Zentrum für Planung und
Entwicklung Sozialer Dienste

Lars Wissenbach

Disability and Social Protection in Ghana

Perspectives on Livelihood Patterns and Individual Resource Arrangements of Persons with Disabilities

ZPE-Schriftenreihe Nr. 62

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Siegen 2026

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The present book was accepted in 2026 as a dissertation entitled *Disability and Social Protection in Ghana: Perspectives on Livelihood Patterns and Individual Resource Arrangements of Persons with Disabilities* by Faculty II of the University of Siegen.
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Second supervisor: Prof. Albrecht Rohrmann
Date of disputation: 5 February 2026

Impressum

Herausgeber:
Zentrum für Planung und Entwicklung Sozialer Dienste / ZPE
www.uni-siegen.de/zpe

Redaktionsadresse:
ZPE – Universität Siegen
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E-Mail: *sekretariat@zpe.uni-siegen.de*

Umschlag:
UniPrint, Adobe Firefly

Druck und Bindung:
UniPrint, Universität Siegen

Siegen 2026: univers*i* – Universitätsverlag Siegen
www.uni-siegen.de/universi

ISBN 978-3-96182-239-3
doi.org/10.25819/ubsi/10990

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Acknowledgements

This work would not have been possible without the support of many. Above all, I extend my deepest gratitude to the people in Ghana's Eastern and Central Regions who participated in this study. Their openness and generosity in sharing their everyday realities and life stories form the very foundation of this study. I would like to acknowledge all interview partners, with Mr N. as a representative, whose words frame this work. Though we met as complete strangers, he invited me to sit with him and entrusted me with the story of his entire life.

My sincere thanks go to my supervisor, Professor Johannes Schädler, for the immense trust, openness, and encouragement that allowed me to complete this thesis, and for the exciting, appreciative collaboration and support over the past years across many projects. I am equally grateful to Professor Albrecht Rohrmann for taking on the second review of this work and to Professor Bettina Ritter for her contribution as a member of the examination committee.

I thank all my dear colleagues at the Centre for Planning and Development of Social Services (ZPE), as well as my colloquium group, for their thoughtful inquiries about the progress and for their constant encouragement. Sincere gratitude is extended to Dr Martin Reichstein for his support throughout the many years we have worked together on a variety of projects. To Dr Paul Anderson, for the exciting joint projects and field research in Ghana. He brought me much closer to everyday life and public discourse in Ghana, supported the organisation of my fieldwork, and made many things possible. Thank you for that! And to Sandra Juliet Ahiataku for her unwavering support, for the valuable conversations about terms, phrases, interview statements, and their meanings in Twi, for the excellent collaboration on our projects in Ghana, and for her inexhaustible and infectious good humour. Medaase! A warm thank you is also due to my colleagues at the University of Ghana, Dr Efua Agyire-Tettey and Dr Abena Oforiwaa Ampomah, and, in the research districts, Kofi, Michael, and Mathilda, who supported my fieldwork in various ways.

A very warm and special thanks goes to Dr Lena Bertelmann, who became my doctoral sister early on in this journey. Thanks for the countless hours spent together in the library, for listening, guiding, doubting, and encouraging right up to the very last step.

Special thanks also go to my family, my parents and my sisters, as well as my parents-in-law, for their unconditional support, which made completing a doctorate possible at this stage of life. A very special thanks goes to my next-older sister, Kersti, for mentally paving the way into higher education, international development, academia, and finally embarking on the challenging adventure of a doctoral project. Without you, I might not have had the courage to start this journey.

Finally, my deepest thanks go to Sarah for just being her, for listening and encouraging me to keep going, for her unwavering patience, and for holding everything together. This PhD would not have been possible without you. And to our three little ones, thank you for your patience and for bringing so much joy and happiness.

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List of Abbreviations

AFRC	Armed Forces Revolutionary Council
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung
CBR	Community-Based Rehabilitation
CBID	Community-Based Inclusive Development
CHE	Catastrophic Health Expenditure
CHPS	Community-based Health Planning and Services, Ghana
CLICs	Community LEAP Implementation Committees, Ghana
COR	Conservation of Resource Theory
CPP	Convention People's Party
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
CSPC	Community Social Protection Committees, Ghana
DACF	District Assembly Common Fund, Ghana
DCF	Disability Common Fund, Ghana
DFID	Department for International Development, UK; replaced by the Foreign, Commonwealth & Development Office (FCDO) in 2020
DPCU	District Planning Coordinating Units, Ghana
DSPC	District Social Protection Committees, Ghana
ERP	Economic Recovery Program
FAO	Food and Agriculture Organization of the United Nations
FODA	Federation of Disabled Associations, Ghana, now GFD
GBU	Ghana Blind Union
GDP	Gross Domestic Product
GFD	Ghana Federation of Disability Organisations
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GPRS	Ghana Poverty Reduction Strategy
GSPD	Ghana Society of the Physically Disabled
GSS	Ghana Statistical Service
HDI	Human Development Index
HIPC	Highly Indebted Poor Country (IMF)
IDA	International Disability Alliance
IDS	Institute for Development Studies, University of Sussex
IGF	Internally Generated Funds, MMDAS Ghana
ILO	International Labour Organisation
IMF	International Monetary Fund
IRU	Industrial Rehabilitation Unit
LEAP	Livelihood Empowerment Against Poverty, Ghana
LIPW	Labour-Intensive Public Works, Ghana
LNOB	Leave No One Behind

MASLOC	Microfinance and Small Loans Centre, Ghana
MDGs	Millennium Development Goals
MEHSOG	Mental Health Society of Ghana
MMDAs	Metropolitan, Municipal and District Assemblies
MPI	Multidimensional Poverty Index
NAD	Norwegian Association of the Disabled
NCD	National Commission for Democracy
NCD	Non-Communicable Diseases
NDC	National Democratic Congress
NGO	Non-Governmental Organisation
NHIA	National Health Insurance Authority, Ghana
NHIF	National Health Insurance Fund, Ghana
NHIL	National Health Insurance Levy, Ghana
NHIS	National Health Insurance Scheme, Ghana
NLC	National Liberation Council
NORAD	Norwegian Agency for Development Cooperation
NPP	New Patriotic Party
NRC	National Redemption Council
NTD	Neglected Tropical Diseases
ODA	Official Development Assistance (as defined by OECD)
ODI	Overseas Development Institute, UK
OECD	Organisation for Economic Co-operation and Development
OPD	Organisation or Persons with Disabilities
OPP	Out-of-pocket payments
PAMSCAD	Program of Action to Mitigate the Social Costs of Adjustment
PMT	Proxy-Means Test
PNDC	Provisional National Defence Council
PNP	People's National Party
PWD	People with Disabilities
RRU	Rural Rehabilitation Unit
SDGs	Sustainable Development Goals
SFP	School Feeding Programme, Ghana
SHIA	Swedish Organisation of Disabled Persons International Aid Association
SSNIT	Social Security and National Insurance Trust, Ghana
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Programme
UNPRPD	UN Partnership to Promote the Rights of Persons with Disabilities
VAT	Value Added Tax

WAWC	West African War Council
WHO	World Health Organisation

Chapter 1 – Introduction

1.1 Background and Research Interest

> *The thing is <<claps>> in this life, you, if you go to them to seek help, they will insult you, but if you put in a some effort to make ends meet too, then they, they say that you are a wizard, you see (Int. 14, Pos. 133)*

In this statement, Mr N illustrates a pattern of social relationships within the local community where he has lived for the past 40 years. He presents this as a form of lived experience (*in this life*), framed as a kind of institutionalised reality. Quite obviously, Mr N describes a dilemma. On one hand, he does not seem to consider himself in a social position that allows him to actively seek support from the community members. He assumes a form of harsh rejection (*they will insult you*), symbolising the exclusion from the community of those deemed entitled to support from others. On the other hand, when he attempts to manage without support, like others in the community, he is also met with rejection. This time, he is cast outside the realm of ordinary humanity and labelled as a kind of magical being (*they say that you are a wizard*), which carries a negative connotation. Mr N lives with his wife in a rural community in Eastern Ghana. Their grown-up children have moved out. He and his wife sustain themselves through subsistence farming and the sale of small-scale crops, such as cassava. He has been blind since childhood.

Mr N's statement includes multiple implicit references to resources, specifically to what this thesis will refer to as his 'individual resource arrangement'[1]. As a preliminary conceptual approach, resources are framed as characteristics and conditions on which people depend, which are provided by others or the environment (institutions, culture, technology, nature), or which are developed by the individual themselves (Schubert & Knecht, 2012, p. 16). They describe personal, social or material conditions, objects, means and characteristics that individuals can use over their lifespan to cope with external and internal demands and objectives and to maintain or restore health and well-being (see e.g. Willutzki, 2003, p. 91; 2008, p. 254; Brandstätter et al., 2003, p. 49). The statement offers initial insights into various types of resources, including social status, interpersonal relationships within his social environment, and the broader socio-cultural framework, which encompasses notions of community, reciprocity, and dis/ability[2]. It also provides clues about the underlying dynamics, interdependencies, and norms that might govern the exchange of these resources. This study is particularly concerned with these and other forms of resources, along with the dynamics and rules governing their exchange and conservation. It explores the significance of individual resource arrangements within the context of design and implementation practices of public social protection schemes in Ghana.

Resources are far from being an objective category. Instead, the significance and utilisation of resources are also individually dependent on the identification and assessment of their usefulness in coping with the concrete requirements of individual livelihoods[3]. These change throughout the

[1] A precise definition of individual resource arrangements, as understood in this thesis, is provided in Chapter 5.2.

[2] The term 'disability' requires in-depth explanation and theoretical framing, which is provided in Chapter 3.

[3] Over the past decades, various definitions have emerged that attempt to explain and represent the complex nature of a livelihood. They usually refer to various assets which are employed by individuals and households to 'make a living'. An elaborated definition of 'livelihood' which is frequently addressed in development literature, has been suggested by Chambers and Conway: 'A livelihood comprises people, their capabilities and their means of living, including food,

lifespan and are dependent on a multitude of internal and external factors, including social and cultural contexts, age- and gender-specific developmental tasks of a society, objectives and value systems, individual strategies, current mood, situation, socialisation process, individual experiences, and so on (Schubert & Knecht, 2012, pp. 16 ff.). Although social protection interventions are generally designed with the assumption that they respond to the specific resource arrangements of their target groups, empirical evidence indicates a weak correlation between externally observed resource perspectives and individuals' subjective assessments (Foa & Foa, 1976). This discrepancy presents a significant challenge for the design and implementation of social protection schemes.

Against this background, this thesis seeks to examine the assumptions on and expectations towards individual resource arrangements that are inscribed in the designs and implementation practices of public social protection programmes. The study centres on persons with disabilities as a potential target group of such programmes in the Republic of Ghana. In this context, it focuses on three key schemes: the Disability Common Fund (DCF), the Livelihood Empowerment Against Poverty (LEAP) cash transfer scheme, and the National Health Insurance Scheme (NHIS). In a second step, the thesis explores the potential matching of the aforementioned assumptions and requirements inscribed in these schemes with the perspectives of potential beneficiaries with disabilities regarding their 'individual resource arrangements'.

Over the past three decades, social protection has emerged as a critical pillar of state development strategies within the international development context. Social protection programmes in countries of the so-called Global South[4] have undergone systematic expansion, largely driven by the influence

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income and assets. Tangible assets are resources and stores, intangible assets are claims and access. […] A livelihood is socially sustainable which can cope with and recover from stress and shocks, and provide for future generations' (Chambers & Conway, 1991). A more recent definition by Islam & Ryan (2017) frames livelihoods as a set of means and methods or activities and strategies or pursued by individuals and households, using their various assets (physical, natural, human, social, financial) in order to secure basic necessities (food, water, shelter and clothing) of life. The concept, therefore, revolves around resources such as land, property, crops, food, knowledge, finances, social relationships, and their interrelated connections with the political, economic, and sociocultural characteristics of an individual community. This definition is structured around various forms of resources that closely align with the resource-theoretical framework adopted in this thesis.

