

Biological Citizenship in Blikkiesdorp: The case of the Disability Grant

by
Gabrielle Gita Kelly

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Supervisor: Mr. Jan H. Vorster
Department of Sociology and Social Anthropology

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DECLARATION

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ABSTRACT

This thesis examines local understandings and use of the Disability Grant in The Symphony Way Temporary Relocation Area, locally referred to as *Blikkiesdorp* (tin can town). The study takes an ethnographic approach and focuses particularly on a group of people accessing or seeking to access Disability Grants who formed a support group as a result of the study. Findings reveal that in a context of social and economic marginalisation, there is a high reliance on government grants for survival and a particularly high demand for Disability Grants by the unemployed in Blikkiesdorp. As social assistance in South Africa is categorically targeted at particular vulnerable groups, the majority of the unemployed of working age are not eligible for social assistance. As a result, Disability Grant recipients face significant pressure from their households and the community at large to share their grants with those who cannot find unemployment but are not catered to by the social security system. It also means that disability or illness is often valued over health. Given the use of the Disability Grant as a livelihood strategy within households and the related importance of Disability Grants to individuals and families, those who receive their grants on a temporary basis engage in a struggle to reapply for grants through performances of disability and humanitarian appeals to medical doctors who, as a result, are not only burdened by high numbers of grant applications, but also pressured to make decisions that go beyond their role as medical professionals. The analysis draws on the concept of *biological citizenship* to explore the relationship created between illness or disability of the bodies of marginalised citizens and the potential to access to *social citizenship* rights, enabled through the receipt of the Disability Grant.

OPSOMMING

Hierdie tesis ondersoek aan die hand van 'n etnografiese benadering plaaslike begrippe en gebruike van die Ongeskiktheidstoelaag in Die Simfonieweg Tydelike Hervestigingsgebied, plaaslik bekend as *Blikkiesdorp*. Die studie fokus op 'n groep mense wat die Ongeskiktheidstoelaag ontvang of probeer om daartoe toegang te verkry en wat as gevolg van hul deelname aan die studie, 'n ondersteuningsgroep gevorm het. Die bevindinge dui daarop dat in 'n konteks van maatskaplike en ekonomiese marginalisering, daar vir oorlewing tot 'n groot mate op staatstoelaes staatgemaak word en dat daar spesifiek onder werkloses in Blikkiesdorp 'n groot aanvraag vir die Ongeskiktheidstoelaag is. Maatskaplike ondersteuning in Suid-Afrika word op spesifieke kategorieë kwesbare groepe gerig en die meerderheid werkloses kwalifiseer nie vir maatskaplike ondersteuning nie. Om die rede verkeer die ontvangers van die Ongeskiktheidstoelaag onder besondere druk van lede van hul huishouding en ook van ander gemeenskapslede om hul toelae te deel met werkloses wat nie deur die maatskaplike sekuriteitsstelsel gedek word nie. In dié konteks gebeur dit dikwels dat ongeskiktheid of siekte bo gesondheid van waarde geag word. As gevolg van die belangrikheid van die Ongeskiktheidstoelaag vir individue en hul gesinne is diegene wat hierdie toelaag op 'n tydelike basis ontvang, betrokke in 'n stryd om heraansoek deur die voorstelling van ongeskiktheid teenoor en humanitêre beroepe op mediese beroepslui. Hierdie beroepslui word derhalwe nie slegs belas met 'n groot aantal aansoeke nie, maar verkeer ook onder druk om besluite te neem wat verder as hul rol as medici strek. Die konsep *biologiese burgerskap* word gebruik om die verband wat geskep word tussen siekte of ongeskiktheid van die liggame van gemarginaliseerde burgers en die potensiaal vir toegang tot maatskaplike burgerskapsregte deur die ontvangs van die Ongeskiktheidstoelaag, te ontleed.

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LIST OF ACRONYMS

AP	Assessment Panel
CSG	Child Support Grant
DFID	Department of International Development
DG	Disability Grant
DSD	Department of Social Development
FCG	Foster Child Grant
HIV/AIDS	Human immunodeficiency virus infection / acquired immunodeficiency syndrome
OECD	Organisation for Economic Cooperation and Development
OPG	Older Person's Grant
PDG	Permanent Disability Grant
RSA	Republic of South Africa
SASSA	South African Social Security Agency
TDG	Temporary Disability Grant
UNDP	United Nations Development Programme
UNHS	United Nations Centre for Human Settlements
UNICEF	United Nations Children's Fund

CHAPTER 1: INTRODUCTION

South Africa has extremely high levels of poverty, unemployment and income inequality. Therefore, how to best promote pro-poor economic development is a key issue in current policy debates. The idea that the state should take some degree of responsibility for ensuring the welfare of its citizens by offering decommodified goods and services and social insurance developed in wealthier Northern countries, but the idea of social assistance, mainly in the form of cash transfers has become popular in the developing Southern countries. South Africa is often used as an example of having one of the most comprehensive social assistance programmes in the developing world with over 15 million South Africans currently accessing state grants (Republic of South Africa, 2011). However, within South Africa, questions are raised concerning the economic viability and social desirability of such a large cash transfer programme, and there are strong debates around whether social grants promote a culture of entitlement or present a practical economic, poverty-alleviation and social development tool. Despite its constitutional obligations to progressively realise a social assistance system that caters for all South Africans in need, the state has promoted job creation over the reformation of the South African social protection system and continues to promote a residualist approach to social assistance which focuses only on protecting certain categories of the “deserving” poor – children, the elderly and the disabled. However, job creation strategies are yet to bear fruit and a large proportion of South Africans remain in poverty without any access to state support.

Discussions in the social protection literature on how categorical targeting of social assistance in South Africa has led to gaps that make many households reliant on the incomes of vulnerable groups have drawn the focus of this thesis towards the Disability Grant. This grant is offered to persons over the age of eighteen up to the age of sixty who are deemed unfit to work either on a temporary or permanent basis. Given the unclear definitions of fitness to work, there has been much discussion on whether this grant is awarded on humanitarian rather than medical reasons and whether the Temporary Disability Grant, which is awarded for periods of six to twelve months creates incentives towards ill-health (Nattrass, 2006).

The function of social security is to reduce vulnerability and reduce the chance that individuals will participate in activities that undermine individual or household welfare. However, due to the way vulnerability has been constructed in South Africa and resultant gaps in the social security system, the Disability Grant may in fact promote the adoption of livelihood strategies that undermine welfare because it provides incentives to prefer incapacity over health or in the extreme, trade off health for income.

The aim of the study is to explore how the opportunity for grant income through the Disability Grant is seen and used in an environment where opportunities for formal employment are limited and unemployment insurance and support is minimal or non-existent. The main question driving the

research is how the Disability Grant shapes livelihood strategies and opportunities in this context and what the main benefits of disability or illness vis-à-vis health or a fully functioning body are.

The concept of *biological citizenship* is used to explore the connection that is created between the body and the privileges and benefits awarded to the state and how marginalised citizens may use the Disability Grant as an access point to their social citizenship rights and gain access to a livelihood. Biological citizenship can be defined as “a massive demand for but selective access to a form of social welfare based on medical, scientific and legal criteria that both acknowledge biological injury and compensate for it” (Petryna, 2002: 6) and is discussed in more detail in Section 2.9. *Blikkiesdorp* (tin can town), an impoverished community in Delft, Cape Town, was used as the site for the study. A qualitative approach was used, driven by the idea that decisions to draw on biological rather than other forms of citizenship are highly complex and individualised, as well as the desire to explore the multi-dimensional aspects of poverty which provide the context to these decisions.

The remainder of this thesis is divided into four chapters. Chapter 2 presents a review of the literature relevant to the topic and begins to define the conceptual framework that will be used in the analysis, Chapter 3 provides context not only to the research environment but also to my engagement with the environment as a researcher and reflects on how the research context affected aspects of the research design and approach. Chapter 4 presents both the research findings and a discussion of these findings in relation to existing literature and builds an argument for the applicability of the concept of biological citizenship to these findings. Lastly, Chapter 5 presents a brief summary of these arguments, draws final conclusions and considers the findings in relation to the greater social security system in South Africa.

CHAPTER 2: LITERATURE REVIEW

In order to situate local understandings and use of the Disability Grant in Blikkiesdorp within the greater social protection discourse, it is important to clarify how understandings of poverty and disability, human and citizenship rights, political ideology, and socio-political history contribute to the type of welfare ideology adopted and resultant social protection systems designed by governments. This review explores the multi-dimensional nature of poverty and how this has shaped understandings of livelihood strategies of the poor and how this, together with the influence of discourse around welfare and social citizenship (and related concepts of equality and social justice), have influenced government responses to poverty and the growth of social protection systems in the developing world. The review then traces the history of social security in South Africa, commenting on the design of the current system as well as outlining empirical evidence around the effectiveness of social grants, both in South Africa and in the new generation of social protection systems emerging in the developing world. Definitions and assessments of disability and how these shape the awarding of the Disability Grant in South Africa are discussed before the concept of biological citizenship, which provides a theoretical framework for this study, and has its roots in the Foucauldian concepts of biopolitics and biopower, is introduced.

2.1 UNDERSTANDING POVERTY

Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not having access to school and not knowing how to read. Poverty is not having a job, is fear for the future, living one day at a time. Poverty is losing a child to illness brought about by unclean water. Poverty is powerlessness, lack of representation and freedom. (World Bank, 2002)

As social grants are primarily a poverty alleviation intervention, it is important to ground discussions about these grants in current understandings of poverty and what causes and perpetuates it. Much has been written on poverty and how to describe and define it, but modern definitions of poverty seem to share the commonality that poverty is a state of distinct deprivation of wellbeing. Poverty can be thought of in relative or absolute terms, in terms of income, consumption, lack of capabilities and access to opportunities, and social exclusion or marginalisation. The evolution of poverty from a simple to an increasingly complex concept has had a strong influence on the type of policies used to assist and protect both the poor and people at risk of falling into poverty.

2.1.1 THE MULTI-DIMENSIONALITY OF POVERTY

Different ways of measuring absolute poverty are based on different concepts of wellbeing (Haughton & Khandker, 2009). Whilst three different approaches to understanding and measuring well-being are noted in the literature, this thesis takes poverty as a multi-dimensional concept.

The first and most simplistic model is the *income model* which measures wellbeing on a purely monetary basis. Income poverty is most commonly measured using GDP per capita and the Foster-Greer-Thorbecke (FGT) set of poverty measures, such as the *poverty headcount* and *poverty gap*, which describe the extent and intensity of poverty as well as inequality within a country using the *poverty line*, which is the minimum level of income required by an individual to meet his or her basic needs. Those living on less than \$1.25 are considered extremely poor, with 1.44 billion people in the world falling into this category and the 2.6 billion people living on less than \$2 per day are considered to be moderately poor (Alkire & Santos, 2010). In South Africa 26.2% of people are classified as poor using \$1.25 poverty line (Human Development Report, 2010). Some countries (largely OECD countries) measure poverty in relative terms using economic distance from median income to classify poverty but internationally absolute measures are most commonly used.

The *consumption* approach attempts to introduce a more complex understanding of poverty and considers that individual income does not necessarily reflect the realities of households and instead measures poverty in terms of ability to obtain certain goods such as food, housing, education, and health care (Haughton & Khandker, 2009). Levels of consumption are measured through proxy indicators such as calorie consumption per person per day, life expectancy, child mortality, and levels of educational attainment (Haughton and Khandker, 2002). Separating and understanding specific aspects of poverty such as nutritional or educational poverty are more useful for guiding poverty interventions than purely income models.

Both income and consumption models of poverty can be considered *resourcist* perspectives, as they define poverty as the inability of an individual or family to command sufficient resources to satisfy basic needs' (Fields, 2001:73 in Barrientos, 2011: 241). These models are most commonly found in economic literature. Whilst models are useful in measuring the extent and depth of poverty, both view the concept in a relatively flat way that ignores the complexities inherent in the lives of the poor and provides little insight into understanding how to address issues of chronic poverty.

The third view of wellbeing in relation to poverty is the *capabilities approach*, a multi-dimensional approach to poverty initially put forward by Sen (1987), which sees wellbeing as derived from a person's capability to function in society given a set of certain commodities, with poverty arising when people lack these capabilities (Haughton & Khandker, 2009). Sen argues that using income or consumption of commodities to measure poverty is insufficient because there is a significant gap between resources and wellbeing (Barrientos, 2011) and proposes alternative approaches to measuring national poverty that capture all the dimensions of poverty. Sen argues that 'to capture a reality in one number is just vulgar' (Sen, 2010) and that using measures such as GDP per capita do not take the perspectives of the poor people into account. Research supporting this view has shown that the poor see social, household and personal deprivation as core concepts of poverty and resourcist approaches do not take family or social relationships, especially gender issues into account when describing wellbeing (Rakodi & Lloyd-Jones, 2002). The capabilities approach is strongly rooted

in notions of equality, social justice and promoting individual needs and draws on John Rawls's (1971) political concept of social justice which sees justice rooted in fairness in the form of equal liberties for all (see Section 4.3). Rawls's approach can be seen as a resourcist approach to justice as he focuses on the fair allocation of primary goods (resources such as income and opportunities). Sen's approach however focuses not how many resources one has, but on the freedoms that people actually have to choose and enjoy the type of lives that they value (Sen, 1992: 91).

In Sen's definition, functionalities are the activities and states that make up a person's being and which are determined by the capabilities or substantive freedoms someone has to do or choose to do those things (Sen, 1992). To put it more simply a person's "functionings" represent what a person actually achieves and the set of capabilities represents the actual choices they had in getting to their state of functioning. Although Sen has not defined specific capabilities, Martha Nussbaum identifies ten capabilities that are basic, internal and those that come to fruition when combined with the external conditions and promotes the capability approach over a resourcist conception of justice because: 'giving resources to people does not always bring differently situated people up to the same level of capability to function' (Nussbaum, 2000).

In this approach a person in a wheelchair would need more resources (like a ramp for access) to accomplish the same things (or achieve the same functionalities) as an able-bodied person and a just society would be one that ensured that the person had the resources they needed. In this view poverty is multidimensional and less amenable to simple solutions, because while higher average incomes will reduce poverty, measures to empower the poor and insure them against risks and build better infrastructure and services are also necessary (Rakodi & Lloyd-Jones, 2002). The link made by Sen and Nussbaum between capabilities and human rights and justice has had a strong influence on understandings and approaches to both poverty and disability. Although the resourcist approach is more commonly used to measure poverty because of its relative simplicity, understanding poverty in a multi-dimensional way is theoretically important and has strongly influenced the design poverty and social protection interventions (Barrientos, 2011).

Whilst a multi-dimensional approach to poverty seeks a richer understanding of what it means to be poor, it is not easily measured. There have however been recent attempts to create standardised ways of measuring multidimensional poverty, or at least include this way of thinking in development initiatives. The *Millennium Development Goals* represent an international recognition of the need to tackle the multi-dimensional aspects of poverty and the *Human Development Report* and its multi-dimensional poverty index are based on the capabilities approach, aggregating country-level health, educational, material goods, political and social attainments in a comprehensive index of development outcomes (Haughton & Khandker, 2009; Ravallion, 2010) and reflecting overlapping deprivations of households (Alike & Santos, 2010). This thesis makes no attempt to measure poverty, only to understand its effects on the lives of research participants and therefore adopting a multi-dimensional approach seems most appropriate.

2.1.2 CHRONIC POVERTY AND INEQUALITY

The literature makes a strong distinction between chronic and transitory poverty, largely because chronic and transitory poverty require different policy approaches and have different implications for social protection system design. Chronic poverty is defined by its extended duration and often intergenerational nature, whereas transitory poverty is brought about by cyclical episodes of unemployment and is usually limited in duration (Shepherd, 2010). Given South African's high rates of structural unemployment, chronic poverty is a far larger concern than poverty of a more cyclical nature. Chronically poor people always or usually live below a poverty line, or are deprived of capabilities on a long-term basis and research has indicated that the longer people are poor, the harder it is for them to exit poverty (Shepherd, 2010). The negative impacts of poverty tend to accumulate through a person's lifetime and the greater exposure of the poor to risks of unemployment, disability, illness and early death feeds into a self-perpetuating cycle of social exclusion and poverty that crosses from parents to children (Republic of South Africa, 2002). Chronic poverty is often structural in nature and is therefore also harder to address from a policy perspective. The *Chronic Poverty Research Centre Report* for 2008-2009 described five factors which trap people in poverty: insecurity; limited citizenship; spatial disadvantage; social discrimination; and poor-quality work (Shepherd, 2010).

The time dimension is an important factor in measuring chronic poverty and panel studies tracking individuals over time are commonly used to assess movements into and out of poverty. The KwaZulu-Natal Income Dynamics Survey and most recently the National Income Dynamics Survey (first conducted in 2008), aim to provide longitudinal data for tracking chronic in South Africa.

Asset-based approaches to poverty, developed in economic theory by the likes of Carter and Barrett (2006), use theory on assets and vulnerability to explain persistent poverty and measure the potential of poor people to move out of poverty based on levels of asset holdings. An asset is defined as a 'stock of financial, human, natural or social resources that can be acquired, developed, improved and transferred across generations. It generates flows or consumption, as well as additional stock' (Ford 2004, in Moser, 2006: 5). Whilst this approach sees social capital as an important part of forming pathways out of poverty, research by Adato, Carter and May (2006) showed that strong levels of competition for limited resources and lack of connections with people with actual resources often creates conflict within poor households and communities, making economic improvement difficult.

The asset-based model differentiates between stochastic (transitory) poverty and structural poverty using the concept of asset lines - levels of assets required to promote a level of well-being equal to the poverty line. Those falling below a poverty trap threshold of assets (the Micawber Threshold) find it extremely difficult to accumulate assets that will allow them to cross this threshold or recover from shocks, effectively keeping people and households in states of chronic poverty. Those who are able to cross the Micawber threshold become upwardly mobile and are likely to be able to exit poverty

(Carter & Barrett, 2006, 2007; Adato et al, 2006). From a social protection point of view this threshold is important because it implies that those falling below a certain level of assets are effectively “ruined” and are unlikely to be able to recover. It also implies that social protection can have a productive role in assisting people to cross the Micawber threshold to make moves towards greater well-being (Carter & Barrett, 2007).

Although poverty, inequality and vulnerability are closely related they are not the same. Vulnerability can be defined as ‘the probability that individuals, households or communities will be in poverty in the future’ (Barrientos, 2011: 242) as a result of the effects of shocks that dramatically decrease income or asset-bases such as natural disasters or the death of a breadwinner in the family. Social protection systems are designed to reduce this kind of vulnerability by providing alternative sources of income.

Vulnerability has been strongly linked to chronic poverty as it affects the investment, production patterns and coping strategies of the poor, it is also very dependent on contextual factors, some of which are difficult to control (e.g. natural disasters). The scale of response to external shocks and speed of recovery are two dimensions of vulnerability (Meikle, Ramasut & Walker, 2001). The asset vulnerability framework developed by Moser (1996) explains the relationship between vulnerability and asset ownership, identifying a range of asset management strategies and identifies both risks and the resilience to resist or in recovering from changes as key components in analysing poverty (Moser, 2005). In Moser’s model, vulnerability is closely linked to asset ownership with resilience of individuals, households and communities in the face of hardship seen as being determined by the *assets* and *entitlements* that they can mobilise and strategically use, either individually or collectively (Moser, 2005). A key feature of poverty is the extent of exposure to risks and shocks and the inability to recover from these shocks or a lack of resilience (Rakodi & Lloyd-Jones, 2002).

Inequality on the other hand focuses on the distribution income or consumption capabilities across a population as is generally measured through the GINI co-efficient. This measure is particularly relevant to South Africa which has one of the highest levels of inequality in the world with a GINI co-efficient of 0.7 measured in 2008 (Leibbrandt, Woolard, Finn & Argent, 2010). Internationally inequality has been shown to slow economic growth, which in turn hinders poverty reduction (May, 2010) and this has certainly contributed to South Africa’s ongoing high rates of chronic poverty.

2.2 LIVELIHOOD STRATEGIES OF THE POOR

In order to understand how people living in poverty navigate their everyday lives, it is important to move beyond simply defining and measuring poverty to examining how social, political, economic and local context determine whether individuals and households move into, remain or move out of poverty. The concept of livelihood strategies provides an interesting lens through which to view and understand the rationalities employed by poor people in securing their survival.

Livelihoods involve the use of assets in activities to produce outputs, both to meet people's consumption requirements and aspirations and to invest in assets and activities for the future. All this takes place in the context of an uncertain environment. (Dorward, Anderson, Lottieal, Vera, Rushton, Pattison & Paz, 2009: 241)

In poor households regular wage income is often irregular, dependant on external factors, and is insufficient to meet consumption and investment requirements or unexpected larger costs, making it difficult for poor people to match income with required consumption expenditure (Dorward et al, 2009). In order to fill this gap poor people employ a range of strategies, drawing on various economic and physical activities as well as both tangible and intangible assets such as social capital in order to sustain their livelihoods (Rakodi & Lloyd-Thomas, 2002; Adato et al, 2006; Meikle et al, 2002).

These livelihood strategies include patterns of saving, borrowing, consumption, investing in physical, social or human capital, migration, and household formation (Dorward et al, 2009; Meikle et al, 2001). Households in South Africa variably pool income to cater for the unemployed, participate in *stokvels* (group saving schemes), participate in community garden initiatives, lower expenditures by buying in bulk or using lower quality products, send remittances to relatives to maintain social networks, migrate to urban areas to seek other work and unemployed individuals may remain in or move into households where there is considered to be sufficient wage or other income (Adato et al, 2006). Although livelihood strategies should not be looked at exclusively through the lens of the household, in many cases (including South Africa) families are seldom nuclear and can be either a determinant of capabilities or a strategic decision (Rakodi & Lloyd-Jones, 2002).

The concept of livelihood strategies is grounded in a multi-dimensional view of poverty, based very much on Sen's work on assets and capabilities, as well as the work of Chambers (1992, 1994) on vulnerability and risk. Much of its approach is also derived from work in the field of participatory poverty analysis promoted by Chambers and Conway (1992). The approach is very people-centred and works from a base that acknowledges the 'wealth of the poor' (UNDP, 2008: 7 in Meikle et al, 2001), recognising their adaptive strategies rather than focusing on deprivation. According to Beall and Kanji (1999: 14) 'within a livelihoods framework the urban poor can be viewed not as an undifferentiated and passive group at the mercy of wider social processes, but as active agents responding to social and economic change as best they can, under the circumstances in which they find themselves'. Livelihood strategies recognise the wide range of activities that support households, the model acknowledges the role played by people who are not formally economically active such as grandparents who care for children whilst their mothers work and share their pensions with the family (Beall & Kanji, 1999).

The *vulnerability context* or potential shocks, trends or dynamics that make people vulnerable to poverty, as well as government and economic structures and cultural, legal and institutional factors shape livelihood strategies by determining what activities are available and attractive (Rakodi & Lloyd-

Jones, 2002; Moser, 2005). Based on the work of Chambers (1997), Cornia (1987), UNCHS (1996) and Moser (1998), Meikle et al (2001) identify a number of strategies that may have negative effects on individuals, members of households or society at large. These include stinting on education, discriminating against weaker members of the household when allocating resources, participating in theft or organised crime, abusing natural resources or engaging in activities that pose health threats (Meikle et al, 2001).

Dorward et al (2009) created a typology of three types of livelihood strategies: *hanging in*, *stepping up* and *stepping out*. When faced with income or asset shocks or even in everyday life, many poor people are only able to exercise strategies that allow them to maintain livelihood levels rather than ones that will enhance their future welfare (Rakodi & Lloyd-Jones, 2002). These *hanging in* strategies could also be thought of as basic survival strategies, often employed during times of crisis such as the death of an income earner in the family. In poor households choices in coping strategies are often limited, with those available often requiring a depletion of existing assets that have long-term negative consequences (Dorward et al, 2009). *Stepping up* strategies on the other hand are activities employed to improve livelihoods, often through investment in increasing productivity or income, whilst *stepping out* strategies describe those activities that can act as a launch pad out of poverty through higher and more stable returns such as investing in tertiary education that will secure higher future incomes (Dorward et al, 2009).

Social protection systems are designed to prevent or alleviate poverty by providing alternative or supplementary sources of income to labour income, allowing people who are *hanging in* the opportunity to build sustainable livelihoods. Social protection also promotes the pursuit of *stepping up* and *stepping out* strategies by providing income for investment and increasing willingness to take risk. Where very few opportunities exist to gain formal employment or pursue entrepreneurial activities, elements of social protection such as social assistance in the form of cash transfers become useful instruments for government in both mitigating the effects of poverty and pursuing developmental goals.

The idea that livelihood strategies are shaped by system structures and local vulnerabilities is key to this analysis as it provides a useful lens through which to break down and understand the factors that contribute to people's decisions to engage with the social assistance system in particular ways. The use of social assistance grants as livelihood strategy options, as well as the sustainability of the livelihoods created by these grants, are dependent on environmental factors such as the design of the social security system (who is and who is not included), the availability of other livelihood options such as paid employment or agriculture, family and social structures, and the quality of government services. It will be argued that attempting to access or retain one's Disability Grant is a strategic decision to secure a livelihood in the context of limited opportunities for social and economic inclusion and the state's narrowly targeted social security offering.

2.3 GOVERNMENT RESPONSES TO POVERTY

Governments can affect income distribution either indirectly through economic and labour market policy, or directly through taxation and the provision of social or welfare services and income. This combination of labour market and social policy – the labour-welfare nexus – has an effect on personal incomes of citizens and is therefore vigorously discussed and strongly contended (Republic of South Africa, 2002: 21). The term welfare refers to social and legal actions by the state to promote the basic physical and material well-being of people in need and is a means of distribution which operates outside the labour and capital markets (O'Connor, 1993). According to Midgley (1995:3), social welfare refers broadly 'to a state of social well-being, contentment and prosperity' and includes private donations and social work interventions alongside statutory and government interventions. There is a wide spectrum of welfare ideologies that are defined by the balance between the market and the state and these range from Marxist influenced *Communist Collectivism* and *Social Reformism* on the one side and the *New Right* on the other, which sees government as deeply inefficient and rather relies on the market to cater to the needs of the population (Hyde & Dixon, 2002). Caught between promoting pro-poor policy and a neoliberal agenda, the South African government provides a social security basket to citizens which aims to alleviate poverty through state intervention, but which also discourages the development of a welfare state. Rather than delving into the extensive ideological and politicised debates about the level of responsibility and approach taken by governments to alleviate poverty and promote social and economic justice, this section will simply outline the arguments for and against the welfare state before defining the commonly used terms that describe different levels of welfare intervention by the state – social safety nets, social security and social protection.

The idea of the welfare state was popularised after the Second World War and refers to 'the responsibility of the liberal democratic state for the well-being of its citizens and the promotion of the "common good"' (Leibfried & Mau, 2008: xvi). Marshall's (1950) inclusion of social rights in citizenship rights has been highly influential in the development of the welfare state (also see Section 2.4), which moves social provision for the needy out of the realm of charity into claims for legal entitlements based on citizenship rights. 'The introduction of social rights in the twentieth century created a universal right to real income which is not proportionate to the value the claimant can realize in the marketplace' (Leibfried & Mau, 2008: xvi) and 'guarantees every individual a secure lifestyle', providing an equal base from which people can build their lives and maximise their potential as individuals and members of society (Marshall, 1964, 1965 in Hyde & Dixon, 2002). It is argued that removing 'the social sources of our distress' (Freud 1951: 44 in Hyde & Dixon, 2002) through state intervention promotes social cohesion, integration and inclusion, and so permits progress to be made towards a free, equal and more secure society. The welfare state is seen as a response to the pressures of modernisation and the gaps in welfare brought about by the pressures of competition and can also be seen as the response of government to the need for a healthy and reliable workforce. The welfare state promotes universal benefits to those in need that are not based on prior

contributions, earnings or motivation to work (Hyde & Dixon, 2002) and acts to absorb life risks such as illness, unemployment, old age and poverty, together with public programs providing or facilitating the provision of housing, education, personal social services and social care to citizens (Liebfried & Mau, xvi). A dichotomy between state and market is always painted but this is not necessarily the case as civil society often also plays a role in securing the welfare of citizens.

In his book *Three Worlds of Welfare*, Epsing-Anderson (1990) identified three main types of welfare regimes *social democratic*, exemplified by Norway and Sweden; *liberal*, as in the case of the United States, Canada, and Australia; and *conservative-corporatist* regimes such as Germany and France (O'Connor, 1993) and later added *Mediterranean* to describe regimes such as Italy, Spain and Greece. This categorisation was based on three aspects: a decommodification score based on an index that measures the level of decommodification of pensions, unemployment, and sickness; levels of social stratification; and the public-private mix (Bambra, 2006). Whilst the accuracy of measurement and possibility of creating distinct definitions have been questioned, it does indicate that different forms of the welfare state do exist. Using Epsing-Anderson's work as a base, Hyde and Dixon (2002) compare welfare ideologies based on levels of decommodification as imagined by Epsing-Anderson. They see levels of decommodification as being defined by contingency coverage (range of contingencies such as sickness or unemployment covered by the system), access (eligibility criteria), income replacement (extent to which benefits replace prior earnings) and population coverage (scope of coverage).

There are also strong arguments against the welfare state from conservatives and libertarians on the basis of its economic sustainability and social effects such as disincentives to work and there has been a strong movement towards welfare reform and a recommodification of services that have been offered by the state. The neoliberal and neoconservative discourse is especially critical of the welfare state, seeing it as undermining the efficiency of markets, crowding out private investment, restraining individual freedom and choice, creating bureaucracy and promoting dependency and moral corruption (King & Waldron, 1988; Liebfried & Mau, 2008). Those taking this position see the individual responsible for his or her own position. They advocate for a reduction in social provisioning, vigorously encourage employment and competitive enterprise over benefits and are prepared to offer only a market-focused residual safety net that recognises the cyclical nature of the market or to cater to those that cannot work or are the "deserving poor" (Hyde & Dixon, 2002). This way of thinking often problematises and stigmatises welfare recipients as leeching off the state. A *New Right* movement against welfarism was led by the Thatcher and Reagan administrations in the United Kingdom and United States in the 1970s and 1980s, which sought to dismantle what were seen to be excessive and cumbersome welfare systems.

I think we've been through a period where too many people have been given to understand that if they have a problem, it's the government's job to cope with it. "I have a problem, I'll get a grant." "I'm homeless, the government must house me." They're casting their problem on society. And you

know, there is no such thing as society. There are individual men and women, and there are families. And no government can do anything except through people, and people must look to themselves first. It's our duty to look after ourselves and then, also, to look after our neighbour. People have got the entitlements too much in mind, without the obligations. There's no such thing as entitlement, unless someone has first met an obligation. Margaret Thatcher (1925–), U.K. prime minister 1979–1990, talking to Woman's Own magazine, 31 October 1987. (Leibfried & Mau, 2008: xi)

Market-orientated public social security reforms were heavily promoted by the International Monetary Fund and World Bank. They take an anti-state, pro-market approach (Hyde & Dixon, 2002: 17) and which encouraged developing countries to reduce social spending through loan conditionalities. This influenced South Africa's adoption of a conservative fiscal policy Growth, Employment and Retribution Plan (GEAR), which has been called a self-imposed structural adjustment programme (Mattes & Leysens, 2003). Whilst the sustainability of the welfare state in several European countries has been questioned (especially in the wake of the current financial crisis) and despite recent cut-backs and reforms, the historical experience of developed market economies has proved that social security is an indispensable part of any efficient market economy (Hagemeyer, 2008: 24).

Decommodification is an expensive exercise and welfare provisioning has historically been the luxury of developed countries. However, in the past decade developing countries are increasingly adopting innovative programmes that focus on the economic and social development potential of social protection (see Section 2.5). South Africa has been a part of this movement but aspects of the residualist welfare discourse has been taken up by the fiscally conservative ANC government, and despite a constitution that promotes social and economic rights, the government has been reticent in developing a more universal system of support for citizens.

2.3.1 CLARIFYING THE TERMINOLOGY OF WELFARE

The international development and welfare lexicon is highly jargonised and terms or development “buzzwords” are often poorly defined (Standing, 2010: 53). The terms *social safety nets*, *social security*, *social protection* and *welfare* are often used interchangeably when in fact they describe different concepts and imply different policy approaches. This section will attempt to clarify these meanings and define their use in this thesis and will address these terms from narrowest to broadest coverage.

The notion of a *social safety net* is derived from neoliberal styles of thinking, which does not favour state support of those in financial need. Social safety nets are simply seen as making provisions for managing risk and ensuring economic stability by providing a kind of trampoline that would allow people in need to bounce back to self-sufficiency. In this way safety nets are seen as a public good and programmes conceptualised in this way generally focus on those participating in the labour force rather than catering for non-economically active individuals. The structural adjustment policies

promoted by the World Bank and International Monetary Fund during the 1990s encouraged a reduction in social spending, but recognising the increasing inequality and insecurity, countries catered for the very poor through very selective and means-targeted measures (Standing, 2010: 57). Sayeed (2004:5) summarises the aims of the *social safety net* approach as follows:

- To prevent the poor from resorting to coping behaviour that undermines their assets.
- To facilitate the acceptance of market based reforms.
- To enable the poor to better manage risk.

The safety net approach is strongly criticised in the literature and ideas of comprehensive social security and social protection are seen as positive progressions away from this approach and Standing (2010) expressly states that the use of the term *safety net* should be avoided.

Social security covers the state-based entitlements that are usually linked to contingency risk and focuses on:

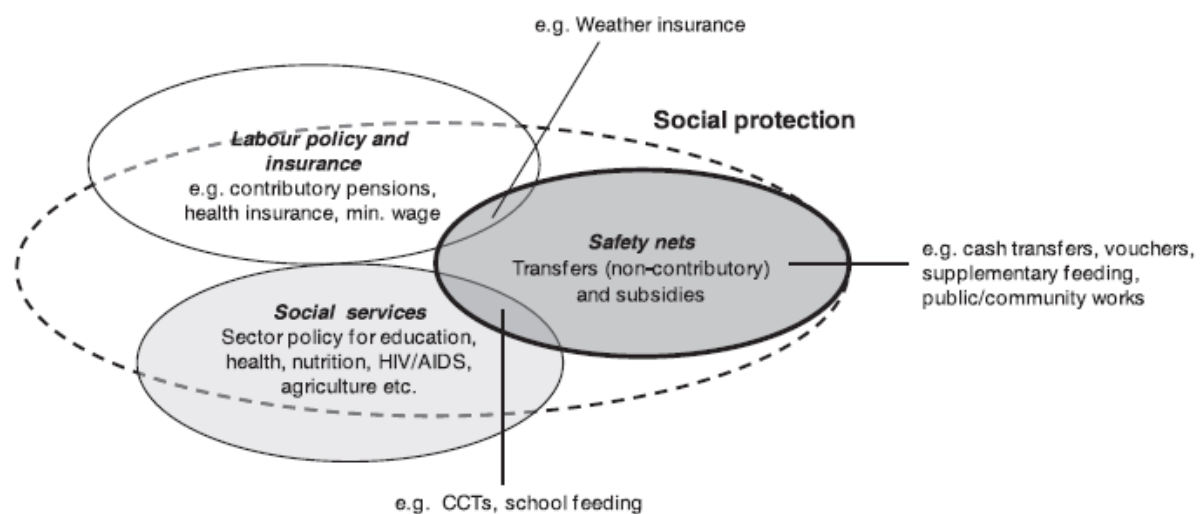
- Offsetting contingencies arising out of income deprivations, either in terms of complete cessation of income earning opportunities or reduction in incomes. The first category would include contingencies such as unemployment, invalidity, old age and the death of a breadwinner. The latter will include categories such as sickness, maternity (or paternity), employment injury, etc.
- Providing health care and education benefits to the poor
- Providing of benefits for families with children; these will include provision for education as well as child support or other child related benefits (International Labour Organisation, 2000).

