liberal-left welfare states whereby the maximisation of profits can encourage a disability-grant recipient to attain a university degree that will qualify the graduate to exit the grant system at the top end through a high-paying job. As a result, a liberal-left welfare state serves to protect the civil rights of citizenship by enabling the liberty of the person with disability to choose his or her own career, to exercise the freedom of speech and thought in studying for higher education and, to exercise the individual right to conclude funding contracts (bursaries and their conditionalities).

Alternatively, a disability grant recipient should exit the system when the person with disability has accumulated assets that worth more than R752 400, if single, or R1 504 800, if married, in accordance with the social assistance regulations of South Africa (Government Services, 2011). The top-end approach again evolves the rights of citizenship to political rights whereby survival in a highly commodified economy means the ability to exercise maximum political power when participating in "voting with the trolley" (Economist, 2006), in that, economic power controls political power (Bowles et al., 2005: 276, 277 and 520). Although South Africa is a social democratic country, these elements of the liberal-left welfare state serve to give persons with disabilities the civil right of citizenship by protecting the right to own property worth a certain amount.

5.3   Recommendations

Amongst other indicators, human development involves increasing the certainty of possibilities (capabilities) that a person has for achieving tasks (functioning). The under-

representation of disabled people in academia and employment is said to be as a result of assimilation of disabled people into an unchanged system that needs to progress towards learning development, person-specific technology and universal accessibility (Simpson, 1996: 25; Riddell, 1996: 217; Howell, 2006: 169). Yet, as Disability Management Services points out, disability units do provide considerable levels of support within tertiary institutions (DMS, 2011). As the state in South Africa seeks to increase skills and opportunities, it is recommended that it make changes in effect to the material and institutional supports that participants request in order to integrate people with disabilities and chronic illnesses into an accommodating environment instead of an unchanged one. Although the idea of making the disability grant conditional on attending higher education is tempting, it is unworkable within the context of the country where in 2001, "about 30% of disabled persons had no schooling compared to 15% of the total population" (Stats SA, 2005: 20). The disability grant should increase penetration during the expansion of social welfare by aiming to provide social services such as grant applications and renewals at special school and university premises.

So, too, the Department of Social Development should continuously retrain its staff to stop regarding welfare provision as negative freedoms, especially since South Africa is a social democratic country. While new services can be outsourced, others such as mentoring are necessary to assist students in general deal with "very active social lives", "frustration with the administration", "self-confidence" and the academic environment (Letseka and Breier, 2008: 91). Finally, institutions should build the human capacity of targeted groups in order to have an inclusive society, democratic processes, dignity, diversity and shared economic growth.

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Appendices

Appendix 1

Interview Questions

    i.   What is your disability? How long have you had this disability?

    ii.   What problems do you encounter with your disability in day-to-day life?

    iii.   What problems do you encounter with your disability specifically at university?

    iv.   Did your disability influence your decision to study at university and, if so, in what ways and why?

    v.   Did your disability influence your decision to enroll for the courses that you are taking, and, if so, in what ways and why?

    vi.   Do you receive an NSFAS bursary? For how long have you received this bursary?

    vii.   Would you have been able to study at university if you did not receive this bursary? *Probe*: briefly, describe first, your personal and second, your household's financial background.

    viii.   What do you use the five bursary allocations (accommodation, tuition, book allowance, meals allowance and assistive device allocation) for? *Probe*: Please name some of the goods and services you have acquired with each of the allocations and in what way do the acquired products support you generally, in day-to-day life and specifically, at university?

    ix.   Do you receive a disability grant? If so, for how long have you received this grant?

    x.   How does the disability grant ameliorate the problems you encounter generally, in day-to-day life and specifically, at university?

    xi.   What is your overview of state support for disabled students currently? *Probe*: What assistance would you require first, for yourself and second, for other disabled students in the future?

Appendix 2

Theme 4/Table 1: Why should we understand differences within disabilities in terms of diversity and inequality?

Participant characteristic codes will include information concerning the nature of disability, field of study, level of study, status of bursary, and status of disability grant.

Respondent code	Nature of disability	Field of study	Level of study	Status of bursary	Status of disability grant	Gender
1.	a paraplegic in a wheelchair	psychology	honours	is funded	has never been granted	male
2.	shortsighted from albinism	legal studies, politics and psychology	has been studying for four years	is funded though funding was previously ceased for a year	is granted	male
3.	eczema; asthmatic; partially sighted from cataract illness	access	foundation	is funded	has never been granted	female
4.	totally blind	social work	third year	is funded	is granted including the child support	female

					grant	
5.	totally blind	not mentioned	has been studying for two years	is funded	is granted	male
6.	partially sighted from very high myopia	drama	third year	is funded	has never applied until now	female
7.	paraplegic from polio, using crutches	criminology	honours	funding has ended	is granted	male
8.	epileptic; quadriplegic from accident in wheelchair	social work	undergraduate honours level	is funded	is granted	male
9.	diabetes; hypertension; epilepsy; a very small memory	community development	third year	is funded but was not funded in first year	is granted	female
10.	a limping leg; partially sighted	community development, criminology and sociology	second year	is funded	is granted	female
11.	totally blind	sociology, anthropology and law	second year	funding has ceased until all of this	has never been granted	male

				year's modules are passed		
12.	partially sighted from glaucoma, cataracts and myopia	management and communication	has been studying for three years	is funded	has been granted including the care-dependency grant	male
13.	cerebral palsy - difficulty in walking and speech	social work	third year	is funded	has been granted but was never granted the care-dependency grant	male
14.	partially sighted from congenital nyastigmus	psychology	honours	is funded	Has been granted but never applied for the care-dependency grant	female

Appendix 3

Theme 5/ Table 2: Why is social policy of equal benefits not equivalent to that of equality of outcomes? The question of penetration versus coverage

Setting codes will include information about the time of disablement, period under NSFAS funding, and period under social security.

Respond-ent code	Time of disablement	Period under NSFAS funding	Period under social security
1.	since the age of four	for four years	never
2.	since birth	for three out of four years	since nineteen years old
3.	assumedly since birth	first year	never
4.	for seven years	for four years	for seven years
5.	since born	second year	for twelve years
6.	since born but alerted about disability status at university	third year	never
7.	since the age of three	had the bursary from 2006 up until 2011, was on the loan in 2012 and is not funded in 2013	for nine years
8.	since 2005	for three years	since 2005
9.	since 2007	from second year	since 2008
10.	for five years	for two years	for six years
11.	since the age of three	for about three years then funding ceased	never
12	since born	for three years	from the age of about ten or eleven years
13.	since born	fourth year	for eight years
14.	since born	for five years	for about five years