The concept of 'livelihood' has become especially prominent in development discourse since the 1990s. In response to the neoliberal shift in development and based on the assumption that economic resources alone are insufficient to ensure a sustainable protection of livelihoods, the livelihood discourse seeks to understand the complex and evolving factors that influence people's livelihoods, particularly in low- and middle-income countries. In this context, livelihood perspectives consider the relationships between capabilities, capitals/assets, and activities, as well as the influence of institutional and political environment, as the basis for sustainable livelihoods. Central to the livelihood perspective have been notion of capital from economics and sociology, formalised by the UK Department for International Development (DFID) into the 'five capitals', which include Human, Social, Natural, Physical, and Financial Capital (see DFID, 2001).

The systematisation of livelihood perspectives as an approach and tool for planning, analysing, and evaluating poverty alleviation strategies, particularly within the context of rural development, was primarily carried out by the Institute for Development Studies (IDS) at the University of Sussex and DFID (see Chambers & Conway, 1991; Scoones, 1998; DFID, 2001; Solesbury, 2003; Natarajan et al., 2022 for a comprehensive overview). Despite widespread adoption and the explicit aim to capture complexity, the approach and its operationalisation by development stakeholders are also subject to critical scrutiny, sometimes by the same authors. A key criticism concerns the inadequate representation of hierarchies, power dynamics, and entitlements in the implementation of development strategies, as well as the insufficient consideration of structural inequality and global power relations, viewing poverty as a lack of resources rather than as a consequence of injustice (see e.g., Chambers, 1997; Mearns, Leach & Scoones, 1997; Natarajan et al., 2022).

[4] The term Global South primarily refers to the regions of Latin America, Asia, Africa, and Oceania, i.e., the regions outside Europe and North America. Some of these regions (not all) have low to medium average incomes and often experience political marginalisation on the global stage. Over time, distinctions such as First, Second, and Third World (used during the Cold War), along with terms like industrialised and non-industrialised countries or developing and

of multilateral and bilateral donors. This trajectory is also evident in Ghana, where a neoliberal approach to social protection, centred primarily on targeted conditional transfers for specific groups, was established in the wake of World Bank and IMF-led structural adjustment programmes in the 1990s. The three programmes examined in this study can likewise be situated within this developmental path. Among other critiques, this neoliberal trajectory has been challenged for isolating the issue of vulnerability from the broader systemic processes that, through a cumulative causation dynamic, have produced the very conditions it seeks to address, namely, extreme poverty and vulnerability (Adesina, 2011, p. 466). At a practical level, this meta-level critique is closely connected to the issue of context sensitivity in social protection schemes, a concern that lies at the core of the research focus employed in this thesis. Rooted in this concern, this thesis examines the three Ghanaian social protection schemes as intended interventions in the resource arrangements of individuals with disabilities, aiming to secure and promote individual livelihoods. While these interventions are primarily economic, it is widely accepted that economic resources alone are often insufficient to ensure a sustainable protection of livelihoods (see, e.g., Knecht et al., 2014; Sen, 1999; Scoones, 1998; Chambers & Conway, 1991).

By 2023, for the first time, over half of the global population (52.4%) was covered by at least one social protection benefit, with an overall coverage rate of 25.2 per cent in Ghana (ILO, 2024, p. 284). Nonetheless, 47.6 per cent of the global population and 74.8 per cent of Ghanaians remain without access to public social protection. The situation is different for people with disabilities, where the African continent shows a recent decrease in coverage from 8.4 to 8.1. For Ghana, the recent ILO Global Social Protection Report (ibid.) suggests social protection coverage of 0.1 per cent for persons with severe disabilities. Although Ghana's legislative and policy frameworks on disability and social protection, along with the successful rollout of public schemes targeting people with disabilities, such as LEAP, are often celebrated in international development discourse, there is limited evidence on their actual impact on the livelihoods of people with disabilities.[5] It can be assumed that the majority of people, and persons with disabilities in particular, are and will remain dependent on indigenous forms of social protection[6]. In consequence, the vast majority of people with disabilities in Ghana rely on resources that are embedded in indigenous social protection structures, such as family, neighbourhood and local community.

Mr N's account underscores the importance of respective social and socio-cultural resources in facilitating participation in community-based resource exchange processes. As this study will

industrialised nations, have been replaced, mainly because of their discriminatory and paternalistic undertones. In this context, the term also aims to shift focus from economic and cultural differences to geopolitical power relations. While terms like developing countries suggest a hierarchical, Eurocentric idea of development that these nations must follow, Global South and North describe different political, economic, and cultural positions worldwide. However, the term has faced criticism for oversimplifying the world into a binary division, even though it cannot accurately describe real geographical borders where political, economic, and social differences exist. Furthermore, these terms tend to portray both the Global North and South as unified and homogeneous, which is clearly false. Both encompass vast internal historical, cultural, and economic diversity. Therefore, these terms create an overly simplistic view of difference. Despite these shortcomings, the term is used here due to the lack of a more suitable collective term. It also refers to ongoing postcolonial dependencies and spheres of influence, which are addressed in this work. It is important to note that the ideas of 'the North, East, South and West' were never primarily about geography but represent complex concepts without a single, straightforward meaning. According to Dados and Connell (2012), the term Global South 'references an entire history of colonialism, neo-imperialism, and differential economic and social change through which large inequalities in living standards, life expectancy, and access to resources are maintained'. For further details, see Dados and Connell (2012).

[5] See discussion in Chapter 4.3

[6] The term 'indigenous social protection' requires in-depth explanation and framing, which is provided in Chapter 4.3.

further suggest, such resources can serve as a crucial foundation for the positive impact of public social protection programmes. At the same time, his statement highlights the complexity and individuality of personal resource arrangements. It prompts questions about the meaning of concepts such as community, reciprocity, and disability as evolving social constructs that form a crucial basis for understanding the dilemma he describes. Additionally, it invites reflection on internal resources, physical, psychological, and economic, and how these interact with broader socio-cultural and structural conditions. At its core, the thesis therefore examines the interplay between state and indigenous structures and procedures of social protection in the context of disability. In doing so, it also explores the underlying concepts of the individual, community, reciprocity, and social justice.

The resource-theoretical approach adopted in this thesis aims to provide a systematic framework for engaging with the complexity inherent in social protection programmes, which intervene in multifaceted individual resource arrangements. Disability, understood as a social construct, serves as a central focus of the analysis and represents a key dimension of this complexity. The theoretical approach to disability in this study will be primarily informed by discourses within Global Disability Studies, with particular emphasis on the concept of ableism. Drawing on various resource theories, the thesis focuses particularly on the social conditionality of individual resource arrangements of people with disabilities and the dynamics that shape processes of resource exchange and the possibilities for resource conservation. In doing so, it seeks to generate new insights into the specific nature of individual resource arrangements among persons with disabilities in the Ghanaian context, aiming to contribute to a better understanding of how the design and implementation practices of the examined social protection programmes interact with these specific arrangements.

1.2 Thesis Outline

This thesis is organised into nine Chapters. Following the introduction, *Chapter 2* sets the theoretical and conceptual framework for the contexts of social protection and dis/ability. The prevailing narrative of welfare state development, shaped around wealthy democracies and focused on domestic structural factors and national actors, offers only partial insight into the emergence and configuration of social protection systems in other regions of the world (Schmitt, 2020, p. 3f). Understanding contemporary developments in the field of social policy in Ghana requires, in the first step, a comprehension of its historical roots and the conditions under which social policy institutions emerged and operate. Chapter 2, therefore, starts with an overview of the historical development of social policy in Europe and Africa, combining different strands in a chronological historical sequence. It provides a deeper examination of the structural preconditions for socio-political developments from the 1st to the 4th Republic of Ghana, as well as approaches to disability policy, serving as a basis for contextualising and discussing more recent developments and current aspects of Ghana's approaches towards social protection and disability. This is followed by a more detailed examination of the fundamental concepts of social policy, including social perceptions and constructions of social reciprocity, social risks, social responsibility, social justice, and the common good, in both European and African contexts, thereby critically evaluating the transferability of social policy approaches.

Chapter 3 aims to situate disability within the ontological frameworks of the individual, community, and social reciprocity, thereby fundamentally reconsidering the meaning and structure of social protection mechanisms. Therefore, disability is discussed from two major perspectives: disability

as a legal concept in a welfare state framework and disability as a category of difference. This discussion is grounded in the preceding discussion on conceptions of being and reciprocity, as well as social justice and respective sociohistorical development paths, which form the basis for contemporary disability-related social protection approaches in Ghana. The chapter provides a closer examination of perceptions of disability in Ghanaian contexts and the corresponding discourse in the field of international development cooperation, which is discussed in relation to current debates within the Critical Global Disability Studies framework and the concept of 'ableism'. This is to explore the explanatory potential of these theoretical approaches in understanding African communitarian constructions with regard to disability, social justice and social protection.

Chapter 4 examines how these dimensions appear in contemporary social protection discourse in the so-called Global South. It reviews the global legislative and policy framework and traces the growing prominence of social protection in development discourse and practice over the past three decades, placing developments in Ghana within this broader context. The focus then shifts to disability, with an in-depth examination of relevant social protection schemes in Ghana and an overview of the current state of research on their impact on the livelihoods of people with disabilities. It further discusses indigenous forms of social protection and their complementary role in individual resource arrangements of people with disabilities. The chapter concludes by synthesising these insights within the research focus of the thesis.

As mentioned earlier, the thesis employs a resource-theoretical approach to enable a more nuanced perspective on the complexity of individual livelihoods. To provide the basis for this, *Chapter 5* seeks to operationalise the concept of resources with regard to the research interest of this thesis, i.e., the role of resources in how people protect and sustain their livelihoods. The resource-theoretical approach seeks to enable a more nuanced perspective on the complexity of individual livelihoods. *Chapter 5.1* provides a general introduction to the role and definitions of resources in different scientific disciplines. This is followed by an in-depth introduction to three theoretical frameworks, highlighting different aspects in the context of resource and livelihood protection. These include Resource Theory of Social Exchange (Foa & Foa), Conservation of Resources Theory (Hobfoll), and Theory of Capital and Class Distinction (Bourdieu). On this theoretical basis, the thesis examines social interactions as frameworks through which resources are exchanged. Aligned with the three distinct theoretical approaches, it seeks to better understand the structures and dynamics governing access to these exchange frameworks, the logics of resource exchange, and the conditions of resource conservation, i.e., resource gain and loss. Based on an in-depth exploration of resource theory, *Chapter 5.2* conceptualises resources as an analytical framework for studying social protection in the context of disability, thereby providing the basis for the empirical study. This includes a more precise definition of what this thesis terms 'individual resource arrangements'. The analytical framework further introduces a perspective on social protection schemes as interventions into individuals' resource arrangements, positioning these arrangements as the foundation for the design of social protection schemes.

Chapter 6 details and reflects the methodological approach and research methods adopted for the study on resource arrangements of individuals with disabilities in three districts in Ghana's Central Region and Eastern Region. In a first step, beyond a profile of the country, this includes the basic research interest and the methodological positioning of the study, a definition of the research field, and a detailed explanation and justification of the chosen methodology. The chapter then delves

into the data collection process, covering aspects such as sampling, field access, data collection instruments and their practical application, as well as an overview of the data set. This is followed by an introduction to the analysis strategy. Overall, particular attention is given to the challenges of conducting qualitative social research in foreign languages and cultural settings as well as ethical considerations, particularly concerning research on dis/ability and within so-called Global South contexts, conducted by a European researcher.