Social security is made up of *social insurance* (as in the first point above), financed through contributions by employees, and tax-financed *social benefits* such as health care or education targeted at the needy through means testing (Sayeed, 2004). The system assumes that the majority of the population are employed and assumes that unemployment is temporary and the majority of benefits are awarded to those who are assumed unable to work. The South African government typically uses the terms *social security* to describe its system of social provision, which includes limited unemployment insurance, health and school fee exemptions for the poor, public works programmes, as well as means-tested cash transfers targeted at children, the disabled and the elderly.

Social protection appears to be the most commonly used term in the current development discourse and can be seen as covering the broadest range of protective transfers, services, and institutional safeguards supposed to protect the population 'at risk' of being in need (Standing, 2010: 54). Social protection has come to be commonly defined as: 'policies and actions which enhance the capacity of poor and vulnerable people to escape from poverty and better manage risks and shocks and includes social assistance, social insurance and minimum labour standards' (OECD, 2009 in DFID 2011). In

this way social security is seen as a subset of social protection measures (Sayeed, 2004), with security defined as limited exposure to systematic risks, uncertainty, shocks and hazards; an ability to cope if they materialise; and an ability to recover from adverse outcomes if they arise (Standing, 2008). Social protection can be provided publicly or privately, domestically or externally through international donors and formally through insurance products or informally through community sharing and remittances: 'In essence, it captures how members in societies support each other in times of distress, whereas societies are represented by members of tribal communities, state taxpayers or group of nations' (Gentilini & Omamo, 2011: 329). In much of the literature social protection is broken up into three distinct categories *social insurance*, *social assistance*, and *labour standards and regulation*. *Social insurance* is generally contributory in nature, whilst *social assistance* involves non-contributory transfers to persons based on their vulnerability to poverty or guaranteed work schemes. *Labour standards and regulations* are designed to enforce a basic set of labour standards (Slater, 2011). Cash transfers are generally seen as one of the main instruments for delivering social assistance (DFID, 2011) and will be the main focus of this thesis.

FIGURE 1: COMPONENTS OF SOCIAL PROTECTION POLICY



Source: Gentilini and Omamo, 2009

The term *social protection* initially referred to the protection aspects of social security systems, but in the wake of emerging systems in developing countries; the term has taken on its own specific meaning. Low levels of formal market participation in developing countries and higher levels of absolute poverty make traditional conceptions of social assistance inappropriate to developing countries, where social insurance schemes and other "workerist" programmes have minimal impact on protecting against poverty (Republic of South Africa, 2002). Recognition of the fundamentally different dynamics existing in developing countries has led to increased use of the term *social protection* to describe the kinds of programmes put in place in developing countries (Sayeed, 2004)

(See Section 2.5.2 for further discussion on the development of social protection in the developing world).

By distinguishing between the function of social security for *protection* (insuring against risk through safety nets) and *promotion* (enhancing living standards by promoting opportunities), Dreze and Sen (1991) have strongly influenced current understandings of social protection. By their dual definition, there is a distinct difference between social security in developed and developing countries, where promoting the livelihoods of those not participating in the formal economy is more relevant and crucial than protecting livelihoods (Keenan, 2009). It also indicates the move away from the 'narrow safety net discourse of the 1980s and 1990s as 'thinking on livelihoods, risk and vulnerability, and the multi-dimensional nature of poverty became more nuanced' (Devereux & Sabates-Wheeler, 2004: 1).

In addition to roles of protection and promotion, Guhan (1994) further refines this definition by distinguishing between *protection and prevention*, with *protection* seen as poverty alleviation measures and *prevention* measures acting to insure against risk. The ILO and more recently the World Bank (moving away from their risk-management framework) have begun to use the 3P model of *prevention, protection and promotion*. Devereux and Sabates-Wheeler (2004: 9) however argue for the need to add a *transformative* element to social protection, referring to the need to 'pursue policies that relate to power imbalances in society that encourage, create and sustain vulnerabilities' and the Institute for Development Studies and DFID use this extended framework of *protection, prevention, promotion and transformation* to describe the goals of social protection strategies. The definition of transformative social protection provided by Devereux and Sabates-Wheeler is: 'the set of all initiatives, both formal and informal, that provide: *social assistance* to extremely poor individuals and households; *social services* to groups who need special care or would otherwise be denied access to basic services; *social insurance* to protect people against the risks and consequences of livelihood shocks; and *social equity* to protect people against social risks such as discrimination or abuse' (Devereux and Sabates-Wheeler, 2004: 9). Although these advances in thinking have come about due to more multi-dimensional thinking on poverty, Moser (2005) argues that social protection still tends to focus primarily on protecting the income or the consumption capabilities of the poor.

In South Africa, the *Committee of Inquiry into a Comprehensive System of Social Security* (or the Taylor Committee) recommended the term *Comprehensive Social Protection* be used to guide the development of an extended package of social protection interventions and measures by the state:

Comprehensive social protection for South Africa seeks to provide the basic means for all people living in the country to effectively participate and advance in social and economic life, and in turn to contribute to social and economic development. Comprehensive social protection is broader than the traditional concept of social security, and incorporates developmental strategies and programmes designed to ensure, collectively, at least a minimum acceptable living standard for all citizens. It embraces the traditional measures of social insurance, social assistance and social services, but goes

beyond that to focus on causality through an integrated policy approach including many of the developmental initiatives undertaken by the State. (Republic of South Africa, 2002: 41)

The report recommended the development of a set of basic services alongside income support to address income and asset poverty and promote the capabilities of poor people, as well as provide for the special needs of the disabled and children. However, many of the recommendations of the committee have not been taken up and the government has acted to limit rather than extend its social protection offering. There does however appear to be a recent move towards focusing on the broader idea of social protection and the National Planning Commission (NPC) and its National Strategic Plan promotes a social protection rather than social security framework, including the planned extension of public employment programmes through the Community Work Programme and the strengthening of developmental social welfare services (referring to social work services) as part of an overall social protection package together with a social security offering composed of social insurance and social assistance programmes (RSA NPC, 2012). As the system is still largely based on a social security model and other state policy documents largely refer to social security rather than social protection, the term social security will be used to refer to the South African system in this thesis.

2.4 CITIZENSHIP AND RIGHTS

Those who are associated in it, take collectively the name of a people, and call themselves individually citizens, in that they share in the sovereign power and subjects in that they put themselves under the laws of the state. (Rousseau [1762] 1968: 61-62 in Kistner, 2009: 10)

As discussed above, the argument for social protection by the state is rooted strongly in ideas about equality, rights and entitlements of citizens. In further exploring the states obligations (or lack thereof) to its citizens, it is therefore important to consider what it means to be a citizen and what is meant by citizenship rights.

Since the writings of Aristotle, Cicero, Machiavelli, Tocqueville and Mill, philosophers have been theorising about citizenship and its evolution alongside developing forms of government, but given the purpose of this review and the limitations of space, only more current understandings and applications of the concept will be discussed.

The idea of modern citizenship is rooted in the rights, entitlements and obligations of persons who are seen to belong to a specific country on the basis of their nationality and which excludes others that do not. There are however different views on what it means to be a citizen; the liberal-individualistic view sees citizenships as largely passive, purely made of rights and responsibilities conferred at birth, whilst the civic-republican view tends to see citizenship as a more normative concept and idealises a more active bond with the state and civic duties and “acts of citizenship” (Nash, 2009). Citizenship is also a form of identity, a connection with a

state and group of people that share both a history and an interest in the future in an exclusive political community (Nash, 2009: 1068). The meaning and relevance of nationally-bounded citizenship rights and identity in a globalising world are being called into question (Rose & Novas, 2002), especially by those concerned with the rights of migrants and refugees (Ticktin, 2006; Fassin, 2001; Fassin, 2004; Mclavcic, 2011).

Instead of all citizens enjoying a unified bundle of citizenship rights, we have a shifting political landscape in which heterogeneous populations claim diverse rights and benefits associated with citizenship, as well as universalizing criteria of neoliberal norms or human rights. (Ong, 2006:500)

Although they are inter-related, it is important to distinguish between the rights of citizenship and human rights. Whilst modern citizenship links rights and political participation and membership to a nation-state, the human rights tradition universalises human rights which are institutionalised through the United Nations Universal Declaration of Human Rights (Basok, Ilcan & Noonan, 2006). However, both sets of rights are based on the idea of natural rights as the 'inalienable rights of man' first elaborated by the Enlightenment era philosophers (Basok et al, 2006: 267). Both human rights and citizenship rights are core to debates around social security and the position of residents of Blikkiesdorp, but given that the primary interface between South Africans and their rights is domestic rather than international, the meaning that citizenship holds within national boundaries in terms of rights and entitlements to the implied benefits of belonging to a country will feature more in this discussion than the broader human rights discourse.

Marshall's well-known sociological work *Citizenship and Social Class* (1950), defines citizenship as the 'status bestowed on all those who are full members of a community' (Marshall, 2009: 150) and describes the evolution of citizenship rights from civil, through political, to more aspirational social rights that developed in the 20th century which complement civil and political freedoms. Civil citizenship is typically described in terms of individual rights that protect the individual's freedom from unfair discrimination by the state and others; political citizenship is seen as the next step in Marshall's trajectory and represents the rights to participate in a typical liberal democracy and influence politics; and social citizenship is seen as a range of rights that aim to promote equality, ensuring a certain standard of life and security for all citizens.

To talk about equality in the context of citizenship is to talk about a progressive enlargement and enrichment of people's life chances. Citizenship does this principally by altering existing patterns of social inequality, and making it less likely that extremes can be sustained... (King & Waldron, 1988: 423)

However, 'citizenship does not necessarily imply democracy, rather a democracy is a republic in which all adult men and women are citizens' (King and Waldron, 1988: 425), and during apartheid black South Africans were intentionally and specifically excluded from citizenship rights by the state.

Whilst civil and political rights can be seen as “negative” rights or the rights to protection *from* the state, socio-economic rights are “positive” rights or the rights *to* certain benefits (Sunstein, 2001), they cannot always be guaranteed:

From a sociological perspective the enjoyment of rights is never simply a matter of legal entitlement; it also depends on social structures through which power, material resources and meanings are created and circulated. (Nash, 2009: 1069)

As the market cannot adequately ensure that all persons are able to access things such as food, housing, education or healthcare, some form of intervention is required by the state in order to ensure that these citizens can access social rights, and social rights are therefore generally associated with the welfare state (Nash, 2009; Leibfried & Mau, 2008). Social rights are strongly rooted in ideas about equality. As rights are not equally achievable for all, Sen’s capability approach (see Section 2.1.2) focuses strongly on capabilities or “positive” freedoms to achieve their desired “functionings” and sees the state as responsible for managing social reform that will enable and empower citizens to realise their capabilities. John Rawls’s (1971) model of political deliberation and idea of ‘justice as fairness’ supports the concept of social rights. He put forward the idea of the ‘original position’, a hypothetical state of equality where ‘...no one knows his place in society, his class position or social status; nor does he know his fortune in the distribution of natural assets and abilities, his intelligence and strength, and the like’ (Rawls, 1971 in Sen, 1992: 75). Rawls argued that this ‘veil of ignorance’ (Rawls, 1971 in Sen, 1992: 75) would make people likely to choose principles to govern society that promotes fairness and equality; effectively producing the highest payoff for the least advantaged position in order to mitigate the risk that they may be amongst the least advantaged. This would ensure that ‘each person has an equal right to a fully adequate scheme of equal basic liberties which is compatible with a similar scheme of equities for all’ (Rawls, 1987 in Sen, 1992: 75). Although Rawls’s theory was intended to be purely political, it has been used extensively in economic and social development discourse around inequality and socio-economic rights (Sen, 1992: 79).

Nash (2009) provides an interesting typology of citizenship status, dividing citizens in terms of their achievement of human rights. Her categories of division include *super-citizens*, *marginal citizens*, *quasi-citizens*, *sub-citizens* and *un-citizens*. Whilst other categories refer to the position and inclusion of people living and working outside of their country of original origin and are of little concern to this thesis, the *marginal citizen* refers to the person who has full legal citizenship rights but who cannot enjoy full citizenship status because of their economic and social status. This category seems highly applicable to South Africans living in chronic poverty brought about by structural unemployment. Given the fact that black South Africans were largely denied their citizenship rights and the amount of social and economic inequality that was structurally created and enforced by the apartheid regime, it was unsurprising that at the advent of democracy in South Africa, the government promoted the notion of restorative justice and equal access to socio-economic rights (MacGregor, 2006; Simkins, 2011). The idea of undoing past injustices was promoted to the extent that socio-economic rights

were constitutionalised in the Bill of Rights in the Constitution of the Republic of South Africa 1996 (Act 108 of 1996).

With its promise of a comprehensive and universal social security system the South African Constitution has been heralded as one of the most progressive in the world (Brockhoff, 2010), but despite the comprehensiveness of the Bill of Rights, the natural and legal rights awarded through legal citizenship at birth do not necessarily translate into meaningful opportunities to participate as citizens in South Africa. Through Sections 24, 26, 27 and 29 of Chapter 2 of the Bill of Rights, the state is legally obliged to respect, protect, promote and fulfil the economic and social rights of citizens such as the right to education, housing, healthcare, food, water, social security, and a clean environment within the internal limits of “progressive realisation”. The right to social security for instance is qualified by a subsection in Section 27 of the Bill of Rights which declares that ‘the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right’ (Constitution of the Republic of South Africa, Act, No. 108 of 1996, Bill of Rights, Chapter 2, Section 27(2)). This qualification has been made in recognition of the fact that the delivery of socio-economic rights is heavily dependent on the availability of state resources. Therefore, despite promoting the idea of economic and social rights, like in many governments, social and economic rights are regarded as ‘general directives in contrast to civil and political rights which are seen as inviolable’ (Gustin, 2001 in Greco, 2004: 13) and have been described as less than real (Abid, 2010). However, in several landmark judgements by the Constitutional Court such as in the *Government of the Republic of South Africa and Others v Grootboom and Others* 2000 (11) BCLR 1169 (CC), the *Khosa v Minister of Social Development* 2004 (6) BCLR 569 (CC), and the *Minister of Health and Others v Treatment Action Campaign and Others* 2002 (10) BCLR 1075 (CC) cases have upheld the *justiciability* of determining the reasonableness of steps taken by government to realise these rights (South African Human Rights Commission, 2009).

Whilst they may not be realised, rooting citizenship rights in law at least gives South Africans at the very minimum, the formally defined rights to participate and benefit as citizens of the state. However, citizenship as thought of as an identity is less clear. ‘While black South Africans before 1994 were treated as political outcasts, white South Africans struggled among themselves over the proper understanding of citizenship’ (Ramphela, 2001:4). Other than flurries of patriotism around sporting events, a strong sense of what it means to be a citizen is yet to develop in the current South Africa, especially seeing that some South Africans have not seen significant change in terms of their ability to participate in economic or social life. It will be argued that the inability of the state to provide citizenship rights beyond the right to vote has led some South Africans to use their bodies to access social citizenship and this is discussed later in this thesis.

2.5 BACKGROUND ON SOCIAL PROTECTION IN THE GLOBAL SOUTH

There are 1.3 billion people living in poverty worldwide, many of them in countries where economic growth rates are strong (Coady, Grosh & Hoddinott, 2004), seriously undermining the neoliberal notion of a rising tide lifting all boats. Structural adjustment programmes, emphasising growth and efficiency, put in place by developing countries in-line with International Monetary Fund and World Bank demands, have not been effective in addressing poverty and growing inequality in developing countries. The poor need assets to be able to participate in growth and as the accrual of these assets can take time, interim measures are needed to protect the poor and increase consumption in poor households (Coady et al, 2004). Government policy-makers and international donors have recognised that narrow safety nets approaches are not sufficient to reduce risk and vulnerability amongst those that fall outside of the formal economy (Kabeer, 2009) and as a result there has been a paradigmatic shift towards promoting human welfare through social policy rather than purely economic growth. With social policy visibly back on the international development agenda (Hujo & Gaia, 2011), it is argued in the literature that as the broader potential of social protection programmes began to be recognised (Devereux & Sabates-Wheeler, 2004) social protection policy, and social assistance in the form of cash transfers in particular, have become a significant part of the development discourse, resulting in phenomenal international growth in programmes and policies in this area.

2.5.1 CASH TRANSFERS

Cash transfers are operationally defined as regular, non-contributory payments of money provided by government or nongovernmental organisations to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability. (Samson, Van Niekerk & MacQuene, 2010: 3)

Hanlon, Barrientos and Hulme (2010) note that the 'quiet revolution' of poverty alleviation has seen governments in the developing world invest in increasingly large-scale cash transfer programmes with at least 45 countries in the Global South now giving cash transfers to over 110 million families (Hanlon et al, 2010), reaching between 0.75 and 1 billion people (DFID, 2011).

Unlike the provision of food-aid or subsidised goods and services, cash transfers recognise and promote the agency of people living in poverty, enabling people to make their own decisions regarding their welfare needs and aim to reduce vulnerability, promote resilience and coping mechanisms. According to Samson et al (2010) cash is a preferred vehicle for social transfers because they are cost-effective, provide developmental choice and support local economies, creating a multiplier-effect, whereas in-kind transfers have the potential to undermine local economies by competing against local producers or sellers, except in situations (such as drought) where food might not be easily available. By providing a minimum and regular level of income to households through

cash transfers, those faced with crisis or high levels of risk are less likely to adopt coping strategies that have long-term detrimental effects or adopt risk-averse strategies that make them less likely to invest in opportunities that may bring longer-term gains (Samson et al, 2010). Ferguson (2007, 2010) theorises that the increase in cash transfers in many states represents a neoliberal set of moves rather than a move towards welfarism. In this way social assistance is promoted as a “springboard” rather than a “safety net” with cash transfers acting as an investment in social capital that increases productivity and encourages entrepreneurship (Ferguson, 2007). Cash transfers have also become popular because they are relatively simple to take to scale over a short period of time and there is ‘a shorter route from treasury to the pockets of the poor’ (Lund 2008: 36 in Møller, 2010) and present more value for money to governments and international agencies than other social interventions because of lower transaction costs (DFID, 2011).

As cash transfer programmes have spread across the world, different variations in design and objectives of programmes have emerged according to specific regional and country contexts (Slater, 2011). Governments must decide who receives transfers, how much they should receive and whether the receipt of transfers should be conditional on any action taken by beneficiaries (see Section 2.6).

The Social Assistance Database of the Chronic Poverty Research Centre focuses on the scope of social assistance programmes and creates a typology that separates programmes into 1) *pure income transfers* such as social pensions, 2) *poverty plus interventions* focused on human development such as conditional cash transfers or work guarantee schemes and 3) *integrated poverty reduction* programmes that include extensive social service provision alongside cash transfers as is the case in Chile (Barrientos, Holmes & Schott, 2010: 7).

2.5.2 THE EMERGENCE OF SOCIAL PROTECTION

In an extensive review of the literature on social protection, Gentilini and Omamo (2011) found that discussion of social protection in academic literature is a relatively recent phenomenon - references to social protection were uncommon prior to the 1980s but a six-fold increase can be seen from this time until 2000. Social protection in developing countries isn't necessarily a new phenomenon and most developing countries have had combinations of different interventions that could be characterised as social insurance or social assistance for quite some time (Asian Development Bank, 2008 in Kabeer 2009: 2) but the development of comprehensive social protection strategies has only emerged in the past 20 to 30 years.

This expansion was largely a response to the financial crisis brought about by the East Asian contagion of the late 1990s (Kabeer, 2009). Although there are various aspects to social protection, social assistance in the form of cash transfers have formed the primary component of these programmes and the growth in social protection has been largely led by Brazil, India, Mexico, China, South Africa and Indonesia - the six middle-income countries with the most extensive social assistance programmes (Hanlon et al, 2010). Latin America's most well-known programmes are the

conditional cash transfer programmes in Mexico (*Oportunidades*) and Brazil (*Bolsa Familia*), but Argentina also has a social pension scheme and pilot conditional-cash transfer (CCT) programmes are being tested in Paraguay, Honduras, Nicaragua, Panama and the Dominican Republic. The thorough monitoring and evaluation systems put in place during the introductory phases of cash-transfer programmes in Latin American countries has allowed for the South-South sharing of robust evidence (Samson et al, 2010). Cash transfers are also increasingly being used or piloted in lower-income countries, and since the *Livingstone Conference on Social Protection* in 2006, governments and multilateral institutions such as the African Union have been increasingly engaged in the discussion of social cash transfers in Africa (Hailu & Soares, 2008). Cash transfer programmes are currently being piloted in Kenya, Malawi, Sierra Leone, Ghana and Zambia. Full programmes are being rolled out and implemented in Nigeria, Liberia, Uganda and Tanzania, whilst Namibia, Mauritius, Mozambique and South Africa have well-established programmes (Barrientos et al 2010). Namibia also piloted the first ever universal cash transfer programme in the Otjivero village in Omitara between January 2008 and December 2009, the initial positive changes in terms of educational, nutritional, health and gender outcomes reported in the community during the study make it an interesting case for those lobbying for the introduction of a universal income grant, the Basic Income Grant in South Africa (Haarman, Jauch, Shindondola-Mote, Natrass, Samson & Standing, 2008), but the long-term effects of such programmes are unclear. India and Pakistan have put the transformative aspects of cash transfers into practice by implementing programmes aimed specifically at addressing the vulnerability of women to poverty and improving the status of women in the community (Barrientos et al 2010).

Not only has there been an increase in new programmes, existing programmes have been increased in scale and coverage over a very short period of time. The Minimum Living Standards Scheme in China, for example, expanded from 2.4 million beneficiaries in 1999 to over 22 million in 2002, *Bolsa Familia*, a programme providing income transfers to poor families with children of school age in Brazil, reached over 12 million households in 2010. The Employment Guarantee Scheme in India reached 48 million households in 2008 (Barrientos, 2011). There are now over 15 million people receiving social grants in South Africa – which is more than a quarter of the population and over six times the number of grant beneficiaries in 1998 and it is estimated that one in two households benefit from income transfers in South Africa (Barrientos, 2011).

As mentioned above, the growth in these programmes has come about as a result of the recognition that economic growth is a necessary but insufficient condition for the alleviation of poverty and that additional elements are required to promote poverty reduction (Coady et al, 2004). In their book, *Just Give Money to the Poor*, Hanlon et al (2010) aptly describe the paradigmatic shift in poverty reduction efforts as follows:

A quiet revolution is taking place based on the realisation that you cannot pull yourself up by your bootstraps if you have no boots. And giving “boots” to people does not make them

reluctant to work; rather, just the opposite happens. A small guaranteed income provides a foundation that enables people to transform their own lives. (Hanlon et al, 2010: 4)

There is also increasing recognition that while globalisation does bring increased opportunities to developing countries, exposure to international markets and price fluctuations as well as economic shocks can exacerbate poverty in vulnerable economies (DFID, 2011). As previously discussed, poverty is now understood as a multidimensional concept, and research into understanding the vulnerability of the poor and how they respond to shocks and stressors has made a significant contribution to the development of cash transfers, issues which are particularly salient in an environment of international economic uncertainty where fiscal stimulus is required and challenges brought about by climate change (DFID, 2011). In the current economic environment the limitations of 'residual, ad hoc safety nets or market solutions to address social contingencies or the social costs of structural adjustments and crises became painfully apparent' (Hujo & Gaia, 2011: 231). Social assistance programmes have proved a popular response in providing the poor with some degree of economic security in this context.

Social assistance programmes are increasingly being seen as contributing towards achieving the Millennium Development Goals (MDGs), which are eight international development goals that all United Nations member states have agreed to achieve by 2015. The MDGs focus on reducing extreme poverty and hunger; achieving primary education; promoting gender equality; reducing child mortality; improving maternal health; combating HIV/AIDs, malaria and other diseases; ensuring environmental sustainability and developing a global partnership for development (United Nations, 2012). By providing the poor with a means to achieve some of these outcomes, cash transfer programmes can accelerate the achievement of these goals (DFID, 2011).

In terms of development goals, Barrientos notes that cash transfers are able to 1) ensure a basic level of consumption to the poor; 2) facilitate investment in human and other productive assets, providing routes out of intergenerational poverty; 3) bridge access to basic services; 4) strengthen the agency of those in poverty, reducing social exclusion and allowing the poor to participate in their communities and societies (Barrientos, 2009 in Barrientos, 2011).

Whilst national governments of developing countries have introduced long-term local cash transfer programmes, either with or without international assistance, international aid and development agencies (especially in the UN community) are increasingly using cash-transfer interventions over food aid to provide relief to communities in emergency situations or have adopted social protection strategies to promote the building of human and physical capital and strengthen vertical and horizontal equality (Slater, 2011; Barrientos, 2011).

2.5.3 DIFFERENTIATING BETWEEN DEVELOPED AND DEVELOPING WORLD SOCIAL PROTECTION RESPONSES

While developed countries are facing significant challenges in welfare reform as a result of challenges brought about by the global recession, emerging economies are playing a growing role in shaping the global social protection agenda (Gentilini & Omamo, 2011) and social protection is no longer considered a luxury for the developed world. The recent international economic downturn has not only affected the poor directly in terms of decreased purchasing power but slower growth has reduced government and international donor's capacity to respond with pro-poor initiatives. Cash transfers have attracted the attention of aid agencies and governments alike as a cost-effective alternative to less effective responses such as generalised government subsidies that are often expensive, poorly targeted and prone to creating economic distortions (Samson et al, 2010: 2).

There are key differences in the social protection programmes in place in developing economies and social security programmes in developed countries in terms of function, scope and scale (Hujo & Gaia, 2011). In developed countries where unemployment levels are generally relatively low, tax-financed social security is used to protect a small minority of individuals and households from the effects of poverty after all the other components of social protection such as social insurance, basic services and labour-market regulation have proved unsuccessful (Hujo & Gaia, 2011). Providing insurance to the temporarily unemployed is the main focus of European social security systems and 13.2% of the 16% of GDP spent on social security is focused on social insurance (Hagemejer, 2008: 24), whereas in developing countries social assistance typically forms the largest part of the social protection offering due to much lower levels of formal labour market participation (Barrientos, 2011).

In the developing world, where the poor and vulnerable are not in the minority or a 'residual category' (Mkwandawire, 2005 in Slater, 2011) and social service infrastructure is less developed, social assistance is often the only social protection instrument available (Hujo & Gaia, 2011). Where unemployment is more a normal condition than a hazard, there is a need to abandon the regulatory and normalising function traditionally associated with social assistance (Ferguson, 2007). In realising that in this context social insurance is less useful than in developed countries, governments have focused instead on providing social assistance, largely through cash transfer programmes (Barrientos, 2011). Social protection in developing countries is therefore not about protecting living or welfare standards or compensating the incomes of those in poverty, social protection programmes instead aspire to a more developmental role (Barrientos, 2011).

Dercon (2007) however argues against the potential of small cash transfers to lift people out of poverty, noting that although asset-based models of poverty traps support cash transfer interventions, "small is not beautiful" – it is useless for the poor. This view is based on the idea that transfers are generally not large enough to lift a poor person above the asset threshold for poverty towards a high-income equilibrium, resulting in rapid slippage towards the equilibrium of poverty.

As well as alleviating immediate poverty and its effects, social transfers also have the potential to 'increase productivity, foster economic growth and wealth creation, and contribute to stabilising domestic demand' (Samson et al, 2010: 2). Whilst there appears to be consensus on the importance of social protection, diversity in its application has made it difficult to develop clear conceptual boundaries and shared practical definitions of the rationale, scope, objectives and composition of social protection (Gentilini & Omamo, 2011: 330).

2.6 CONDITIONALITIES AND TARGETING OF SOCIAL ASSISTANCE PROGRAMMES

Social assistance programmes are typically differentiated by who benefits from interventions (targeting) and under what conditions. Cash transfer programmes are generally designed to be either conditional, meaning that recipients must behave in a certain way or take certain once-off actions to receive the grant, or unconditional, with no such requirements. With both targeting and conditionalities, it is necessary to balance administrative costs and possible adverse effects against attempting to ensure that the correct individuals receive cash transfers and use them in a way that reinforces poverty-reducing outcomes.

2.6.1 CONDITIONAL CASH TRANSFERS

Conditional cash transfer (CCT) programs aim at reducing poverty in the short term through cash transfers while at the same time trying to encourage investments into the human capital of the next generation by making these transfers conditional upon regular school attendance or the regular use of preventive health care services. (World Bank Website, in Freeland, 2007:75)

As well as providing social assistance to poor households to support livelihoods, CCTs aim at achieving the higher goal of tackling intergenerational poverty by focusing on the development of children, only providing money to families that can demonstrate that they have met certain criteria such as immunising children or ensuring their school attendance (Pauw & Mncube, 2007).

As well as providing incentives for adopting positive behaviour, achieving goals beyond pure poverty alleviation, it is hoped that it will reduce the propensity of beneficiaries spending money in ways considered undesirable or wasteful such as on alcohol or cigarettes (Slater, 2011) and goes some way in alleviating the concerns of taxpayers cautious about supporting welfare programmes that give 'something for nothing' (Hall, 2011: 1). CCT programmes were pioneered in South America in the late 1990s and Mexico's *Oportunidades* and Brazil's *Bolsa Familia* are the largest and most researched CCT programmes. CCT programmes have seen positive returns seen in terms of school enrolment and visits to health care facilities but actual outcomes in targeted areas are less clear, with research

showing mixed results in actual educational attainment or improvements in child mortality (DFID, 2011).

Whilst conditional cash transfers in Latin American countries have been heralded as great successes, unconditional cash transfers programmes have been shown to have similar effects on both poverty alleviation and human development indicators as conditional programmes. Freeland (2007) argues quite vituperatively that conditional cash transfers are paternalistic as well as economically superfluous, physically pernicious, morally atrocious and politically abominable, emphasising that programmes imposing conditionalities are redolent of structural adjustment-type conditionalities in that they exclude people who have no access to services, thereby undermining people's rights to social security. He also argues that they are complex and expensive to administer and that there is no concrete proof that it is the conditionalities themselves that promote improvements in education and health care uptake. Molyneux (2007) follows a similar argument, noting that CCT's claims at promoting responsible citizenship and empowering women are overblown and that they are unlikely to succeed in lower-income countries with poor levels of service delivery. She further adds that providing cash to women in the belief that they will be better-able to cater to their children's needs, excludes men from child care responsibilities and reinforces existing family dynamics of the women as sole care givers, tying them more closely to the household and promoting notions of good motherhood rather than good parenthood instead of promoting more general empowerment of women (Molyneux, 2007).

Unconditional cash transfers on the other hand have lower administrative costs associated with them because no effort is required in trying to assess compliance with conditionalities and is more appropriate to low-income countries and areas where adequate health and education services are not available (Samson et al, 2010). Experience outside of Latin America has also shown that where transfers are implemented without conditions, predictability of income may be as or more important than conditions (Slater, 2011: 254). Social grants provided by the South African state are relatively free of conditionalities (Samson et al, 2010) and the now unconditional Child Support Grant in South Africa has presented a strong case for eliminating conditionalities in grants as it has led to positive outcomes in terms of nutrition, health and education without explicitly requiring that beneficiaries behave in certain ways. There have however been attempts to reintroduce conditionalities into the Child Support Grant, but children's and human rights groups have interjected on the basis that children have a constitutional and statutory right to social security which cannot be limited by conditionalities. There are however "soft" conditions in place that require children to attend school but which cannot result in suspension of the grant if the child does not attend school (Hall, 2011).

2.6.2 TARGETING CASH TRANSFERS

Cash transfer programmes can also be differentiated by the types of targeting mechanisms employed to decide which groups should be eligible for social assistance (Pauw & Mncube, 2007). Whilst some

countries (including South Africa) have considered offering universal grants to all members of society, currently all cash transfer programmes have designed programmes that target specific groups of people – generally those considered to be the poorest or most vulnerable within a given society. Hanlon et al (2010) identify five types of selection strategies typically used in cash transfer programmes: *categorical targeting*, *geographic targeting*, *household or individual means testing*, *community-based targeting* and *self-selection*. In South Africa all grants are both categorically and means tested, in that specific groups of people identified as particularly vulnerable to poverty (children, the elderly and the disabled) are particularly targeted and then a means test is applied which is a test of income level to insure that only the poorest people are selected. Proxy means tests are sometimes used where formal wage income is less common and it takes asset-holdings and demographic characteristics to into account as a proxy for income (Pauw & Mncube, 2007). India's guaranteed work programme is an example of self-selection as it is available to all members of society and people elect whether or not to take up work opportunities at the offered wage but wages are set at a level low enough to ensure only those most in need will work for this wage (Pauw & Mncube, 2007). Community-based targeting involves community members and leaders in identifying beneficiaries.

Whilst targeting aims to allocate finite resources to those considered most in need or deserving of assistance, targeting leads to exclusion and inclusion errors. Exclusion errors occur when people who should be grant recipients are not able to access them and inclusion errors occur when people receive grants when they were not intended to (Slater, 2011). The administrative cost of minimising these errors is often very high, presenting a trade-off between funds available for distribution and administration. The large amounts of paperwork required for means testing or medical testing for Disability Grants can pose large barriers to uptake for many eligible people as personal costs associated with travelling, queuing or knowledge required to obtain necessary paperwork can be prohibitive (Barrientos, 2011; Slater, 2011; Pauw & Mncube, 2007).