Empirical findings of the study are presented in *Chapter 7*, with deductively and inductively developed resource categories serving as the underlying structure. In the first step (*Chapter 7.1, Analysis PART A*), the presentation of findings focuses on the Ghanaian public social protection schemes deemed most relevant by interviewees. These are the Disability Common Fund (DCF), the Livelihood Empowerment Against Poverty (LEAP) cash transfer scheme, and the National Health Insurance Scheme (NHIS). The analysis seeks to identify the requirements embedded in the design and implementation practices of the three schemes regarding the individual resource arrangements expected of their users. These types of resources, termed 'complementary resources', form the foundation for the second part of the analysis (*Chapter 7.2, Analysis PART B*), which turns to potential users with disabilities and examines how these complementary resources can be understood as components of their individual resource arrangements. Chapter 7.2 is structured around the identified resource types, each explored through a set of resource-related subthemes that emerged from the analysis. The chapter aims to uncover the social constructions and attributed meanings of these resources as reflected in the interview data. It is essential to recognise that the various resource types are closely interrelated and interact in complex ways, rendering a linear, chronological presentation of their socially attributed meanings particularly challenging. As a result, the chosen structure of the findings involves numerous cross-references between the various sub-chapters, reflecting these interconnections. Each section concludes with a summary formulated around several hypotheses. The chapter as a whole closes with a conclusion that directly addresses the four guiding research questions of the empirical study.

Chapter 8 synthesises the findings of the empirical study with the resource theory framework introduced in Chapter 5. It examines key results from the analysis in Chapter 5 through the lens of the three theoretical approaches (Foa & Foa, Hobfoll, and Bourdieu). Additionally, the chapter systematically engages with relevant discourses on the social constructions of disability, personhood, and community, particularly those concerning ableism, social reciprocity, and social justice in both European and African contexts, as outlined in Chapters 2, 3 and 4. The hypotheses developed in Chapter 7 form the central basis for this discussion. The central aim is to highlight the significance of individual resource arrangements as a foundation for shaping the design and implementation of social protection programmes. The discussion, therefore, delves into the underlying logic and dynamics of resource conservation and exchange processes, offering deeper insight into the structural challenges embedded within current programme designs and implementation practices. References to specific findings on the direct effects and challenges of the three social protection schemes are made in relation to the relevant body of research outlined in Chapter 4; however, these are not the primary focus of the discussion.

The conclusion in *Chapter 9* offers a reflective synthesis of the thesis's approach and findings. This reflection is framed at a meta-level, revisiting the key concepts of individual, community, reciprocity, and social justice introduced at the outset, which underpin both state and indigenous social protection systems. Finally, the chapter considers the challenge of integrating these structures

within the broader context of Ghana's dual governance system, where state and traditional authority structures coexist.

Chapter 2 – Foundations of Social Protection in Europe and Africa

2.1 Historical Development of Social Policy

Understanding contemporary developments in the field of social policy in Ghana requires a comprehension of its historical origins and the conditions under which social policy institutions emerged. For this reason, a rough overview of the historical development of social policy in Europe and Africa is provided below. This subchapter combines different strands in a chronological historical sequence. Against the background of the historical development of social policy in Europe and Africa, and in light of its evolution in the field of international cooperation, it offers an in-depth examination of developments in the Republic of Ghana up to the 1990s. The structural conditions for socio-political developments from the 1st to the 4th Republic of Ghana are discussed. In this context, approaches to disability policy are presented as examples. This aims to establish a foundation for contextualising and discussing more recent developments and current aspects of Ghana's social protection approaches within this thesis. The historical overview outlined here does not claim to be exhaustive but focuses on relevant events and processes in the context of this study.

Efforts in public social welfare have been recognised since early civilisations, such as the Pharaonic period in Egypt, ancient Rome, the Rashidun Caliphate[7], and the Angkorian Empire[8]. In fact, social policy is rooted in centuries-old debates about how societies can promote the well-being of their citizens (Midgley, 2019). Since ancient times, religious scholars have exhorted believers to care for those in need and to promote the common good. Secular writers have given prescriptions and guidelines on how rulers should promote social well-being (ibid.). Even then, social actions often served to stabilise power. However, the promotion or maintenance of social well-being has historically been regarded more as a private matter in most societies (Midgley et al., 2000). The provision of care and support for individuals was traditionally regarded as the responsibility of proximate social networks, most notably the extended family and local community. Societal responses to disability, however, were often complex and ambivalent, encompassing interpretations that associated disability with witchcraft or malevolent forces, as well as practices such as infanticide.

The social policy field arose with the formation of the modern state and the dissolution of feudal power structures at the end of the Middle Ages in Europe. In this context, Boeck et al. (2015) emphasise the development of the concept of human dignity and the understanding of poverty as a violation of human dignity as key factors that continue to influence the social organisation of societies today. They also highlight the importance of alms and blessings as acts of economic exchange, with longstanding traditions in Judaism, Christianity, and Islam. Additionally, even during the Middle Ages, formal social protection systems existed for certain occupational and

[7] In the Islamic world, since the time of the Rashidun Caliphate in the 7th century the 'Zakat', an obligatory provision of a certain share of one's property to those in need and one of the Five Pillars of Islam, has been collected by the government and used to provide for people in need, including those living in poverty as well as orphans, widows, elderly people and people with disabilities (see e.g. Crone, 2005).

[8] Stone inscriptions from the 12th-century Angkor Empire (in the area of present-day Cambodia) allow conclusions to be drawn about a state-financed public health system (see e.g. Wolfarth, 2020).

personal groups, who maintained a special mutual relationship of loyalty and dependence with their lords. This included, for example, early structures for caring for war victims or civil servants in old age. It has become increasingly clear that social well-being is shaped by broader, more complex economic, social, and structural forces. This recognition has legitimised the claim that governments bear responsibility not only for alleviating conditions that produce 'illfare' but also for actively intervening to promote the welfare of their citizens (Midgley et al., 2000, p. xiii).

2.1.1 European Origins of Social Policy

Since the 16th century, natural resources have lost their significance compared to the money economy, and the economic situation of the rural population has deteriorated (Boeck et al., 2015). Many rural residents fled feudal dependencies to the cities. The number of impoverished people increased. Even before the new capitalist economy fully took hold with industrialisation, traditional social security systems lost their relevance. Across Europe, rising poverty was no longer manageable under the old-fashioned church welfare system (ibid.). These developments were first addressed through municipal social policy measures, including begging regulations for the 'deserving' and workhouses[9] for the so-called 'undeserving' poor, within the European realm of Emperor Charles V. The English Poor Law regulations, for example, date back to 1536. After individual municipalities had already established regulations for the treatment of people living in poverty in the 16th century, the Poor Law became the first foundation for a nationally uniform system of support for those in need in England. It covered people regarded as unable to work ('impotent poor'), those who could not find work ('able-bodied'), and those who refused to work ('vagrants'). This system of poor relief persisted in various forms until the emergence of welfare state regulations at the beginning of the 20th century. Today, it is considered one of the earliest socio-political interventions by the state.

The origins of social policy for society as a whole date back to the advent of industrial capitalism in Europe. This was accompanied by the legal abolition of serfdom and the release of workers (Boeck et al., 2015). The existing poor laws in Europe did not withstand the developments of the 19th century. The onset of industrialisation, population growth and the influx into the cities increased the costs of poor relief and made the system ineffective. Social policy reforms began in France with the ban on child labour in mines in 1813, followed by the expansion of labour protection laws in France, Prussia and England. Germany became the leader in social legislation on the European continent after the proclamation of the Second German Empire in 1871 (ibid.). In addition, social activities of the churches expanded in the 19th century and became increasingly institutionalised.[10]

The specific term 'social policy' emerged in the context of German political and social science in the preliminary phase of the events around 1848 (Kaufmann, 2005). While social progress was historically believed to be driven by forces beyond human agency, in the 19th century, it was gradually recognised that humans themselves could direct social change through economic and

[9] The workhouses required people to live in institutions in demeaning conditions and work in exchange for their benefits. Kidd (2015) points out that poor relief had initially been provided as unconditional transfers. It was made conditional on recipients entering the workhouse as the concept of the 'undeserving poor' grew, along with fears of a growing 'dependency' culture, to maintain the middle class's acceptance of tax spending.

[10] This includes, for example, the founding of the YMCA with its work in slums and the founding of workers' homes in England or the Inner Mission Movement in Germany associated with names such as Fliedner or von Wiechern.

social policies that bring about improvements in social conditions (Midgley, 2019). In the context of the distinction between state and society introduced by Hegel, social policy very generally referred to the determination between the private sphere of a market society and the public sphere under the rule of law to solve the so-called 'social question' (Kaufmann, 2005, p. 25).[11] In general, raising the 'social question' 'means that a society recognises social issues in a generalised way as a key concern of society to be addressed by the state, linked to a call for political remedies' (Leisering, 2021, p. 7). While in the pre-March era ('Vormärz'[12]) the social question was defined as a problem of pauperism[13], its meaning subsequently shifted to a 'labour question' of high societal significance (Kaufmann, 2005, p. 25). Accordingly, since the 1880s, social policy has referred to all efforts aimed at addressing the specific needs of industrial workers. Consequently, conceptions and approaches of social policy 'reflect historical priorities and changing attitudes towards the causes of social problems and solutions perceived as being most appropriate' alongside the theoretical paradigms of the time (Hall & Midgley, 2004, p. 4).[14] Kaufmann (2005) emphasises the importance of the way the 'social question' is articulated early on, as this shapes institution-building in the field of public welfare and may predefine a path for future social policy development.

Otto von Bismarck's (*1815) social legislation then gave the term an increasingly important role in state policy (ibid.). In Germany, the introduction of social legislation finally followed in 1883. In a relatively short time, laws were passed that established important structural features, including statutory health insurance (1883), accident insurance (1884) and disability and old-age insurance (1889). An extensive system of social insurance was established in Germany, designed not only to guarantee a minimum subsistence level but also to preserve established standards of living. Distinct from this, a basic system of social assistance served as a residual safety net, addressing poverty and social needs not directly linked to wage labour. Responsibility for its administration rested primarily with local authorities and welfare associations. Assistance was frequently provided in earmarked forms, such as vouchers, and was contingent upon rigorous needs assessment procedures. In contrast to social insurance, however, basic social assistance did not constitute a legally enforceable entitlement until the 1960s. Instead, it was granted on the basis of administrative discretion, often reproducing the stigmatising legacies of traditional poor relief.

Comparable social security legislation soon emerged elsewhere, notably in France from 1898 and in England from 1908. In England, mounting pressure from the labour movement prompted the Liberal government to introduce the first limited elements of a national, contribution-based insurance system (Old Age Pensions Act, 1908; National Insurance Act, 1911). These initiatives, however, remained far less comprehensive and institutionally entrenched than the German model of social insurance. Until the aftermath of the First World War, the core of English social security continued to rest on tax-financed basic provision rooted in the Poor Laws, with their stigmatising

[11] Within the framework of these developments, it was clearly defined that economic activity in capitalist enterprises is not a private legal relationship exclusively subject to freedom of contract, in which employers and employees negotiate their mutual benefits in individual freedom. Rather, there are general societal and thus state interests in generally binding regulations in this area.

[12] The term refers to the period of German history between the July Revolution of 1830 and the March Revolution of 1848/1849, which is closely associated with the rise of nationalism, liberalism and socialism as well as the transitional phase from an agrarian state to an industrial state, which brought new social grievances and structural poverty.

[13] The term refers to the impoverishment of large parts of the population immediately before the first industrialisation, which today is attributed to a variety of factors. This mass poverty was accompanied by social disintegration phenomena such as riots, epidemics and neglect among those affected.

[14] See chapter 2.1.2 for a discussion of the theoretical paradigms underpinning different social policy approaches.

and disciplinary character. These were then gradually replaced by new components of a modern welfare state, which in England culminated in the tax-funded Beveridge model, primarily aimed at securing the minimum subsistence level rather than maintaining the standard of living.

In France, too, the development of state social security initially advanced more slowly than in Germany. The first measures were introduced with the Loi du 9 avril 1898 (compensation for work accidents) and the Loi du 5 avril 1910 (pension system for workers and farmers). The crucial phase began with the Loi du 5 avril 1928, which made social insurance in France compulsory for most workers and covered risks such as illness, disability, and old age. This was particularly driven by pressure from the political left. The decisive turning point came with the establishment of the Sécurité Sociale after the Second World War. Conceived as a compromise between the contribution-based Bismarckian model and the universalist Beveridgean approach, the French system retained a contribution-based mode of financing while aiming for universality and comprehensive protection of citizens against social risks. In contrast to the German trajectory, where social insurance was instituted in a top-down manner as an instrument of social pacification, the French case was characterised by the active participation of workers, who acted as direct partners in shaping a system designed to insure their own risks.

With the expansion of welfare state[15] activities in the 20th century, the concept of social policy gradually separated from the labour question and became increasingly complex (Kaufmann, 2005). Over the decades, poor relief programmes were increasingly replaced by growing investment in social policy measures that offered access across all income classes, thereby benefiting both the middle classes and those living in poverty, e.g., through universal primary education and old-age pensions (Kidd, 2015). Social security systems were radically transformed to become 'inclusive lifecycle systems, offering a range of schemes addressing lifecycle contingencies such as old age, childhood, disability, widowhood and unemployment' (ibid.). Governments increasingly adopted social policies that introduced social services in the fields of health, education, housing, income security, family and community welfare, as well as transportation, culture, and recreation, urban and local planning, and migration, addressing the social well-being of their citizens (Midgley et al., 2000). These were increasingly backed and complemented by legal regulations as well as tax interventions to enhance and protect social well-being (ibid.). Furthermore, the development of social policy was supported by the introduction of scientific methods that provided evidence on the social well-being of the population and could therefore inform policymaking. These included, for example, the introduction of the census in the early 19th century as well as ethnographic studies on workers and people living in poverty (ibid.).

Gough (2008) explains the emergence and expansion of the 'northern welfare states' through his comprehensive 'Orthodox Model'. He employs a combination of structural factors that aim to account for welfare state development. These are (1) *Industrialisation:* changing economic, demographic, and social structures (e.g. urbanisation) which create social problems but also supply the means to tackle them; (2) *Interests*: collective actors, power resources and movements, e.g. the

[15] In the context of this work, the term refers to what is discussed as 'modern welfare state', a form of government that emphasises the state's concern for economic and social policy, and the protection and promotion of economic and social well-being of the citizens. The term is used internationally as a generic term for different models. It is often based on the principles of equal opportunity, fair distribution of wealth and public responsibility for citizens who are unable to secure a minimum standard of living on their own. Basic features often include, amongst others, social assistance, social insurance, public provision of basic education, health services, and housing. See also the discussion below on Esping-Andersen's 'The Three Worlds of Welfare Capitalism' and its relevance for African States.

political mobilisation of labour movements, conservative elites, and left-wing political parties, which determine if and how social problems actually elicit responses; (3) *Institutions*: nation building, citizenship, states, constitutions, and political systems, i.e. democracy, federalism, electoral systems, and the separation of powers, which channel the articulation of interests (Gough, 2008; Leisering, 2021). With regard to the so-called Global South, Gough adds two factors which are (4) *Ideas*: culture, ideologies, epistemic communities, and policy learning; and (5) *International supra-state influences*: war, globalisation, global civil society, policy transfer, or global governance (ibid.). For Gough, it is a complex dynamic of these factors that leads to social policy outputs. In the context of the research subject of this work, it is therefore to be noted that a complex variety of conditions must be met for social policy arrangements to emerge and grow. As will be shown below, international influences, along with the other aforementioned factors, have been of particular importance in the development of social policy in Ghana and other countries of the so-called Global South over the past decades.

2.1.2 European Imperialism and Social Policy

The period between 1880 and the First World War marked a fundamental shift in European imperialism, including the rapid colonisation of the African continent, frequently referred to as the 'Scramble for Africa'. Ten per cent of Africa that was under formal European control in 1870 increased to almost 90 per cent by 1914. The conflicts over African colonies were part of the global power struggle among many European states, which ultimately led to the outbreak of the First World War (Hall, 1992; Fuchs & Raab, 2002). The era of European expansion and colonialism as a whole is significant in terms of the construction of paternalistic and racist structures, which have persisted over many decades up to the present day. The reports and travel diaries of European explorers and conquerors had already provided central basic assumptions for the dissemination and legitimisation of racist and paternalistic perspectives. Akhtar (2012) observes that central features of the Age of Enlightenment did not apply equally to all people. Already in the writings of Enlightenment scholars such as Montesquieu, Kant, and Hegel, Europe was associated with culture and sophistication, while Africa was often linked to nature and backwardness (ibid.). 'European society, it assumed, was the most advanced type of society on earth, European man the pinnacle of human achievement. It treated the West as the result of forces largely internal to Europe's history and formation' (Hall, 1992). In their thinking and writings, Enlightenment scholars paved the way for paternalistic and racist ways of thinking, making them more presentable and socially acceptable in Europe. For Kant or Hegel, whiteness was also a metaphor for complete and perfect humanity, for reason, civilisation, Christianity, and power over the rest of the world's population. The subordination of others thus no longer appeared as the result of specific historical conditions or interests but was also explained via a perverted version of racial evolution (Akhtar, 2012). Among other things, these assumptions led to self-aggrandisement, feelings of superiority, and privilege, which expressed themselves in paternalistic and racist practices with far-reaching consequences, especially during the period of imperialism and colonisation (ibid.).

This is what Stuart Hall (1992) in his cultural theory frames as the 'West and the Rest' discourse[16], which, in his view, provided the framework of images in which Enlightenment social philosophy

[16] Different to common-sense language, 'discourse' in the context of this work refers to a group of statements which provide a language for talking about - i.e. a way of representing – a particular kind of knowledge about a topic (Hall, 1992). A discourse makes it possible to construct a topic in a certain way and also limits the other ways in which the topic can be constructed (ibid.). This has consequences for both those who employ it and those who are subjected to

matured and which shapes the development discourse[17], likely to this day. It gave rise to the idea that the history of humankind unfolded along a single continuum, divided into a series of distinct stages. 'Enlightenment thinkers believed that there was one path to civilisation and social development, and that all societies could be ranked or placed early or late, lower or higher, on the same scale. The emerging 'science of society' was the study of the forces which had propelled all societies, by stages, along this single path of development, leaving some, regrettably, at its 'lowest' stage - represented by the American savage - while others advanced to the summit of civilized development - represented by the West' (Hall, 1992, p. 219). For Hall, the idea of a universal criterion of progress modelled on the West became a feature of the new 'social science' to which the Enlightenment gave birth. With colonisation, white supremacy was actively established 'with ships, cannons, sword, bible, trade, and money' (Akhtar, 2012). The resulting historical conditions, actively created by humans, were justified by reference to nature. The supposed 'underdevelopment' of the 'peoples' outside Europe was explained with an inferior descent. This constructed superiority of Europeans served to legitimise domination. Through these racist theories, these constructed conditions were legitimised as something natural and provided for an ideological understanding of development that legitimised imperial intervention, 'whether to plunder or civilize' (McMichael, 2017, p.3). In this way, colonialization racialised global inequalities. Referring to the power constellation embedded in this, McMichael argues that all forms of colonial subordination followed the overriding objective 'either to adapt or to marginalize colonial subjects to the European presence'. He further states that the implied racism and subordination remain part of the normative understanding of development that introduced new class and racial hierarchies within and across societies (ibid.).

Against this backdrop, it becomes essential, within the scope of this study, to critically examine the external influences on state social policies, with particular attention to the development trajectories and underlying assumptions that inform and shape such influences. More specifically, it is crucial to emphasise that Europe brought its cultural categories, languages, images, and ideas to the diverse regions of Africa, employing them as tools to describe and represent these societies. In doing so, African realities were reframed to align with existing European conceptual frameworks, classified according to European norms, and ultimately absorbed into Western traditions of representation. In terms of the later African States, external actors have played a significant role in (social) policy-making from the very outset, when the great majority of these states were still dependent territories.

The political scientist and former president of the African Studies Association, M. Crawford Young, characterised colonial social policy as 'the twin exigencies of hegemony and revenue' (Young, 1988, p. 29), which provides insight into the role of social policy in the African colonies. In the early years of colonial rule, active social policy was not a high priority, and the existing social

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it. A discourse consists of several statements working together to form what Michel Foucault (*1926) calls a 'discursive formation', the establishment of a legitimate body of knowledge through a steady production of linguistic signs. This practice of producing meaning Foucault refers to as 'discursive practice' which is closely related to power (ibid.). For him, discourse is one of the systems through which power circulates. Discourses represent a kind of 'symbolic order', which guides our perception and with which we access our environment. They provide us with knowledge, meaning, objects, particular worldviews, truths, and categories that order the world in a very particular way and compel us to know and reproduce the world in that very particular order (Bettinger, 2010, p. 84).

17 The 'development discourse' therefore constructs and limits the ways in which development is thought and the practice that follows from that, including in social policy. The construction of this discourse and its historical roots and development path is therefore of major interest for understanding social policy practice in the Global South and the field of international development.

protection schemes were primarily for citizens of the metropolis working in the colonies or for white settler populations (Mkandawire, 2016). The colonial division of labour was to stimulate European industrialisation. At the same time, the colonies were converted into supply zones of labour and primary commodities, an experience of developing by exploiting the labour and resources of other societies which the countries of the Global South would not be able to repeat in their struggles for economic development in the post-colonial era (McMichael, 2017, pp. 31 f., 46). It further devastated producing communities and their craft- and agriculture-based systems, undermining non-European cultures and ecologies with far-reaching consequences (ibid., pp. 34, 36). The prevailing socio-political perspective regarding the local population was shaped by the assumption that for the colonies, indigenous forms of social protection would replace the social security provided by the state (Mkandawire, 2016). Inhumanely, the native population was regarded as a profitable reservoir of manpower with no access to social security and social services, which in other circumstances might have been provided on behalf of industrialised labour. Moreover, in the history of African slavery, for decades and even centuries slaves had been defined as 'commodities' (by the charter of the Royal Africa Company, which organised the English slave trade) or 'chattel', literally, 'a thing' (by a series of codes constructed for the Spanish, French, and English colonies governing the status and conduct of slaves) (Hall, 1992). In later years, this dynamic may have contributed to the relatively slow extension of the concept of human dignity, fundamental to the development of social policy, to the local population.

In West Africa and the area that is today's Ghana, social protection was traditionally organised in small-scale structures based on the support of the extended family, the local community, and religious networks (Abebrese, 2014). Berry (1994) points out that in precolonial 'Ghanaian societies', it was normal for an individual to receive economic assistance from members of their extended family, including paternal and maternal uncles, aunts, grandparents, and cousins. A strong mutual interdependence characterised the extended family structure. Younger family members were responsible for caring for the elderly and infirm members of the family. Elderly family members took care of the children, and they expected the younger ones to take care of them after retirement. Adults were responsible for financing the material needs of the children and elderly family members (Abebrese, 2014). Due to Berry, the standard 'practice of expecting assistance from family members grew out of the understanding that the basis of family wealth derived from land and labor, both inherited from common ancestors. Even as an individual sought help from extended family members, he was in turn required to fulfill certain responsibilities, such as contributing labor when needed or participating in activities associated with rites of passage of family members' (Berry, 1994).[18]

However, with rising demands for social protection from within the colonies, as well as from outside in the form of soft pressure from international organisations, colonial powers became increasingly engaged in social policies in their colonies throughout the 20th century. This was increasingly also motivated by the assumption that it would slow down the decline of the colonial empire (Schmitt, 2020a). Since the beginning of the 20th century, the movement for African liberation had been steadily growing, as documented in the proceedings of six Pan-African Congress meetings between 1900 and 1945, which demanded autonomy and independence for the African continent, as well as Pan-African unity and federation (Davidson, 1973). From the 1930s onwards, British colonies faced widespread strikes and development was interpreted as a pragmatic

[18] See chapter 2.3 for an in-depth discussion on indigenous forms of social protection.

effort to preserve the colonies mainly by improving the living conditions of the people, including through social policy, as documented by a statement of a Colonial Secretary in 1940: 'If we are not now going to do something fairly good for the Colonial Empire, and something which helps them to get proper social services, we shall deserve to lose the colonies and it will only be a matter of time before we get what we deserve' (Cooper, 1997, 66 f.; cit. from McMichael, 2017, p. 40). In the years that followed, distinct strategies employed by colonial powers led to varying approaches to social policy and social protection. While in French colonies, the emphasis was on income security for wage labour and the social insurance principle (reflected in the Code du Travail of 1952), the British Poor Law tradition led to the early diffusion of social welfare concepts in British colonies (Schmitt, 2020b).