The paper *We Are All Poor Here* by Ellis (2008) shows some of the difficulties in means targeting in countries where poverty rates are very high and small differences in income or family circumstances often separate the poor and ultra-poor. Ellis argues that social divisions and behaviour changes occur when targeting is exclusionary and notes that that categorical targeting and clear eligibility criteria reduce these divisions by making it easier for people to understand why people do or do not qualify for assistance. On the other hand, Slater and Farrington (2010) found that the categorical targeting of children, the elderly and the disabled resulted in very high levels of exclusion in Malawi, Bangladesh and Ghana. Many criticisms of the grant system in South Africa focus on how categorical targeting excludes the majority of the poor in South Africa and according to Frye (2008: 3): 'the vast number of workers who are employed in full-time employment but whose incomes fail to enable them to live a decent life also should be considered to have been failed by the South African social security system'.

Targeting also presents potential *incentive costs* or *indirect costs* which present themselves where eligibility criteria may induce households to change their behaviour or act fraudulently in an attempt to

qualify or remain a part of the target population (Farrington et al, 2007 in Slater, 2011). Where targeting is categorical, as is the case with the Disability Grant in South Africa, people may have incentives to retain characteristics that will allow them to remain in the qualifying category, such as making exaggerated claims of disablement or avoiding treatment of disease.

Using means thresholds to establish eligibility for cash transfers runs the risk of creating potential poverty traps – if means tests are set too low, people will avoid taking up work opportunities that will put them at risk of receiving less or completely losing cash transfers (Van der Berg, 2002). The provision of social assistance by government also has political and social consequences where widening or reducing the scope of cash transfers can increase or reduce support of incumbent leaders or parties when it come to elections and those identified as receiving grants may be publically identified as being poor, sometimes resulting in stigmatisation (Farrington et al, 2007 in Slater, 2011).

Whilst grants targeted exclusively at the disabled are common in developed countries, they are less common in the developing world, where the disabled poor are typically mainstreamed into programmes catering to the poor in general. Samson (2006 in Gooding & Marriot, 2009: 686) identifies the impact of transfers for persons with disabilities as the biggest gap in research and knowledge on social assistance in developing countries. South Africa's highest level of Disability Grant payment is larger than other developing countries with comparative programmes (Barrientos et al, 2010) and provides a good case for exploring the social and economic effects of categorical targeting of the disabled.

2.7 SOCIAL SECURITY IN SOUTH AFRICA

The South African Social Assistance Act of 2004 provides a framework for the provision of unconditional social grants to 15.3 million South African residents (Republic of South Africa National Treasury, 2012) and the right of South African citizens to social assistance is enshrined in the Bill of Rights in the Constitution under Article 27(2). Other forms of social security in the form of temporary unemployment insurance, a public works system, free health care, and school fee exemptions for the poor are also provided by the state, but social grants (social assistance) form the bulk of the social protection offering and expenditure on grants alone amounts to 4.4% of national GDP, which is three times higher than the median spending across other developing countries (Leibbrandt et al, 2010). In the budget year 2012/2013 it is predicted that social assistance will contribute R104.9 billion to household income (Republic of South Africa National Treasury, 2012).

The following social grants currently exist in South Africa, managed by the Social Security Agency of South Africa (SASSA): the Older Person's Grant (previously known as the Old Age Pension¹), the Child Support Grant, the Disability Grant, the Foster Child Grant, the Grant-in-Aid and the Care

¹ The term Old Age Pension is used when referring to the old apartheid system

Dependency Grant (South African Social Assistance Act, 2004). For a developing country South Africa has a very developed social welfare system (Booyesen, 2004; Neves, Samson, Van Niekerk, Hlatshwayo & du Toit, 2009; Woolard, Harttgen & Klasen, 2010), but the social grants awarded are by no means comprehensive and no income support exists for the long-term unemployed.

The design of the South African social protection system reflects a classically “Northern” conception of the “deserving” poor - those who are unable to work should receive assistance but those who are of working age should be earning their own living (Seekings, 2008). This structure is a legacy of the social welfare system under apartheid, which reflected the needs of vulnerable white groups during a time where the preferential treatment of whites meant that few were unemployed (Van der Berg, 2002). The apartheid welfare system was designed largely to benefit poor whites and education, health, housing, and job reservation policies ensured that the wage earnings of whites were protected. As unemployment amongst white people was uncommon, unemployment insurance was limited and South Africa can be seen as a racially exclusive variant of a wage earners welfare state, where welfare provisioning was shaped to provide a certain standard of living for wage earners rather than as citizens (Republic of South Africa, 2002). The ANC government has promoted an idea of the developmental state that rests on self-reliance and pushes job creation; opposing the idea of “dependency” on a welfare state (Seekings, 2010). This has meant that whilst there have been some substantial changes and positive economic and developmental outcomes as a result of an improved social protection system, without the capacity to participate meaningfully in the labour economy, the majority of the poor and unemployed in South Africa are neither self-reliant nor eligible to receive any form of social assistance.

2.7.1 THE HISTORY OF SOCIAL SECURITY IN SOUTH AFRICA

As with all policies implemented by governments, the South African social security system has developed and evolved within changing socio-economic and political contexts. The role and application of social security policy in South Africa during apartheid was influenced by the evolution of government racial policy over time and the political tension between the incorporation and separation of blacks into the greater system is strongly reflected in the history of social security measures (Van der Berg, 2002).

The Children’s Protection Act of 1913 brought about the introduction of South Africa’s first social assistance programme in the form of a state maintenance grant for single mothers (Pauw & Mncube, 2007) and 1928 saw the introduction of a non-contributory, means-tested Old Age Pension for white and coloured people (Woolard et al, 2010), to ensure a racial income hierarchy (Seekings, 2008) and ensure that no white person could be left poor. Other grants in the form of a Foster Child Grant, a Care Dependency Grant as well as a Disability Grant were also introduced, but uptake of social assistance, especially by whites, was relatively low due to job reservation and privileged access to higher education (Van der Berg, 2002).

The Unemployment Insurance Fund (UIF) was designed to provide social insurance to cover short-term, cyclical unemployment amongst the white population during apartheid (Van der Berg, Siebrits & Lekezwa et al, 2010) and remains the only unemployment support offered in South Africa. Currently employees working more than 24 hours a month, and their employers, must each contribute 1 percent of the employee's monthly earnings to the UIF. The proceeds are used to pay benefits to contributors or their dependents in instances of unemployment, illness, death, maternity and adoption of a child. Those who become unemployed are able to claim benefits on a sliding scale of between 38% and 58% of their salary for a period of up to 238 days based on the number of days worked over a four year period (6 days worked equates to 1 day of benefits). Whilst provision was made by the Unemployment Insurance Amendment Act of 2003 for the participation of domestic workers and seasonal workers in the scheme, employers in the informal labour market do not always register their employees and make these contributions on their behalf. In a crackdown on the mistreatment of domestic labour in 2011, the Department of Labour found that only 48% of employers had registered their domestic workers for UIF (Independent Online Business, 2011). Given the contributory requirements and short-term nature of benefits, the system is clearly not designed to combat widespread structural unemployment and most of the unemployed in South Africa have no access to benefits. In fact, only one in every seven unemployed persons (600 000 out of a total of 4.2 million) receive UIF benefits (Van Der Berg et al, 2010: 10).

In the 1940s the social grant system was partially de-racialised, allowing those classified as African and Indian to become eligible for some benefits but the value of grants awarded to black South Africans was substantially lower, with the Old Age Pension being 10th of the value for blacks than for whites (Woolard et al, 2010, Seekings & Matisonn, 2010). The extension of grants awarded to the black population grew in the 1970s as the apartheid state attempted to bolster the homelands, trying to create economically viable areas for members of the black population, only paying out benefits to pensioners living in "homeland" or Bantustan areas and reducing the size of grants to white pensioners to finance this change (Van der Berg, 2002). During the economic crisis of the 1970s viability of a small pool of white workers sustaining the South African economy was called into question and resulting in the abandoning of job reservation policies and an end on the ban on black workers unions (Bhorat, 1995 in Pauw & Mncube, 2007). This was possible because white workers, having benefitted significantly from investments in education, were able to command high incomes in the free labour market, making job reservation less of a necessity (Republic of South Africa, 2002). Another factor was the increasing criticism of discriminatory policy (Seekings & Matisonn, 2010) and the demand for a more inclusive system. Attempts to legitimatise a tri-cameral parliament in the 1980s, which provided separate parliaments for white, coloured and Indian populations, also led to an increase in benefit levels for Indian and coloured populations (Van der Berg et al, 2010). Social assistance discrimination in benefit levels based on race was finally eliminated and equal benefits were extended to all South African citizens through the South African Social Assistance Act of 1992. After the elections in 1994, the ANC government was tasked with the challenge of extending the reach of social assistance to the greater population – a daunting task given the structures inherited

from the previous regime that was designed to serve a minority of the population and that the system would now have to take into account much larger numbers of poor and unemployed people than when black people were excluded from the system (Woolard et al, 2010).

The new democratic government ... inherited a social security system that was fragmented, inequitable and administratively inefficient. In addition, the apartheid social security system was premised on high levels of coverage by social insurance schemes in formal employment, with social assistance forming a residual "safety net" function for targeted categories of vulnerable groups living in poverty, primarily, persons with disabilities, children and the aged. (Liebenberg, 2007 in Brockerhoff, 2010: 8)

One of the social policy goals the ANC committed itself to after coming into power was increasing social assistance programmes, even being so bold as to entrench the right to social security in Section 27(1)(c) of the Bill of the Rights in the South African Constitution (Pauw & Mncube, 2007). In 1994 the system of grants and pensions available was administered by 14 different departments for the different population groups and homelands (South Africa, 1997) and 52% of the population accounted for less than 10% of total income, whilst 6% of the population captured 40% of income but despite this prolific poverty, grants were awarded to only 2.4 million out of a population of 40 million people (Republic of South Africa, 2002; Committee, 2002; Seekings & Matisonn, 2010). Of these grant recipients, 1.6 million were old age pensioners and 500,000 were disabled persons (Seekings et al, 2010).

Realising that the social assistance offering needed to be assessed, in 1995 the ANC government dispatched the Lund Committee to evaluate the system and the committee recommended that the State Maintenance be eliminated and a smaller, but further-reaching, Child Support Grant (CSG) be introduced. The White Paper for Social Welfare (1997) outlines the creation of a developmental social welfare system which was in-line with the goals and strategies of the Reconstruction and Development Programme (RDP), a national socio-economic policy framework that integrated economic growth with social development in promoting people's welfare. According to Midgley (1995:25) developmental social welfare is a process of planned social change designed to promote people's welfare in conjunction with a comprehensive process of economic development. This idea encourages citizens to take responsibility for their own well-being and reduces the responsibility of the state in direct welfare provisioning.

South Africans are called upon to participate in the development of an equitable, people-centred, democratic and appropriate social welfare system. The goal of the developmental social welfare is a humane, peaceful, just and caring society, which will uphold welfare rights, facilitate the meeting of basic human needs, release peoples' creative energies, help them achieve their capacity and self-reliance and participate fully in all spheres of social, economic and political life. South Africans will be afforded the opportunity to play an active role in promoting their own well-being and contributing to the growth and development of our nation. (South Africa, 1997)

In 1998 the Child Support Grant was introduced for all children under the age of seven in poor families and was awarded to the primary care-giver with conditionalities imposed for participation in development programmes and immunisation of children (Woolard et al, 2010). In 2000 the Taylor Committee was commissioned to re-examine the shortcomings of the grant system and noted that those excluded from social security systems included the employed poor, the unemployed, children over the age of seven, and non-citizens. The report also noted that the lack of provision of social assistance and welfare services such as health care created greater costs for employers through upward pressure on wages of the employed who have to support unemployed family members as well as the costs of employer-linked benefits such as private pension and health care schemes (Republic of South Africa, 2002: 30-31). The committee recommended the elimination of conditionalities for the CSG, extension of the CSG to children under the age of 18, a reform or elimination of means testing, a reform of Disability Grant testing, the establishment of the South African Social Security Agency (SASSA), as well as the introduction of a universal Basic Income Grant (BIG) (Republic of South Africa, 2002). The report recognised that structural unemployment results in high levels of exclusion from the formal economy and economic growth and promotes a more developmental role for social security (Republic of South Africa, 2002).

Since 2002 several of the recommendations of the report were taken into account, but appeals for the BIG have proven unsuccessful. The age limit of the CSG has been raised several times since 2003 and now includes all children under the age of 18. Conditionalities were relaxed after it was found that requirements were excluding the poorest and most vulnerable children in rural areas where transport to health facilities is difficult and expensive and where development programmes were not offered (DSD, SASSA & UNICEF, 2012). Several court cases have been brought to the Constitutional Court to which the state has conceded and which has resulted in extension of social protection coverage. The case of *Roberts and Others v Minister of Social Development and Others* (Case No: 32838/05) heard in the South African High Court contested unequal treatment of men and women in terms of age criteria for the Older Person's Grant (previously women were equal for the Old Person's Grant at 60 whilst men were only eligible at 65). The *Khosa and Others v Minister of Social Development and Others* and *Mahlaule and Another v Minister of Social Development and Others* cases questioned the exclusion of foreign citizens who were permanent residents of South Africa from benefits. A set of cases was also brought to the court by advocates for the extension of the Child Support Grant to 18 based on the constitutional right of all children to have access to comprehensive social security.

There has been increased uptake in grants due to increased awareness and an extension of eligible beneficiaries. The CSG now reaches almost 11 million children (DSD, SASSA & UNICEF, 2012) and the uptake of the Disability Grant also increased rapidly, partly because of the HIV/AIDS pandemic and the introduction of assessment panels (Nattrass, 2006), but the state sought to control uptake and there has been an 11.4% reduction in the number of Disability Grant beneficiaries between the

2008/2009 and 2011/2012 financial years, largely as a result of stricter assessment processes (National Budget Review, 2012). (See Section 2.8.3 for more detail on the Disability Grant.)

Despite the growth in uptake and coverage, a large number of poor people are not catered to by the social security system. With an official unemployment rate of 24.9% measured in quarter 2 of 2012 (Statistics South Africa, 2012) and official rates of unemployment estimated to be 10 to 15% higher, a large number of South Africans survive without any wage income and unemployment benefits. Whilst the Unemployment Insurance Fund exists as a fallback for all South African citizens who become temporarily unemployed, it is necessary to have made previous contributions to this fund in order to qualify. This means that a large number of South African citizens who have never been employed or are unemployed for longer periods of time remain without access to any social assistance, leading to a situation where those who qualify for Disability Grants, pension funds and child support grants are often large or sole contributors to total household income (Booyesen, 2004). Grants are typically pooled in the household through a system of social reciprocity, meaning that grants provide benefits beyond just the individual recipient (Neves et al, 2009). The difference between households that receive grants and those that do not is determined by those that are “lucky” enough to contain members who are old, disabled and children under 18 (Ferguson, 2007: 78).

In developed countries the condition of unemployment is considered to be a hazard rather than the norm and social security structures therefore focus primarily on the “deserving” poor- those who society does not expect to work, such as the elderly, disabled persons or children. The South African system is modelled on this conception of social security, but the reality is that in South Africa unemployment is deeply structural and for many people being unemployed is more of a normal condition than an economic shock, one that is unlikely to change for quite some time (Ferguson, 2007: 82). This makes the underlying assumption of full-employment underpinning the social security system’s design inappropriate (Nattrass, 2007).

Although research has shown that social grants have strong developmental capabilities and it is argued that monetary transfers to the poor are necessary where market failure in terms of high structural unemployment exists (Steele, 2006: 14), there are only 5.9 million individual tax payers in South Africa (SARS, 2011) supporting over 15 million grant recipients. As a result, government and public concerns about the affordability and the effects of providing “handouts” to the poor have hindered the development of a more comprehensive system (Seekings, 2008).

2.7.2 THE ARGUMENT FOR A BASIC INCOME GRANT

The Taylor Committee Report recommended the introduction of a Basic Income Grant in South Africa that would provide around R100 to every citizen of South Africa regardless of their income level, with money given to wealthier recipients being recuperated through the tax system (Republic of South Africa, 2002). The grant would be a Partial Basic Income Grant because the transfer size is too small to substitute for income from work and according to its supporters it would provide incentives rather

than disincentives to work or pursue entrepreneurial activities by reducing risk and assisting with job-seeking costs (Makino, 2003; Ferguson, 2007).

A coalition of NGOs and trade unions in the form of the BIG Coalition lobbied government to implement this grant but there has been strong opposition by the ANC government who are opposed to the notion of a welfare state and see the costs as unsustainable (Seekings, 2010). The government has instead focused strongly on job creation through public works programmes, which it sees as a better fit with its notion of a developmental state. The government has avoided making any structural reforms to social security, deciding instead to pursue “parametric reforms” by extending eligibility and benefits (Seekings & Mattisonn, 2010) which has been seen through the extension of the CSG to 18 years, reforms to means testing, and equalisation of the age that men and women qualify for the Older Person’s Grant. Due to lack of support the BIG Coalition has ceased to play an active role in South African politics and the planned introduction of a National Health Insurance programme and the massive investments it will require make it likely that the BIG will remain very low on the agenda for the immediate future (Seekings, 2010).

2.7.3 EMPIRICAL RESEARCH INTO SOCIAL GRANTS IN SOUTH AFRICA

A substantive amount of economic research has been conducted on the redistributive and poverty-reducing effects of the bundle of social grants offered by the South African government. However, other than the work of Seekings, Nattrass, Matisonn and Friedman, the social effects of social assistance structures in South Africa has been neglected, with focus falling mainly on the poverty alleviation and fiscal impacts of social assistance (Makino, 2003). However, a recent large-scale impact assessment of the Child Support Grant (DSD, SASSA & UNICEF, 2012) does focus on the social effects of this grant. The international body of evidence supporting the immediate impacts of cash transfers – improving living standards – is strong and consistent but the medium and longer-term impacts of grants on human and economic development are less clear and well-researched (DFID, 2011) and this is certainly also the case in South Africa.

2.7.3.1 SUCCESSES

In terms of direct poverty alleviation, it is estimated that the grant system has brought about a reduction in the poverty gap of 49% and a reduction of 3 percentage points in the GINI co-efficient measure of inequality, doubling the share of income that the lowest quintile receives (Samson et al, 2004). Barrientos (2005) found that the marginal effect of the Older Person’s Grant (OPG) on poverty reduction is 12.5%, whilst Leibbrandt et al (2010) found that the OPG and Disability Grant (DG) are large enough to pull all except very large households out of the first quintile. Coetzee (2011) found that the CSG decreases the child poverty headcount and contributes significantly to incomes of the poorest households (Woolard & Leibbrandt, 2010; Hall & Wright, 2010). Work undertaken by Woolard et al (2010) and Leibbrandt et al (2010) that compares a simulated scenario where grants do not exist against the current system indicates that poverty is likely to have worsened over time without the

existence of a social grant system. Palacios and Sluchynsky (2006) also identified the expansion of social grants as an important factor for poverty alleviation and Van der Berg et al (2008) found that social grants sharply reduce the incidence of poverty.

A study commissioned by the Finmark Trust in 2009 investigated the developmental effects of social grants, finding them to be linked to improvements in welfare and consumption, increases in economic security and saving, expenditure on productive assets, and investment in human capital through education and nutrition. They were also indications that grants leverage existing household income and resources and that they empower individual grant recipients within households and communities (Neves et al, 2009). Neves et al (2009) also found that social grants help to build reciprocity; that informal systems of social support are boosted by cash transfers; and that the income of grant recipients has become a significant source of security to the unemployed, reaching well beyond the intended recipients (Van der Berg et al, 2010). A study by the Community Agency for Social Enquiry (CASE) found that grants are typically used by households as normal income to buy clothing, food and education (CASE, 2008) and school attendance rates have been found to be higher in households receiving cash transfers (DFID, 2011).

There appears to be some disagreement as to whether the Older Person's Grant promotes or discourages labour force participation. Whilst research by Bertrand, Mullainathan and Miller (2003) and Mutasa (2010) show negative effects on labour participation for the OPG and DG respectively, a study by Samson, Lee, Ndebe, MacQuene, Van Niekerk, Gandhi, Harigaya & Abrahams (2004) showed that the country's OPG, the CSG and the DG all raised labour force participation and employment and productivity and Posel, Fairburn and Lund (2006) found that households that received the OPG had 11-12% higher labour participation rates than those that didn't and that the pension assisted with job search capabilities. Woolard et al (2010) are undecided on these effects but mention that basic economic theory suggests that cash transfers are an injection of non-labour income into the households that should have an income effect on both direct and indirect beneficiaries in households, reducing incentives for work. As grants are typically pooled in multi-generational households, social grants, but especially pensions, have spill-over effects on health and education within households (Woolard et al, 2010) and the health status of all family members in houses where pensions were found have been found to be higher than those without a pensioner (Kabeer, 2009). Woolard and Klasen (2009) and others (Case & Deaton, 1998; Bertrand et al, 2003) have demonstrated how the households are formed around wage earners or state transfer recipients (usually pensions), as unemployed youth remain in or move to households where they have access to some sort of income, increasing household size and involuntarily dragging households into poverty (Van der Berg et al, 2010). This was also shown to have negative effects on job-seeking opportunities for the unemployed as it often requires migration to rural areas where relatives receiving OPGs reside (Woolard & Klasen, 2009). However research by Ardington et al (in Kabeer 2009) found that pension receipt by female pensioners in rural areas released younger females for migration to the city.

As the most recently introduced and largest grant in terms of uptake with almost 11 million people receiving the grant (Republic of South Africa National Treasury, 2012), the CSG has been extensively researched and shows many successes with regard to poverty alleviation, nutrition, growth and education. Recent research in the area by Leibbrandt et al (2010) and Van der Berg et al (2010) have attributed poverty reduction since 2000 to the grant and a positive effect on labour market participation and employment has been found (Eyal & Woolard, 2011 in Coetzee, 2011). Coetzee (2011) expands on the work of Agüero, Carter and Woolard (2009), conducted in KwaZulu-Natal using the National Income Dynamics database, looking at height-for-age scores but unlike Agüero et al, finds no clear evidence of welfare improvements for children in terms of health, nutrition or education, finding only small impacts and inconclusive evidence that transfers received by caregivers are spent mainly on improving the well-being of children (Coetzee, 2011). A recent impact evaluation of South Africa's Child Support Grant found that early receipt of this grant significantly strengthens a number of these important impacts and provides an investment in people that reduces multiple dimensional indicators of poverty, promotes better gender outcomes, reduces inequality, and promotes social development and pro-poor growth. The study also finds that adolescents receiving the Child Support Grant are more likely to have some positive educational outcomes, are somewhat less likely to experience child labour, and are significantly less likely to engage in behaviours that put their health and well-being at serious risk, which is particularly important in a context of extremely high rates of HIV prevalence (DSD, SASSA and UNICEF, 2012).

2.7.3.2 NEGATIVE EFFECTS

Few incidences of negative effects have been reported in quantitative research on social grants in South Africa, but despite the small size of cash transfers, in relation to other developing countries South Africans hold unusually strong perceptions that grants make people reluctant to work (Hanlon et al, 2011: 74), increase fertility rates, promote a culture of entitlement and crowd-out public investment (Woolard et al, 2010). The general concern in South Africa about the unintended effects of grants has led to more extensive research being undertaken in this area than in other developing countries (Hanlon et al, 2010: 74). The middle-class claim that social grants present a drain on South Africa's already limited resources, and that grant recipients 'deviously waste their grant money on purchasing alcohol and cigarettes and playing the Lotto' (Richter, 2006) has not been reflected in reality and Neves et al (2009) attributes this to popular prejudice. Research has shown that, like in other developing countries, social grants provide potential labour market participants with the resources and economic security necessary to invest in job seeking (Richter, 2006). Households in South Africa that receive social transfers not only spend a higher share of income on food and education; they also spend lower proportions of income on alcohol, tobacco and gambling than similar non-receiving households, although there is no significant impact on health expenditure (Samson et al, 2005 in Samson et al, 2010).

Many of the adverse effects of cash transfers appear to be as a result of design; especially targeting mechanisms. Means tests that are set too low can create poverty traps, meaning that a small increase in income can result in loss of the grant and plunge someone back into poverty, creating disincentives to work (Samson et al, 2010: 107). Research has shown little incentive for persons over 60 or the disabled to work in low-paid jobs (Van der Berg et al, 2010; Guthrie et al, 2001 in Richter, 2006). The means test is however currently being revised and in the 2011/2012 budget both the means test for the Disability Grant and Older Person's Grant have been increased, with increases expected in future years (Republic of South Africa National Treasury, 2011). Posel, Fairburn and Lund (2004) also show the positive effects of pensions and the CSG in terms of financing job search and assisting older people to care for workers' children (Kabeer, 2009).

Potential unintended effects identified in the literature include potential corruption, the distortion of markets and the creation of perverse incentives such as reducing incentives to work, increasing fertility as teenagers attempt to access the CSG, the displacement of private saving and remittances, incentives towards ill-health (Steele, 2006; Neves et al, 2009; Natrass, 2009). The *Report on Incentive Structures of Social Assistance Grants in South Africa* commissioned by the Department of Social Development in 2006, gives a thorough description of social grants in South Africa up until 2005. It investigates the unintended effects of grants and found that whilst the categorical nature of the social security system and high levels of poverty and HIV/AIDS create incentives for behaviour change by those seeking grants, these incentives are not necessarily perverse (Steele, 2006: xi). It is pointed out by Whitworth, Wright and Noble (2006) that the real perverse incentive is the absence of a comprehensive safety net rather than the presence of any element of the current social grant system. Neves et al (2009) argue that American and Western European concerns around disincentive to work and increased fertility are not necessarily applicable in less-affluent countries where social security offerings and the reservation wage is lower.

As grants in South Africa are categorically targeted at specific vulnerable groups rather than the poor or unemployed in general, the money of grant beneficiaries such as the disabled and pensioners may not serve its original function and may instead support other unemployed household members. Of special concern to this thesis is the anecdotal evidence that seems to indicate that moral hazards around the Disability Grant exist to some degree in South Africa as a result of categorical targeting and the grant's eligibility criteria. Standing (2008: 24) notes that 'the Disability Grant must rank as one of the worst designed cash transfer schemes in the world', as the combination of means testing and work-capacity testing creates a strange 'sickness poverty trap' which creates a situation where the chronically ill may be incentivised to trade off their health for access to a grant.

Aside from the debates around design, research has revealed significant problems with disability grant administration – the grant application process is complicated by the number of different tests that people must undergo and inconsistent application of criteria. High levels of illiteracy, lack of appropriate documentation to meet arcane demands, high personal costs associated with application,

poor facilities and a lack of knowledge about rights make the application process difficult for many disabled people (Goldblatt, 2009; Frye, 2008). Administrative backlogs as well as fraud and corruption have also been cited as significant problems (Reddy & Sokomani, 2008).

2.8 THE DISABILITY GRANT

In order to understand how social assistance to the disabled is being applied it is important to first consider how disability is defined from a policy perspective as well the nature of disability within the South African context.

2.8.1 DEFINING DISABILITY

Given that social assistance is categorically targeted in South Africa, the definition of these categories is vitally important in determining who is and is not included in the benefits of the state. Those categorised as disabled or unfit to work are effectively excused from participating in working life (either temporarily or permanently) and are therefore provided with a grant by the state as compensation for their inability to earn an income. Understanding definitions of disability and how they are applied is therefore crucial to understanding how access to the grant is mediated by the state. There are two primary models for understanding disability: the traditional biomedical model and the social model of disability.

The biomedical model of disease is based primarily on traditional science and is focused exclusively on the physical body, with attempts to address health issues focused primarily on medical interventions. The medical model of classifying disability is premised on this way of thinking and disability is seen as directly related to the functional limitations of the individual or physical handicap - a personal tragedy in a society of normal people (Ross & Deverell, 2010; Priestly, 2006). In this model, the role of society is to correct impairment through physical or medical intervention and failing this, disabled persons are expected to accept their disability and negotiate new roles for themselves within society (Priestly, 2006).

The psycho-social-environmental model, or social model of medicine which takes a multi-dimensional view, focusing on health rather than disease and prevention, and management and rehabilitation rather than medical intervention, has recently become more popular than the traditional biomedical approach (Ross & Deverell, 2010). Thinking about health in a new way initiated a change in thinking about disability and the newer social model of disability turns the old conception of disability on its head (Priestly, 2006) by moving from an individual perspective towards an understanding that takes into account society's role in shaping disability (Ross & Deverell, 2010). The social model of classifying disability specifies that the disability that results from a given physical impairment is not a direct function of anatomic loss or degree of functional limitation, but rather stems from the

characteristics of a disabling society such as discrimination, prejudice and inadequate services and infrastructure (Gatharim, 2008).

For instance, according to the social model of disability a woman using a wheelchair is unable to participate in the community or job market, not because of her disability but because buildings and transport are not designed to incorporate her needs and she has therefore never been able to get an education or a job. The social model recognises that the disabled have inherent capabilities and abilities and that given the right opportunities could function as well as able-bodied individuals, seeing society's exclusion and marginalisation of those with physical, mental or psychological impairments as the source of disablement (Ross & Deverell, 2010, Gatharim, 2008, Priestly, 2006). In this progressive way of thinking, disability becomes a fluid and relational concept with no neat division between the disabled and non-disabled, rather an interaction between the person and their environment and implies that disability could be decreased by adapting the environment (Swartz & Schneider, 2006: 234).

Internationally, disability policy is increasingly adopting the social model of disability over the biomedical approach. The International Classification of Functioning, Disability and Health (ICF) created by the World Health Organisation takes both the medical and social aspects of disability into account, creating a bio-psychosocial approach that considers both the internal body function and structure and the environmental aspects affecting a person to be part of his or her disability (Ross & Deverell, 2010). South Africa's White Paper on an Integrated National Disability Strategy was formulated into a bill and endorsed by parliament in 1997 and aims to create an environment where persons with disabilities can be incorporated into society, enjoying equal rights, responsibilities and the same quality of life as non-disabled persons (Ross & Deverell, 2010: 17). The INDS aligns itself with social model of disability and is based on the principles of the United Nations Standard Rules for the Equalization of Opportunities for People with Disabilities and The World Program of Action concerning Disabled Persons and notes that where the environment cannot adequately adapt to allow disabled people to work, the state should provide free health care and social welfare (Schwartz & Schneider, 2006, Gatharim, 2008).

2.8.2 DISABILITY, POVERTY AND SOCIAL ASSISTANCE

Both the Universal Declaration of Human Rights (Article 22) and UN Convention on the Rights of Persons with Disabilities (Article 28), ratified by South Africa, recognise the human rights of the disabled, including the right to social assistance and the Constitution of the Republic of South Africa 1996 (Act 108 of 1996) specifically includes the right to equality for persons with disabilities under Article 9(3). Unfortunately these remain ideals and the Integrated National Disability Strategy (1997) has not yet managed to effectively equalise opportunities for the disabled. Disability is not only a human rights issue, it is a social development concern and tangible programmes and policies need to be in place to ensure that disability is mainstreamed in the social and economic development of South

Africa. Unfortunately the disabled in South Africa have remained socially and economically marginalised, leaving disabled persons largely dependent on social welfare provisioning.

Disability is both a cause and consequence of poverty. Eliminating world poverty is unlikely to be achieved unless the rights and needs of people with disabilities are taken into account.
(DFID 2000)

Disability is notoriously difficult to measure but it is estimated that a significant proportion of between 5 and 12% of South Africans are moderately to severely disabled (South Africa, 1997)²². Despite the relatively large number of disabled people living in South Africa, few services and opportunities exist for people with disabilities to participate equally in society (South Africa, 1997). The disabled have been shown to be highly vulnerable to poverty and it is estimated that 1 in 5 of the world's poor are disabled (Gooding and Marriot, 2009) and that being disabled increases one's chances of being poor by 10% (Dube, 2005). Sen's capability approach has been influential in the field of disability studies in terms of the connection between disability poverty in that it 'allows us to take into account the parametric variability in the relation between the means, on the one hand, and the actual opportunities, on the other' (Sen, 2005: 154). Given their more limited physical capabilities, disabled persons or people more prone to illness can do far less with the same income and bundle of primary goods and therefore have fewer freedoms to escape poverty than able-bodied persons (Sen, 2005). In the context of high unemployment and poverty, the competition for jobs and resources is high and as a result very few of the disabled are employed in the formal sector. The physical, environmental and social barriers that frequently prevent the disabled from being economically self-reliant, as well as the additional costs of assistance and transport that often come with disability, are recognised as strong contributors to the likelihood of poverty within this group (Gooding and Marriot, 2009). The Community Agency for Social Enquiry (CASE) report (2005) found that the largest concentration of disabled people is in the lowest income-earning households and that they also have the lowest education levels in South Africa (Delany et al, 2005). In recognition of the difficulties of persons with disabilities or chronic illnesses in participating in the labour market, the South African Social Assistance (2004) act makes provision for a Disability Grant in Section 9:

A person is, subject to section 5, eligible for a Disability Grant, if he or she –

- (a) Has attained the prescribed age (18 years); and*
- (b) Is, owing to a physical or mental disability, unfit to obtain by virtue of any service, employment or profession the means needed to enable him or her to provide for his or her maintenance.*

As previously discussed, the grant system in South Africa is based on the notion of full employment and South Africa is unusual amongst developing countries for having a specifically targeted grant for the disabled. Other developing countries have focused on mainstreaming the disabled, providing assistance to people on the basis of their poverty rather than their disability (Gooding & Marriott,

²² The model of disability used to generate this estimate is not reported.

2009; Natrass, 2009). The value of the Disability Grant is set just below the monthly minimum wage in all sectors in order to avoid creating disincentives towards work (Frye, 2008: 34) but in reality there are few opportunities for the disabled to participate in wage labour. Gatharim (2008) criticises the South African government's failure to carry out the developmental aspect of social assistance to the disabled, arguing that money being paid into grants is resulting in continued dependence rather than improving services that would foster the growth of independence of people with disabilities.

South Africa faces a particularly large set of health challenges which are a result of the patterns of social and economic repression and inequality created by colonialism and the structures of apartheid and which are reinforced by continuing problems of unemployment and poverty.

Human development challenges...loom large with discouraging reversals in mortality indicators. South Africa has the largest number of people living with HIV/AIDS in the world (5.5 million) and continues to battle a dual epidemic of TB and HIV/AIDS and bears 24 percent of the global burden of HIV-related TB. Current health problems are rooted in the unique legacy of South African apartheid history. The migrant labor system contributed to many of the major current health problems through social changes which led to destruction of family life, alcohol abuse and violence, particularly gender-based violence, while the health delivery system is heavily skewed in favour of the elite. These developments have strained informal safety nets and undermined progress on longevity with life expectancy at birth falling from 54.9 years in 2001 to 50.5 years in 2007. (World Bank in Brockerhoff, 2010)

The chronically ill are also catered to by the Disability Grant and massive health problems have placed pressure on the social security system as high TB and HIV/AIDS prevalence rates have meant that far larger numbers of people need to be included in disability benefits than just those who have lifelong disabilities.