The approach to the rehabilitation of people with disabilities in the Gold Coast Colony and later Ghana serves as a vivid example in this regard. From 1943, the West African War Council (WAWC) and the colonial government of the Gold Coast developed a rehabilitation programme for African soldiers impaired by combat injuries during the Second World War. This programme was based on the British model of social orthopaedics and similar to a British national rehabilitation scheme for soldiers with impairments launched in 1940 (see Grischow, n.d.; Grischow, 2011). The programme sought to 'rehabilitate disabled individuals economically' by reintegrating them into the urban workforce to solve domestic labour shortages during the war (ibid.). Centred in Accra's Military Hospital, the rehabilitation programme 'sought to retrain the ex-soldiers as productive workers, either by reintegrating them into the urban labor market or placing them in sheltered workshops producing items for sale' (Grischow, n.d.). The services, which included an artificial limb workshop, addressed soldiers from different British West African colonies (Nigeria, the Gambia, and Sierra Leone), as well as civilians (ibid.). Despite an encouraging start, the programme was closed in 1947, and the government devolved most services for people with disabilities to voluntary charity organisations. However, as will be shown below, the programme provided a critical starting point for disability rehabilitation structures in Ghana that have endured to the present day.

Many of these approaches were carried over from the pre-independence into the post-independence period, where they were maintained and further developed, often under the indirect influence of external actors (Seekings, 2020). Although Schmitt (2020a) emphasises that social policy approaches promoted by external actors have rarely been directly transplanted into national policies and institutions, being instead adapted, mediated, and transformed by local conditions, she nevertheless argues that the colonial legacy has both defined and continues to shape governments' opportunities for social policy reform. This is because imperial conceptions of the state's role in social protection established specific institutional preconditions that later influenced the implementation of social protection measures (Schmitt, 2020b, pp. 139 ff.). Former British colonies, for instance, introduced social assistance programmes at a relatively early stage, drawing on the Poor Law tradition and its compatibility with the Beveridgean conception of the welfare state (ibid.).[19] Ghana provides a pertinent example: when the Nkrumah government assumed power in the 1950s, the transition did not represent a complete rupture with the past. Rather, the newly independent state inherited the institutional and legal frameworks of colonial rule, alongside political and economic structures that were scarcely equipped to sustain full sovereignty (see, e.g., Davidson, 1974, pp. 92 ff.).

[19] Named after the British economist and politician William Henry Beveridge (*1879), the Beveridge welfare approach refers primarily to universal coverage, state or tax-funded benefits, and standardized lump-sum benefits.

2.1.3 The 1950s and 1960s – Independence and Post-Colonial Social Policy in Ghana

In Western countries, the 1950s and 1960s were characterised by steady economic growth and widespread prosperity as wage employment opportunities increased and disposable incomes rose (Midgley, 2017). Ordinary families enjoyed rising incomes and standards of living. State welfare expanded rapidly, enjoying widespread public support and the endorsement of political parties of different ideological persuasions (ibid.). As Midgley concludes, the notions of a 'welfare consensus' and a 'Golden Age' of state welfare, as well as governments' responsibility to guarantee social rights and meet the needs of their citizens, were widely accepted among social policy scholars (ibid., 148 f.). The assumption that countries experiencing industrial development would converge and eventually be transformed into states with similar statutory welfare provisions has certainly also shaped the still young development debate on social policy. Many governments of Global South countries increased social expenditure and statutory welfare programmes in the 1960s, accompanied by economic growth and growing demands of citizens for greater access to social services (ibid.).

In pre-independence Ghana, there was no coherent social policy framework or unified national system of social protection. Rather, a range of public and private schemes sought to provide protection for specific categories of workers. These included, for example, cash benefits for workers who suffered work-related injuries from 1940, a non-contributory pension scheme for civil servants from 1946, which included their widows and orphans to a limited extent, and for teachers from 1955 (SSNIT, n.d.). Meanwhile, for example, the then University of the Gold Coast, along with some private sector organisations such as major foreign trading and commercial firms, was operating Superannuation, Pension, and Provident Fund Schemes under which benefits were paid out at the time of retirement (ibid.). When Kwame Nkrumah was elected Prime Minister of the Crown Colony of the Gold Coast in 1951/2, his Convention People's Party (CPP) had a strong focus on welfare and social services during the 1950s. When Ghana gained independence from Great Britain in 1957, the Government provided free healthcare services to its population for several years, based on the Beveridge Model and solely financed from tax revenues (Abebrese, 2014).

Like most non-kin forms of social support, services for people with disabilities were left mainly to voluntary organisations, churches and missionaries at that time. Literature particularly discusses the emergence of specialised schools for children with various types of impairments since the 1930s, often initiated by missionaries (see, e.g., Marfo, 1986; Avoke, 2001). In the early 1950s, the National Department of Social Welfare and Community Development conducted several investigations into begging and destitution, driven by public concerns over the rising prevalence of begging in the larger towns of the Gold Coast (Grischow, 2011). They reported an increasing number of cases and stressed that disability is a major factor contributing to poverty. In fact, more than 80 per cent of almost 600 cases of begging and destitution found in eleven towns were people with disabilities. However, this did not result in any immediate social policy reaction, but rather a recommendation for forced removals of beggars from public places through bylaws (ibid.). Obviously, disability was not a significant social policy issue at this time, as documented by the then reports of the Department of Social Welfare and Development, which barely discuss disability (ibid.). However, Grischow notes that the Nkrumah government may have become aware of the issue when it took

over the management of destitutes and beggars from municipal authorities through the Control of Beggars and Destitutes Ordinance of 1957.

In the early years of independence, Ghana began an intensive state-led industrial and educational programme.[20] The Government, with Kwame Nkrumah as Prime Minister (1957–1960) and President (1960–1966), pursued several policies and programmes to enhance economic growth and reduce poverty, which focused on removing constraints to industrialisation (McKay et al., 2016). Nkrumah's programme included, among other things, policies to construct a modern road network, modernise main ports, diversify agricultural production, and achieve significant progress in education and health (ibid.). Fitch and Oppenheimer (1966) describe these developments as a genuine effort to break with the colonial past, and to develop techniques of socialist planning which failed, amongst others, because of the need for foreign capital and the false assumption, that the private sector and foreign capital will let itself be used to socialist planning approaches (Fitch & Oppenheimer, 1966, cit. after Hodgkin, 1966). Fitch and Oppenheimer argue that Nkrumah's government was incapable of constructing a genuinely socialist society as it was obliged to maintain, in essentials, the structures, institutions, and relationships inherited from the colonial period (ibid.). They also point to the limited support of 'the ordinary people' for Nkrumah's overall vision as also quite aptly described by Davidson (1973, p. 15): 'His vision called for nothing less than a revolution that should lead to socialism and unite a continent; but he came to power in a colony where a gentle process of reform was accepted by nearly all his fellow-countryman as being quite enough'. He further explained Nkrumah's struggles with the established Ghanaian political classes and traditional authorities unwilling 'to play the parliamentary game' as opposition. This resistance was supported by the British who 'were determined that the institutions of an independent Ghana should be an amalgam of traditional institutions and of others borrowed from England' (ibid., p. 99 f.).

The result of industrialisation processes was a large influx of people into cities and urban areas in search of employment (SSNIT, n.d.). The social, economic and political challenges posed by rural-urban migration were extremely high. Workers were increasingly dislocated from their indigenous social protection networks within the framework of their extended families and local communities. State social protection services, which would replace the indigenous support systems they previously relied on, were not available (SSNIT, n.d.; Berry, 1991). In this context, the government introduced a compulsory savings scheme[21] in 1960 that was later supplemented by the initial structures of a social security system through the Social Security Act (Act 279) of 1965. With the Social Security Act, the Government of Ghana established the first national social security fund. The development was assisted by an International Labour Organisation (ILO) expert in social security. The scheme was operated as a contributory (with exemption for selected groups of public employees) provident fund for workers and employees and included a sickness benefit, emigration benefit (when the worker emigrates permanently from Ghana), a survivors and life insurance

[20] This started with a new Seven-Year Plan in 1961, which formed the conceptual basis for aggressive economic growth and rejected an emphasis on agricultural development followed in the 1950s. Poor economic performance and the growing deficit had fed into opposition against Nkrumah, which was followed by the oppression of political opponents by the CPP, and finally made Ghana a one-party state in 1964.

[21] Under the program, mandatory deductions were made from the wages of all workers and paid into the state treasury, with the promise to workers that the savings would be returned to them with interest. Due to a lack of education about the program, it was not popular with workers. In addition, the reimbursement system did not function properly, and, in the end, many workers did not have access to their savings. In 1965, this system was abolished (SSNIT, n. d.).

benefit (paid to the nominees of a deceased member), a superannuation benefit (from the age of 60/55) and an invalidity benefit (when a member of the fund was rendered permanently incapable of gainful employment including due to 'mental disability') all provided as lump sum payments (SSNIT, n. d; Abebrese, 2014). The Fund was continued until the late 1980s when the real value of benefits was eroded by a considerably high rate of inflation (SSNIT, n.d.). As in many African countries, this contributory programme reached only a very small number of formal workers and employees, because the vast majority of people were informally employed and thus had no access to formal social protection. Similar to other states in the so-called Global South after independence, statutory social programmes were often characterised by a distinctive urban bias. Since it was believed that rapid industrialisation would lead to rural people migrating to cities in search of regular employment, policymakers assumed that large parts of the population, over time, would be covered by urban social services (Hall & Midgley, 2004). However, this development did not occur. Especially in rural areas, where more than two-thirds of the Ghanaian population resides, and also among most urban residents who are engaged outside the formal economy, indigenous systems of social protection within the extended family, local community, and religious networks have prevailed.

Similar to many countries in the so-called Global South, community-based development programmes were implemented in Ghana during the 1950s and early 1960s, in collaboration with international organisations (see below).[22] Although little is documented about disability and social policy in the 1950s, annual reports from the Department of Social Welfare and Community Development mention the allocation of public funds to the 'Society for the Blind'[23] (now Ghana Blind Union) and the 'Society of the Deaf'[24] (now Ghana National Association of the Deaf) (see Grischow, 2011, fn. 6). Due to Grischow (2011), the Ghana Society for the Blind was already most active at that time, running a school in Akropong as well as two vocational training centres in Accra and Bolgatanga (Upper East Region). Support for deaf people began in 1959 with the establishment of an experimental mission school, which was supported by the government (ibid.). Interestingly, concerning the promises linked to Nkrumah's economic development strategy, a Convention People's Party (CPP) representative declared that citizens who 'accumulated wealth through hard and honest labor, would have their property protected from lazy, unscrupulous undisciplined but able bodied citizens' (K. Baako; cit. from Grischow, 2011). It is this statement on 'able-bodied' Ghanaians which gives rise to the framing of disability under the idea of the 'innocent poor' in a British poor law tradition in Ghanaian social policy of the 1960s. The government's disability approach, however, was rather driven by a development economic framework than a social welfare framework.

In 1959, the government issued a survey on disability and rehabilitation in Ghana, which estimated that at least 100.000 people with disabilities lived in Ghana, about 1.5 per cent of the population.

[22] For an in-depth discussion on the twofold notion of community development, the relation of community and civil society and its linkage to indirect rule in (former) British colonies see for example Grischow (2006).

[23] The Ghana Society for the Blind had been founded in 1951 as a branch of the British Empire Society for the Blind and became autonomous at independence in 1957. Due tro Grischow (2011), from the late 1950s, the society was closely controlled by the CPP. However, there was also resistance of blind activists who formed Ghana's first OPD established and managed by people with disabilities themselves – the Ghana Association of the Blind (GAB) – in 1963

[24] The Ghana Society for the Deaf was created as a lobby group for deaf Ghanaians the minister for social welfare and community development in 1961 under the control of the CPP (see Grischow, 2011).

The survey, coordinated by the British public health advocate Sir John Wilson[25], was followed by a government programme on 'care and rehabilitation' of people with disabilities, and the CPP formed an 'Advisory Committee on the Rehabilitation of the Handicapped and the Destitute'. The committee stated that 'all disabled Ghanaians should have the opportunity to participate alongside non-disabled citizens in "the normal occupations of town and country"' (Grischow, 2011, p. 189). It further emphasises that 'adults with disabilities should be rehabilitated in vocational training centers' and children should receive 'special education according to their particular disabilities' (ibid.). Interestingly, the survey report argued that, where possible, training and education should not be segregated (ibid.). Against this background, the report recommended a centralised, state-driven disability programme with an Industrial Rehabilitation Unit (IRU) in Accra and eight Rural Rehabilitation Units (RRUs) across the country (ibid.). Strategically, the programme picked up where the 1040s rehabilitation programme left off, with the core idea of integrating people with disabilities into the national economy; however, with a strong recommendation not to revisit the idea of sheltered workshops:

> *The old idea that the disabled are capable only of subsidized, sheltered handicrafts is out of place in the towns of modern Ghana; we propose that they should be assisted to find employment, on their merits as workmen, in the offices and factories. In the villages, where the main problem exists, disabled people could be trained as farmers and craftsmen. (J. Wilson, 'Letter to Kwame Nkrumah, 6 December 1960', in J. Wilson ‚Ghana's Handicapped Citizens', Accra, 1961, cit. after Grischow, 2011, p. 189)*

The report framed rehabilitation from a purely economic perspective, stating that a

> *modern system of rehabilitation can be justified not simply as a humanitarian gesture, but also as a means of affording the disabled an opportunity for making their contribution to the national economy. To allow the disabled to remain uneducated and unemployed involves a double loss, firstly because they have to be maintained, and secondly because the country loses their potential output. (ibid., p. 189 f.)*

In 1961 and 1962, the Department of Social Welfare and Community Development conducted a massive registration campaign to make people with disabilities eligible for a six-month rehabilitation programme, which was developed in collaboration with a technical advisor from Britain's Ministry of Labour. The government further established a National Trust Fund to raise financial resources for voluntary associations to provide services, augmenting the state-run programme (Guerts, 2015). The programme primarily focused on basic skills and job training tailored to individual and impairment-related needs assessed during 'case conferences', while also incorporating elements of personal empowerment for independent living and 'citizenship education'[26] (Grischow, 2011). While in the first years, the beneficiaries of the programme were only men, women with disabilities were specifically targeted from 1964. Although evidence on the programme's impact is scarce, the available number of graduates who found jobs suggests considerable success (ibid.). Later, the rehabilitation programme was also extended to 'able-bodied beggars and destitute people' (ibid.). During that time, the CPP included several disability-related charity organisations into the programme and took over coordinating control of these

[25] Sir John Wilson, himself blinded, was a founding member and first director of the Royal Commonwealth Society for the Blind (today Sightsavers International) and president of the first International Agency for the Prevention of Blindness established by the WHO in 1975

[26] Which, however, rather focussed on issues like 'work-discipline' tying self-worth to economic productivity, self-help and obligations to the community than on civil rights.

organisations (ibid.). An example of this is an Orthopaedic Training Centre in the study region, which was founded by Dutch missionaries in the early 1960s. In 1964, parents of children with intellectual disabilities formed the 'Society of Friends of the Mentally Retarded', which successfully advocated for the establishment of the first 'home for the mentally handicapped' in 1966 (Anthony, 2009).

The Nkrumah government and development partners tied the rehabilitation programme to the social and community development paradigm, which greatly influenced the development discourse at the time, as well as a 'modern approach' to rehabilitation. It becomes evident that the programme was mainly driven by economic considerations and strongly based on the British model of social orthopaedic and postwar rehabilitation from the 1940s, linking citizenship and social value to the ability to engage in productive work. In this context, it is not insignificant that a failure in rehabilitation was likely attributed mainly to individual responsibility, which had an additional negative effect and could not be absorbed by any formal social protection measures. For those who ended up begging, this possibly meant an equation with the 'undeserving poor' (ibid.), which intersected with traditional negative perceptions of persons with disabilities (see discussion in Chapter 3). Nevertheless, the rehabilitation programme under Nkrumah implemented structures for disability services that have lasted for decades, largely to this day. This is demonstrated by the Accra Rehabilitation Centre, which remains operational but now also functions as a hub for Organisations of Persons with Disabilities (OPDs)[27] and a critical locale for disability activism in Ghana and beyond.[28]

Ghana's economic and social policy exemplifies the enduring influence of former colonial powers after independence, an influence that was partly mediated through the newly emerging field of international cooperation.[29] More particularly, the example of the rehabilitation centres shows how foreign social policy and service approaches create structures that might influence the development path of policy-making and (in this case) social services for decades.

2.1.4 The Emergence of a New Policy Field – International Development Cooperation

Both the types of actors and the mechanisms through which external actors attempted to influence national social policy pathways in countries of the so-called Global South changed in the post-independence decades, with a central role for a newly emerging policy field, 'International

[27] The study defines Organisations of Persons with Disabilities (OPD) along with the definition of the UN Partnership on the Rights of Persons with Disabilities (UN PRPD): 'OPDs are non-governmental, representative organizations or groups of persons with disabilities, where persons with disabilities constitute a majority of the overall members, staff, board, and volunteers, at all levels of the organization. OPDs may be cross-disability, meaning they represent different disability groups (e.g., persons with physical disabilities, persons with psychosocial disabilities, Deaf persons, etc.), or they may represent one distinct constituency (e.g., deafblind persons or women with disabilities). OPDs, like the disability community, are diverse. They can be organised as formal membership-based structures, peer-support groups, collectives, self-advocacy groups or more loose and less formal groups. They may work locally, nationally, regionally, or internationally. OPDs raise awareness, advocate for disability rights, support their constituencies/members, and, in some cases, may deliver services or support service delivery by others. Parents, family members and relatives can also form OPDs representing persons with intellectual disabilities, children with disabilities and older persons with disabilities with dementia when these groups want to be supported by these groups.' (UNPRPD, 2024, p. 5)

[28] On the history of the Accra Rehabilitation Centre, see e.g. Geurts (2015).

[29] In this context, it was Kwame Nkrumah who played a major role in shaping the concept of neo-colonialism, most notably through his 1965 work 'Neocolonialism, the last stage of imperialism', an economic analysis of the political economy of neo-colonialism.

Development Cooperation' (then referred to as 'Development Aid'). Although the concept of development and its stages had informed the era of Western industrialisation and the colonisation of the Global South, it only became formalised as a global 'standardising concept' in the mid-twentieth century, described by McMichael (2017, p. 3) as an 'emancipatory promise' of decolonisation and 'the new global ontology'. After World War II, the United States-funded Marshall Plan stimulated investment across Western Europe to organise and finance the reconstruction of the war-torn continent. This contributed to rapid economic growth and notable improvements in prosperity over a relatively brief period. These post-war developments laid the societal foundations for what is often referred to as the 'golden age' of social security and state welfare in Europe, spanning from 1945 to 1975 (see, e.g., Schustereder, 2010). It not only elevated living standards for decades but also fostered a shared purpose while maintaining peace in a continent that had been devastated by war for centuries. (Hillson, 2021).

At the international level, the term 'social policy' has only been in use since the Second World War and was usually used synonymously with 'welfare state policy' (Kaufmann, 2005, p. 26). Moreover, the development of social policy was informed by the Universal Declaration of Human Rights (UN, 1948) which represented a new global paradigm of fundamental human rights of freedom, equality, life, liberty, and security of the person 'without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status' and no distinction 'on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty' (UN, 1948, Art. 2). Most importantly, this includes that 'everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality' (ibid., Art 22). Therefore, the declaration set a strong obligation for International Development Cooperation to focus on social policy and statutory welfare provision from the very outset.

As Midgley (2017) notes, many leaders of countries in the so-called Global South accepted the principle of state welfare responsibility when gaining independence from European imperial rule in the 1950s and 1960s, and committed their governments to expanding social services. They built on the limited social programmes introduced during the colonial period, and in particular, prioritised education and health. In this context, international organisations began to emerge as significant external actors in the development of social policy processes in the newly independent African states, providing technical assistance and promoting the adoption of international social rights treaties (ibid.). These organisations include multilateral agencies, like United Nations (UN) agencies, the International Labour Organisation (ILO) or the international financial institutions of the World Bank and the International Monetary Fund (IMF), as well as bilateral development agencies in the context of 'international development cooperation'[30] (Schmitt, 2020).

When the policy field of International Development Cooperation emerged as a new concept in international relations following World War II, it was a result of different experiences and framework conditions (see, e.g., Sangmeister & Schönstedt, 2010; Nuscheler, 2012; Klingebiel,

[30] In the context of this work, the term 'international development cooperation' refers to any form of 'Official Development Assistance' (ODA) as defined by the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD).

2013). These include the economic crises and upheavals that contributed decisively to political crises between the two world wars. They also include the extensive destruction caused by the war and its adverse effects on national economies, which necessitated a comprehensive joint financial and political effort. This was addressed through the establishment of the World Bank, the International Monetary Fund, and the United Nations system. While the Marshall Plan, launched by the USA in 1948, was also meant to help overcome the destruction caused by the war, it simultaneously reflected the confrontation between the two global political blocs. This situation led to a worldwide systemic competition between the Western and Soviet blocs, affecting not only Europe but also the former colonies (Klingebiel, 2013). Nuscheler (2012) argues that the origins of international development cooperation are therefore essentially to be understood through the East-West conflict. The Cold War remained a significant factor in the provision or denial of international 'development aid' for decades, until the fall of the Berlin Wall. Countries of the Global South became 'major battlegrounds for regime competition between the capitalist and the communist regime', where the big global powers 'tried to bring the emerging nation states into their respective influential spheres' (Schmitt, 2020a, p. 4). In this context, it is not surprising that social policymaking in the so-called developing countries at the time was influenced by the interests and interventions of colonial empires or the communist and Western superpowers (ibid.). Even today, for former colonial powers, the distribution of international development cooperation funds remains largely focused on traditional regions of influence and continues to serve as a strong tool for maintaining special relationships with and exerting influence over former colonies that gained independence (Nuscheler, 2012). This is especially relevant to social policy. Schmitt (2020a) contends that, so far, social protection laws and programmes in the Global South have been mainly shaped by the interests and paradigms of international organisations and bilateral donors, which have led to the push for the growth of social policy across former colonies over recent decades.

Beyond their foreign and security policy objectives, donor countries frequently pursue economic interests through international development cooperation, including securing access to raw materials and expanding into new markets (Sangmeister & Schönstedt, 2010; Nuscheler, 2012). Klingebiel (2013) highlights that international development cooperation is often influenced by the business community's pressure to allocate a large share of funds within the donor country or to have them returned as orders. This can be achieved through tying up supplies or employing other procedures, such as selecting projects where companies in the donor country hold competitive advantages, and by awarding contracts to consulting firms from the donor country. However, from a developmental and economic perspective, these practices may harm the partner country. In addition, there is a broader discourse on the benefits and drawbacks of development cooperation. Critics not only challenge the benefits of international development cooperation but also highlight a direct connection between international development and the reproduction and persistence of global inequalities, post-colonial dependencies, and access to strategic natural resources (see, e.g., Weber, 2004, 2014, 2017; McMichael, 2017). Most critically, scholars challenge the assumption that societies are aligned along a self-evident spectrum of growth stages, implying a 'development centrism' where idealised Western development acts as the benchmark. For McMichael (2017), development theory offers a blueprint and justification for universalising a European-centred process, dismissing other social strategies of sustainability or improvement practices by non-Western cultures.