2.8.3 THE "POVERTY" GRANT

SASSA awards Disability Grants to around 1.2 million South Africans (Republic of South Africa National Treasury, 2011). As mentioned above, the Disability Grant is only awarded if a person is deemed unable to work a result of their disability but also applies means and medical tests. The aim of the grant is to 'provide individuals with the means to disrupt forces which maintain their predicament of chronic impoverishment' (Watson, Fourie & Andrews, 2006). The state awards both a Temporary Disability Grant for 6 months and a Permanent Disability Grant until a person reaches retirement age, after which time they will receive the standard Older Person's Grant.

Definitions of the concepts of disability have proved unhelpful identifying grant recipients as neither the social model, nor the International Classification of Functioning, Disability and Health (ICF) model, were designed for social security purposes (Swartz & Schneider, 2006). Whilst disability is seen as relational and societal in these models, when someone applies for a grant, the question becomes individual and less multidimensional: 'Does this person qualify for a grant or not?' (Swartz &

Schneider, 2006: 239). Unlike gender or age, disability is not an easily identifiable characteristic, making awarding of grants to the disabled extremely challenging in terms of decision-making and leading to inclusion and exclusion errors (Swartz & Schneider, 2006).

Initially South Africa used medical practitioners and a medical model to identify grant recipients but between 2001 and 2004 several provinces attempted to move closer to a social model by introducing mixed assessment panels (APs) that included experts from different specialties and community members to provide more contextual understanding of applicants' socio-economic positions and living conditions (Gooding & Marriott, 2009; Natrass, 2007). The reason for grant application, social environment, health status, functional ability, work productivity history, available resources and the ability of an applicant to maintain his or herself financially, were all taken into account by the assessment panel (Watson et al, 2006). Determining a person's ability to work isn't straightforward because barriers to employment are often external and contextual (Medeiros et al., 2006 in Gooding & Marriot, 2009) and even harder in a context of very high unemployment where even able-bodied persons struggle to find jobs. The lack of jobs and social protection for the chronically unemployed and those in informal employment in South Africa introduces a set of moral and ethical problems for people awarding Disability Grants as desperate people come forward applying for the grant despite not meeting the medical requirements and 'it is difficult to apply to principles of distributive justice when one is faced with the reality of poverty' (Swartz & Schneider, 2006: 243). The attention paid to the social element by assessment panels meant that grants were often awarded more on sympathy than on the basis of actual disablement and APs were scrapped in favour of using a Medical Officer for decision-making. However, qualitative interviews with medical practitioners conducted by De Paoli, Mills and Groenningsaeter (2010, 2012) and De Koker, De Waal and Vorster (2006) revealed that many of them still felt pressurised to approve or re-approve grants because they felt sympathetic towards people with no other sources of income.

The Disability Grant has been called the 'poverty grant' (Steele, 2006) or *igrant yokuhlupheka*, both by the general public and some involved in the assessment process (CASE, 2005) and the notion of the grant as a poverty alleviation mechanism for the household rather than a compensatory transfer is an interesting one. Health and social workers have repeatedly reported that large numbers of people apply for the grant because they see it as a form of stable income, considering even minor ailments as an opportunity to apply for grants and re-applying repeatedly until successful (Steele, 2006). The Disability Grant forms a more generalised maintenance function within households rather than meeting the costs of the disabled (Saugula et al, 2002: 45). The nature of household sharing of grants means that the payment of the Disability Grant presents people with disabilities with the opportunity to contribute to households, empowering the individual (Gooding & Marriot, 2009), but also puts enormous amounts of pressure on the individual grant beneficiary to maintain their grant.

There was a large uptake in Disability Grants between 2001 and 2007 as grant beneficiary numbers jumped from 600 000 to 1.4 million, an increase which was largely due to the awarding of the grant to persons living with HIV/AIDS and high levels of unemployment (Natrass, 2007, SOCPEN, 2007).

Qualitative research emerging out of the Community Agency for Social Enquiry (CASE) report into the growth of the Disability Grant showed that high levels of ambiguity existed around criteria for awarding grants and that people's perceptions on their Constitutional rights to social assistance led them to believe that everyone was entitled to some form of grant, resulting in high rates of application (Delany et al, 2005). The report recommended containing the use of the Disability Grant as a poverty alleviation tool, including the introduction of standardised assessment tools, clear eligibility criteria and education of frontline staff about the rules of disability management (Nattrass, 2007: 184).

Since 2007 the government has managed to contain these high levels of growth by improving SASSA's internal review processes, now only allowing unsuccessful applicants to re-apply after 6 months, which has resulted in an 1.4% annual average reduction in the number of beneficiaries from 2007 to 2011 (Republic of South Africa National Treasury, 2011). Nattrass (2007) criticises the government's managerial attempts to tighten up access to the Disability Grant through stricter eligibility criteria as flying in the face of emerging discourse of citizen's rights and ignoring the underlying problem of a lack of social security for the unemployed.

2.8.4 THE DISABILITY GRANT AND THE CHALLENGES OF HIV/AIDS AND TUBERCULOSIS

The introduction of anti-retroviral medication (ARVs) to South Africa in 2003 has presented a new and particularly challenging problem in defining who should be awarded the Disability Grant because persons living with HIV/AIDS can live productive lives with ARVs and proper nutrition. Samson et al (2010:100) note that 'anti-retroviral (ARV) treatment provides a peculiar exit strategy for reducing the number of Disability Grant beneficiaries'. Currently HIV positive people are eligible for a Temporary Disability Grant if they are unable to work due to their illness (often but not always determined by them having a CD4 count below 200), but lose this grant once they are considered to be well-enough to re-enter the workforce. However, because of high rates of unemployment, the loss of a Disability Grant is not necessarily followed by a shift into employment and those that lose their grants become trapped in a state of unemployment that has serious consequences for individual and household welfare (Venkataramani, Maughan-Brown, Nattrass & Ruger, 2009: 5).

Qualitative research by Richter and Hardy (2006) found that people living with AIDS (PLWAs) expressed strong doubts that they would find employment again once they were well enough to work again, many of whom were unemployed prior to becoming AIDS-sick. The relatively generous size of the Disability Grant makes it an important source of income (Nattrass, 2006) and as a result 'many people with AIDS are being forced to make a decision no one should have to make, between life-saving medicines and the ability to feed their families' (Simchowitz, 2004: 2). A panel study conducted by De Paoli et al (2010) revealed that 98% of disability beneficiaries used the grant to cover household expenses and that those who lost the grant found it extremely financially and emotionally stressful. Venkataramani et al (2009) made similar findings, noting that household income dropped by 50% in households where Disability Grant recipients were unable to find employment after losing their

grant. In order to remain healthy and continue taking ARVs, PLWA need to have adequate nutrition and transportation to health care facilities, both of which have cost implications and become difficult without income from the Disability Grant. Samson et al (2010: 100) argue that the 'medical model of disability fails to recognise the social reality of crushing poverty' because taking ARVs on an empty stomach leads to adverse side effects and that malnutrition undermines the ARV's effectiveness. For this reason the Treatment Action Campaign (TAC) is advocating for the introduction of a Chronic Disease Grant which targets those living with long-term illnesses that may not prevent them from working but which need state support to manage the costs of their disease (TAC, 2009).

Rumours and anecdotal evidence were presented in the CASE study (2005), Leclerc-Madlala (2006), Natrass (2006), Hardy and Richter (2006), De Paoli et al (2010), and testimonies at the 2008 Poverty Hearings, that some PLWA or people infected with TB are reluctant to take medication or submit to curative medical procedures, or intentionally become (or attempt to become) infected with tuberculosis or HIV/AIDS. However, little of the data collected through survey research has been able to show this is the case with any statistical significance (Steele, 2006; Møller, 2010; Venkataramani et al, 2009; De Paoli et al, 2010). Much of the anecdotal evidence reported in the studies cited seems to come from medical and social workers or popular myth rather than from direct reports from people that they would trade their health for the Disability Grant, but this may be due to an unwillingness to report this due to the sensitive nature of the topic.

Research by Natrass and colleagues at the AIDS and Society Research Unit and well as Leclerc-Madlala (2006) and Hardy et al (2006) investigates issues around the possible compromise between health and income with regards to the Temporary Disability Grant. They hypothesized that the loss of this grant acts as a disincentive to taking anti-retrovirals, which act to boost CD4 counts, but found insignificant evidence to support this claim. Møller (2010) investigates anecdotal evidence into youth, especially males who cannot access Child Support Grants, intentionally infecting themselves with tuberculosis in order to access the Temporary Disability Grant.

Those advocating for a the introduction of a universal grant in South Africa have used the Disability Grant as an example of massive gaps that exist in social assistance coverage for the long-term unemployed (Natrass, 2004; Richter, 2006). The *Report on Incentive Structures of Social Assistance Grants in South Africa* notes that there is an international trend towards claiming disability benefits, seen most strongly in the United Kingdom, United States and Canada, and cautions against taking reports on incentives towards ill-health too literally, noting that whilst becoming eligible for the Disability Grant by acquiring an illness such as HIV or TB may be a blessing for people who previously had no income, it does not mean that people would necessarily intentionally compromise their health to acquire a grant (Steele, 2006).

Namibia has modelled its Disability Grant on the South African system and with a high incidence of HIV infection, also makes provision for those who are AIDS-sick. Similar reports were recorded

regarding patients on ARV medication not complying with treatment in order to push themselves back below the capacity-to-work level (Standing, 2008).

2.9 BIOPOLITICS AND BIOLOGICAL CITIZENSHIP

For millennia, man remained what he was for Aristotle: a living animal with the additional capacity for political existence; modern man is an animal whose politics calls his existence as a living being into question. (Foucault, 1984: 265)

This thesis argues that the politics of the Disability Grant in South Africa are in fact biopolitics and that in the space where marginalised citizens seek access to state resources, the link created between social assistance and the human body created by the Disability Grant and the related categorisation of suffering, brings about opportunities for biological citizenship. It is therefore important to discuss the meaning of citizenship and trace the development of biological citizenship, a concept that rests on ideas of *biopower*, *biopolitics* and *governmentality* made famous by Foucault.

2.9.1 BIOPOWER AND BIOPOLITICS

Biopower can be defined as that which brings 'life and mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life' (Foucault, 179: 143 in Lemke, 2011). According to Foucault, from the 18th century, western societies took onboard the fundamental biological fact that human beings are a species and that individual living bodies can be strategically managed as a population through political techniques (Agamben, 1998). The state realised the importance of having 'pliable bodies that could be improved, shaped, and regimented, but also exterminated if deemed unnecessary or dangerous' (Hansen & Stepputat, 2005: 17). As a result the body was valorised and power became no longer about power to kill, rather a mastery of life and Foucault's concept of biopower can therefore be interpreted quite literally as the power over life (Fassin, 2009).

Power would no longer be dealing simply with legal subjects over whom the ultimate dominion was death, but with living beings, and the mastery it would be able to exercise over them would be applied at the level of life itself; it would be taking charge of life, more than the threat of death, that gave power its access even to the body. (Foucault, 1984: 265)

Biopolitics is the application of biopower by government to human life to create docile bodies that can be controlled by the state. According to Petryna (2002), biopolitics operates on two levels: 'in the human body as a site of normalisation and discipline and in the population – understood as the body of the species, that is, regulated by science and welfare' (Petryna, 2005: 163) and manifests itself through technologies of governmentality. According to Lemke (2001), Foucault's governmentality is not limited to political leadership but extends to the realm of the personal: 'Foucault defines

government as conduct, or, more precisely, as 'the conduct of conduct' and thus as a term which ranges from 'governing the self' to 'governing others' (Lemke, 2001: 191). It is often argued that neoliberal governments promote self-government rather than state intervention and therefore develop 'indirect techniques for leading and controlling individuals without at the same time being responsible for them' (Lemke, 2001: 201), which Foucault calls 'technologies of the self', 'by which processes of subjectivisation bring the individual to bind himself to his own identity and consciousness and, at the same time, to an external power' (Agamben, 1998: 11).

These technologies are not overt, rather they introduce certain ideas and discourses into society that are normalised and then internalised so that individuals and populations adopt modes of thought and behave according to accepted norms, thus imposing social control upon themselves. The neo-liberal rationality attempts to link ideas of being a responsible and moral individual and an economic-rational actor (Lemke, 2001) and promotes technologies such as responsabilisation, healthism, self-esteem and self-discipline through social structures such as schools and religious organisations which provide guidelines for "good" conduct (Rose, 1999). People measure themselves against norms of what 'is socially worthy, statistically average, scientifically healthy and personally desirable' (Rose, 1999: 76) and are motivated by feelings of shame at not appearing to meet these norms by working harder to meet society's criteria for a successful life.

The contact point, where the individuals are driven by others is tied to the way they conduct themselves, is what we can call, I think government. Governing people, in the broad meaning of the word, governing people is not a way to force people to do what the governor wants; it is always a versatile equilibrium, with complementarity and conflicts between techniques which assure coercion and processes through which the self is constructed or modified by himself. (Foucault 1993: 203-4 in Lemke, 2001:204)

By encouraging people to take responsibility for their health by taking care of their bodies, to be ambitious, entrepreneurial, hard-working, and to contribute to and participate in society, the state is effectively managing its citizens with minimal effort. Whilst this idea of the independent citizen initially appears to empower and encourage a successful society, making poverty, unemployment and illness the responsibility of the individual rather than the state, those who are marginalised, poor and unable to participate effectively in work or social life and who may not have the capacity to conform as easily to societal norms, receive little support and are likely to remain in the same state, merely serving as warnings of the result of not succeeding in life.

What follows is a kind of bestialization of man achieved through the most sophisticated political techniques. For the first time in history, the possibilities of the social sciences are made known, and at once it becomes possible both to protect life and to authorize a holocaust. (Foucault, 1994 in Agamben, 1998: 10)

It is through these techniques that governments are capable of managing both individual lives and populations, that governments are able to wield biopower; circumventing the civil and political rights

and freedoms that liberal democracy tries to protect through statutory means. 'Governments use biopolitics to provide populational stability, to enforce who they want to see as their citizens and to allocate access to economic and social benefits' (Biehl, 2005: 138).

Whilst Foucault sees the evolution from politics into biopolitics as having occurred at the beginning of the modern era, Agamben (1998:6) takes this a step further by arguing that the 'production of a biopolitical body is the original activity of sovereign power'. Also drawing on the work of Arendt (1958), Agamben notes that using the idea of the "bare life" or *zoē* as compared to *bios* - the "good" or "qualified" life – to manage the modern state reaffirms ancient bonds between power and life and reintroduces sovereign power that existed before the introduction of political and civil rights that protected the individual from the state.

The entry of zoē into the sphere of the polis – the politicization of bare life as such – constitutes the decisive event of modernity and signals a radical transformation of the political-philosophical categories of classical thought. (Agamben, 1998: 10)

According to Agamben (1998), in ancient times the community consisted of free men and citizens whereas women, slaves, outcasts and other forms of life were excluded from the political community yet remained integral and crucial to society and economy. This "inclusive exclusion" is represented by the *homo sacer*, the sacred man, who is banished from society but yet cannot be killed by others. In this way the *homo sacer* is excluded from qualified life brought about by participation in society and is reduced simply to a living being or bare life. The law has the power to separate citizens from bare life, for instance the ability to impose the death sentence on the living body of a murderer. 'The expulsion of someone who used to have rights as a citizen, or to simply categorise some individuals in society as a form of life that is beyond the reach of dignity and full humanity, and thus not even a subject of benevolent power, is the most elementary operation of sovereign power' (Hansen & Stepputat, 2005: 17).

Agamben (1998) uses Schmitt's definition of sovereignty and the idea of the *state of exception* - the power to act outside of normal law that governments are able to yield during times of crisis such as in the declaration of a state of emergency. The holding and treatment of prisoners in Guantanamo Bay in ways which defied international laws on treatment of prisoners of war, is used by Agamben as an example modern form of the state of exception. The sovereign determines the state of exception and exercises power through inclusively excluding certain forms of life as bare life. Therefore, as well as promoting life, biopower can also work 'to reject into death' (Foucault, 1976 in Fassin, 2009: 52) certain individuals or groups within the population by intentionally neglecting or failing to consider them in the design and effects of government policies (Fassin, 2009: 54). Barchiesi (2005) argues that by extending social citizenship rights to specifically targeted parts of the population, whilst excepting others, social welfare policies become 'as much about the management and reproduction of exclusion as they aim to increase social inclusion' (Barchiesi, 2005: 15).

Whilst Foucault's theories have dominated much of this discussion, it is important to recognise that almost twenty years before the publication of *The History of Sexuality Vol. I* (1976), in which he first introduced the concept of biopower, Arendt (1958) had already recognised that biological or "sheer life" had come to occupy a central role in politics in the modern era, noting that life had 'asserted itself as the ultimate point of reference' and that individual life, spontaneity and "plurality" was submerged 'into the over-all life process of the species' (Arendt (1958) in Dolan, 2005: 5). In her book *The Human Condition* (1958), Arendt describes a set of the three capacities: labour and life, work and worldliness, and action and plurality, which she saw as defining what it means to be humans in the world and which together she calls *vita activa*. At different periods in time these capacities have been prioritised and she was concerned by the primacy of the labour of the body in modern society. Although she did not use terms biopower or biopolitics as such, she noted how racism, rooted in biological differences in appearance, was used as a tool to wield power both in colonial states and in the reduction of Jews to mere biological life that were treated as 'living corpses' that were banished to the 'holes in oblivion' that were Nazi death camps (Arendt, 1951 in Birmingham, 2006: 91). Whilst Foucault never engaged with modern issues, others have commented that it appears that the justification of the extreme racism of Nazi state is an indication of the power that governments have to rule through modes of thought.

As discussed previously, conventional ideas of citizenship and rights within the nation state have been eroded by the permeability of borders, but as formal citizenship is generally required to access rights, refugees and asylum seekers, unprotected by their own states live in a state of exception and have become an easily identifiable form of bare life (Hansen & Stepputat, 2005; Ticktin, 2006; Fassin, 2001, 2004).

With the erosion, if not the erasure, of social categories rooted in nation, territory and class, identity vests ever more crucially in individual bodies: bodies defined as objects of biological nature and subjects of commodified desire. (Comaroff, 2007: 199)

The body has become the site of inscription for the politics of immigration, defining what we can call, using Foucauldian terminology, a biopolitics of otherness. (Fassin 2001:4)

2.9.2 BIOLOGICAL CITIZENSHIP

Whilst the concept of biopower highlights how governments control individuals and populations through the social valorisation of the human body, the concept of biological citizenship presents a reverse assertion of sovereignty by the individual – that in the face of exclusion, the body and its bare life or the 'simple fact of living' (Benjamin, 1978 in Fassin, 2009: 30) becomes the ultimate form of legitimacy and the basis on which entitlements that promote the right to life can be claimed. Biological citizenship is about creating a link between the sacredness of life and the meaning of citizenship in

terms of social and civil rights where threats to life and the suffering body usurp other general political considerations (e.g. the release of a prisoner on humanitarian grounds because of illness).

Drawing on Agamben's idea of sovereignty and the *homo sacer* to critically assess the notion of citizenship in the context of economic and social inequalities, Petryna (2002, 2004), Biehl (2005), Fassin (2001, 2009), Ticktin (2006) and Kistner (2003, 2009) put forward critical perspectives on the relationship between human rights and the structures of the state. They are seeing the structures of the neoliberal state as excluding those who cannot compete in a market economy, but including them in terms of their existence as suffering or dying beings: 'the ones incapable of living up to new requirements of market competitiveness and profitability are socially included through their dying in abandonment' (Biehl, 2005: 139). Given the primacy of the body in modern politics, the right to health has been endorsed as kind of meta-value and the discourse of human rights reflects the fundamental value ascribed to health, by addressing health itself as a kind of meta-right (Greco, 2004). 'The "right to health" is more than social and economic, it is civil and political' (Greco in Fassin, 2009: 51). As a result, the right to health and life have become sources of legitimacy that are difficult for the state to deny without openly undermining ideas of human rights, and the sick and suffering body has become objectified and is the site for claims to rights that people have not been able to claim as citizens or non-citizens of states. According to Fassin (2001:5), '(b)iological truth inscribed on the body is the ultimate form of legitimacy'.

Petryna sees biological citizenship as embodying a demand for particular special resources or protections to be provided by the state or for the enactment or cessation of certain government policies or actions (Petryna, 2002: 4). In her book, *Life Exposed: Biological Citizens after Chernobyl* (2002), Petryna describes how after the Chernobyl disaster, Ukrainians who could link illnesses to a certain level of radiation exposure at the time of the disaster, from living in areas with high radiation levels or working on clean-up projects in the "zone of exclusion", could claim pensions and free health care from the state according to indexed levels of suffering.

Aware that they had fewer chances for finding employment and health in the new market economy, these citizens accounted for elements in their lives (measures, numbers, symptoms) that could be linked to a state, scientific, and bureaucratic history of mismanagement and risk. The tighter the connection that could be drawn, the greater the chance of securing economic and social entitlement. (Petryna, 2004: 262)

As the country struggled through the economic transition which resulted in work instability and low wages brought about by the end of communism, for many Ukrainians working on clean-up sites in the zone for significantly more money than they could command outside of the zone or choosing to remain in areas where radiation levels significantly exceeded recommended levels in order to accumulate a level of exposure that could secure disability benefits became better options than entering the labour market outside of the zone (Petryna, 2002). Left vulnerable by a state in transition and economic freedom, where their new democratic rights and freedom were not realised, staying in

the zone improved citizen's rights (Petryna, 2004: 87) and disenfranchised persons are able to achieve the status of "disabled citizen" (Petryna, 2002: 91).

One can describe biological citizenship as a massive demand for but selective access to a form of social welfare based on medical, scientific, and legal criteria that both acknowledge biological injury and compensate for it (Petryna, 2002: 6).

Ambiguities related to categorizing suffering create a political field in which a state, forms of citizenship, and informal economies of health care and entitlement are re-made. This appropriation of suffering at all levels is one aspect of how images of suffering are becoming increasingly objectified in their legal, economic, and political dimensions (Petryna, 2004: 251).

In considering the awarding of asylum to undocumented migrants in need of health care in France on a humanitarian basis, Fassin (2001, 2009) and Ticktin (2006) also draw connections between the suffering of the human body and a new kind of biological citizenship that is stripped of its social or political elements but presents a set of benefits to sufferers such as medical treatment or the freedom to stay in the country. For Ticktin, 'Life as someone sick is interchangeable with life as a politically recognised subject. Indeed being sick is what is required to be a political subject' (2006: 42) and the concept of *biosociality* is the socially framed choice to draw on this biology.

Some academics (see Robins, 2005; Comaroff, 2007; Ong, 2006) and human rights activists (mainly in the area of HIV/AIDS) have championed the idea of biological citizenship as an opportunity to assert claims to rights on the basis of biological categorisations, based on the assumption that biological life is a prerequisite for political life and is capable of progressively ascending to political life, extending liberal democratic notions of citizenship (Robins 2005: 16). Collier and Lakoff call this a 'counterpolitics of sheer life', which is described as a 'situated form of political mobilization that involves ethical claims to resources articulated in terms of needs as living beings' (Collier and Lakoff, 2005: 29 in Ong, 2006: 504).

Others such as Kistner (2009) are sceptical of ideas of patient citizenship, feeling that the "responsibilisation" of AIDS patients through treatment contracts is complicit with a neoliberal governmentality and simply indicates a seizure of activist discourse by the state, which rather than promoting citizenship, threatens human rights and simply 'reinforces life extension and social death' (Kistner, 2009:1). Biehl (2005), writing on psychiatry and HIV/AIDS, sees biological citizenship as signifying a new form of governmentality, rather than a democratic extension of rights. Ticktin (2006), Fassin (2001, 2009) and Petryna (2002, 2004, 2005) appear to view the concept of biological citizenship in a critical rather than a positive light, seeing the awarding and assessment of human rights based on medical, scientific and legal rights, creating an uneasy relationship between human rights and biological self-preservation (Kistner, 2009): 'The gains in the form of social inclusion and citizenship are precariously weighed against the losses in forms of political sociality and a politics of human rights' (Petryna 2002, 2005 in Kistner, 2009: 4).

This thesis argues that by engaging with the state through demonstrations of illness and disability, many poor South Africans have employed the attributes of the type of biological citizenship conceived by Petryna (who sees biological citizenship as problematic), rather than biological citizenship that sees the body as a site for mobilisation around extending human and citizenship rights.

CHAPTER 3: THE RESEARCH CONTEXT AND THE EMERGENT RESEARCH PROCESS

Lives marked by poverty and hardship can lead individuals to make choices that seem unthinkable to those who live more comfortable lives. (Leclerc-Madlala et al, 2006: 255)

This thesis examines the use of Disability Grants as a possible livelihood strategy in a context of high unemployment and poverty. The methodological approach taken was strongly qualitative and participatory, driven by the recognition of the multi-dimensional nature of poverty and that quantitative poverty indicators constructed by non-poor outsiders may not align with poor people's own conceptions of poverty (Rakodi & Lloyd Jones, 2002). Whilst a participatory research approach was not initially part of my research design, as a privileged white person working in an informal settlement I soon recognized that my capacity to understand poverty on my own was limited and that the community around me could act as allies in helping me unpack and understand their reality. This thesis evolved as my relationships with people within the community deepened and grew and the complex social and community dynamics I was exposed to over the four months I was in the field shaped the ways in which data could be gathered.

The nature of working closely with people whose lives are so interwoven and networked with others and whose energy and focus is so caught up in a daily struggle to fulfil their basic needs, makes it difficult to restrict oneself to simply engaging with people at the level of formal interviews and focus groups. Although initially designed as a multiple household case study, the research moved towards a more participatory style of research that was better understood and held greater benefits for the people I worked with. Whilst much academic research is extractive, the process of interacting with people and developing relationships that allowed me to give something back to the community has led me to draw conclusions from my research that were not only unexpected but which I hope are also more relevant to the concerns about the social security system in South Africa.

This chapter is a layered account of the "emergent experience" of doing research, and a reflection on the evolution of this thesis from a neat proposal focused strongly around the Sustainable Livelihood Framework, into the narrative of a group of people, including myself, trying to make meaning of a social security system which has such a profound impact on the workings of their personal and social lives.

3.1 QUESTIONS THAT LED THE RESEARCH PROCESS

The review of the literature indicated that in households where wage income is low or non-existent, grants take on complex meanings and affect the social structure and economic decisions of the household. As the largest grant available to people of working age the Disability Grant provides an opportunity for income to those who are considered too ill or injured to work for either a limited period of time, generally six months, or on a permanent basis. In an environment where acquiring

employment is difficult even for the healthy, notions of being unable to work because of disability take on meanings different to existing theoretical or medical definitions of disability. Where most people are unable to find work, being disabled becomes less about incapacity to work and more about an opportunity to mobilise income.

The literature review indicated that gaps exist in the understanding of these dynamics, partly because much of the research into social security is quantitative in nature and cannot account for the complex environmental and social factors that affect the way people understand and interact with the social security system. This is not a claim that qualitative research can necessarily capture complexity. In Hammersley's (2008) thorough critique of the rationale for and claims of qualitative research, he notes that whilst quantitative attempts to reduce the world to a theoretical model or set of variables and measurement procedures, there is always a need to reduce information into a useable state.

It is not possible to grasp complexity fully, nor is it desirable to attempt this. Rather producing knowledge necessarily involves selection and abstraction. The task of research is not to reproduce reality, or even represent it – in the sense of capturing its likeness. Rather, the task is always to answer some specific set of questions about it. (Hammersley, 2008: 50)

Therefore, whilst it seemed important to take a micro-level, constructivist approach, working in-depth with particular individuals in a community small enough that I might reasonably be able to understand at least the immediate factors influencing the lives of its residents, I felt it was important to keep focused on specific set of research questions.

Questions that this thesis sought to answer through work in the field were:

- What livelihood opportunities exist for households in the community?
- What strategies are employed by households that are faced with economic shocks or long-term unemployment?
- How reliant do households become on Disability Grants for survival?
- How does the receipt of the Disability Grant alter household dynamics and relationships?
- What options do Temporary Disability Grant beneficiaries feel are available to them when they recover their health and are no longer eligible for the grant?
- Are Disability Grants seen as compensating for lost income or as a form of poverty alleviation?
- What are the social outcomes of grant uptake in the community?
- How are those receiving Disability Grants seen and treated by those who are not eligible to receive grants?

However, whilst the answers to many of these questions are implicit in the research findings presented in this thesis (Section 4), the emergent nature of the research process led the analysis away from answering these pre-defined questions towards focusing on the findings emerging in the field.

3.2 QUALITATIVE APPROACHES TO RESEARCHING POVERTY

Much of the information used to measure poverty, both from a resourcist and a more multi-dimensional approach is quantitative as information is generally based on statistically representative income/expenditure type household surveys. However, qualitative approaches that utilise unstructured interviews; life-histories; participatory poverty analysis, including entire communities in defining and identifying poverty; and ethnographic research, which provide context and anchor results in anthropological and sociological theorising, are being increasingly used in poverty measurement and research alongside household survey data (Moore, 2009). Many of the recent insights into the multi-dimensionality of poverty can be associated with conceptual approaches and qualitative methodological approaches that emphasise gaining the perspectives of the poor (Dorward, 2009). Social structures and dynamics as well as concepts such as culture, identity and agency are important factors in poverty which are not easily quantified and therefore not picked up by more positivist approaches to poverty research. Qualitative research can fill this gap and provide policy makers with a link to the actual realities that poor communities face (Moore, 2009).

Poverty research in South Africa has been largely conducted by economists and for this reason research has been largely quantitative. However, the *South African Poverty Hearings*, held in 1998 and 2008, is an example of a substantial qualitative project that gathered and voiced the experiences and concerns of poor people across South Africa. The 2008 hearing provided a platform for over 10 000 people from poor communities across all nine provinces to express their views on unemployment, hunger, safety, healthcare, social security, education, housing and access to land and resources. Data were gathered through written testimonials, individual interviews, focus groups and recorded public testimonies. This research not only provided valuable insights into the kinds of problems poor people in specific geographical areas face, but also how people navigate their lives and creates livelihoods within the context of these challenges (African Monitor, 2009).

This thesis does not claim to represent the voice of people accessing the Disability Grant in Blikkiesdorp, but it is hoped that by allowing space for personal opinions and experiences, it may contribute in some way to illustrating how social and economic dynamics and structures affect individual lives.

3.3 YOU DON'T DO THE FIELDWORK, THE FIELDWORK "DOES" YOU

Before researchers are allowed to enter the field, they are required to produce a detailed research proposal and to get ethical clearance from a Research Ethics Committee that follows a predominantly biomedical and positivist approach to research. In the case of my research, the choice of a conceptual framework, a methodological approach and a research design was initially based purely on the literature and the research questions at hand rather than an actual understanding of the dynamics of

the field and how people I worked with would understand and respond to the type of research I aimed to conduct. When things unfolded differently in the field I was initially very concerned but the simple aphorism provided by Simpson (2006): 'You don't do the fieldwork, the fieldwork does you', helped me understand that learning from scratch about the people and dynamics within the research environment can make fieldwork a messy enterprise. The initial research design for this thesis seems a good starting point for reflecting on my learning process on the true nature of fieldwork and the efficacy of different research tools to capture particular data in different situations.

A case study method was initially chosen because of its flexibility and capacity to capture complexity as I expected that dynamics around the Disability Grant are complex and context specific. According to Yin (2009: 18), 'A case study is an empirical enquiry that investigates a contemporary phenomenon in-depth and within real-life context, especially when the boundaries between phenomenon and context are not clearly evident.' Stake (2005:443) notes that 'case study is not a methodological choice but a choice of what is to be studied' and the ability to incorporate both qualitative and quantitative methods into a single case would allow for a wider variety of evidence to be incorporated into the study. This 'analytical eclecticism' (Thomas, 2011) is a considerable strength which allows for the painting of a full, rich picture of the research context, something I felt well-suited to the aim of providing context to the large amount of quantitative research already conducted. Despite being attracted to the flexibility of case studies, I did expect that I would be able to flesh them out in a fairly uniform and linear way.

The plan was to develop four to five case studies of households where at least one of the members was or had recently been a Disability Grant beneficiary, using focus groups and personal interviews, as well as key informant interviews to build an understanding of the broader environmental factors that shape livelihood strategies. It was assumed that livelihood strategies are often determined at a household level and that household formation, structures and relationships between household members are important influences on individual livelihood strategy options and decisions. Case study participants were to be selected from the pool of participants participating in two to three focus groups of Disability Grant recipients, which I was hoping my NGO-contacts would be able to assist me with in terms of recruitment. I had planned to gather data for these case studies through in-depth interviews not only with the grant beneficiary, but also other willing adult household members, over a two month period to slowly build rapport and trust with household members and to flesh out narratives, allowing a comprehensive picture and history of the household to emerge over time. Whilst it was easy to engage household members that also received Disability Grants in the study, it proved difficult to interview other people in the household who were not on Disability Grants for various reasons: many of the participants were single women living with children; family dynamics were very often strained, particularly around money issues and it seemed inappropriate to get involved in these issues; relatives were frequently alcohol or drug-dependent; and some family members were simply not interested in the study. Aside from people identified as key informants, women seemed more interested in participating in the study than men (only four of the participants were male) and despite not receiving the grant themselves, several women were recruited by their friends and participated on

the basis that their husband or boyfriend received a Disability Grant. However, despite being initially suspicious of the study, two of the men, Andrew and Samuel eventually became two of the most vocal and active study participants, bringing a male perspective to what was initially a very female dominated study.

Whilst I did conduct many personal interviews, most of the more interesting research findings came out of focus groups rather than individual interviews, with people preferring to share their stories within a group environment rather than one-on-one, often wanting to participate in groups more than once and referring more people in the community to join in on these meetings. The interactions between group members and the value they began to ascribe to belonging to “the group” became more interesting than focusing only on households. These focus group dynamics are discussed in more detail in Section 3.8.

It was expected that an adapted form of the Sustainable Livelihood Framework would provide a neat conceptual framework for the study as well as a logical structure for the comparison of cases. It was hoped that the subject of each case study would be a household that exemplified the use of the Disability Grant as a particular type of livelihood strategy, either *hanging in*, *stepping up* or *stepping out* (See Section 2.2). However, whilst understanding how the current social security system shapes the livelihood options and strategies available to households remains a central concern of the research, the findings themselves are not well-served by being presented as case studies or analysed within the structures of the Sustainable Livelihood Framework. The structure of the analysis has therefore moved away from this configuration towards a looser, more thematic structure that leaves more space for the emergence of individuals’ stories through their interactions with both myself and others participating in the research.