In this work, the influence of external actors on social protection design is especially relevant. Therefore, this is referenced at various points in the following. With the diversification of welfare

state arrangements in Europe after World War II, the academic debate on social policy also expanded rapidly during the 1950s and 1960s. Midgley (2019) highlights that the development of normative paradigms, which provided value-based legitimations for government intervention, was particularly significant. One such normative framework was Thomas H. Marshall's (1950) concept of social welfare as a social right (see also discussion in Chapter 2.3). In line with the prevailing international emphasis on human rights, Marshall advanced the argument that citizens possess an unconditional entitlement to education, health care, social security, and other social services (Midgley, 2019, p. 17). He further contended that governments foster just societies and inclusive citizenship by guaranteeing welfare rights. This position, rooted in the principles of social democracy, was premised on the belief that state intervention is necessary both to counteract the adverse effects of market forces and to enhance living standards. As such, it provided a powerful normative foundation for post-war social policy and significantly influenced early debates on development policy (ibid.).

In fact, the social dimension of development and the question of maintaining a balanced relationship between social and economic policy have consistently influenced the international development discourse from the outset, albeit with varying degrees of intensity (Midgley, 2009). From the very start, international development cooperation pursued the fundamental goal of sustainably improving people's living standards and reducing poverty and social disadvantage (Nuscheler, 2012, 177 ff.). Midgley (2019, p. 21) further emphasises that with the emergence of development studies, a dual focus on modern industry expansion on the one hand and rural community development on the other 'became two major intellectual thrusts in development thinking which, respectively, found expression in national planning and local community development'. Very early, industrial modernisation theory had been prominently challenged, e.g. by Mohandas Gandhi (*1869) in India, Julius Nyerere (*1922) in Tanzania or Paulo Freire (*1921) in Brazil, who argued that living standards should be raised through agricultural improvements and community development and local activism (ibid.).

The phenomenon of uneven development quickly revealed that rapid economic growth benefited only a few individuals, while a significant portion of the population did not reap the benefits of such economic progress (Midgley, 2009, 2019). The concern in the early 1970s was that progress against poverty had been insufficient despite more than a decade of strong economic growth. Instead of wage labour, industrial policies had fostered a large informal urban economy in many countries, including Ghana, located in sprawling informal settlements characterised by poverty and deprivation. It was recognised that modernisation theory had failed. Instead, a balance between economic and social policies was necessary to ensure that broader sections of the population could benefit from economic growth (ibid). Efforts to address the social needs of people alongside economic development processes were referred to as 'social development' (ibid.). Instead of waiting for economic growth to improve living standards, the UN and the ILO recommended that governments in the Global South implement policies to meet the educational, health, nutrition, housing, and other needs of their citizens (Midgley, 2019).

Since the 1950s, the first social transfer and community-based programmes in West Africa have been created to combine social projects with economic goals and promote economic growth. Various United Nations agencies have increasingly supported community-based programmes worldwide during the initial decades of international development cooperation as part of nation-building, independence, and decolonisation, as well as a way for governments to improve living

standards, aiming to connect social protection systems directly to economic development (Midgley, 2009, p. 157; Bonye et al., 2013). Bonye et al. (2013) highlight the significance of community development strategies in Ghana during this period for expanding community facilities and services, as well as rural education and skills development based on local resources. The British colonial government had already established the Department of Social Welfare and Community Development in 1948, and the Nkrumah administration strongly backed community development approaches as a way to improve living standards, especially in rural areas, during the pre-independence period (ibid.).

Social development became an explicit focus of planning within the realm of international development cooperation. In this context, various approaches emerged, such as the concept of integrated socio-economic planning promoted by the UN, the 'basic needs strategy'[31] supported by the ILO, and the model of 'redistribution with growth'[32] advocated by the World Bank and the Institute of Development Studies (IDS) at the University of Sussex (UK). These approaches upheld the core ideas of social development (ibid., p. 158). After the Second World War, the ILO and colonial powers actively promoted social security legislation related to the workforce and waged labour, aiming to protect workers from risks such as unemployment, work-related accidents, old age, or sickness (Schmitt, 2020a). However, these measures likely reached only a very small proportion of the population, as a significant number were still employed in the informal sector.

2.1.5 The 1970s and 1980s – Social Development and the Rise of Neoliberalism

In the field of international development, a greater emphasis on the social aspect of development in the 1970s was prompted by a report from the Commission on International Development, commissioned by the World Bank (Pearson Report, 1969). The report, which reviewed the outcomes of 20 years of development policies, highlighted an increase in poverty among large sections of the population and pointed to the instrumentalisation of development cooperation for the foreign policy and economic interests of donor countries (Commission on International Development, 1969; Nuscheler, 2012, p. 175). At the same time, community-based development programmes faced increasing criticism in the 1970s for failing to adequately tackle the root causes of inequality and oppression, and for not sustainably enhancing the quality of life in 'developing countries' (Midgley, 2009, p. 158; Pawar & Cox, 2009, pp. 27-28). This critique led to a heightened emphasis by various actors on involving local populations in the planning and execution of local development initiatives. Additionally, there was a move towards critically questioning established

[31] The basic needs strategy grew out of the work of the ILO World Employment Program (WEP) of the 1970s, focusing on employment and basic human needs, defined in terms of food, clothing, housing, education, and public transportation. Employment was both a means and an end, and participation in decision-making was also addressed. At the core of the strategy was a shift to a pattern of economic growth that is more employment-intensive, more equitable, and more effective in reducing poverty than previous economic growth strategies. The strategy suggested reorienting Government intervention towards more direct support for employment generation and securing access for all to social services. For further details see e.g. Streeten (1979) or the contribution of Emmerij to the World Economic and Social Survey 2010 (UN 2010 b, p. 16) for a retrospective reflection on the basic need strategy.

[32] The concept of 'Redistribution from Growth' was first formulated by development economist Hans Singer (*1910). It aimed to reduce poverty at an accelerated rate by combining a measure of progressive redistribution of the increments of income from growth into assets of the poor (education and health as well as physical investments) which would directly add to the production of the poorest groups over the medium to longer term. Later, IDS joined with the World Bank to produce a study generalizing the strategy as 'Redistribution with Growth' (Ahluwalia et al., 2012). See e.g. Chenery et al. (1979) and Ahluwalia et al. (2012) for a detailed discussion.

power structures (ibid.). Furthermore, a change in the implementation of such programmes was evident, with greater reliance on non-governmental organisations and a withdrawal of governmental activities (ibid.).

At the same time, state welfare in Western countries faced a systematic attack from right-wing politicians and social policy writers as industrial production and productivity declined and the global energy crisis affected the economies of the Global North (Midgley, 2017).[33] New technological possibilities enabled the separation and offshoring of deskilled manufacturing tasks. The development of transportation and information technologies facilitated the coordination of global production systems. From 1970 onwards, deindustrialisation took place in many Western countries, accompanied by significant declines in manufacturing employment. Particularly, 'low-tech' jobs and deskilled tasks were increasingly relocated offshore to countries in the so-called Global South, characterised by low wages, a serious lack of labour rights, and inadequate occupational health and safety standards (McMichael, 2017).

The industrial development strategies of many countries in the so-called Global South were also severely affected by the global energy crisis. Unregulated private bank lending replaced multilateral borrowing, and too much money was lent based on the assumption that countries could not go bankrupt (ibid.). Many borrowers in international financial markets to fund economic investments faced an escalation of interest rates after the oil shocks and struggled to meet their debt obligations (Midgley, 2017). This caused a debt crisis in many 'developing countries', which allocated new loans with increasing interest rates solely to service previous debts. Their dollar reserves lost value, the recession in the Global North reduced demand for products from the so-called Global South, and export revenues dropped as primary export prices fell (McMichael, 2017). To at least repay the interest, many countries had to cut imports, which drastically hindered economic growth. At the same time, increasing exports proved difficult as commodity prices were at their lowest in 40 years due to efforts to expand commodity exports in order to reduce debt (ibid.). Many governments in the so-called Global South turned to the World Bank and the IMF for support, which had then taken on a supervisory role, including overseeing debts held by private banks. As McMichael (2017, p. 115) notes, debt was viewed as an 'individual liquidity problem' rather than a 'systemic problem'; that is, debt managers blamed debtor policies instead of the financial system. Working with the World Bank's 'Structural Adjustment Loan', the IMF imposed restructuring conditions on debtors in exchange for loan rescheduling, demanding policy reforms that included austere measures for political and economic reform (ibid.). Among other things, these reforms required a drastic reduction in public spending, particularly on social programmes and food subsidies, along with currency devaluation, export intensification, the privatisation of state enterprises, and wage reductions to attract foreign investors and lower export prices (ibid.). Midgley (2017, p. 150) reports dramatic budget cuts in the social sector in the Global South, with many African and Latin American countries experiencing an average drop in social spending of up to 70 per cent. McMichael (217, p. 117) concludes that '[m]ost of these measures fell hardest on the poorest and least powerful social classes – those dependent on wages and subsidies. While some businesses and

[33] State welfare was criticised by other political affiliations as well. Marxists, for example, argued that generous welfare benefits were to silence the working classes and those living in poverty instead of addressing the fundamental problems of class exploitation that characterise the capitalist society. Feminist writers discussed state welfare as a "male breadwinner welfare model", which affirms women's traditional role as housekeeper and carer, while religious traditionalists claimed that state welfare undermines non-profit and faith-based organisations that historically catered to those in need (see Midgley, 2017, p. 152).

export outfits prospered, poverty rates climbed'. Regarding the economy, these developments shifted the development model from nationally managed economic growth to a 'world market participation' and 'shrinking the state' approach based on a 'trade not aid' principle. The prevailing social policy paradigm in international development was transformed into a 'social safety net' approach, with the status of 'emergency funds' pioneered by the World Bank as 'social funds' to soften the negative impacts of structural adjustment (McMichael, 2017, pp. 115 ff.).

In Ghana, the Nkrumah era ended on 24 February 1966, when members of the National Liberation Council (NLC) overthrew the CPP government in a military coup. Following the 1969 elections, conservative right-wing Kofi A. Busia became Prime Minister, and Edward Akufo-Addo was elected President of the 2nd Ghanaian Republic. He implemented policies and measures to relieve the unemployment caused by the country's precarious economic situation. These included the expulsion of large numbers of non-citizens from the country, a measure to limit foreign involvement in small businesses, and development initiatives in rural areas, both to slow the migration of the population to the cities and to balance rural and urban development (Berry, 1991).

Regarding Ghana's social policy, Bonye et al. (2013) emphasise that the ousting of the Nkrumah government and the transfer of political power did not significantly change the community development agenda and programmes. Nonetheless, Ghana faced persistent economic hardships, with very high foreign debts and an even larger domestic debt, which drove inflation. Austerity measures advised by the International Monetary Fund (IMF) included wage freezes, tax increases, currency devaluations, and rising import prices, leading to protests and ultimately to a military coup by Lieutenant Colonel Ignatius Kutu Acheampong and the National Redemption Council (NRC), bringing an end to the Second Republic in 1972. The NRC formed a military government with officers overseeing all ministries and state enterprises, and junior officers and sergeants taking on leadership roles down to local levels (Berry, 1991). Particularly, the self-help strand of community development was strongly promoted by the regime. In the 'Operation Feed Yourself' programme, Ghanaians were encouraged to focus on food production, aiming for national food self-sufficiency (Berry, 1991; Bonye et al., 2013). However, the industry was severely affected during and after the oil crisis, leaving Ghana without fuel. Critical media and student protests were suppressed.