3.4 WHAT IS THIS PLACE AND WHO AM I IN THIS PLACE?

Place, persons and behaviour are linked through meaning and experience. Places do not “act” but they do contain and shape action, and may be strongly associated with it. (Stein, 2006: 62)

The purpose of this research is not to focus on the history or experience of a particular community; rather it aims to explore people’s experiences of the social security system in South Africa. As a result, the decision on where to work was made for purely practical reasons. Given that my research focused on South Africa’s social security system, I was looking to work in a community with high levels of grant uptake, small enough for me to become familiar with the environment, where I could partner with a local NGO to ensure my safety, and where I could communicate without the use of translators. This thinking reflected my naivety about both what I would or could possibly encounter in a Cape Town township and the particular meanings that communities ascribe to “place”. After weighing up various options, I settled on the Symphony Way Temporary Relocation Area (TRA) - more commonly known as *Blikkiesdorp* (tin can town) - built by the City of Cape Town to

accommodate various groups of homeless and displaced people living in and around the city. There was a large amount of material available on the internet in the form of videos, photographs, books and newspaper articles and there were very obvious opportunities to connect with community members and people who had worked in the area directly through social media campaigns focused on highlighting issues in the area.

I quickly learnt that my choice of location would in fact play a large part in determining the nature of the research process; that through our own imputation, places can come to take on an identity and can conjure meaning, sentiments and attitudes. 'Notions of place become or form part of social constructions of reality which act back on their creators by shaping behaviour' (Stein, 2006: 62) and the research findings presented in this thesis are strongly shaped by how the community and I as the researcher responded to and understood "place". The area is politically controversial, emotionally charged and working in the area seemed exciting and socially relevant, but perhaps if I had seriously considered the implications that choosing a site that had received so much media attention would have on my relatively clear-cut fieldwork objectives, I might have not have carried out my study in Blikkiesdorp.

This thesis is not about problematising the Blikkiesdorp community and based on the literature it is expected that research findings are determined by factors that are not exclusive to the community, but given the very unique research context and history of the area, a reflection on the meaning of "place" in the Blikkiesdorp community cannot be escaped. The extent to which the research environment was "exotic" to me as a researcher was also fundamental to how I was able to enter the field and engage with the community in the research process and is therefore interesting from a methodological perspective.

The interviews and focus groups for this research were conducted in a mixture of Afrikaans and English with conversations and even sentences switching between the two languages. In order to preserve the authenticity of these interactions and to allow the characters of participations to form part of the overall narrative, grammatical errors have not been corrected and translation between English and Afrikaans is simply provided where necessary. All of the names of participants are pseudonyms. The names of respondents and any organisation they are associated with have been changed to preserve their confidentiality.

3.5 THE BLIKKIESDORP CONTEXT: STRUGGLES FOR FORMALITY

Unlike most areas in Cape Town, which are largely still divided along racial lines, Blikkiesdorp is a mishmash of different racial groups, cultures and religions. Whilst many of the residents are "coloured" people from the surrounding Cape Flats, there are also many Xhosa speakers, African foreign nationals and poor whites living in the settlement. Probably one of the biggest commonalities

amongst the people of Blikkiesdorp is that they all come from somewhere else; many are former squatters removed from illegally occupied houses and land; others were cleared off the street in preparation for the 2010 World Cup Soccer tournament, or were displaced from their homes by xenophobic violence; and a few, with no other options, requested a home there. It has a reputation of being a “dumping ground” for Cape Town’s homeless and dispossessed and with its big fence, rows of bleak zinc corrugated iron structures and police presence, it has frequently been compared to a concentration camp by the international media. The media acts as a conduit for the voices of the most dissatisfied and media reports are not necessarily a good reflection of the general mood and it soon emerged that whilst Blikkiesdorp is by no means a pleasant place to live, media reports reflect the views and actions of a very specific group of Blikkiesdorp residents.

Many of Blikkiesdorp’s most vocal residents are people who in December 2007, after being on government housing waiting lists for decades, had been convinced by a local politician to invade unfinished houses in the N2 Gateway Project, a new government housing project in the area. These illegal occupiers had been led to believe that the people for whom these houses were intended had not been on waiting lists for nearly as long, and were being pushed to the front of the queue by corrupt means. Their invasion or “struggle” was a protest of what they saw as government’s nepotism, bias, corruption and mismanagement of housing applications (Patel, 2009: 138) as well as a proclamation of their ‘right to the city’ (De Bruijn, 2010). The Blikkiesdorp case is certainly not unique and similar tin housing structures have been built in designated Temporary Relocation Areas (TRAs) across the country as part of government’s Breaking New Ground strategy for housing development. Informal settlements are being upgraded throughout the country with a view to eradicating informal settlements by 2014 and TRAs have been built country-wide to make room for new housing developments (Huchzermeyer, 2010). This has led to a wave of citizen protests and the formation of a radical anti-eviction movement led by community-based organisations such as Abahlali baseMjondolo, the Landless People’s Movement and the Western Cape Anti-Eviction that campaign against government housing policy through the Poor People’s Alliance.

Supported by a group of anti-eviction campaigners, the unlawful new tenants of the government project took the issue to the courts but lost their case and an order for their removal was issued two months after their occupation. Still adamant about their right to housing they refused to leave and the residents were forcibly removed by the police using rubber bullets and brute force, with many of the residents losing their furniture and other possessions as no reclaim process was put in place to allow people to collect their belongings (Chance, 2008). The level of force used by the police generated international uproar and drew comparisons to apartheid-style policing.

*Die polisie weer op die spel, almal ken apartheid - dit was erger as apartheid toe polisie met honde, gewere en traangas kom om mense uit hul plekke te kom ruk en pluk.*³ (De Cock, 2007).

In further protest, many of the illegal occupiers refused to move into Blikkiesdorp and camped on the main road outside the settlement, some in a government tented encampment commonly called *lapland* (cloth land), and others building their own *hokkies* (shacks) on the pavement. Whilst some of the pavement dwellers relented and decided to move into the camp, others only left after another court order for their removal was issued 18 months later, moving into what is known as Phase 2 of the TRA.

The struggle for housing has contributed to the high level of political awareness and astuteness of many of Blikkiesdorp's residents. Leadership structures in the form of community committees were developed during the struggle and the experience of fighting court battles, managing relationships with the press and distributing donations in the street have left community leaders well-connected and highly experienced in the art of public relations, especially social media. A kind of philanthropic economy appears to have developed as a result of the amount of media attention that has been focused on the area. Money, food and clothing flow into the area and there is much talk of people being "spoilt" by donations as well as a lot of fighting over how donated money is spent by community leaders. These self-ordained leaders continue to entertain residents with their squabbles over the power that is awarded for being seen as the person or group that really cares about the community.

Protestors moving into the camp were told that their residency there would be temporary but some people have been living in the camp for almost five years with little hope of acquiring houses in the immediate future. Residents do not own their structures and must request council permission before extending their one room houses. However, unlike most informal settlements, Blikkiesdorp does have flush toilets (although not enough) and all structures were electrified by the city in 2010 as a result of community activism. There is a police presence outside the camp that monitors any building infractions but which does little to manage the crime in the area which is largely monitored by concerned residents who have formed a neighbourhood watch.

As a result of its history, the idea of "place" is very politicized; the strong negative associations of Blikkiesdorp as a "dumping ground", temporary relocation area, and as a place that exemplifies exclusion, marginalisation and people's struggle for land and housing, are central to how many people construct their realities within the community. The settlement is a pariah, located on the furthest outskirts of the township of Delft, distinctly separated from the rest of the township by a large fence, its dusty corridors far from the hustle and bustle of the township's streets. Many people complain about the lack of community and being 'moved from our bread and butter'. Blikkiesdorp is difficult and expensive to access with public transport, making job-seeking, grocery shopping or accessing essential services challenging for people with little means. Though quantitative studies of Blikkiesdorp

³ The police returned to the game, everyone knows apartheid - it was worse than apartheid when police used to come with dogs, guns, tear gas to pull and grab people out of their houses.

and the impact on the livelihoods of its residents have not been undertaken, similar research on the impact of moving to another TRA in the same area, conducted by the Development Action Group (DAG), found that 68 percent of the households surveyed were unhappy about their relocation to the TRA, largely citing the lack of access to affordable public transport as the reason for their dissatisfaction. Ninety-five percent of the respondents reported a significant change in their income and expenditure since moving to the area, with 34 percent indicating that someone in their household had lost his or her job or was struggling to find employment as a result of moving to the TRA (DAG, 2007: 16-18).

Within the area there are strong associations between place and decency or respectability, a theme also echoed in Fiona Ross's work in an informal settlement in the Western Cape, where she noted that creating the appearance of *ordentlikheid* (decency and properness) is key to how people, who live in derelict circumstances on the margins of society create some sort of social order around which to orientate their lives (Ross, 2009). I conducted a community mapping exercise with a group of Disability Grant recipients which provided a picture of the community from their perspective as residents (see Appendix). There are clear distinctions between and associations with living in either 'in the front' or 'there at the back'. Life at the back (Phase 2) is considered rougher and somehow less respectable and its residents are more exposed to the social problems in the camp. Life in the front is much quieter and its residents see themselves as good citizens, cooperating with the city's government and police. Phase 2 residents maintain their activist roots and were pulling down newly-built structures and burning tyres in demand of housing when I first entered the area. Phase 2 is also seen by some as the centre of moral corruption in the settlement and blocks P and Q at the very back of the camp have the worst reputation for anything considered bad or immoral in the area, from gang activity and drug abuse to human trafficking to HIV/AIDS. Whilst I was in the field there was some controversy around new people being moved into the settlement as residents saw the growth of the settlement as an indication that government promises about the temporary nature of the settlement were questionable.

According to residents this new block (R) is also developing a crime problem: 'R block is the new people - they came from Tafelsig and Mitchell's Plein - but there is the same problem as what there is in P block and Q block because they use drugs and they use *tik* [methamphetamine] and they use dagga [marijuana] there and they're selling it there. You've got a gun, they've got guns there'. Although careful not to overtly discriminate against "outsiders" or foreign nationals, focus group members also strongly associate specific groups of foreigners with criminal elements within the settlement.

Several of the participants in the community mapping activity were members of the Neighbourhood Watch or the Community Watch, which are two separate groups that work together pursuing what appears to be an almost vigilante-like approach to combating crime.

The neighbourhood watch and the community work separate. We community don't have bibs on, we walk almost in private like gangsters you see. So you come and we caught you and we call the neighbourhood watch....Last year, here, me and Dawie, last year we did shoot somebody there in the leg here at the back in Q block and they also chase us and we did run, and then Dawie did shoot them in the leg. A 26⁴ - we did shoot one and they took the gun and ran. (Focus group participant)

The settlement in general has a reputation for overcrowding, drug and alcohol abuse, child abuse, school truancy and health issues brought about by the dust, poor sanitation and the extremely hot and cold conditions of the zinc shacks which have no insulation (Interview with local social worker). The Centre on Housing Rights and Evictions (COHRE) found that the area had a high rate of crime, particularly rape and other gender specific crimes (COHRE, 2009: 26). Despite being a government development, social and community workers in the area consider the socioeconomic conditions in the area to be comparable or worse than an informal settlement (Interview with social worker). An estimated unemployment figure of 85% was cited by various community leaders and NGO staff interviewed, but the accuracy of this number is unclear. There are major issues of food security in the area and most people rely on the various charitable organisations that offer meals in the settlement and nearby areas on a weekly basis. There is a strong sense that simply surviving day-to-day is the central concern for the people of Blikkiesdorp but how people cope is difficult to comprehend. When asked about livelihood strategies in the community one NGO community worker responded: 'That's the big question, how do they survive? There's no income but they are still alive.'

With all the negative media around the area and the strong opinions and voices of some residents, it initially appeared that it was going to be difficult to focus on social security issues over housing concerns. However, once I began to engage residents rather than their "representatives", I was able to develop a more nuanced view of the community and came to understand that there are many residents who are very happy with having been given a home.

3.6 ENTERING THE FIELD

Put your shoes into my shoes and wear me like a human being would wear another human being.
(Payne, 2010)

Gaining access is an incredibly important part of the research process, not only because it is necessary to obtain information, but also because the form and quality of access establishes what information is available to researchers. Gaining access to the field can be one of the most time-consuming and difficult parts of conducting successful research, yet it is rarely reflected on by researchers outside of the ethnographic paradigm (Johl & Renganathan, 2010). According to Feldman, Bell and Berger (2003) gaining access requires persistence, flexibility and luck as well as

⁴ The 26's are a large prison gang also active on the Cape Flats.

personal skills. Entering Blikkiesdorp as a privileged young, white, English-speaking female, I was initially concerned about conducting fieldwork; both in terms of safety and in building relationships of trust and mutual respect with people in the area. I planned to hire a fieldworker to assist me with arranging interviews and escort me around the community and to work with NGOs in the area to recruit participants for household case studies. Whilst this initially seemed like the most feasible plan, actually entering and becoming involved in the community presented a set of challenges and opportunities that resulted in me re-evaluating and relaxing my planned approach to fieldwork in order to maximise the depth of data I could collect.

3.6.1 FACILITATORS, GATEKEEPERS AND PERSONAL AGENDAS

As a person totally unfamiliar with the area, making choices about who to work within the community was challenging. I initially used internet research to identify organisations working in the area and began by meeting the community committee in “power” at the time and Christian Sisters (CS), a large NGO with a community centre in Delft. My attempt to find a neutral party who could effectively recruit participants for me, led me to also work with several other organisations and community groups or leaders during the course of my fieldwork. I did not expect to be seen as a neutral presence in the community - as Simpson aptly noted ‘the fieldworker, as a living, social presence, has to be fitted in and made sense of as coming from somewhere, for some purpose with a good deal of baggage that is of interest to the host community’ (Simpson, 2006: 127) – but I was not prepared for what a pronounced issue it would be in this community. Community relationships were such that the people who assisted me with recruitment came to play a large role not only in the type of participants I could recruit, but in their willingness to trust and engage with me. My dependence on community members for recruitment resulted in a specific sample composition and the possible introduction of bias into my research results, but working with different people around recruitment during the course of my research brought a sense of perspective and an element of triangulation to my work.

Whilst the large number of media reports around housing issues and protests in the area made it clear that the area was highly politicised, I was not prepared for the level of internal politics and acrimonious relationships that exist between various groups in the community that claimed to be promoting the interests of its residents. I learnt quickly that acting as a gatekeeper to the numerous outsiders interested in reporting on or engaging with the community afforded “community leaders” an opportunity to channel donations and social assistance through their social networks. On the one hand this generated a degree of personal power and income, but on the other hand, by presenting a “face” of the community, it also preserved a sense of community pride and self-respect and ensured that outsiders did not exploit residents. Committee leadership changes frequently and whilst I was in the field three different groups of previous and current community leaders took turns accusing each other of mismanaging cash both within the community and on the internet.

Christian Sisters had struggled to enter the community because successive groups had blocked their access to residents or demanded donations that they felt were for the personal use of community leaders. I too felt these pressures, but whilst the politics and infighting within the community were frustrating and often took centre-stage when I was trying desperately to focus on my research questions, witnessing how the dynamics and conflicts around resources played out was integral in developing an understanding of livelihood strategies in the community and how people in the community saw and experienced the world.

The group of community leaders I initially met with was willing to assist me with my research, both in terms of recruitment and logistical support provided that I made sure that my research added value to their cause. They asked me to provide a letter to say that they were the people I had chosen to work with and outlined their expectations of my contribution to the community. They made it clear that they were not universally popular in the community and their strong focus on housing made me concerned they might dictate my research agenda, so I also met with the Christian Sisters (CS) community centre in the area who provided me with a politically neutral perspective of the area and its social problems throughout the period of my research.

The CS staff warned me that working with this group, many of whom were unpopular in the community, might endanger my safety and bias my research and offered me the use of their space. CS works in the greater Delft area but had struggled to gain access to Blikkiesdorp because of committee opposition and attempts to strong-arm them into channelling their work through certain individuals. One of their fieldworkers was able to arrange some interviews for me with some women she knew in the community, all of whom received Child Support Grants, but it soon became clear that it would be difficult to recruit Disability Grant recipients through this channel as their relationships within the community were limited.

CS introduced me to the Blikkiesdorp HIV Project (BHP), an NGO with a container in the community where a community health worker and manager run a support group, health and nutrition workshops and are establishing a community garden. Due to their work in the health care area I hoped that I might be able to recruit Disability Grant recipients through them. I developed a good relationship with the two staff members and they were able to recruit four women on Disability Grants for me, one of whom seemed likely to make an excellent case study and also set up an interview with one of their colleagues at the local TB clinic. One of the staff members, who I had been warned by their supervisor to take with a 'cup of salt' was prone to boastfulness and exaggeration and was known in the community for reporting people he considered to be abusing their grants to the Department of Social Development. He claimed to have used his Disability Grant to put himself through school, attain a community health worker certificate and finally get a job through BHP and claimed to be the only disabled community health worker in South Africa. He had asked SASSA to stop his grant because he was 'able to stand on his own two feet'. Whilst his accomplishments and effective use of his grant money are admirable, he was unpopular in the community because the information he

distributed about HIV was sometimes incorrect and he was known for being rude to his clients⁵. He ran an HIV support-group and thought, based on his own experience, it was unlikely that I would be able to get people to talk to me about their grants or participate in group activities because there is a strong association between receiving the grant and being sick with AIDS or TB, both of which appeared to be highly stigmatised in the community. From community reports it was clear that he had been unable to create a safe, confidential space for people to share their experiences of living with HIV and that recruiting participants for group activities through BHP was not a viable or desirable option. I therefore decided to put ideas about focus groups on hold until a better recruitment opportunity emerged and concentrated on recruiting individuals for case study interviews.

I had hoped to choose my case studies out of the focus groups but now found myself in a position where the BHP staff and their contacts were recruiting people to participate in individual interviews without me being able to assess whether they or their households would be a good fit for, or even interested in participating in the case studies.

I spent several afternoons with the two fieldworkers in the container learning about the community and meeting various visitors that came to the container, but they seemed to be struggling to recruit more Disability Grant recipients. One of the women who I had interviewed twice and established good rapport with, offered to arrange a number of interviews for me as she knew several people in the community on Disability Grants. However, logistics were proving difficult as she frequently had family issues to attend to and I was beginning to feel frustrated and unsure of how to continue when I met Lottie, also a committee leader, but one from a different group who seemed to have a better relationship with the people of the community and who had assisted other students as well as journalists and international visitors in the past.

3.6.2 CHANGING PLACES

Developing a relationship with Lottie totally changed the way I engaged with the community and I feel that I only truly “entered” the community at this point, 6 weeks after visiting the area for the first time. We decided to arrange some focus groups as she suggested this would help people to relax, which was a strong contrast to BHP’s approach. Her house, rather than the BHP containers, became the venue for several focus groups and many extended and spontaneous chats with the many visitors that drifted in and out of the house. Although my initial interviews with the CS fieldworker had been in people’s homes, since working with BHP I had been using a container on the outskirts of the community for my interviews. This container was used for support groups and visits by the BHP social worker and it seemed a good location in terms of ensuring that interviews could be held in a confidential space that would be both convenient for participants to access and safe for me as a researcher to carry out my work but it made interviews very formal and quite intimidating for participants. Both in Lottie’s house and in other people’s houses that I later worked in or visited,

⁵ His employment with the organisation has since been terminated.

helping move furniture around and getting involved in the kitchen to lay out food showed them that I was relaxed in *their* environment. Meeting people in a more familiar space broke down the barrier between researcher and subject typical in much academic research, allowing me to joke and chat with people in a more casual way about things other than their experience of being poor. Once I had moved out of the containers, two research participants (including Mary) who had previously told me they were still waiting for their DGs to be processed admitted they had in fact each been receiving it for several months but had been nervous to tell me in case the BHP staff found out and started asking them to borrow money. Despite emphasising that I was a Stellenbosch University student and that all information shared in interviews was confidential, by working in BHP's space I had clearly been affiliated with the organisation and the issues that the community had with the organisational staff, which compromised their trust in my research ethics and introduced a strong and unexpected interviewer effect.

Spending time in people's homes evolved into walking around the camp with members of the focus group, chatting to people on car trips, going shopping with Lottie to buy supplies, hanging out with Lottie's husband, visiting a participant in the hospital, and casual chats on the phone, became a natural extension of my deepening relationships with people I worked with, but also introduced an unplanned ethnographic aspect to the research. I did not expect to break down the barriers created by our very different economic and social realities but whilst working in the host's kitchen to prepare food for one of the groups, I overheard one of the ladies comment: 'Gabby can come live in Blikkiesdorp, she just makes herself at home; she doesn't worry'. Whilst my position as an outsider is undeniable, it seems that relating to people without airs or any indication of shock at their poverty prevented them from stereotyping me as a *larnie* (snob) who was unlikely to understand them or value their views and opinions.

3.6.3 CONFUSIONS IN RECRUITMENT

One of the main sources of frustration during the research was communicating my recruitment needs to those who were assisting me with locating participants. I was looking to work with a very specific group of people - those who were on the Temporary Disability Grant – but I soon realised that the distinction between the specific types of social grants available are less relevant to the community than they were to me and I was asked and re-asked by people assisting me: 'So you *only* want people who are on disability?' as if such a narrow focus did not make sense. Whilst I saw the social security system as separating people into distinct, researchable groups, the community just sees a lot of poor people with problems accessing grants. Grant qualification criteria around disability appear to the community as arbitrarily applied and why I wanted such a particular group of people was initially quite unclear. As I was relying on other people to recruit community members to the study, I frequently found myself discovering that participants were receiving the CSG, Older Person's Grant or Care Dependency grant (which is to support parents with disabled children) rather than the Disability Grant, or that it was someone's spouse rather than the person that was receiving the Disability Grant. People

receiving the Disability Grant are not necessarily open about their receipt of the money due to social pressure to share or lend this money to others and they were not easily found except by others who were also receiving Disability Grants. As people assisting with recruitment, either formally or through word of mouth, were not usually sure of whether other people received their grants on a temporary or permanent basis, I decided to abandon the requirement that people be on the Temporary rather than Permanent Disability Grant as this added another level of complexity and confusion to an already difficult recruitment task.

The community also has their own taxonomy for the different types of grants which I struggled to make sense of and which may have initially contributed to confusion. The terms 'the grant' or the 'AllPay' (i.e. 'she gets the grant' or 'she gets the AllPay') are only used in reference to the Child Support Grant, despite the fact that the Disability Grant was also paid at the AllPay station at the time of my research⁶. People who receive either the Temporary or Permanent Disability Grant refer to it simply as 'the disability' (i.e. 'I get the disability'). Once I understood and used this terminology it became easier to specify exactly who I wanted to participate. It should be noted however, that whilst it was sometimes difficult to recruit the "right" kind of person for participation, there was no shortage of people willing to participate and throughout the evolution of the research process I was exposed to various individuals and groups who contributed to understandings of the research context.

3.6.4 RESEARCH PARTICIPANTS

A total of 32 people participated formally in this study, either through individual interviews or focus groups, of which 11 participated on more than one occasion. Out of those participating, 10 were considered key informants; 13 were current or recent Disability Grant recipients, with an even split between TDG and PDG recipients; 5 did not receive the Disability Grant, but had other household members receiving the Disability Grant (one on a temporary basis and three on a permanent basis); 3 received Child Support Grants and had no household members accessing Disability Grants; 1 received an the Older Person's Grant but had no household members accessing the Disability Grant; and only one came from a household where there did not appear to be any social grant income. The majority of research participants were female and only 8 males participated in the study: 4 in focus groups and 4 as key informants. With the exception of 3 participants who were from 18 to 20 years of age and two pensioners, the remainder of participants were between the ages of 34 and 59. With the exception of two participants, who were Xhosa speaking, the rest were coloured and spoke Afrikaans.

All participants lived in Blikkiesdorp except of the local social worker and two community development workers. Many of the people in the focus group and those interviewed more generally were former drug addicts, community leaders or involved in the neighbourhood watch, and most were either strong Christians or Muslims. I got a strong feeling that many of the focus group participants were

⁶ SASSA awarded to contract for grant payments to another provider and all grant recipients were required to re-register from the beginning of April 2012.

participating in the focus groups out of a sense of wanting not only to belong or to draw on what became a source of social capital for group members, but also to extend their community involvement.

In addition to formal interviews, my regular visits to the settlement involved many interactions with additional community members whose opinions and perspectives provided additional background to the study context.

3.6.5 THE VALUE OF THE OUTSIDER

I felt a responsibility to overcome the negative image of researchers in a community that has had heavy media exposure and several visits from journalists, filmmakers, university groups and researchers in the past, many of whom had not kept promises they had made to the community. There was also a strongly-held view amongst community leaders that these groups profited from their work in the community without sharing this with the community. The idea that people make money off the poor for their art or books was a strong one and I was initially faced with scepticism that I would actually disseminate my research results or maintain ongoing relationships with the community. One community leader mentioned how he and some other community members had attended a seminar at a local university where Blikkiesdorp was the subject of discussion and was angered by how his community was being discussed by “experts” without any attempt to engage with them or draw on their perspectives. This highlighted the importance of allowing communities to participate in and own the research process.

On the other hand, Lottie also mentioned to me that they preferred to have community leaders rather than individual residents represent the community in the media as they ‘know what to say and what not to say’, indicating the development and portrayal of a certain image of the community. I was very conscious of the performance of suffering by the community to me as an outsider with both potential resources and the ability to give voice to this suffering. Community leaders are heavy users of Facebook, posting pictures of residents and activities to attract donations to the area and one staff member at BHP offered to sell me a DVD on the ‘housing struggle’, whilst another woman who had been interviewed for a well-known magazine asked my opinion on whether she should have been paid for this or not.

Experience with working with researchers, journalists and international visitors meant that community leaders were conscious of the value of their insider knowledge and their ability to connect me with other people in the community and show me around the area. One of the potential benefits of working with a researcher seemed to be in terms of developing a connection with someone from outside the community. I was encouraged to bring friends and family to visit and comments like ‘most of my friends are white’ indicated that people, especially community leaders, benefitted from and derived status from networking with people who were perceived as having money and connections. When

comparing my relative ease in accessing the community to CS's difficulties in this regard, a CS staff member commented that 'it's easier for you because of the colour of your skin', but also cautioned me to set boundaries in terms of what I contributed to the community, indicating that people saw my "whiteness" as valuable in terms of potential material benefits. On the one hand I did feel significant but subtle pressure from community leaders to "pay my way" with donations of food and clothing, something I was more than happy to do but which I was also warned would create patterns of "dependency".

Being seen as a potential asset in the community was complicated and difficult because I was talking to people about their experiences of poverty and was conscious of the need to balance compensating people for their time and contribution with the risk of reinforcing the image of me as a rich outsider or unduly inducing people to participate because of some expected reward. I decided to avoid monetary reward and focused instead on adding value by sharing information and providing connections to social support services to people who brought forward problems during interviews or focus groups, giving lifts into the main township or city to people I came to know and providing food parcels and clothes donated by friends and family to people after some of the focus groups. One perceived disadvantage to living in Blikkiesdorp that was raised by many people I spoke to was that, unlike the more economically mixed communities that many of them had been living in previously, it was difficult to develop safety nets by building social relationships because everyone was so chronically and desperately poor. I did however become aware of the expectation that people who did have more than others at any given time should share what they have in the community, and often heard criticisms of people unwilling to share their resources with others in need.

To be able to successfully access the Disability Grant in South Africa, it is necessary to get the necessary documentation for means testing and to prove medical incapacity to work. Many research participants struggled to understand and navigate the complexities of the social security system and my ability to give advice and information to participants became seen as a big benefit to participating in the research. My assistance or advice was requested on issues from applying for housing to issues with counselling, foster care and health problems, family abuse, debt, or simply to share their business ideas with me; sometimes people arrived to participate in the research just for my help, even though they weren't on Disability Grants. All of the research participants were heavily reliant on state services to survive, with their income, housing, healthcare, information and social support services all being largely provided by various government departments. With limited information on public services and requirements for access to these services, the Blikkiesdorp residents I met spent much of their time in an information vacuum, being pushed between government departments by supposedly rude officials. Many Disability Grant recipients are too ill to seek information by foot and public transport was often beyond the reach of those who were having difficulty in accessing their grants. With my ability to source information brochures, ask my contacts, search online, and make telephonic enquiries, communicating the situation and questions clearly to public officials, I become as much a resource as a researcher. Lottie in particular seemed to see and use me quite strategically

as a source of social and economic capital with which she could develop her own networks and reinforce her position as a leader in the community against rivalling groups of community leaders. Whilst I sometimes joked with friends that I was running my own NGO, the pressure of taking on multiple roles was stressful at times, especially when I had less experience in and local knowledge of the issues at hand or problems were greater than my capacity to assist.

Despite the challenges, every time I helped someone and had to engage with government service providers around real issues, I gained new and relevant insights into the practical workings of the South African social security system.

3.7 NAVIGATING THE ETHICAL REALITIES OF THE FIELD

The human face is the epiphany of the nakedness of the Other, a visitation, a meeting, a saying which comes in the passivity of the face, not threatening, but obligating. My world is ruptured, my contentment interrupted. I am already obligated. Here is an appeal from which there is no escape, a responsibility, a state of being hostage. It is looking in the face of the Other that reveals the call to a responsibility that is before any beginning, decisions or initiative on my part (Olthuis, 1997: 139).

Being in Blikkiesdorp, looking into the faces of people who were poor and often facing crises, it was difficult for me to ignore the very real human needs of the community. Where I could, I did help but I was constantly unsure of how to negotiate the issue of ethics around this issue – was it acceptable for me to become so involved, or should I remain a neutral observer?

The interpersonal ties I created with some participants made relational ethics more complicated and also made withdrawing from the field more difficult. Like many other qualitative researchers I felt the ‘need to resist colonialist, sterile research impulses of authoritatively entering a culture, exploiting cultural members, and then recklessly leaving to write about the culture for monetary and/or professional gain, while disregarding relational ties to cultural members’ (Ellis, 2010: 2). Although necessary, it felt strange to interact with people so closely whilst constantly placing these experiences within the objective framework of my research questions.

Most challenging was distinguishing where the boundary lay between research and friendship and what would be ethical and appropriate to report on. If someone has shared intimate stories within a consented-to series of interviews or focus groups, could I presume that information they willingly share with me during a trip to the clinic or during a phone-call is part of the research? I did not intend to conduct ethnographic research and I had not sought ethical approval for this kind of work, but my experiences within the community and my friendships with people I worked with shaped my understanding in a way that interviews and focus groups could not have. How could I erase what people told me in more casual conversation from my understanding of their overall narrative?

Although I knew intuitively that I had added-value rather than inflicted harm, I had been through the full ethical review process and my work suddenly seemed too loose, too involved, too qualitative and I was concerned that I may have somehow compromised ethical research standards. The ethical clearance process at academic institutions requires that recruitment and data collection objectives and methods, as well as research instruments themselves, are scrutinized and approved by a committee before fieldwork can commence. As discussed earlier, this approach presupposes knowledge of the research context and forces students to carry out research in a way that follows the path approved from a remote group of people but which is not necessarily well-suited to the field. Ethical review boards are commonly built on biomedical, positivist notions of research methodology that promote a value-neutral approach to defining what is “good”; acting as value-neutral parties that hold researchers accountable to ethical standards through rational procedures (Christians, 2005: 146). This presents a challenge to qualitative or ethnographic researchers as it introduces a level of rigidity into methodologies that thrive on flexibility and ‘a biomedical paradigm is used like some threshing machine with ethnographic research the resulting chaff’ (Blanchard, 2002: 2).

The greater aim of university ethical review boards is to ensure that moral standards for research involving human subjects are upheld and that three key principles are adhered to: respect for persons, beneficence and justice (Christians, 2005). However, whilst ensuring that students consider broad principles of informed consent, confidentiality, avoiding deception and mitigation of possible risk to participants in their research design is important, the process itself focuses more on micro-details than equipping students with the capacity to manage and engage with situations of ethical concern in the field.

Driven by these concerns to reflect on both my own emerging experience and the literature in the area, I realised that attempting to be a morally neutral, objective observer in a context like Blikkiesdorp would be to ignore the situatedness of power relations associated with class and race in South Africa as well as an opportunity to ‘create human flourishing’ (Lincoln and Denzin, 2000: 162) through my research. ‘In the beginning is the relation’ (Buber, 1958: 69) – humans are by nature relational creatures and working to build trust in a community requires us to employ principles of care and the promotion of human flourishing. Standards of research quality are now closely linked with ethical ones (Lincoln, 1995: 297 in Olesen, 2005) and the reality of qualitative fieldwork requires the researcher to be responsive, sensitive and able to cope with other people’s thoughts, feelings and issues; knowing how and when to refer problems to professionals and how to build trust and confidence within appropriate boundaries. The formality that the university’s ethical process introduces into the field reinforces existing inequalities rather than opening up a space for building relationships and offering something meaningful to participants as ‘no attention is paid to an ethics of caring grounded in concrete particularities’ (Denzin 1997: 273 in Christians, 2005).

Feminist (Gilligan, 1983; Steiner, 1997; Noddings, 2002) and social ethics research approaches (Heller, 1996; Pateman, 1989; Taylor, 1991) bring an ethical self-consciousness to research that rejects value-neutrality, seeing a more normative role for social research. Feminists in particular see 'human care as playing a central role in moral decision making' (Noddings, 1984) and critique the conventions of impartiality and formality in ethics while advocating for more egalitarian and collaborative processes that allow space for more natural and empathetic relationships that do more than simply avoid harm. Employing a caring approach does not necessarily require being female or the promotion of feminist ideology; gender is socially constructed and researchers can engender masculine or feminine traits in response to cultural expectations and men can certainly take on attitudes that respond to human needs (Seigfried, 1996). 'If caring is a basic human trait, then it is vital that researchers are able to care for another person during the research process' (Dickson-Swift; James, Kippen & Liamputtong Rice, 2007).

The feminist communitarian model purports an ethical theory that recognises that 'persons are arbitrators of their own presence in the world' (Denzin, 1989: 81) and that common understandings of what is good and moral (and what is not) exist in communities prior to the entrance of the researcher. Ethical practice cannot be imposed by an outside body as 'moral discernment unfolds dialectically between researchers and the researched who collaborate with them' (Christians, 2005: 154). Good ethical practice should be promoted through participatory research as collaboration builds mutual understanding of the research process and breaks down the potential for research to exploit or harm those who take part. A 'collaborative research model makes the researcher responsible not to a removed discipline or institution but to those he or she studies' (Denzin, 2003: 258). The feminist communitarian model requires that research findings are described with *interpretive sufficiency* - with sufficient accuracy, authenticity, depth and detail to take people's lives seriously, representing multiple voices, promoting social transformation and enhancing moral discernment. Interpretive sufficiency also emphasises the need for the researcher to describe and reflect on their moral agency within the research context (Christians, 2005: 152). Reflecting on my fieldwork experience has led me to believe that my own ethical approach aligns well with this model and affirmed my belief that my conduct in the field was appropriate to the research context.

In order to overcome what I considered an ethical quandary around reporting on informal conversations, I decided to do member checks with those whom I had worked more extensively, by presenting them with a write-up of the personal narrative they had presented to me through a range of interactions. This allowed them to decide whether or not I had accurately portrayed their experiences, whether they were happy to have themselves presented in that way. When presenting my final thesis to the group, it will be important to do this in an accessible way that keeps within the participatory style of my research methodology. I am however aware that despite the spirit of participation and the friendships that have developed in the group, it will be important to disguise or exclude information that was presented to me in individual interactions rather than the group setting, as group members are likely to easily identify one another despite the use of pseudonyms.

3.8 FOCUS GROUPS AS OPPORTUNITIES FOR LEARNING AND SUPPORT

We know that we must be prepared to doubt the terms of the vocabulary with which we make sense of our world, because we also know that we have no absolute grounds for believing it any closer to an ultimate truth than the competing vocabularies of others. (Rorty, 1989 in Winter, 1998)

Whilst focus group discussions are most commonly associated with market research, the focus group concept grew out of the group therapy method used by psychologists and psychiatrists and were based on the assumption that people with similar problems or beliefs would be more comfortable talking about these issues within the safety of a group of people who shared that problem or belief (Helitzer-Allen, Makhambera & Wangel, 1994). Focus groups are generally conducted with groups of eight to twelve people who have been brought together in the presence of a facilitator who guides and probes more deeply into the discussion.

Whilst focus groups are often used in exploratory studies to get a quick and inexpensive initial understanding of the field and develop research questions and concepts, they also 'offer the chance to observe participants engaging in interaction that is concentrated on attitudes and experiences which are of interest to the researcher' and help to build an understanding of the 'role that informal socialization plays in a person's acquisition of information about foreseeable life problems' (Morgan & Spanish, 1984: 255). Like in-depth interviews, focus groups are considered a good choice when purposed to elicit people's own understandings, opinions or views or when it seeks to explore how these are advanced, elaborated and negotiated in a social context but are perhaps less appropriate when trying to compare types of individuals or measure attitudes, opinions or views (Morgan & Spanish, 1984).

The initial aim of the focus groups was to gain a preliminary view of social security issues in the community that would guide further interview work. I did not expect that focus groups would provide an adequate vehicle for gathering in-depth insights into people's personal experiences of social grants and assumed that conducting two or three focus groups at the beginning of the research would be a good way to meet potential case study candidates and to develop questions for personal interviews. As detailed previously, due to recruitment issues I only began to conduct focus groups later on in the research process and they came to play a totally different role in the research process than initially expected.

The conversations that emerge from focus groups are not simply "words" responding to questions, but a representation of the "world" in which the participants live, especially their experiences with social inequalities. (Ndimande, 2002: 216)

Participatory Action Research (PAR) activities were incorporated into the focus groups in the hope that this would allow the community to set the agenda, avoiding the application of external, pre-conceived notions of disability, illness and poverty to the research by allowing community member's own perceptions of disability and social security to come to the fore. Whilst action research methods were developed by social psychologist Kurt Lewin, current conceptions of PAR have been most strongly influenced by Paulo Freire's *Activist Participatory Approach*, which takes on emancipatory and political goals. PAR focuses on creating shared creation and ownership of research that develops primarily poor people's awareness of social issues and motivates them to take political action (Chambers, 1994; Liebenberg & Stewart 1998; Kemmis & McTaggart, 2005). With its wide range of tools, PAR is highly flexible and can be described as more of 'an attitude or approach' as opposed to a 'series of techniques' (Cornwall & Jewkes, 1995: 1671) and for many it is in fact an alternative and transformative research philosophy that aims to break the imperialism of orthodox social research (Kemmis & McTaggart, 2005: 56). Despite this move against more traditional approaches to research, one cannot fail to acknowledge that the researcher is still an outsider: 'However much the rhetoric changes to participation, participatory research, community involvement and the like, at the end of the day there is still an outsider seeking to change things... who the outsider is may change but the relation is the same. A stronger person wants to change things for a person who is weaker. From this paternal trap there is no complete escape.'(Chambers, 1983)

Despite this, by making space for a plurality of voices in the research process, PAR still has a role to play in starting a process of decentralising the production of knowledge to a more local level and empowering communities to learn and grow from their own experiences (Winter, 1998). There remains a recognition that 'poor people are creative and capable and should be empowered, while outsiders have a role as catalyst and facilitators' (Pretty, Guijt, Thompson & Scoones, 1995: 55). Whilst I identify with the developmental aims of PAR, I did not expect or plan for my limited thesis research to take on a sustained transformation of the Blikkiesdorp community. Rather, I was hoping that by borrowing some PAR methods, I would be able to leave behind my own personal ideas of poverty and focus on people's own understandings of what it means to be poor.

I facilitated two Participatory Action Research activities, *community social mapping* and the drawing of *problem trees*, during the first two focus groups. Community mapping is a commonly used participatory research tool designed to collect geographical or social information on communities. Participants were given a large piece of paper and asked to draw their community and were stimulated to discuss what they drew in terms of the socio-economic and political factors that influenced life in the community. The Problem Tree activity was designed to unpack the complex causal chain of problems related to illness, disability and social security, clarifying the causes and effects of problems in a way that would deepen both my and the group's understanding of social issues around the Disability Grant. The group was asked to discuss various problems related to disability and social security and then decide which one was most important to them and create a tree

that represents the causality of the problem at hand. Visually the problem tree is divided into three main sections: *effects* (leaves), *main problem* (trunk) and *causes* (roots). Whilst the Problem Tree was less successful than the community map in terms of collecting relevant data, conducting both of these activities provided a good foundation for building rapport as well as an opportunity for people to work together in a team, something which the participants had little experience in doing but which they seemed to thoroughly enjoy.

As participatory research styles allow respondents to put forward their own realities and enable people to work together rather than as isolated individuals, they provide opportunities for personal exchange (Bennett & Roberts, 2004). The opportunity to unite around an issue of mutual concern and share personal experiences, but also participate in collaborative learning, resulted in the focus groups being understood as a combination of a workshop and a support group. Whilst focus groups were initially founded in the group therapy concept, focus groups are now most commonly conducted on a once-off basis, rather than repeatedly, and are focused on general views and opinions rather than personal stories, as it is assumed that people are seldom willing to share intimate details of their lives amongst a group of strangers. According to Wilkinson (2004), it is a misconception that people are always inhibited in disclosing personal details in front of other people and that focus groups are not suited to exploring sensitive topics, but I feel this is likely to be heavily dependent on the composition of the group as people may frame their experiences differently in different group contexts.

Interestingly I found participants in this thesis research much more open and willing to sharing information with me in a group setting than on an individual basis where my role was more of a researcher than a facilitator and interviewer effects were more obvious. Ndimande (2002) describes the role that focus groups have in decolonizing research practices in South Africa by introducing democratic and dialogic practice, seeing the informal nature of the focus group environment and the stimulation of the experiences of other group members as assisting participants to recall and describe specific issues related to the research.

I also found people wanting to participate in groups repeatedly because the groups became seen as a therapeutic opportunity where feelings and experiences could be shared in a mutually-supportive environment. Patai (1991) has noted that some people who participate in research do not have enough people in their lives who want to listen to what they have to say and for many people in the group, talking in the group seemed to present a rare opportunity to have others listen to their opinions and experiences. In one particular focus group a woman shared a detailed account of her life and history, which led to an outpouring of emotional and personal experiences of sexual and physical abuse within the group. Participants were sensitive to one another's feelings and 'it's good to share' or 'it's good to let it out' were common words of comfort when people became emotional in the group. In another session, two women brought a list of names of people who 'abuse the grant', which they had spent time developing between sessions. Although I told them that ethically I could not look at these names, this action on their part indicated that they were engaging in conversations about social grants outside of the focus group. The repeated return of participants to the group provided me with

opportunities for follow-up and a view into people's lives over time, but also benefitted participants who seemed to really value the opportunity to reflect on their common experiences.

Whilst Lottie (who did not participate in the focus groups) assisted with recruiting some focus group participants, it was the group themselves that recruited additional people to participate and I found myself running more focus groups than I had expected to because there were always new people wanting to join in on activities and altogether a total of 5 focus groups were held over a 2 month period. Later groups were a mixture of new and repeat participants, and those who had participated previously and who understood the research objectives, helped to induct new participants, encouraging their trust and participation. It seemed that being part of the group generated a sense of belonging or a certain level of social cohesion amongst group members. Levels of interaction in the group were high and managing the enthusiastic story-telling and debates of the group was sometimes challenging. Focus groups typically lasted between three and four hours with participants actively engaging productively throughout the whole period, indicating a high level of interest in participating. Whilst Lottie told me how much people were enjoying the groups, it was only through the experience of Mary, one of the first people I interviewed and someone who later took on the role of managing recruitment and locations for my group, that I understood how social capital had actually been built within the group. Mary's boyfriend, Samuel, who was also a member of the group fell very ill and had to be taken to hospital. Mary was having a particularly difficult month financially and the other focus group participants rallied around her, giving her money for electricity, lending her formal clothes to wear to visit him in hospital and providing her with significant emotional support. Although clearly unable to work, Samuel did not receive a Disability Grant and his own family was unwilling to care for him, forcing Mary to take on the burdens of his care. Mary was extremely stressed because her Temporary Disability Grant period was coming to an end and she was supporting him and her two children with this grant and two Child Support Grants and couldn't help him with his grant application as she would have to carry him to the SASSA office and did not feel he would survive spending the night in the grant application queue. I assisted by having SASSA make a home visit to assist him with his application but only a few hours later, with a future income secured, he left Mary and was fetched by his family who were willing to accommodate him now that he presented a potential source of funds to their household. Mary was devastated and again focus group members provided a source of solace and support to her during this time.

Struggles and stresses around grant applications or the lapsing of grants were frequent sources of conversation and information shared within the group resulted in several people taking effective action to resolve their grant problems, making an enormous impact on their livelihoods. Rather than relying on community leaders in times of crisis, the group had developed their own support system, giving them a sense of independence and agency. Mary's statement 'this group it is a good thing, you taught us to care for one another' reflects the building of friendship and social capital, something many of them had struggled to find within the Blikkiesdorp community. After I concluded my formal fieldwork, Mary continued to engage with the community around social security issues by providing support and

information to people with problems and participated in training on community activism to further her skills. Whilst somewhat unconventional, running focus groups in this way not only provided me with the data I needed, it added value to people who participated and there are definite lessons to be learnt from this approach in terms of avoiding extractive and exploitative research practices.

3.9 THE VULNERABLE OBSERVER

If we undertake to study human lives, we have to be ready to face human feelings. (Ely et al., 1991: 49)

Because entering the meaning-making world of another requires empathy, it is inconceivable how the qualitative researcher would accomplish her goal by distancing herself from emotions. (Sciarra, 1999: 44)

As a novice researcher working amongst people who were sick and poor, I was most conscious of the need to ensure that I was not exploiting people I worked with, but in so doing I failed to acknowledge the change this might exert in my own life. 'We go into other people's lives, sometimes at a time of crisis and stress, and we ask them to talk in detail about their experiences' (Cannon, 1992; Glesne & Peshkin, 1992; Liamputtong & Ezzy, 2005; Morse & Field, 1995; Ribbens & Edwards, 1998 in Dickson-Swift et al, 2007: 330) and this requires building trust and relationships which complicates the role of the researcher. Although a growing area of focus, emotion in and the emotional effects of research have only recently been acknowledged in the field of qualitative research, mainly led by feminist researchers who promote human engagement and empathy with research participants. According to Wincup (2001), few researchers are willing to admit the emotional impact that working with people around sensitive topics can have on the researcher and as a result novice researchers are left unprepared for the level of emotional engagement often required of qualitative research (Wincup, 2001 in Rager, 2005).

Dickson-Swift et al's (2007) research on the experience of thirty qualitative researchers found that many of these researchers struggled with the effects of being privy to the details of other people's lives. Researchers struggled with maintaining boundaries, balancing rapport with friendship, feeling guilty about finding other people's suffering interesting, feeling vulnerable, emotional exhaustion, desensitization, self-disclosure, feeling a need to give back, forming attachments and leaving the field. Behar (2006) notes that researchers can become 'vulnerable observers' and Warr (2004) indicates that researchers should be awarded the opportunity to debrief on the stories they carry around with them (Warr, 2004).

Towards the end of my fieldwork I found myself dreading going into the field because of the constant emergence of complex problems in the lives of people I worked with and the pressure I felt to assist

them. I also could not escape the feeling that I was “using” others and that I had to somehow give back. Glesne and Peshkin (1992: 112) note that:

Questions of exploitation, or “using” others, tend to arise as you become immersed in research and begin to rejoice in the richness of what you are learning. You are thankful, but instead of simply appreciating the gift, you may feel guilty for how much you are receiving and how little you are giving in return.

Despite people knowing I was doing research, wearing my researcher hat whilst people revealed the inner workings of their lives somehow made me feel disingenuous because in their problems I saw exciting emerging themes or concepts. Patai (1991: 142) describes this feeling very accurately:

...we ask of the people we interview the kind of revelation of their inner life that normally occurs in situations of great familiarity and within the private realm. Yet we invite these revelations to be made in the context of the public sphere, which is where, in an obvious sense, we situate ourselves when we appear with tape recorders and note pads eager to promote our ‘projects’ for which other people are to provide the living matter.

Leaving the field was particularly difficult because I was aware of the benefits that people were accruing from the group and because I was aware of ongoing problems in people’s lives. Once I finished my formal research I still received phone calls for assistance in the community and I found myself particularly attached to Mary and her family, feeling an obligation to make sure that she was coping after the loss of her grant. The thought of analyzing her and other people’s complex lives and doing any justice to their lived experiences was daunting and attempting to fit their experiences into a conceptual framework seemed almost a betrayal of their trust.

3.10 SENSE-MAKING

My decision to abandon the case study method and work outside of the Sustainable Livelihood Strategy framework left me without a real theory or way to structure my analysis. Compiling daily field notes was an important way of reflecting on my experience in the field and guiding and focusing the research process in a way that allowed me to build concepts rather than a collection of colourful quotations but even though I had worked to develop concepts throughout my research, I also felt the need to develop some sort of structure that would allow me to step back from my personal experience of the research process and reflect on the data I had collected.

I had initially considered a grounded theory approach and decided to move towards this method, resigning myself to letting the theory emerge from the data itself. Instead of using existing theory to develop and test relationships between variables (categories), grounded theory seeks to discover

relevant categories and relationships between them through a theoretical framework that emerges from the research itself through a process of induction (Strauss & Corbin, 1990: 49). Grounded theory (GT) has become a popular approach because it brings structure to the process of enquiry and analysis of the large amounts of rich data collected in qualitative research, allowing underlying issues to emerge from the “noise” of data’ (Allan, 2003: 37). It uses methods of theoretical sampling, coding, theoretical saturation⁷ and constant comparison to create concepts, categories and eventually theories out of data (Strauss, 1987: 5). The central concept in GT is *coding* which is a process of separating, sorting, distilling and synthesising data by firstly breaking it into segments, coding these segments by allocating labels to them and then comparing codes and data, building the codes into categories and making analytical connections between categories that allow theory to emerge (Charmaz, 2006: 2-3). Codes and the relationships between them are used to organise ideas and trace patterns of theory development.

Thomas and James (2006) argue that the structure GT promotes constrains and distorts qualitative theory by oversimplifying complex meanings and relationships in data. They maintain it promotes procedure over interpretation and encourages invention rather than discovery of theory by encouraging researchers to ‘look *for data* rather than *look at data*’ (Robrecht 1995: 171 in Thomas & James, 2006) and overstates its ability to generate explanations and predictions.

I had engaged with a lot of literature before entering the field, and although GT is sometimes perceived as discouraging literature reviews prior to fieldwork, grounded theorists of the Straussian tradition acknowledge that researchers should have *theoretical sensitivity*. Theoretical sensitivity is the ability to give meaning to data, the capacity to understand and have insight, and the capability to separate what is pertinent from what is not and part of this is from prior knowledge through reading and experience (Strauss & Corbin 1990: 42). This acknowledges that ‘there is a difference between an open mind and an empty head’ (Dey, 1999 in Charmaz, 2006).

Grounded theory analysis takes place alongside data collection with a constant comparison of emerging findings guiding the collection of new data through a process of theoretical sampling where participants and new questions are selected based on categories and concepts emerging in the data. As an outsider relying on existing contacts to bring forth new ones, it was difficult to use theoretical sampling during recruitment but I focused on fleshing out emerging categories in successive focus groups until a point of theoretical saturation was reached.

Whilst GT may not necessarily generate theory in the formal sense, it provides the opportunity for explanation of the inductive process by mapping out the methods and logic of induction discovery of concepts, categories and perhaps substantive theory. This allowed me to develop my data into a useable structure which I could then compare and develop alongside existing theory.

⁷ Theoretical saturation is defined as: ‘The continuation of sampling and data collection until no new conceptual insights are generated. At this point the researcher has provided repeated evidence for his or her conceptual categories’ (Bloor & Wood, 2006: 164).

3.11 RESEARCH QUALITY

My belief that knowledge is constructed by the individual and is socially negotiated (Guba & Lincoln, 1989) led to me to take a qualitative, constructivist approach that compelled me to become part of the research situation, rather than a detached, objective observer. To many mainstream social researchers, compared with the replicable and verifiable structures of quantitative studies, qualitative research can seem unsystematic, impressionistic and biased (Charmaz 2006: 4-6) and I am aware that my research approach may draw criticism about reliability and validity for research findings from those with more positivist leanings. Taylor (1982: 141) criticises the quality of insights that can be generated from subjective research noting that subjective findings 'correspond to nothing in reality...they express the way we feel not the way things are'. In response to these criticisms, qualitative researchers have developed their own set of criteria against which the quality of their work can be measured. Lincoln and Guba's four criteria are most commonly used and include: *credibility*, *transferability*, *dependability* and *confirmability* (Lincoln & Guba, 1985) and it seems more appropriate to assess the integrity of this research on these bases. This thesis aims to achieve these objectives through reflexive practice and field notes, detailed accounts of my research methods and findings, systematic grounded theory-based analysis, extensive consultation with existing literature, and comparison with other studies in the area of focus.

3.11.1 CREDIBILITY AND DEPENDABILITY OF FINDINGS

The credibility of qualitative research generally refers to how congruent findings are with reality and is key to establishing the trustworthiness of findings (Merriam, 1998 in Shenton, 2004). Key to establishing credibility is the degree to which the sample group represents the overall population under consideration. As discussed previously, difficulties in recruiting people resulted in looser forms of recruitment than initially envisaged and although people were recruited through various contact points and many of the participants did not know each other prior to participating in focus groups, it is possible that participants represent only a very particular type of Blikkiesdorp resident. However, credibility of research findings in relation to the actual sample is expected to be high. Repeated participation in focus groups over several weeks, as well as several visits to the community over three months after the formal conclusion of fieldwork, allowed for an extended reflection on the consistency of findings with the reality of people's lives. Using overlapping methods (Lincoln & Guba, 1985) in the form of both interviews and focus groups also allowed me to compare individual and group responses to the topic.

Dependability is closely linked to credibility but focuses more on what quantitative researchers would consider to be the *replicability* of the study. Whilst I have attempted to reflect extensively on my

research methods, as discussed above, the research process was driven heavily by contextual factors rather than an easily repeatable process.

3.11.2 CONFIRMABILITY

A realist approach to analysis recognises that whilst there is a real world with which we act and interact, the concepts and theories which we use to understand the world are grounded on individual or group values and perspectives and although through rigorous research practice we can approach a valid understanding of the world, 'all knowledge is contextual and partial and perspectives are always possible' (Altheide & Johnson, 2011: 581-582). It could be argued that that this research takes an advocacy-orientated approach to the research topic and that personal beliefs about the need to reform the social security system in South Africa may have lent a certain bias to the processes of analytic inquiry and tone of this thesis. Whilst I have attempted to avoid making wide-sweeping value judgements and attempt to make a rational and even-handed appraisal of findings, I cannot claim to hold an entirely neutral view on the government's poverty alleviation strategy in South Africa.

3.11.3 TRANSFERABILITY

Despite having learnt a tremendous amount about the Blikkiesdorp community and the experiences of people in need of the Disability Grant, this research has not made any attempts at generalisation and my findings only represent a fragment of the complexities and experiences of people living in poverty, trying to navigate their way through the social security system in South Africa. However, by providing a large amount of background context and grounding findings in existing literature, it is hoped that the findings of this thesis can be transferred to other contexts.

CHAPTER 4: DATA ANALYSIS

4.1 THE “STRESS” OF THE DISABILITY GRANT

In an environment such as Blikkiesdorp where money is scarce, there is an enormous amount of pressure placed on people who receive social grants to distribute their wealth in some way, largely through taking responsibility for family expenses, giving or lending money to other people in the community and giving food to others in need. Temporary Disability Grant recipients face the additional pressure of knowing that they are likely to lose the grant in either six or twelve months time, which not only has implications for their own welfare but also those of their households, whom they are often supporting with their grant money.

4.1.1 THE SECRET GRANT

Mary and Nomakhwezi initially hid the fact that they had been receiving the grant from me because they were nervous that the staff at BHP, where they attended an HIV support group, would discover that they received the grant and pressurise them to lend them money. Once we had established trust and they had become comfortable amongst other Disability Grant recipients, they revealed during one of the focus group sessions that they did in fact receive the grant, leading to a discussion that revealed that many people receiving the grant in the community keep their grants a secret:

G: So you did get your grant then?

M: Yes, but I didn't want to mention it at that place because he borrow every month R100 and don't give back. That's why (whispering) I didn't mention it, yes, you see ja [yes].

G: So when did you start getting the grant again?

M: It was in January.

G: So you were getting it, you just didn't want to...

M: Yes because lots of them owe me, they borrowed a lot of money you see and they never gave it back.

G: But are they not working?

M: Ja, they are like that and they come and I'm so soft and I just give.

E: The same with me.

M: And her. You see, they know exactly when you pay.

G: So you rather just don't tell anyone?

M & E [together]: Yes

S: If anybody knows when you get money, your house will be full!

Given the extremely high rate of unemployment in the community and the relatively large size of the Disability Grant to other grants or income from *skropwerk* (bits and pieces of work), people receiving it

were considered wealthy relative to others, but also somehow undeserving of the money and were therefore constantly inundated with people who came to *skarrel* (beg) at their doors wanting a share of this money. Mills (2004) and Natrass (2006) found that HIV positive people accessing the grant were often said to be living in a state of luxury having 'won the lotto', been 'run over by a 4x4', or having a 'Z3', referring to the BMW Z3 luxury car.

They say you are rich but hey, I don't know. Others they get mos R3000 or R2000 a month but when you get the grant they look at you are rich, I don't know why. They borrow money from you, I don't know why. (Nomakhwezi)

Although those receiving the grant were barely finding it sufficient to cover their own basic expenses, refusing to assist or lend money to others was difficult and therefore keeping quiet about one's grant was considered to be the best thing to do. In their work in informal settlements outside Cape Town, Ross (2009) and Yose (1999) theorised that the 'permeability of household boundaries' (Ross: 132) and pressure to share meagre incomes with people outside the nuclear family are rooted in ideas of social reciprocity in which social networks present a form of insurance to those who are experiencing bad times. In Ross's study, people were aware of who had money when in the week or month and built relationships that allowed them to draw on these resources when needed and those perceived as not sharing their wealth or being "hoity-toity" were censured through gossip or ostracised from social groups. This did not appear to be the case in Blikkiesdorp and participants often described the lack of community in the settlement, a highly context-specific finding that is likely to be partly the result of Blikkiesdorp's history as a transit camp. Participants frequently complained that few people in the community were willing or able to give money or food to their neighbours in need.

A: If I don't have anything I go to my neighbour and if she doesn't have nothing you can walk the whole Blikkiesdorp and nobody's got nothing

S: Nobody's got nothing, not even a 50c

M: Even a 10c or a 5c

A: Not even a spoon of sugar - that is in the whole of Blikkiesdorp

S: Nobody will have, not even the ones that just came back from the bank!

Community leaders and those known to have steady incomes were under constant pressure to have food available, even when they had little of their own. However, with the exception of two single women I met early on in my research, who supported one another through the month, there was little expectation that giving bread, sugar or money to a neighbour would result in any sort of reciprocity or formation of a social network that presented a viable livelihood strategy for ensuring that one had resources to draw on in times of crisis. Rather, it appeared that there were those who begged from others and those who were forced to share what little they had. Several people in the community had failed at attempts to start small shops in the settlement because people would beg to buy food on credit, bringing their children with them to illicit sympathy, but never return to repay their debts.

The people in the focus group received the Disability Grant for various reasons, varying from paralysis and back problems to psychological illness, but those ill with HIV/AIDS or TB were especially cautious about hiding their Disability Grant as stigmatisation of people living with HIV/AIDS and tuberculosis, which is often connected with HIV, in the community is common. Mary saw herself as an advocate for living positively with HIV and was very open about her status, but had experienced significant discrimination from both friends and family and she and a community committee member claimed that some members of the previous community committee had tried to prevent her from acquiring a house in Blikkiesdorp because of her status. I knew from Mary that her boyfriend, Samuel, was extremely ill from HIV and TB and that staff from the local hospice wearing masks had arrived at their home several times to try and take him away, but he always attributed his illness to asthma and had threatened to kill Mary if she ever revealed his status as he was terrified that he would be persecuted in the community. Lorraine was visibly very ill and in need of medication but she was too afraid to visit the local day hospital as she felt that people in the community would discover her status because nurses put your file in a special box if you are HIV positive. 'There are some people being victimised and you get this type of things. For instance if your HIV status is declared in public or if somebody has TB' (Samuel).

I felt rejected. We can't talk to nobody like we're talking to you now; you're listening to us now. Nobody is prepared to listen to us because if you are HIV positive they ignore you they reject you. (Mary)

HIV positive participants saw the grant as a signal of their HIV positive status because it is common knowledge that the grant is given to HIV positive and TB patients and the community was quick to assume that those without obvious physical disabilities were HIV positive or had TB. For many in the group this was a strong incentive to keep their receipt of Disability Grant quiet.

Even for him that get disability [referring to Thomas], they even shout him at the back. I hear them shout "You disability naai [fuck]! You are sick you. (Mary)

People they want to know "why you get the grant, huh?" You are going to tell them your status. You can't tell all the people your status because they are going to go, you know 'he gets the grant because he has HIV or he gets the grant because he's got what what. (Nomakhwezi)

4.1.2 INTERNAL HOUSEHOLD PRESSURES ON DISABILITY GRANT RECIPIENTS

Pressures to share the grant also came from within the family and appeared to be a source of significantly more stress than outside pressures to share the grant. Household formation around cash transfers is a common phenomenon in South Africa (Woolard & Klasen, 2009; Case & Deaton, 1998; Bertrand, Miller & Mullainathan, 2003) and most people interviewed were supporting unemployed

family members and their children as well as their own immediate families with their Disability Grants, often involuntarily. Adult children who could not or were unwilling to find work were said to have no incentive to leave home and remained reliant on their parent's incomes, often stealing from their parents for drugs and alcohol.

The Disability Grant is adequate for one person but in most cases I encountered, the Disability Grant recipient was generally considered to be a breadwinner, which meant that their R1140 had to stretch far further than to cover their own needs: 'For ten seconds you've got your own money!' Two of the women I interviewed lived alone, and without the need to pay rent, were quite easily able to subsist on their grant, with one woman, Rebecca, able to spend part of her monthly income on treats for herself. Her struggle however was that her children had been placed in the care of her sister whilst she was hospitalised but her sister was refusing to give them back, telling social workers that Rebecca was a drug addict because she did not want to lose the Foster Child Grant money paid to her to maintain the children. Whilst adult dependants are usually considered a liability, this is an example of how, through either the Foster Child Grant or the Child Support Grant, children in South Africa can present a desirable source of income to households as their grants are generally used for general household expenses rather than their individual needs and are frequently the only form of household income (De Koker et al, 2006). It is of course not only those who receive grants but also those who work who are pressurised to support unemployed family members. In describing the argument of those pushing for social welfare reform in South Africa, Ferguson notes that: 'The existing "safety net" relies on very destructive forms of dependency, since any economically productive poor person is surrounded by relatives and other dependents that must be supported. This is destructive, in economic terms, because it constitutes an effective "tax" on the productivity of the poor' (Ferguson, 2009: 179). However, it emerged from my interviews and conversations with people in the settlement that unemployment in Blikkiesdorp is so high and work opportunities generally so low-paid and irregular, that sharing grant income was more likely than sharing employment income.

One woman in the group who had received a permanent grant her whole adult life (after being hit by a car as a child) complained that she had never had the opportunity to live alone with her husband because her one-roomed structure was inundated with drug addicted or unemployed family members who relied on her grant for food. Although her husband worked in the construction industry, her income was seen as more reliable than her husband's because his work was unstable and irregular. For those that only received the Disability Grant on a temporary basis and knew they would only have money for a short period of time, there was an urgency to maximise the impact of the grant whilst one had the opportunity: 'I said to myself this is a waste of time because if it's only for four months⁸ you must try to cope with that money and quickly uplift doing things in your house that you want to do. Like the situation in my house with the children who are sleeping on the floor at the moment, I must buy a bed.'

⁸ As there is a 2 month waiting period for the grant, recipients of the six-month grant usually receive an initial lump-sum payment and then receive the grant for three months after that.

The use of the grant for the whole family echoes ideas in the literature of the Disability Grant as a “poverty grant” (Steele, 2006; Delany et al, 2005; Saugula et al, 2002) which is used to cater to the needs of the whole household rather than compensate for an individual’s loss in income due to their inability to work.

The disability is not enough. It’s more stress when you get the money than it is without it because your whole family depend. When it’s payday they already worked out what they want. Your house is full! (Mary)

The grant also led to fighting or violence within families, especially where drug or alcohol was involved. Often parents receiving the DG were extorted or robbed by their children for drug money and every time Mary went to collect her grant at the SASSA office she faced the threat of physical violence from her drug-abusing 26-year old daughter who lived in another part of the township with her young child and demanded a portion of her Disability Grant.

Every month she is waiting for me at the AllPay, shouting me ‘Jou TB gat, jou dit your that’⁹ She beat me last year, my hair was in her hands. She told her friends ‘naai her up’. They keep my hands and she pull out my hair - the blood was running in front of my tooth. Every month she wait there at the AllPay ‘ah ha, I’m here. Come, the money.’ (Mary)

This was also apparently common amongst women who received the CSG, with their boyfriends or husbands escorting them to the Civic Centre to ensure that they received what they considered their portion of the grant, despite the fact that it is intended to be used for the child.

Sen (1984) and Folbre (1994) put forward the idea of cooperative conflict, a model of bargaining between self-interested household members that recognises the existence of more than one decision maker in the household and the potential for conflicting objectives and activities but sees cooperation and conflict as being accommodated in the context of pluralistic household forms (Mosoetsa, 2011). Mosoetsa’s (2011) work in poor households in KwaZulu-Natal found that ‘the social practices that have always underpinned the principle of “eating from one pot” are slowly disappearing’ and that contrary to the belief that informal familial social security networks support many South Africans, household relations are not in fact always an asset for everyone and the notion that family and kinship networks always work together for the benefit of all is unsustainable (Mosoetsa, 2011: 51). Mosoetsa found that these relations in fact frequently constitute a hindrance to the survival of many women and children (Mosoetsa, 2011: 131), largely because of gender inequality and the private spending of men who do not necessarily contribute equally to the household “pot” in terms of income or participation in domestic activities. In Blikkiesdorp, conflict, rather than cooperation to distribute various financial or

⁹ You TB hole, you this, you that

domestic responsibilities, seemed the more likely and households often undermined the ability of participants to build livelihoods from their Disability Grants.

4.1.3 EXPERIENCING THE LOSS OF THE GRANT

Losing your grant is like losing your job. (Local Social Worker)

Whilst living with someone who receives state support is a viable livelihood strategy for people who are unable to find work, but are ineligible for social grants, this created significant stress for those on Disability Grants who struggled under the pressure of sharing their money with so many people and put particular strain on those receiving temporary grants who lived in constant fear of the day that their grant would end. It is this pressure that is said to incentivise HIV positive and TB-sick people to trade off sickness for access to grants (Nattrass, 2006; Ventankaramani, 2009; Leclerc-Madlala, 2006; and Hardy et al, 2006), causing the 'bizarre sickness poverty trap' referred to by Standing (2008: 22).

I tried to do it again when my CD4 was up but they said no, now you are better, you must go look for the jobs you see. I feel sad because I'm not working and I don't have a husband and I have kids at home you see. I was sad and I don't find jobs. They look only for if it is under 200. It didn't matter whether you are taking tablets, whether you are suffering, they only say you can get it when your CD4 count is under 200. (Nomakhwezi)

One of the focus group's participants, Rochelle, whose boyfriend was receiving the grant because he had been sick with TB, brought the letter that had been sent to notify him about the lapse of his grant to the focus group session. The letter had been partially burnt because, according to Rochelle, he had set it alight out of frustration and anger that he would be losing a valuable source of income in the near future. Although he had been working in the building industry before his illness, his transition back into the workforce was expected take time and involve the investment of travelling to find work, and the loss of the grant presented a serious financial concern to the family. All of the participants identified very strongly with this reaction and Mary remarked: 'Its angriness man! No more Kentucky!' joking that he would no longer be able to afford Kentucky Fried Chicken, which is considered a luxury in the community.

Mary was losing her grant in mid-April and this eventuality was top-of-mind, re-starting what for her had been a cycle of constant stress around losing the grant, falling into extreme poverty, getting sick again and then re-applying for the grant. Mary responded to this looming crisis by urgently trying to get her a DG for her boyfriend, Samuel, who had been an active part of the focus group but eventually became too sick to participate, as well as a Grant in Aid to compensate her as much of her time was spent looking after him: 'it's going to take long and it's a problem because I am the only breadwinner now and they are going to take my disability now on the 12th, they are going to take it away' (Mary). As mentioned previously, when Samuel was eventually approved for the disability grant he moved out

of Mary's house to live with his own family who welcomed him back on the understanding that he would soon have a monthly income to contribute to the household, providing a clear example of the effects of social grants on household formation¹⁰.

Mary's constant concern was that her CD4 count was dropping because of her stress about losing the grant and often expressed the feeling that the grant caused her more harm than good. Even though a lower CD4 count could be considered desirable because it makes you eligible for the DG, a phone call to SASSA confirmed that even if the doctor re-approves the grant one needs to go through the entire re-application process through SASSA. The process of applying for a grant is expensive (in terms of documentation and travel) and time-consuming and the gap between the end of the first grant and the start of a new one represents an extremely difficult three-month waiting period. It is possible to appeal the lapse of one's grant once a notification of the grant's lapse is received from SASSA but none of the participants appeared to be aware of this possibility.

Mary was also plagued by constant thoughts of dying and her increased stress caused by her impending loss of the grant reinforced her fear that she would be leaving her young daughters alone at a very young age without any financial support. Of additional and more current concern was that without her grant she would not be able to keep up with her monthly funeral policy payments and that her children would be embarrassed if she could not have a proper funeral. The focus group strongly connected a decent funeral and burial to ideas of decency or properness and people who died without policies and who had to be cremated by the state, or inadvertently put the financial pressure of paying for a funeral on their family, were considered to be dying in shame and were gossiped about and criticised in the community.

We went to a grand funeral on Saturday...three limousines - we went to that funeral - so my daughter said to me, 'I hope that funeral trust is not going to collapse because then we must push you in a bakkie [truck]. Where's your body going to be? Don't let us be shy when you die.' This is my 13 year old daughter who told me that. (Mary)

Nomakhwezi's story represents the positive impact that the Disability Grant can have on families and how losing the grant simply undoes progress made. Nomakhwezi had not received a Disability Grant since April 2011 and was now reliant on the two Child Support Grants she received for her children, which she saw as insufficient for providing them with a quality life: 'You cry Gabby, you need money for your kids, you *need*. The CSG is not enough.' Whilst receiving the Disability Grant she had been able to send her son, who was a slow learner to a private school in Khayelitsha which cost R150 a month where he would be taught in English, which as someone who struggled significantly to communicate in English, she thought would give him better opportunities in life. She had also used

¹⁰ Following up with Mary four months later to ensure that I had understood the situation correctly, she mentioned that when SASSA had actually started to pay Samuel's grant he had at least begun sending her R20 to R30 to help her to buy electricity and food.

some of her Disability Grant money to buy sweets to re-sell outside the schools and had been saving some of her grant money for her children but could now no longer afford to buy stock and her entrepreneurial and saving efforts had both collapsed. She appeared to have stronger family networks than other focus group members as she lived with her oldest daughter, who was employed at the local Shoprite, and her mother was taking care of her son who was attending another school in Khayelitsha, which helped her save money on groceries. However, when her mother was diagnosed with Multiple Drug Resistant TB and hospitalised for an extended period, other family members began to demand a share of her son's CSG in return for caring for him, meaning that after she had paid her R90 funeral plan, she and her daughter were living on around R200 a month. For Nomakhwezi losing her grant had been like losing her job. After being widowed by HIV/AIDS she had moved out of the home of her late husband's family home and the Disability Grant had allowed her to become relatively self-sufficient, but now she was trapped in extreme poverty as she could not afford to pay for crèche or to pay neighbours to look after her three-year old child whilst she sought work. After I left the field she was eventually given a three month contract to pick up litter in Blikkiesdorp through a Public Works initiative. Although this was a tremendous relief for her, this job presented only a temporary respite from extreme poverty before she would again face the costs of seeking work outside of the settlement.

Whilst stories about people in the community not taking their anti-retrovirals or TB medicine or abusing drugs or alcohol prior to CD4 blood tests or TB sputum tests were quite frequently mentioned, this behaviour was generally not condoned by the group and despite the group's fears of losing their grants or struggles with having already lost their grant, no one in the group appeared to have intentionally compromised their health in order to retain their grant. Whilst seeking an income through compromising one's body appeared for some the only way to live a reasonable life in a context where life is incredibly difficult, taking responsibility for the welfare of one's children in the case of death seemed to override most group member's willingness to take the risk of exchanging their health for an income.

*First of all it was somewhere where you didn't take responsibility for your actions and when you die...what about your children, what about them? You can't only think about the money.
(Community Development Worker)*

However, the group could empathise with this behaviour where it came to ensuring the welfare of their children: 'That's where poverty comes in because that person is desperate, "I would rather be sick for my family", yes'. Whilst not taking one's medication was not an option that anyone would admit to considering, people did however acknowledge that they were more likely use all means necessary to convince doctors that they had other illnesses or injuries that made them worthy of the grant (see Performing Disability, Section 4.2.3).

Like when I go for the money for the disability and the doctor gave me now, for example for sugar [diabetes], now next month I think 'oh my God, I was in an accident ten years ago, here's the mark' so I'm going to show this mark and I get another money for this burn mark.
(Mary)

Whilst the Disability Grant is seldom sufficient to cover monthly household expenses, the grant can be used to leverage debt at retail stores, local shops and at the money lender. It appeared as if social grants were driving the Blikkiesdorp economy. Money lenders and businesses, both formal and informal, were eager to lend money to Disability Grant recipients in particular as they were seen as having a regular monthly income to support borrowing. Whilst money was often borrowed for essentials like food, given the opportunity to access easy credit and an improved lifestyle, the temptation for Disability Grant recipients to use store credit to live beyond their means was incredibly high: 'I want to be like others, not suffering' (Nomakhwezi).

What must we do? By stealing it's a breaking of law. The R270 for the children is not good enough because you have to pay R170 for your transport for the whole month - that R100 left is for the provision. Still you must take money from your grant for fruit for the school and clothing. Do you think you can cope? No, it's a stress! It just gives us the stress! You go to the money lenders because you don't afford. No one is working; no one is helping you inside the house. Maybe you've got a boyfriend that is busy with drugs, stealing your money, stealing your things, stealing other people's things so you take your money and pay those people - unnecessary debts that are coming to you because of poverty. (Penny)

Leaving one's AllPay card at the money lenders was common and given that some money lenders charged up to 'R100 on a R100' in interest, most participants spent a large proportion of their grants paying off debts. There appeared to be a high degree of competition and jealousy between neighbours in Blikkiesdorp – a kind of “keeping up with the Jones's” mentality that existed despite the high degree of poverty in the area, and some participants felt that debt accumulation was driven by a need to prove that one's household was better off than others: 'I'm better than you, I'm going to show you, I'm not going to ask for nothing. You are making yourself poor, you are making yourself a fool...We are putting the pressure on ourselves.' (Penny)

Alison was blacklisted at a young age: 'Ek het te veel winkels. Ek myself is ge-blacklisted. Op die ouderdom van 20 is my naam al ge-blacklisted. Ek het deur my disability die rekenings oopgemaak en het begin afdwaal om nie te betaal nie'¹¹ and has been paying off this debt for the last 6 years. Mary had seen the effects of debt on others in the community: 'I look the other day that women didn't even bring a cent home from the money lender; she cried the whole time she didn't even bring a rand home from her disability. Not even a cent.'

¹¹ I have too many shop accounts. I was blacklisted. At the age of 20 my name was blacklisted. I opened up accounts through my disability and began to get slack and stop paying.

The Child Support Grant was seen as insufficient to adequately support a child and mothers appear to spend a significant proportion of the Disability Grant on their children's needs. Although the government has stated that school-fee exemptions should be available to all parents unable to afford fees, there appears to be very low awareness and implementation of this policy in the area and many participants struggled with the cost of fees. This means that the inability of children to access what is meant to be comprehensive social security basket for children puts further pressure on those that receive other grants such as the Older Person's Grant and Disability Grant. Children and youth were seen as very vulnerable to gangsterism, drugs, alcohol and prostitution as a result of poverty, and several of the focus group participants went into debt to satisfy their children's consumerist desires such as name-brand clothes or shoes, in the hope that this would reduce the likelihood that they would be tempted to get involved in illicit activities.

If you look back in the older days us as a people we were never taken notice of. I'm not referring only to coloureds or only to blacks because ... there were white people as well that weren't taken notice of either. Even their kids, if the mother or father takes them to the shop they wouldn't want a toy of R10 or R2.99 like at Shoprite – no! If his mother or father takes him to Pep Stores to go and buy them clothing “no, no, let's go to Edgars or LA Gear”. They want to be known. (Samuel)

Focus group participants who had used debt to leverage their lifestyles whilst receiving the TDG were afraid of being unable to repay their debts once they lost their grants. Once Mary's grant stopped she was no longer able to pay off the debt that her eldest daughter had accumulated by buying *hampers* (food parcels) from another woman in the settlement under her name, and she had to go and stay at a neighbour's house as the shop owner was threatening to seize her house from her.

The loss of the grant extends beyond simply losing a form of compensatory income that can be absorbed by the household or mitigated by a smooth entry into employment. Entire livelihoods are built around the Disability Grant, and given the pressure on the recipient to provide for the household, accumulated assets, the welfare of children, and the structure of families are threatened by suddenly insurmountable debt and expenses. Families are therefore often placed in worse circumstances than prior to the award of the grant. During one focus group discussion on how to navigate the grant application system, I shared some information on the Social Relief of Distress grant, which is awarded for three months to people who are experiencing severe economic hardship and do not have access to other grants. The idea that this grant could help you “get back on your feet” or look for work was enormously appealing. After I had left the field I heard that Rochelle had successfully applied for this grant and saw it as likely to significantly reduce the shock the family would face when her boyfriend lost his grant. Unfortunately few people are aware of this grant and the budget for its provision is very limited. There is a greater need to recognise the difficulty of transitioning from the state of being considered legitimately unable to work and receiving compensation for this to a state where one is expected to take responsibility for one's welfare and participate labour force given the large amount of structural unemployment in the area and in South Africa as a whole.

4.2 SEEKING CITIZENSHIP

Illness is the right side of life; a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and the kingdom of the sick. Although we prefer to only use the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place. (Sontag, 1973: 3 in Miklavcic, 2011: 496)

The concept of citizenship discussed in the review of the literature, refers to a range of rights from political and civil to social and it was noted that not all South Africans are equal in their ability to actively achieve their citizenship rights. People living in Blikkiesdorp, particularly those who are sick and disabled, are marginalised citizens that struggle to access their social and economic rights, including social security rights, the right to housing and the right to health. These rights are constitutionally recognised but as 'positive rights', their realisation is largely dependent on the availability of resources and priorities of the state. It will be argued that the failure of Blikkiesdorp residents to secure these rights has led to the promotion of the kind of biological citizenship defined by Petryna (2002) in *Life Exposed*. Biological citizenship appears through the use of one's body to access social and economic rights from the state by engaging in a narrative of disability and illness; representing oneself as ill, or in extreme cases, compromising one's health to continue the viability of claims to this citizenship.

The award of the Disability Grant is dependent on one's medical classification as unfit to work and whilst this status is awarded by medical practitioners, due to structural unemployment and high levels of socially determined physical or somatic illness, the idea of being 'fit to work' has taken on socio-economic meanings and the boundaries between the social and the biological realms have become blurred. As a result social and economic suffering is equated with biological suffering and therefore the right to become a biological citizen.

4.2.1 RIGHTS AND ENTITLEMENTS IN CAPE TOWN'S "DUMPING GROUND"

Blikkiesdorp is often referred to as a 'dumping ground'; a place where people, disregarded by society, are thrown into a state of purgatory, out of sight and excluded from the benefits of citizenship. During the height of the campaign to resist the move into Blikkiesdorp, the media and campaigners compared residents to the aliens in the movie District 9, a commentary on both the District 6¹² evictions and contemporary forced removals in South Africa, which quite literally represents concepts of alienation, exclusion and state repression in the form of an alien species which is stuck on earth and forced to live in a government encampment.

¹² District Six is an inner-city residential area in Cape Town from which 60,000, coloured and black inhabitants, were forcibly removed during the 1970s by the apartheid government.

*We refuse to be treated like aliens in our own country! This is why we say Asiyi eBlikkiesdorp!
We will not go to tin-cans! (Anti-Eviction Campaign Press Release, 5 October 2009)*

In this sense, the people of Blikkiesdorp typify Agamben's (1998) conception of the *homo sacer* (accursed or set-apart man); the individual relegated to the margins of society whose only connection to the rights of citizenship are through "bare life" (*zoe*) as opposed to the "good" or "qualified" life (*bios*) that distinguishes humanity from animals and which is brought about through meaningful participation in the political, social, and economic spheres of South African society. In her typology of citizenship, Nash (2008) describes the *marginal citizen* as a person who has full citizenship rights but who nevertheless does not enjoy full citizenship status because of economic and social factors such as poverty and racism which act to limit the benefits of citizenship. Whilst people in Blikkiesdorp may have civil and political rights according to Marshall's (1950) definitions, they lack the more evolved social rights which guarantee a "modicum of welfare and security to the right to share to the full in the social heritage and live the life of a civilized being according to the standards prevailing in society" (Marshall, 2009: 149).¹³

Political and social choices in labour, housing, education, justice, welfare are made every day, which have immediate or long-term consequences in terms of making or unmaking inequalities of life and of acknowledging or dissimulating them. (Fassin, 2009: 55)

Residents continually complained about their lack of access to justice due to alleged police corruption and brutality, improper health care and sanitation, inadequate housing, and exclusion from the job market. This feeling of being unheard or not served by bodies claiming to represent their interests was very visible in Blikkiesdorp, where mistrust of political parties, government structures, the judicial system, and even non-profit organisations, was high amongst people interviewed. Mosoetsa (2009:90) calls the inability of political organisations or trade unions to articulate the needs of the poor in South Africa a 'crisis of representation' that has led to disenchantment with the political system, noting that social and economic policy changes have had very little impact on households, with the situations in many homes in fact deteriorating over time (Mosoetsa: 116). It could be argued that through the residual design of its social security system, the government promotes a kind of neoliberal governmentality by encouraging citizens to be responsible and independent for their own welfare. However, the experience of many Blikkiesdorp residents was actually of a controlling, corrupt, authoritarian, and self-interested state.

The government is ruling us instead of the people ruling the government. That is vice versa. They are ruling us; they don't want us to rule them. They are abusing powers; even the cops are very, very cruel. Worse and worse here in Delft. (Penny)

¹³ Originally published in 1950

The failure of the Symphony Way anti-eviction campaign and their continued residence in the settlement leaves the people of Blikkiesdorp stuck with the feeling that the state has not delivered on their rights. Through the *No House, No Land, No Vote* campaign, the people of Blikkiesdorp simultaneously recognised and threatened to extend what they saw as their social and economic exclusion by refusing to participate in the democratic government system until their constitutional right to adequate housing, which is seen by many as a recognition by the state of one's citizenship or personhood, is realised.

Whilst the topic of race and racial identity and how this related to citizenship identity was not explored extensively in the focus groups, it was interesting to note that coloured people in the focus groups, who were included to some extent in the apartheid social welfare system, often made comparisons between the old system in terms of their economic position, often in favour of the apartheid state where it was claimed that there were more jobs available, where grants supporting children were larger and consumer goods and electricity were cheaper. During apartheid racial discrimination was applied to cash transfers and coloured people in South Africa had better access to social security than black people, mainly through the State Maintenance Grant (SMG) and received higher benefits for the Disability Grant and Old Age Pension. In 1993, 50% of SMG recipients were coloured, 40% were Indian and only one in a thousand black children received the grant of R560 (Lund, Noble, Barnes & Wright, 2008: 8). The SMG was replaced by the smaller CSG in order to widen its reach to the larger population, but those that had benefitted from the SMG in the past naturally preferred the idea of receiving larger amounts of money.

That's why the R560 [SMG] was better. I am one of those children that grew up from the R560. My father left my mother and she received the R560 per month. I didn't turn out a gangster, do you understand what I'm saying. (Samuel)

4.2.1.1 WELFARISM VS. GOVERNMENTALISM

The human and social rights discourse was central to the idea of nation-building in South Africa as it was hoped that the idea of this could act as the "social glue" of a new nation (Macgregor, 2006: 53) and welfarist rhetoric and promises of instituting some form of redistributive justice were strong at the advent of democracy (Macgregor, 2006). However, it appears that government policy around social protection has now taken a more neoliberal turn and talk of avoiding a 'culture of handouts' now dominates government discourse. The state now promotes a liberal, residual and workerist social security policy, promoting entrepreneurship and independence over distributive justice in a way that limits state involvement. Seeing poverty as 'rooted in individual pathologies rather than having structural causes' (Lund et al, 2008: 1), the state uses technologies of the self in the form of responsabilisation or self-care to manage citizens through a *governmentalism* that centres risks such as illness, unemployment and poverty in the domain of the individual rather than the state. The state also draws on technologies of communitarianism and reciprocity, specifically the traditional social

value of *ubuntu*¹⁴, to promote a type of informal social assistance system between household members of across family networks. This however does not take into account labour market failures, inadequate service infrastructure provision such as affordable transport, and the large amount of structural unemployment which prevents many South Africans from accessing work opportunities and that the type of work available is frequently exploitative and unstable (Barchiesi, 2005). As mentioned previously, the limited number of jobs available and changing conditions within families have led to a breakdown of supportive family networks and households often become sites of conflict rather than collaboration (Mosoetsa, 2009). As a result, despite being strongly conscious of the value attributed to work within South African society, unable to find jobs or turn to family networks for support, people in Blikkiesdorp appear to rely heavily on formal forms of social assistance.

Contradictions between the neoliberal and the welfarist approaches of the state are demonstrated in work undertaken by Macgregor (2006) in Khayelitsha, Cape Town. Drawing on Mamdani's (2002) concept of local "rights talk" – locally situated understandings of rights discourse – Macgregor sees a localised conflation of social security and health care rights and the right to life in Khayelitsha.

Furthermore, notions of health as a social right of citizenship, a political entitlement, are translated into expectations that the state will provide the means to health. In the 'rights talk' in places like Khayelitsha, this translates into the expectation of receiving a tangible thing from the state, such as a monetary grant to buy food, the most basic means of sustenance. As one man told me: "The grant is what I eat". (Macgregor, 2006: 53)

Kistner (2003) also sees health care rights as strongly linked to the right to life, positing that this creates strong links between feelings of socio-economic suffering and biological suffering; fuelling ideas of disablement and moves towards accessing Disability Grants. Although in principle, people living in Blikkiesdorp or in a state of poverty elsewhere in South Africa have access to the same juridical-legal rights as people with more means, a 'chasm opens up between bare life that is excepted from civil or political rights and exposed to sovereign power, and a civil/political form of *bios* that is protected by rights' (Kistner, 2009: 9). Whilst people in Blikkiesdorp are not directly killed by the government or 'made politically dead' (Biehl, 2005: 138) through exclusion from the benefits of social and economic life, people remain invisible in the system, existing as a kind of 'living dead' (Petryna, 2002: 3), living in what Agamben (1998: 10) terms the 'zone of indistinction'. Being "stuck" and unseen in Blikkiesdorp as well as a feeling of helplessness and lack of mobility were common themes of conversations with residents:

M: You can't get out.

A: You're going nowhere without money.

¹⁴ Although difficult to define, *ubuntu* can be seen as a type of group solidarity which is captured in the traditional Zulu saying 'umuntu ngumuntu ngabantu' or 'a person is a person because of people.'

S: You can't. With this barricade around this camp it's like you're trapped inside. Even though you have permission and your own free will to walk out of here and come back.

4.2.1.2 LABOUR MARKET EXCLUSION

It is sometimes assumed that welfare recipients just do not want to work, but all of the focus group members expressed a strong desire to work. However, with low levels of education and physical impairments, they struggled to find jobs as most of the available work in the area was manual, low-paid work such as cleaning, ad hoc building, factory or security work; usually temporary and often secured through labour brokers which provide none of the benefits afforded to long-term employment such as contributions to the Unemployment Insurance Fund. Some of the respondents had been employed prior to their disability but had been "put off work" by their doctors and been unable to find new jobs either because of their sick appearance, functional impairments, the cost of finding work, or their age. The age of qualification for the Older Person's Grant is 60 but members of the focus group over the age of 40 were effectively forced into an unsupported early retirement as they were competing with unemployed youth who were reportedly prioritised for employment because of the high rate of youth unemployment. There seemed to be an understanding that older people deserved the grant more than younger people and that the Disability Grant presented a kind of early pension. Higher requirements for skills and experience also puts pressure on older people who had been previously able to secure a job with a Grade 10 education but were no longer able to compete in a job market that generally required a Matric (Grade 12) certificate or computer skills to secure a job. Job queuing theory indicates that, in areas of slack labour demand, employers have more choice of high productivity recruits, which means that people perceived as less productive such as older, sick or disabled people at the back of the job queue and are therefore unlikely to find work (Steele, 2006: 25).

Did you see the newspaper sister Lezanne? It stands in the newspaper that they are looking for people between 18 and 30 or 18 and 36. Like in Suburban there at the Civic, they had...they shout on the mikes, there is jobs. When we went there, we stand in the line and it was only between 18 and 30. I was shocked. I was so shy to walk out of that line because people is going to see I'm old now. I just walked slowly out of the line, I said 'oh, I'm coming now, I'm going to phone...' I was too shy, it's my age because why, they wanted between 18 and 30. (Mary)

You can understand because when they are finished with the grant they don't have skills and because they are older - people don't want to take you when you're 45 and have no skills - people think 'hold onto the grant'. The grant doesn't even last that long but just for one day people feel like they have money... (Community Development Worker)

I do want to work, believe me, I do want to work. In the industry I was, which was security, I was a controller but I can't find work - why? I can't speak over the radio, I can't speak to clients. I can't even be in public in front of a lot of people because the moment I do I start to cough people are

going to start to wonder “has this guy TB? Or swine flu or...what’s the matter with this guy? Get away from me, you might give me something”. (Samuel)

Barchiesi (2005: 38) proposes that South African political discourse and focus on job creation has made wage labour central to social citizenship and inclusion; wage labour is praised and seen as a condition of independence and respectability and “dependence” on social grants is stigmatised. There was a strong aversion to the word “dependent” and the notion of “handouts” and this was frequently raised by community leaders and development workers who thought that people were “spoiled” by grants and donations and internalised by those receiving the grants: ‘You don’t want to be dependent’ (Nomakhwezi). The two older males in the group, Samuel and Andrew often raised the importance of working and self-discipline, always making very clear that they were unable to work because of their physical impairments and distinguishing themselves from people, especially the youth, who they considered too lazy and unable to see the value in working, even if it is for very little money. Although the group in general often pointed out the slim benefits of low-paid work relative to the cost of travel and the particular burden placed on women who were responsible for caring for children, the sick and maintaining the home.

4.2.1.3 USING THE DISABLED BODY TO ACCESS CITIZENSHIP RIGHTS

Whilst the community politics and housing advocacy in Blikkiesdorp represents a demand for recognition and inclusion by those who see themselves as abandoned by the state, for those in the focus group that were sick and physically disabled, their bodies represent a way to connect with the state and receive benefits from the state, and thus citizenship, through social grants. The idea of *biological citizenship* put forward by Petryna (2002, 2004) and Fassin (2009) connects the struggle for economic and social inclusion to the physical suffering of the human body and this idea strongly resonates with patterns of thinking about Disability Grants in Blikkiesdorp.

There are numerous parallels between the experiences of those seeking recognition and rights as Chernobyl sufferers and South Africans who have not been included in benefits of democracy and gain more from sickness and disability than good health. For a Ukrainian the ‘Chernobyl tie’ - a document that entitles the bearer to receive various forms of state compensation – allows the bearer to participate in the informal economy of illness that emerged in that society after the disaster (Petryna, 2004: 256). In South Africa similar opportunities arise for the disabled, where a letter from a doctor provides a ticket to social security to those who are deemed unfit to work. From Parson’s structural functionalist perspective, illness is a state of disturbance in the normal functioning of the individual which cannot be blamed on an individual and allows people to be exempted from their normal roles and responsibilities and entitles them to special help and attention, provided they attempt to get well and cooperate with medical professionals (Parsons, 1950: 431 – 441). The South African social protection system accommodates the ‘sick role’ (Parsons, 1950) in society by providing social assistance in the form of the Disability Grant. This allows people to assume a role that effectively

'excuses' them from participating in the economy under the assumption that it is in their best interest to recover their health or full functioning if possible. However, this ability or willingness to recover has been complicated by high levels of poverty and what Fassin (2009:4) terms bio-inequalities – inequalities in the type of life people are able to lead. Fassin (2009:49) also sees the value ascribed to life or 'the power of life' as a kind of bio-legitimacy brought about by a humanitarian rationality, which he sees as the foundation of biological citizenship as conceived by Petryna (2002). Unable to access social citizenship through the workforce, people see disablement as an opportunity to engage with government through the social welfare system. Those seeking Disability Grants are forced into becoming 'skilled practitioners of illness' (Petryna, 2002:107), engaging in a 'complex medical game' (Petryna, 2002: 94) of convincing the state bureaucracy and medical professionals that they deserve to have their suffering confirmed by the state through the awarding of the Disability Grant (see Performing Disability Section 4.2.2).

There is talk in the South African literature (Swartz & Schneider, 2006; De Paoli et al, 2010; De Koker et al, 2006) about the humanitarian role played by some medical doctors in awarding the Disability Grant. Steele (2006: iii) notes that: 'it is sometimes not the potential recipients themselves that respond in unanticipated ways to incentive structures. It may, for example, be gatekeepers such as doctors or social workers, or even social security staff, acting in the perceived best interests of their clients'. In conversation about this thesis a medical doctor in the Eastern Cape mentioned that he often recommended HIV-positive patients drink Coca-Cola directly before coming for CD4 count tests as it is known to lower the CD4 count and would make them more likely to qualify for a renewal. In research conducted in Bishop Lavis in Cape Town, Govender and Miji found that 61% of DG applicants in their study reported that they became aware of the grant application process from a doctor or sister and it appeared that staff at the day hospital where the study was conducted were sympathetic to the social plight of their patients (Govender & Miji, 2009: 233). The CASE study (Delany et al, 2005) and research by Vorster et al (2004) also indicated that in the light of the lack of social security options, medical doctors and SASSA officials felt tremendous pressure to approve the Disability Grants of people obviously in need on income support. In Blikkiesdorp however, the general perception was that doctors and government officials were extremely strict and suspicious and were unlikely to respond to humanitarian appeals.

As described by Swartz and Schneider (2006), the definitions of disability and fitness to work are vague and contextual and when applied to social security applications, both social and biomedical definitions can lead to inclusion and exclusion errors. This is particularly notable in an environment with large amounts of somatic and socially- and environmentally-determined illness, where HIV presents issues of recurring rather than permanent disablement. The introduction of ARVs has meant that HIV positive patients have the ability to recover and live relatively normal lives provided they take care of their bodies through proper adherence to medication and proper nutrition. The medical classifications of fitness to work for an HIV positive patient is a CD4 count of over 200, but this does not mean easy entry to the job market as a high CD4 count does not necessarily mean optimal health

and job applicants may face discrimination in the labour market or, like most of the South African unemployed, lack the skills and experience to obtain work in a labour market that is over-saturated with low-skilled labour.

*We went with a whole taxi, Samuel and me and the other Xhosa ladies we went. They also get a disability – they say to themselves, okay the doctors they are fed up with and they are going to search for a job because this Disability Grant is only for 6 months, so we went with a taxi to Parow. We pay a lot of money for that taxi, it was so far! When we get there neh, ask him, the disability people...the people was so frustrated because when we get there they say **immediately** that we must be tested - tested for HIV for working with the chicken. (Mary)*

They look only when it's 200. It didn't matter whether you are taking tablets, whether you are suffering, they only say when your CD4 count is under 200. I tried to do it again when my CD4 was up but they said no, now you are better, you must go look for the jobs you see. I feel sad because I'm not working and I don't have husband and I have kids at home you see. I was sad and I don't find jobs. (Nomakhwezi)

The health system in South Africa is governed through technologies of *responsibilisation* (Kistner, 2009) and *healthism*, which link 'public objectives for the good health and good order of the social body with the desire of individuals for health and well-being' (Rose, 1999: 94), making people responsible for managing their health and expecting the desire to return to full functioning and health in situations of non-permanent disability or illness. Whilst none of the research participants would consider compromising their health to obtain or retain a DG, there were reports by Blikkiesdorp residents and community development workers in the area that people were unwilling to recover from tuberculosis and control the effects HIV/AIDS on their body in order to maintain their Disability Grants. This type of behaviour directly undermines health norms established by the state and is seen and treated as deviant or irrational behaviour by the system. However, in situations of extreme, structural poverty, where the state and the market have been unable to provide opportunities for the sick and poor, it appears that sacrificing one's body for an income is a rational and considered trade-off that needs to be recognised as a response to systemic failures of the social security system to cater to marginalised people rather than perverse behaviour on the part of individuals.

She told me the reason why she drinks a lot is because if her CD4 count is right then she won't be able to get the grant anymore. So I asked her: "Don't you think of your life?" She said "I don't have a life anymore and to live is to get the grant. Where am I going to get work?" (Community Development Worker)

Just before they go to the doctor you can see they drink and they lose weight and they get very, very sick again. The whole world can know they're sick; they don't care because when they go through those stages they feel they have money. (Community Development Worker)

If you don't have no more TB you can't get money no more. Daar is seker mense wat maar sê: "ek gebruik nie my pille nie want ek het kinders om te support, ek het 'n need vir daai geld so ek drink nie die pille nie vir my TB". Hulle gee nie om oor sy lewe nie.¹⁵ (Margaret)

There appear to be three different levels of using one's body to access the Disability Grant: selling one's story of disablement, refusing to recover and intentional self-infection. The extent to which people are willing to compromise (or openly admit to compromising) their health for access to the grant is likely to be highly individualised and contextual. What is theoretically interesting is not whether or not someone will actually take steps to compromise their health, but the notion that illness or disability is preferred over health insofar as it enables access to social security and creates a connection between the state and the individual.

The standard of able-bodiedness as the norm and the ideal is herein exposed as fictional, constructed and normativized for a certain type of economic and civic functionality. Indeed, the assumption that the normative human is able bodied begs redefinition of who is included in the category of human. (Ticktin, 2006: 41)

As discussed earlier, those accessing Disability Grants in Blikkiesdorp are considered privileged and despite continuing to be disabled by social factors such as a lack of adequate infrastructure, stigma and a lack of appropriate job opportunities for people with physical limitations, those who are disabled are often better financially positioned than those who are not. The value attributed to sickness undermines liberal notions of the self, the 'good life' and human flourishing (Ticktin, 2006: 41) and the role that the design of the current South African social protection system has played in shaping these alternate understandings of health norms and disablement needs to be recognised.

4.2.2 PERFORMING DISABILITY

Compassion is most effective in face-to-face interactions, when those who do not suffer come face to face with those who do. (Arendt, 1990 in Ticktin, 2006: 43)

Proving that one is unfit to work is vital to being rewarded the grant and therefore a key part of the negotiation of one's biological citizenship. Given the high demand for these grants, the state has become increasingly vigilant in ensuring that no one is able to access the grant without due cause. As fitness to work is exclusively medically tested in the Western Cape, medical professionals are the primary gatekeepers of access to the grant. Disability Grant applications place such demands on already overburdened doctors that the Western Cape Department of Health has been compelled to employ doctors, on a contract basis, specifically to assist with disability grant applications (Govender & Miji, 2009: 229). Those seeking the grant must present a history of their illness and symptoms and

¹⁵ If you don't have TB anymore you can't get money anymore. There are some people that say: "I don't use my pills because I have children to support and I have a need for that money so I don't drink my TB medication. They don't care about their lives.

paint a picture of their economic and physical suffering that convinces the doctor that they should be awarded the grant based on their inability to work. However, disability in the sense of unfit to work is not a clear-cut issue, as contextual social, economic and environmental factors also play a part in the ability of individuals to participate in the labour market, especially in a country where even able-bodied persons struggle to find jobs (Medeiros et al., 2006 in Gooding & Marriot, 2009). 'The determination of impairment, functional capacity and disability requires knowledge that most medical practitioners are unfamiliar with or are not adequately trained for' (Govender & Miji, 2009: 229), despite this, doctors are left to decide who and who does not "deserve" a grant, placing social and moral pressure on them to make decisions that reach beyond the realm of biomedical norms of illness and the biological model of disability in which they are trained.

Aware of the need to convince a doctor of their disabling physical state, those seeking the Disability Grant must perform their disability and medical and social suffering to the doctor, employing medical story-telling to elicit sympathy or demonstrate a very serious medical condition. Given the number of applications and the ubiquity of suffering, there appeared to be a need to out-do others to gain access to the grant. Similarly, Nguyen (2010) describes how in West Africa telling compelling stories of one's experience with HIV, what he terms 'confessional technologies', are used competitively by people seeking access to limited anti-retroviral medication. Patients were effectively triaged or prioritised in terms of the seriousness of their condition by the state and development agencies and offering medication and other forms of aid. Thus those who could draw on and commodify their suffering could therefore access more resources than those who could not and he uses the term 'therapeutic citizenship' to describe the way in which people living with HIV appropriate ART as a set of rights and responsibilities to negotiate these at times 'conflicting moral economies'.

Janine, who is 27-years old, had been denied the Disability Grant several years before when she contracted tuberculosis, which she blamed on a combination of her youth and a need to have two or three other chronic illnesses rather than just one major illness to qualify. Blikkiesdorp residents in general seemed to feel that one should present a long list of complaints and extended suffering to the doctor in order to qualify. In a profile of DG recipients in Bishop Lavis in Cape Town, Govender and Miji (2009) noted that the presentation of multiple medical problems appears to increase the likelihood of being awarded the grant regardless of whether or not this is related to diminished functional capacity.

Health is part of the human condition, as is disease, and the incidence and manifestations of both are heavily determined by the specificities of social organisation. (Taussig, 1992: 102 in Ross, 2009)

Health is often socially determined by risk factors in one's living and working environment (Wilkinson & Marmot, 2003) and given the environmental factors in Blikkiesdorp such as overcrowding, poor sanitation, poor nutrition, exposure to the elements, and high levels of drug and alcohol use, ill health

amongst residents is common. Sitting in long clinic queues seemed a regular part of life in the community and the local day hospital appears to be the site of social interaction and information sharing.

You find someone waiting for the disability doctor and you ask “for what doctor is that?” Then you find out he’s the Disability Grant doctor, then you find out about the disability and then now you find out so your doctor decides if you are fit for the disability. (Mary)

There appears to be no clear delineation between who should and should not receive the grant except the doctor’s decision and as a result there was some confusion around what pathologies made one eligible for the grant, resulting in many people applying without necessarily fitting biomedical definitions of disability. In observing patients seeking the Disability Grant during clinical consultations, Macgregor (2006) found that being prescribed medicine or having regular doctor’s appointments often led to expectations of being awarded the Disability Grant. Some people I spoke with in Blikkiesdorp had similar understandings of grant eligibility:

They say I say I must go and see the doctor in February and maybe I am also going to get a grant because I am on my tablets for my heart, my sugar and the water. I get mos the tablets there by Lentegeur [psychiatric hospital] also. (Joanie)

Georgina, a 30 year-old white woman whose parents and brother were both on the Disability Grant came to me after a focus group session asking, ‘what do you get the disability for?’ She was feeling frustrated because she had attempted to apply for the Disability Grant several times but was told that her high blood pressure was not considered a disability and wanted my opinion on what type of illness or physical impairment would make her eligible. When I informed her that high blood pressure was not generally considered to be a disabling condition she began to talk of the ‘rages’ that she suffers from, implying that perhaps this was a kind of mental illness that might make her eligible in some way. I offered to assist her with applying for a job and she agreed that it might be worthwhile to try, at least until she was able to access the Disability Grant, which for her was clearly a preferred option to finding work.

Members of the community, but especially the focus group, appeared to have absorbed the technical language used by medical professionals and could provide detailed accounts of their medical history, from CD4 counts to symptoms and diagnoses and the recommendations of doctors. This technical vocabulary however took on more localised meanings and diseases were often categorised and understood in terms of their treatment regimes and the amount of time for which one could receive the Disability Grant.

Kyk hier, die TB is mos like that¹⁶. The first TB is for six months on the medication and the second TB is mos like for a year neh ... He must go for another sputum to see if the TB is really healed mos, to see if he's clean of the TB because if he's not clean yet and they see on the X-ray and on the sputum that no he's not alright then they put him back on ... it's back and back and back. Then it's another ... the third TB is for 2 years. It is so horrible that you are not even interested in the disability because you feel so weak you don't even feel like eating. (Mary)

Macgregor (2006) refers to the self-diagnosis by those seeking Disability Grant on the basis of "having nerves", a local term which she sees as 'embodying the distress associated with harsh circumstances and is deemed by supplicant as sufficient to secure a grant'. This somatisation of emotions was also present in focus group members and their feelings of stress and unhappiness were often strongly tied to their health and the language of emotion was often coloured by that of their medical diagnoses. Mary in particular seemed to tie her CD4 count to her emotions, somatising her anxiety in terms of her HIV status, regularly mentioning that her CD4 count was dropping on account of her stress.

It was widely known that tuberculosis can affect organs other than the lungs and as a result extrapulmonary tuberculosis, as well as cancer, were both blamed for many ailments. When Mary was suffering from diarrhoea, Lottie and one of her friends told her she probably had stomach TB from her ARV medication. When Samuel started to cough up parasitic worms this was also blamed on tuberculosis and when he was later hospitalised he was then said to have cancer.

The lady in the prison was telling us you can get TB in different parts of your body - you can get TB in your stomach, you can get TB in your eyes, your privates, your foot. That is...we call that arthritis...Lung TB, that is the killer because you can give it to other people...There are people who don't believe that plants can get TB... (Andrew)

Stories of other people acquiring the Disability Grant fraudulently by faking or exaggerating illness were common: 'People are very clever; people think that if they stay in Delft they are illiterate but they are very clever' (Community Development Worker).

She will perform fall pee and make all the different things and the doctor will believe that she's not normal and she will bite him and perform and be angry and do all the movements. Then she would come to me and tell me all the movements she was doing for the doctor! I was laughing! (Community Development Worker)

There were also strong rumours that people would sell sputum in the community to people wanting to test positive for TB and receive the grant, but according to a Community Health Worker at the TB

¹⁶ Look here, the TB is like that.

clinic, they now demand that people produce sputum in front of a nurse in order to overcome this problem. No one participating in the research had ever heard of intentionally infecting themselves with either TB or HIV, but as discussed earlier, there were indications that people in the community did adopt behaviour harmful to their recovery to maintain the grant. Whilst both contributing to inclusion in the social security system, according to Ticktin (2006), ideas of intentionally infecting oneself with a disease and compromising treatment are different; intentional infection is the act of disabling oneself to be recognised as a human being and live more fully, whilst breaking treatment regimes represents giving up bodily integrity to maintain dignity in the face of illness.

Experiences of and advice on navigating the SASSA and medical systems were common topics of discussion for those in the focus group who received their Disability Grant on a temporary basis and information about names of helpful SASSA officials and information on the grant application process were often traded. Some SASSA offices were preferred to others based on how much information and general respect people felt they received when making enquiries or applications. Through the eyes of participants, doctors at the local clinic and Tygerberg Hospital, which was their closest tertiary hospital, appeared to be extremely strict and receiving the grant was considered unlikely unless one found a sympathetic doctor. Other hospitals were recommended by several participants because doctors were considered more open to providing recommendations for Disability Grants.

According to the participants, “disability doctors” seldom examined patients or looked in their files and the local social worker noted that she sometimes encounters people who clearly need the Disability Grant but had been refused because they were unable to provide sufficient proof to suspicious and time-constrained doctors who, from the literature, appear to be overburdened by the number of requests for grants (Govender & Miji, 2009; Kallman, 2003; MacGregor, 2006).

Some of the doctors, they've got your file, they see what's going on in your file but they ask why they must give you disability. I told them that I don't understand that – “You're the doctor. You must look in my file and see what's going on. You ask me what I think.” (Andrew)

They only talk and look at your face. Like Gabby's face, look now beautiful and healthy and they don't see on the inside - like “hey, this one got cancer”. You tell him that you have been diagnosed with cancer but they look at your face and they say “You are healthy - you are fit for work”. (Mary)

The doctors are very strict because they don't care, no matter you are not working, you are still ill, they just look at your face and then they don't tell you if they give you the grant or they didn't give you. You are struggling, you are doing the grant, you walk up and down, you do the grants and then to at the end there is nothing in the machine. (Nomakhwezi)

Samuel in particular experienced much frustration at being unable to convince his doctor of his inability to work due to his asthma, being bluntly told that he needed to come up with a better “excuse” in order to qualify. He was frequently rushed to hospital as a result of major attacks and often broke

down in fits of coughing and wheezing during focus group sessions, but although he was very visibly too ill to work, he had been repeatedly refused the Disability Grant.

I had to be fed with a spoon, even to eat, okay. I was taken to the disability doctor in a wheelchair. Firstly I went with the ambulance up and then I was placed into a wheelchair - was I approved? No. I waited and I waited and I waited and I was found fit. I was only bone and skin. (Samuel)

It seems that high numbers of Disability Grant requests make medical professionals very doubtful of the legitimacy or seriousness of people's claims.

I asked the doctor "Do you think I will be approved?" because she was, quite frankly, shall I say teasing me in the jokes she was making. I said to her "Do you think I will get it?" and she said to me "No but you are still young, you can work". I said, "you know what, if I stand up and I walk from here to that door then you will probably phone the guys at trauma to fetch me because my chest won't only be tight, I will be a really extreme trauma case". She said to me "Ag man, everybody says this stuff" and I said "Can't you see in my file?" And she said, sir, "You've got to come up with better things than this for me to approve you. (Samuel)

It was only when Samuel became totally bedridden and later hospitalised that he was finally provided with a doctor's letter to access the Disability Grant. Up until this point he had been nursed and carried to the clinic by Mary who was using her Disability Grant to take care of him. It appears that the overtly economic and social nature of grant applications complicates the role of the medical professional who is tasked with making decisions that extend beyond their biomedical role. This allows for either individual anti-welfarist or humanitarian agendas, to influence decision making around who "deserves" the grant. Macgregor's (2006) study revealed how neoliberal, anti-welfarist discourse around social grants and self-empowerment in South Africa affect medical professionals' decision-making around the grant and people were encouraged not to feel sorry for themselves as their suffering was not atypical such that 'the collectivization of the experience of suffering normalized individual suffering' (Macgregor: 49). Ticktin (2006) discusses how the discretionary power awarded to doctors and nurses in applying the illness clause to those seeking medical asylum in France on humanitarian grounds, allows the personal views and beliefs of these medical professionals to strongly influence the outcomes of applications.

The regime of humanitarianism is based on engaging other people in relationships of empathy and in this one demonstrating one's common humanity; this is an ethics that, when taken to the extreme, entails selling one's suffering, bartering for membership with one's life and body. (Ticktin, 2006: 45)

In this way suffering becomes a resource, and the need to use pathos to acquire access to Disability Grants reduces applicants to victims 'reduced to soliciting compassion' from gatekeepers to the

system and entrenches a 'pathetic self-image' (Fassin, 2001: 5) which seems more likely to continue a cycle of welfare dependence than support the state policies of reducing dependency on "handouts". Being in a wheelchair seemed to guarantee a response from both doctors and SASSA officials that the disability claim was legitimate, but for those who could not present such an obvious sign of their disability, it seemed that one's skill at performing one's illness or to "play sick" to the doctor and the doctor's leniency were the determining factors in securing the grant as even those that were very clearly ill struggled to get the grant.

Like at the ARV clinic I saw a young lady - very very sick - did you see her there? She can't even walk, she can't even talk and you can see at any moment she is going to die, but he told her she was fit. The mother was shouting because the mother said "Oh my God, how can you say she's fit but look at her." (Elly)

Emotional appeals for support are based on an understanding of what suffering is and what the 'threshold of the bearable' (Boltanski 1999:50 in Ticktin 2006: 43) is. In a community like Blikkiesdorp, levels of generalised suffering are significant and whilst community workers, health workers and social workers I spoke with were sympathetic to the struggles of those struggling with poverty, unemployment and disability, there was a general feeling that this was not necessarily unique and that the system was overburdened by people who suffered and that people should take responsibility for their own lives rather than seek government support. The SASSA officials in Delft were considered to be largely insensitive to the struggles of people seeking grants and according to participants were more likely to accuse clients of fraud than provide them with the information they needed to minimise the stress and time spent on grant applications. Although SASSA do visit people unable to physically visit their offices for medical reasons, when enquiring about this possibility Mary was told by a frontline staff member: 'Why must we come to you, are you so important that we must come to your place?' By calling the SASSA helpline it was very easy for me to get the contact details of the main SASSA office in the area and arrange for Samuel to be prioritised on the list for home-visits, and he was visited by SASSA shortly afterwards, however those like Mary, who are unsure of their rights and system procedures, remain vulnerable to the attitudes and competencies of frontline staff.

Mary, in her darkly comedic way joked that 'if you die in the hospital today and they give you a death certificate then they will say "okay now you are fit for the disability"', which seemed to reflect the difficulty of actually accessing any form of biological citizenship in a system that has moved to reduce the number of people accessing the rewards of this citizenship. Whilst managing inclusion and exclusion criteria are important to creating an economically sustainable and socially developmental system, the government has managed the high demand for Disability Grants by problematising unwarranted attempts to access the grants as a form of dependency or fraud and tightening the system to allow only the most serious cases through. This approach appears to exclude many people with disabling conditions who are in need of support. It also fails to recognise that one of the underlying reasons for such high numbers of applications is that the state does not provide any social

security for healthy, unemployed persons of working age and that job creation strategies have failed to stimulate the labour market in a way that can include the high numbers of structurally unemployed people in South Africa.

4.2.3 THE “DESERVING” POOR: UNDERSTANDINGS AND REPORTING OF GRANT ABUSE

Most of the ladies here in this place have five to six children for the government’s money. When they get the government’s money it only keeps for one day. Ask them what they do with the money, they can’t tell you. Maybe a bread for today and the next day they don’t even have a R1 left. (Leanne)

There are some people abusing the systems like donations and give-outs and abusing the very systems that are on hand today. (Health Care Worker)

Like that case when we went to yesterday - they are abusing the money whereas others really, really need the money... but look there. (Elly)

It was not only the doctors and government officials involved in the grant system who had strong ideas about limiting a perceived parasitic use of the grant system; echoing policy discourse around the development of ‘a culture of dependency and entitlement’ (Seekings, 2007: 2) and representing a kind of “governmentality in action”. Recipients of both the Disability Grant and the Child Support grant in Blikkiesdorp were strongly critical of people who were seen as misusing the grant, those who were accessing it without due cause, as well as the negative effects on levels of motivation to find work. It appears that people have been strongly conscientised against abuse of the grant and the notion of ‘handouts’ in general, and research participants held strong ideas of who should rightfully be included in the system; seeing “fraud” or *misbruik* (abuse) of grants as undermining a system they feel they have rightful access to. Despite the relatively small size of cash transfers and empirical evidence to the contrary, in relation to other developing countries, South Africans apparently hold unusually strong perceptions that grants make people reluctant to work (Hanlon et al, 2011: 74), increase fertility rates and promote a culture of entitlement. It is interesting that that this view is not only held by the middle-class, but also by people in Blikkiesdorp whose monthly incomes are often solely made up of grant income. According to Seekings, South Africa differs from other developing countries such as Brazil; Mexico and South Korea in that there has been no strong electoral pressures to expand the social welfare system and, other than the BIG campaign, little other pressure to reform the welfare system (Seekings, 2007: 8). Although marginalised and often pushed into using the illness of their bodies to access the social welfare system, participants in the research were surprisingly conservative; focused largely on excluding illicit access to the system rather than increasing it to cover more people or groups. Some members of the focus group felt that the State Maintenance Grant had been superior to the current Child Support Grant, not only because it had provided a larger sum of money to recipients, but also because a person was meant to prove that they had searched extensively for work before

they were allowed to access it. They felt that this encouraged work seeking and employment rather than dependency.

Many of the focus group participants saw themselves as following paths of self or community improvement and were eager to demonstrate to me that their poverty was not as a result of apathy or being “low-class” and that they, unlike most others (in their view), spend their money in a responsible way. Both Mary and Lottie used the focus group to reach people that they had identified as having particular needs or issues around social grants in the community. Those receiving the grant and using it “appropriately” strongly distinguish themselves from those whom they considered to be immoral, lazy and ‘who just don’t want to work’, or who use their money to support their drug or alcohol abuse. Members of the focus group seemed to almost feel responsible for ensuring that the impact of the grants were maximised so that as a collective, people accessing Disability Grants would be seen as good and productive people by the state. Accessing state support seemed to encourage a kind of citizenship which was undermined by people who did not act as responsible citizens and those who saw themselves as citizens felt impelled to act to prevent this. This represents a need to legitimise their own receipt of the grant and to produce citizenship through displays of patriotic loyalty and good civic conduct (Hansen & Stepputat, 2005: 26) such as reporting grant abuse.

I do the research, like Elly said, about the abuse of money and then I found out that no man, maybe SASSA is right here to only give you for six months to see if you did something with the money or what did you actually do with it, did you cope with it? Because I think that this is really the way SASSA is doing the right thing, because if they said now, Maureen we give you for life then I would have abused the money. No matter if God had maybe healed me and then I still feel like I’m sick, no I’m sick, I’m going to tell everybody I’m getting disability, I’m sick, so I’m still getting this money whereas the other persons they needed it. That is also what SASSA is thinking about. I can get for 6 months so if my money stops and I am fit to work then the next person is waiting in the line also. (Mary)

There was also a strong understanding that the funds available for social grants were limited and that these were provided by tax payers: ‘Where does disability money come from? It comes from tax payers. I was once a taxpayer myself’ (Samuel).

Feelings of anger towards people who are seen as misusing the grant also appeared to be driven by strong feelings of unfairness and injustice: ‘Ek voel dit is baie baie onregverdig om dit te doen. Ander mense wat dit nodig het, kry nie en die wat dit het, misbruik dit’¹⁷ (Elly). It appeared to many interviewed, both within the focus group and within Blikkiesdorp more generally, that whilst they struggled to obtain or retain the Disability Grants they felt they deserved and would use responsibly, others simply wasted their money on drugs and alcohol. Social grants were seen as enabling drug use by providing a source of funds for unemployed drug users and the behavioural problems or

¹⁷ I feel that it’s very unfair to do that. Other people that have needs can’t get anything and those that do abuse it.

mental illnesses that developed as a result of drug use were considered an easy way to access the grant. This was seen as particularly unfair by those who lived “clean” lives but struggled to have their physical ailments legitimised by the system. ‘They kill themselves “I get disability now so I don’t need to stop, I can smoke dagga and tik and that”’ (Andrew).

According to the social worker interviewed, people see the grant as “a way out” and although for those receiving the grant, the pressure to share money and the cost of living meant the grant had little impact, to receive the Permanent Disability Grant was seen as a permanent income and it seemed grossly unfair that some people would be able to access this opportunity without being responsible citizens.

But you who are very sick, they don’t give you. But those who are not even sick, who play sick, like that guy in Suburban - he and his wife get the disability permanent - I couldn’t believe it! I told that doctor even “Doctor I know that address of those people. Those people get permanent disability but if you go there now you will see they are drunk. They are working, the wife is working in Cape Town at a security company, and the husband is building in cupboards. They drink every day but they get permanent disability. (Mary)

Failure to adhere to socially defined norms of appropriate behaviour and attitudes to work resulted in judgement and censure from other community members, especially by those unable to access social grants. The discourse around grant fraud and who did or did not deserve the grant was made clear to me when, as mentioned in Section 3.8, during a focus group, Elly and Mary brought a list that they had compiled of the names of people in their block who they felt were abusing their Disability Grants. It was not clear whether they saw highlighting the amount of grant fraud and abuse in the community as a contribution to the research process, or as the performance of a civic duty, but they clearly felt very strongly that fraud should be reported in some way. According to a community development worker and a social worker, reporting grant abuse or fraud in the community was common practice, sometimes driven by personal conflicts or vendettas.

Most people interviewed were eager to separate themselves from people who were thought of as *onbeskof* (rude) or not *ordentlik* (decent and proper) and who took for granted and abused donations, free housing, soup kitchens and social grants; squabbling and fighting over these resources without making any effort to use them constructively to contribute to building livelihoods or an ability to ‘stand on their own two feet’ (Janette).

She doesn’t work and he doesn’t work and they have five children. There are some people that just wait to be given things or food. There are people who give out food and they go and stand in those lines. I am one of those people who don’t go stand in those lines because a person can’t go on like that, you must do something. You can’t just be dependent on people. There are people who can never stand on their own feet because they know that there are people that come every day to

give them something to eat – I don't have to worry because every day there is, there is – a person must also stand up for themselves and walk out. (Janette)

The idea held by some that people in Blikkiesdorp were actually rich and spoiled because they didn't have to worry about food or shelter and could spend all of their money on their drug or alcohol habits and were abusing their *hokke* (shacks) given to them by the government presented an inversion of the housing struggle rhetoric and the picture of Blikkiesdorp painted in the media: 'People think "it's nice here, I can do what I like", that's the problem here in Blikkiesdorp.' One's desert of the grant seemed grounded in how one is seen to be spending the money rather than whether one is able to meet the qualification criteria for grants, especially the Child Support Grant which was widely accessed but seen as undeserved by many parents.

Most of the people don't deserve the money because they don't even support the children with the money. The money is not for the mom, it's for the child but the mother's don't take it like that - they must go fetch it so it's their money. (Leanne)

Moral judgements around grants were also internalised, a phenomenon also seen in Ross's work: 'So naturalised are the moral judgements that they become part of people's everyday consciousness of themselves. I have heard those afflicted with TB, for example, describe themselves ashamedly as "non-compliant"' (Ross, 2009: 173).

Whilst people bemoaned the difficulties of accessing grants and difficulties in losing grants after six months, there appeared to be a counter narrative which seemed to agree with the rationality of limiting grant access.

A: They can work, why do they get disability?

M: Even the young ones here!

There was a common idea that the Disability Grants reduced motivation to work or to engage in entrepreneurial activity and encouraging dependence. This however was a strange contradiction to the realities that participants actually faced in struggling to find work as well as ideas about the potential of the grant to support entrepreneurial activity.

You know what they say in the passage when they pass. They say, "jou vark [you pig], you must stop tik and rook dagga [marijuana]" and then he say, "why must I stop if I get free money from the government?" Gabby you will see the TB room, it's packed! (Mary)

I remember in the 60s and in the 40s there was no Disability Grant whatsoever. Those people used to struggle on their own, they created something doing the sewing, baking and that's why South Africa exists today because of what those people created doing baking and sewing

and [security] guarding. There was no Disability Grant and now that we got it we abuse it actually. (Mary)

Whilst Mary was only born in the late 1960s and was likely exaggerating for effect, an 88-year old woman who received an OPG and participated in one of the focus group sessions, was also very frustrated that the younger generation didn't appreciate what they received from government, feeling that Blikkiesdorp was actually a good place to live and that it was just people's attitudes and expectations of "handouts" that were preventing them from living "nicely" together: 'The people can make jobs here. They can do things like the sewing and then sell it – that's also a job!'

4.2.4 VUK'UZENZELE: ARISE AND ACT

Wie kan ons help? Wie kan ons kick-start? Ons wil onself help maar hoe gaan ons? Ons moet net 'n paar sent het om ons te kick-start.¹⁸ (Alison)

Many of the focus group participants were keen to find at least part-time employment, or to start businesses, but felt that beyond being warned about being dependent on the state, they received little support from the state to move out of poverty and become economically self-sufficient.

P: They say Vuk'uzenzele – that was a slogan of Thabo Mbeki.

G: What does it mean?

P: Wake up and do something.

S: That was when free enterprise came in.

G: So they were trying to encourage entrepreneurship?

P: But now it's just like the president is giving pressure day by day ... sorry to be talking politics.

Nobody can do nothing, I cannot just leave my house open, the skollies [criminals] are going to come and take something here by my house, where must we go?

In 2002, then president, Thabo Mbeki, launched the *Letsema* campaign, a programme focused on promoting volunteerism amongst the unemployed and overcoming attitudes of entitlement to free goods and services without any effort on their part through ideas of collaboration between government and the people; promoting a culture of civic participation and solidarity redolent of the volunteerism required during the anti-apartheid struggle (Twala, 2004). This was closely tied to the concept or "spirit" of *Vuk'uzenzele*, "arise and act", which aims to encourage self-empowerment and entrepreneurship. Speaking to the idea of an African Renaissance, both concepts reinvigorate traditional African ideas to build patriotism and promote action and self-sacrifice for the greater goal of development.

¹⁸ Who can help us? Who can kick-start us? We want to help ourselves but how can we? We must have just a few cents to kick-start us.

In their response to your call Mr. President, for Letsema and Vuk'uzenzele, our people are joining hands with government to drive development and not to remain passive recipients of government generosity. (Mapisa-Nqakula, 2004)

Although these campaigns collapsed due to a lack of properly defined or organised programmes that could genuinely promote opportunities for volunteerism and individual agency, these ideas are still clearly visible in ongoing developmental discourse. By attempting to valorise a work ethic and community involvement as well as the spirit of entrepreneurship and self-help the state was, in effect, attempting to responsabilise citizens; implementing what in Foucauldian terms would be considered an 'art of government' that reduced the pressure on the government to take exclusive responsibility for the development agenda.

People interviewed had clearly heard the *Vuk'uzenzele* message and many had volunteered extensively at various community-based organisations or local NGOs, had completed various trainings, or had attempted to run their own small shops. However, seldom had their endeavours translated into stable job opportunities or sustainable businesses. There was however a strong feeling amongst the group that the Disability Grant, as a relatively large grant, could somehow be used to create opportunities for small business:

What I told my neighbour this morning was 'you can do business with this money', not only the sugar, go opposite the road and do something and then the government can see it's not only them that are posh, it's us also in South Africa that are doing something, you see. But all the time as parents we just want to blame, blame the government but if we as parents always sit and eat this money without doing something then definitely we're going to struggle. (Mary)

Samuel, who did not receive a Disability Grant at the time of my fieldwork, had many dreams for his Disability Grant, seeing it as the kick-start he needed to launch the kind of social and economic initiatives he thought Blikkiesdorp needed. His main goal was to find broken furniture and recruit people from Blikkiesdorp to fix and resell it, imagining that he could make up to R400 000 a month doing so.

I have a lot of ideas to create business, even to create work for other people, even if I had R1000 I could start something, but I don't even have a cent to carry myself through from the one day to the next day but there is lots of opportunity out there, believe me. Even here in Blikkiesdorp there are a lot of people with ideas a lot of stuff, I believe even some of you sitting here. You understand what I'm saying? But the hard thing is getting out. (Samuel)

In reality however it seemed difficult for people to translate this theoretical possibility into actual entrepreneurial action as rising prices and the pressure of household demands and the large number of dependents using the grant for basic survival make it more likely that people will use the grant to leverage debt to cover household expenses than use the money for entrepreneurial endeavours.

Whilst receiving Disability Grant money has provided the opportunity for some Blikkiesdorp residents to create more sustainable livelihoods through micro business activity, the pressure to 'eat' the grant is high. As a result most entrepreneurial activity is limited to stretching the monthly Disability Grant to last until the end of the month, by buying in bulk and reselling part of their food purchases in tiny bundles, or like Nomakhwezi, selling low-cost items such as sweets to people in the community. The returns on this are too small to do more than simply keep hunger at bay and it was difficult for those who received the grant on a temporary basis to maintain these activities once the grant stopped. Beyond the rhetoric of Vuk'uzenzele, there is a sense amongst participants that the informal economy is not supported by the state and that the government actually stifles informal economic activity by limiting hawking to designated areas and charging high rates for hawking stands and seizing alcohol from *shebeens* (unlicensed liquor establishments). Ferguson (2009) questions whether the promotion of the idea of an informal economy is not just an alibi for the failure of government to create jobs in South Africa. Those who had attempted to sell goods had found that the community could not afford goods, exploited entrepreneurs by asking for credit which was never repaid, or preferred to buy from large shops which sell goods at lower prices. As mentioned previously, there is also a high degree of what appears to be destructive competition between people in Blikkiesdorp which is seen as creating a high risk of failure and investment loss.

At one point in the focus groups I introduced the idea of the Basic Income Grant and people in the group thought it would be a good idea on a temporary or even once-off basis to facilitate job seeking as the costs of finding work such as transport and the designing and printing of CVs were considered extremely challenging. It appears that an initiative such as the proposed Job Seeker's Grant, although questionable in its ability to combat unemployment in the country, would be appealing to many people who are discouraged from even trying to seek work.

In families who are unemployed, even in families who do get the Disability Grant, you can't pull a R100 from your DG, your expenses for the month, say for the husband or the son and say 'go get yourself a job'. If someone gets a R100 to look for a job and they don't come back with a job then they don't want a job. (Samuel)

Although angry with the government, Penny was of the view that people should accept the fact that 'this is an animal world' and adopt the *Vuk'uzenzele* attitude even though she saw it as merely government rhetoric. During one of the focus group sessions, Penny took on the issue of people's defeatism in Blikkiesdorp, focusing particularly on Alison who received a Permanent Disability Grant and whom she saw as self-pitying and contributing to her own poverty through her negative attitude and wasteful approach to money. She lectured her and the greater group extensively on how to make her own food garden, sell some of her food and 'learn to say no' to other people's demands for money and to avoid the temptation of debt: 'You are putting yourself down. Don't rely on what other people say, push hard in life. No one is going to help you in the world, help yourself my darling' (Penny).

If you keep on staying in your house and think that somebody is going to come to your house and advise you, no one is going to advise you. My mother told me “make your garden there, you can eat from that garden and now outside my house there is my garden there is butternut, tomatoes, onions, carrots. There is a very clear thing that you can do more than sitting on the corner and gossiping “oh you see that furniture going to Mary” in that house, it is you who is going to have the heartbreak. So start from today, your husband is paid on Friday, so then take it, close your eyes, take a deep breath and go over the road and buy some food and you can live without debts. (Penny)

Although the willingness and capacity of Disability Grant recipients to use their grants to build more sustainable livelihoods is highly individual and circumstantial, the idea that the grant presents an opportunity for change or a “foot-up” is a strong one which is strongly supported by research on cash transfers internationally (see Literature Review Section 2.5.2). Having an income and being able to make financial decisions should empower individuals and provide them with opportunities to leave poverty, but the structure of the social security system in South Africa undermines this freedom and choice. The ‘rugged individualism’ promoted by the state is not appropriate in a context of such endemic poverty and forces those accessing cash transfers to take financial responsibility for others to such an extent that it quashes their ability to become the self-sufficient individuals that the state seeks to create.

CHAPTER 5: CONCLUSION

...the provision of rights and entitlements that realize normative social citizenship frameworks does not follow a linear path from providers to recipients that are fixed in institutionalized group identities. As the nature and content of identities fluctuates in response to social experiences, entitlements are also contested based on changing configurations and significations of grassroots discourses of rights and power. (Barchiesi, 2005: 34)

Those living in Blikkiesdorp, particularly those who are sick and disabled, are marginalised citizens that struggle to access their social and economic rights, including social security rights and the right to housing. These rights are constitutionally recognised but can only be progressively realised through social and economic development and disability and health rights. The slow pace of development has limited the realisation of these rights along with health and disability rights, the fulfilment of which are largely dependent on socio-economic factors. The government encourages a labour-orientated sense of citizenship, where those who work are considered productive and citizens and the social security system only provides social grants to those who are considered unable to work because of their age or physical disability.

Drawing on the experiences of research participants it appears that the gaps in social security provisioning (including both unemployment insurance and social assistance) and the low potential of the labour market to absorb high numbers of the largely unskilled unemployed in Blikkiesdorp, have resulted in those receiving Disability Grants taking on the financial pressure of dependants beyond that for which the grant was designed. Although the Disability Grant has the potential to promote the livelihoods of those suffering from permanent or temporarily disabling conditions, little of this grant money is used on the beneficiaries themselves and indicates that an unfair burden being placed on a category that the state has explicitly defined as vulnerable. The idea of the Disability Grant recipient as a “breadwinner” creates not only pressure for the recipient to maintain access to the grant but reconfigures the value attached to health and disablement. It is argued that social marginalisation and exclusion from the labour market participation and its connection with social citizenship and related benefits, has created an impetus towards favouring disability as an opportunity for social benefits in Blikkiesdorp.

The performance of narratives of disability to medical officers responsible for awarding the grant represents a case of drawing on one’s body to access social citizenship rights, and therefore a case of biological citizenship that aligned with Petryna’s (2002) understanding of this concept.

The award of the grant is dependent on one’s biological classification as unfit to work. Whilst medically defined, due to structural unemployment and high levels of socially determined physical or somatic illness, the idea of being fit to work has taken on more socio-economic meanings and boundaries between the social and the biological have become blurred. As a result, social and economic suffering is equated with biological suffering and therefore the right to be a biological

citizen. Whilst the extent to which people are actually willing to compromise their health for an income remains interesting, the broader idea that illness and disability presents an opportunity to access social security and social citizenship, and is therefore valued, says more about the social security system than extreme cases which remain in the realm of rumour and hearsay. The Disability Grant represents an opportunity to those who suffer from hunger, cold, the psychological effects of poverty, the dangers of crime, and vulnerability to illness and early death, to assert their rights as suffering bodies. These people have been marginalised by more than just gaps in the social security system but system-wide failures to provide opportunities for people to exit poverty and to be included in social and economic life.

The government only has limited resources to provide social citizenship rights to the poor in South Africa. It is argued that the state manages access to resources through responsabilising citizens and that this is even visible in participants' conceptions of the "deserving" poor, which, despite their own first-hand experiences of the frustrations of unemployment and poverty, considers the unemployed as largely accountable for their own joblessness and propose that only vulnerable groups should receive social assistance from the state. People who receive or have lost the Disability Grant are eager to protect the boundaries of what they see as their rightful entitlements from those who would exploit the category through what they consider fraudulent behaviour.

Localised understandings of disability and use of the Disability Grant in Blikkiesdorp indicate that the categorical targeting of disability is not necessarily appropriate as it creates distinctions between people that do not necessarily reflect local understandings of suffering and rights to social security. Whilst the state can continue to address the high demand for the grant by imposing increasingly strict application criteria, the fundamental underlying issue of people needing a "foot-up" out of poverty will not disappear and will simply further marginalise people who have legitimate health problems that prevent them from working, but who struggle to access Disability Grants, or will continue to put pressure on Disability Grant recipients to support large households with their grant income, trapping them in poverty.

Whilst this thesis has explored how the shape of the current social security system and socio-economic and context affects the lives of those who receive or seek social assistance, it is also important to consider other participants in the system and the burden Disability Grant requests place on other government services such as healthcare. Whilst the health care facilities serving the Blikkiesdorp community appear to be responding to this pressure by restricting access to Disability Grants, others have described the compulsion felt by officials and medical doctors to consider the socio-economic environment of applicants and offer the grant on humanitarian grounds. Whilst the vagaries around defining fitness to work have been the source of what can be a moral quandary around deciding who should or should not be eligible for the grant, attempts to rectify the system should not be approached in terms of tightening criteria or applying either the medical or social model of disability. Rather, the reality that illness and disability cannot be separated from social and economic contexts should be considered along with the fact that regardless of how strict or generous

doctors are with Disability Grants, the underlying reasons for people attempting to use their biological citizenship remain.

Although the Taylor Committee (2002) made its recommendations ten years ago, it highlighted issues and made recommendations which remain highly relevant to discussions around social security today; largely because the state still fails to provide a comprehensive or adequate social protection basket. This report, the other literature reviewed, and the findings of this thesis demonstrate that there has been little actual reform of the social security system in South Africa and that the government's vision of a developmental state has not been sufficiently successful at providing a route out of poverty for the majority of unemployed South Africans. Much of the literature points towards the Basic Income Grant as a way to provide a "step-up" to those living in poverty, but the strong resistance to the grant by the government on financial and ideological grounds makes its implementation unlikely. Whilst the Chronic Diseases Grant proposed by the Treatment Action Campaign could reduce some of the pressure on Temporary Disability Grant recipients with diseases such as HIV/AIDS, it is unlikely to reduce the inclination to value sickness over health. Whilst the National Planning Commission acknowledges the social protection gap and aims to create a "social floor" and define a set of public goods required to enable all South Africans to have a decent standard of living, the main focus of planning seems to be on creating employment (RSA NPC, 2012). Whilst solving the unemployment problem is the most appealing solution, in reality job creation has been difficult. The Community Work Programme, a relatively new component of the Extended Public Works Programme, which aims to give participants two days of work a week or eight days a month as a kind of social protection mechanism appears an interesting option that can be aligned with government's ideological objectives. However, the programme aims to reach only 237 000 people by 2013/14, a small fraction of the number of unemployed. Whilst the proposed Job Seeker's Grant may assist with job search costs, the fundamental issue that needs to be recognised by the state is that unemployment is a deep and probably long-term problem for the country.

It is likely that the best strategy to tackle unemployment, poverty and provide the most appropriate bundle of de-commodified goods to the poor will be contested and re-contested for many years to come. However, whilst policy is debated, designed and gradually implemented, people like those living in Blikkiesdorp remain in a state of chronic poverty, finding practical ways - whether drawing on their bodies through biological citizenship or through other means - to access a share of the social assistance money provided to certain categories of people in order to eke out an existence on the margins of society.

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APPENDIX : MAP OF BLIKKIESDORP DRAWN BY FOCUS GROUP PARTICIPANTS