After the economic situation worsened further, with shortages of basic commodities and increasing political pressure, the NRC, under then-President Akuffo, permitted the formation of political parties and prepared for constitutional elections. The constitutional assembly had been working on a new constitution to establish a new constitutional government when a group of young army officers overthrew the government in June 1979 – the Armed Forces Revolutionary Council (AFRC) under Flight Lieutenant Jerry John Rawlings. The coup was accompanied by violence and human rights abuses. Nevertheless, the planned elections took place, and Ghana returned to constitutional rule by the end of September 1979, marking the start of the 3rd Ghanaian Republic. Rawlings then handed over power to the president-elect, Hilla Limann, and the People's National Party (PNP). Before the transfer, the AFRC carried out public executions of three former heads of state and other senior officers without trial (Adedeji, 2001). The civilian government under Limann was closely monitored by the AFRC (Berry, 1994). After failing to alleviate severe economic difficulties and a series of strikes, Rawlings overthrew the elected President Limann in a second military coup in 1981. He established the Provisional National Defence Council (PNDC) (ibid.).

Little is documented about the social policies and disability-related issues of Ghana during the troubled and politically unstable 1970s. It can be assumed that several voluntary disability

organisations and rehabilitation centres established during the Nkrumah era still existed, alongside international NGOs that became a significant part of foreign aid from the 1960s onwards, especially with the imposition of austerity measures under IMF debt management. Avoke (2001) discusses learning disabilities in the 1970s and highlights the founding of an institution called 'Home for the Mentally Handicapped' by the 'Society of Friends for the Mentally Retarded' at Dzorwulu near Accra in 1972, which still operates today as the 'Dzorwulu Special School for the Intellectually Challenged'.

Influenced by the global rise of neoliberal approaches and the decline in state investment in economic and social sectors, the social development approach was further deprioritised within the realm of international development in the 1980s. In addition to liberalising the economy, many African governments aimed to curb the growth of state welfare and encourage greater individual responsibility for welfare (Midgley, 2019). This free-market ideology heavily shaped the development policies of donor countries and international organisations like the World Bank and the International Monetary Fund (IMF), which mandated indebted governments receiving aid to implement structural adjustments, liberalise their economies, privatise state enterprises, and cut social spending (ibid.). While poverty increased in many countries of the Global South, social policy approaches such as the basic needs strategy were devalued as 'poor policy' and 'Sozialklimbim'[34] (Nuscheler, 2012, p. 175). Hickey (2012) argues that, within international development, the rise of neoliberalism involved a minimalist social policy approach narrowed down to basic social protection measures driven by individualism and market logic. Regarding the guiding paradigm, the shift was 'to move away from the idea of citizens having rights to state-provided public goods', and instead, to make citizens responsible for themselves through their individual choices (Hickey, 2012, p. 430). The conceptualisation and application of social policy in international development shifted towards narrow, targeted interventions as short-term responses to deprivation and poverty caused by structural adjustment programmes (Hall & Midley, 2004). Midgley (2019, p. 25) further argues that these developments also 'paved the way for the rapid increase of nonprofit organisations and commercial providers in the field, which were believed to offer superior services to statutory agencies. They now became the primary recipients of international aid and began to play a key role in development, especially in low-income countries'.

A similar development can be seen in Ghana, although within the context of Ghana's unique development trajectory. By December 1981, when Rawlings' PNDC came to power, the inflation rate exceeded 200 per cent, while real GDP had declined by three per cent annually for seven years. Not only had cocoa production fallen sharply, but diamond and timber exports had also decreased. Gold production had dropped to half its pre-independence level (Clark, 1994). Adedeji (2001) describes the Ghanaian economy of the early 1980s as being devastated by oil price increases, low import revenues, a global recession, drought, and misguided economic policies. The new government thus launched an economic recovery plan that largely relied on significant external financial aid from the World Bank, the IMF, and bilateral development partners (Berry, 1991; Dedeji, 2001; McKay et al., 2016). A key objective of the plan was to scale back the size of the public sector and to encourage trade liberalisation and private sector activity.

[34] The German term 'Sozialklimbim' refers to social policy elements or discourses that are perceived as superficial, symbolic, or unnecessary, things that might be seen as well-meaning but lacking substance or practical impact. It is used critically to describe measures or rhetoric that appear to address social issues but are seen as mere decoration or window dressing.

Adedeji (2001) emphasises that the Rawlings regime had pursued radical economic redistribution policies by seeking support from low-income groups before starting the programme. He notes that the shift in political ideology towards a free market approach, combined with the implementation of IMF and World Bank economic austerity and structural adjustment programmes, created tension between the government and its previous allies, such as labour unions, student organisations, and intellectuals (e.g., the University Teachers' Association of Ghana). According to Adedeji (2001), structural adjustment programmes favoured cash crop farmers and export-oriented industries but simultaneously lowered the living standards for most urban dwellers, including workers, students, civil servants, and others. Moreover, the adjustments involved cuts in food and agricultural input subsidies, reductions in social services jobs, and widespread dismissals of workers in uncompetitive firms. There were higher prices due to devaluations, the introduction of user fees for medical services resulting in decreased hospital attendance, and school fees that particularly adversely affected low-income workers and subsistence farmers. Meanwhile, middle- and higher-income groups benefited from trade liberalisation and privatisation (Harvey, 1991; ODI, 1996; Adedeji, 2001; Grebe, 2015). This led to opposition and protests from trade unions, student organisations, and intellectuals, who criticised the lack of policy dialogue opportunities, the absence of consistent participation channels within the decision-making process for the general population through their organisations, and the perception that the programme mainly advantaged foreign-resident business groups (ibid.; Graham, 1989). In many countries of the Global South, including Ghana, so-called 'IMF-riots' oppose unequal distribution of livelihood means and access to food, healthcare, education, transportation, and housing, resulting in an erosion of the social contract (McMichael, 2017, p. 199).

In fact, structural adjustment in Ghana caused significant socio-economic and ecological harm. During the 1980s, Ghanaian exports of 'mining, fishing, and timber products were accelerated to close a widening gap between cocoa exports and severely declining world prices for cocoa. From 1983 to 1988, timber exports increased from $16 million to $99 million, reducing Ghana's tropical forest to 25 per cent of its original size' (Rich, 1994, p. 188; cit. after McMichael, 2017). In 1994, the NGO GAP reported that deforestation 'threatens household and national food security now and in the future. Seventy-five per cent of Ghanaians depend on wild game to supplement their diet. Forest stripping has led to sharp increases in malnutrition and disease. For women, the food, fuel and medicines that they harvest from the forest provide critical resources, especially in the face of decreased food production, lower wages, and other economic shocks that threaten food security.' (quoted in Bello et. al. 1994, p. 59; cit. after McMichael, 2017, p. 130).

In 1987, a joint initiative by the Ghanaian government, UNICEF, and the World Bank introduced the 'Program of Action to Mitigate the Social Costs of Adjustment' (PAMSCAD) (ODI, 1996). The programme announced decisions to increase social spending for low-income groups and aimed to prevent worsening economic conditions among retrenched workers and 'the poor' (Adedeji, 2001). With a budget of USD 83 million over two years, the programme included 23 projects across five main areas: community initiatives, employment generation, support for retrenched workers, addressing basic needs of vulnerable groups, and education (ODI, 1996). Projects encompassed (a) community mobilisation and planning, (b) employment generation mainly through labour-intensive public works and credits for small-scale farming, (c) redeployment of former civil servants via training for small-scale businesses, (d) basic needs and service projects focused on low-cost water and sanitation, primary health care services, nutrition education programmes, curative health care, de-worming among primary school children, and rural shelter rehabilitation, and (e) promotion of

education through commodity aid for schoolbooks and food stocks for secondary boarding schools (Stewart & van der Geest, 1995). The programme was targeted at small-scale farmers and hired labour, poor households with limited access to basic social services, unemployed persons and those with smaller earnings, especially youth and households in the northern regions (ibid.). An ex-post evaluation, however, found that due to 'inadequate recurrent funding, political interference, and too much bureaucracy', few of these projects 'made good progress'. They brought little support to those facing hardships induced by the structural adjustment programmes but addressed pre-existing social problems (ibid.; see also Stewart & van der Geest, 1995 for an in-depth discussion of adjustment and social funds).

Adedeji (2001) concludes that '[t]he PAMSCAD was designed to ease resistance of workers who believed that they have shouldered a disproportionate share of the cost of adjustment'. According to Callaghy (1990, p. 278), the programme was also 'a result of external donors and the government to gain political support for more reforms', as this would sustain the Ghanaian experiment with structural adjustment and set an example for the rest of Africa, where such programmes were similarly under attack. In fact, the Ghanaian programme might have primarily been an effort by international donors to give 'a human face' to adjustment politics (ODI, 1996).

The economic recovery programme was further linked to political reforms, with a particular emphasis on decentralisation. With his declarations of 'power to the people', Rawlings presented himself as a president who cared about the poor and exploited. A National Commission for Democracy (NCD) was established to develop a workable democratic system for Ghana. The NCD recommended creating district assemblies as local governing bodies that provide opportunities for the people to engage in the political process (Law 207). These assemblies were first elected in 1988, despite a ban on political parties, introduced during the Rawlings coup, still being in place. Two-thirds of the Assembly members were elected by direct vote, while the remaining one-third were appointed by the national government. The District Chief Executive was appointed by the central government (Berry, 1994).

Regarding the situation of people with disabilities, the 1980s saw some developments at the Accra Rehabilitation Centre, described by Guerts (2015) as the 'worlding' of this institution. After the UN declared the 'International Year of Disabled' in 1981, this was followed by the formulation of the 'World Programme of Action concerning Disabled Persons', adopted by the General Assembly on 3 December 1982, and the 'International Decade of Disabled Persons'[35] from 1983 to 1992, which provided a global push towards networking and rights-based programming for people with disabilities. During this period, people with physical disabilities established the 'Ghana Society of the Physically Disabled' (GSPD), supported by the Norwegian Agency for Development Cooperation (NORAD) and the Norwegian Association of Disabled (Norges Handikapforbund) in the early 1980s. Together with representatives of other Organisations of Persons with Disabilities (OPDs) in Ghana, they formed a steering committee to draft a disability policy during that period (ibid.). NORAD further supported the establishment of another training centre, the Jachie Training Centre for the Disabled, which remains operational to this day (ibid.). In the late 1980s, NORAD provided funding for the creation of the Federation of Disabled Associations (FODA), now known as the Ghana Federation of Disability Organisations (GFD). As the national

[35] The United Nations designates specific days, weeks, years and decades as occasions to mark particular events or topics in order to promote, through awareness and action, the objectives of the Organisation. Usually, it is one or more Member States that propose these observances and the General Assembly establishes them with a resolution.

umbrella organisation, GFD became heavily involved in disability legislation and social policy development at both the national and subnational levels in the following years.

2.1.6 The 1990s – Towards Social Protection in the Global South

Looking back over five decades of international development, Hall and Midgley (2004, p. 1 f.) conclude that 'past development paradigms and related social policy approaches have proved to be of limited effectiveness in addressing mass poverty and promoting human welfare' due to 'their inability to recognize and take due account of social complexity and its interface with other key development dimensions such as the economic, the political and the environmental'. They argue that '[t]hese lacunae have undoubtedly helped to perpetuate serious problems of poverty, vulnerability, powerlessness and exclusion' (ibid., p. 2). It was not until the 1990s that a comprehensive concept of development was finally firmly established, which included not only economic but also political, social, cultural, and ecological development as central cornerstones. The Human Development Report 1990 (UNDP, 1990) placed a renewed focus on integrating social and economic development goals. In the context of the World Summit for Social Development in Copenhagen in 1995 and the Copenhagen Declaration (UN, 1996), member states were called upon to take more concrete steps to reduce poverty and promote social inclusion and progress (Midgley 2009, 159 f.). These resolutions formed the basis for the later adoption of the Millennium Development Goals (2000-2015) (UN, 2000), which placed an explicit focus on poverty reduction and core aspects of social development (ibid.; Pawar & Cox 2009, 27 f., 29; Nuscheler, 2012, p. 175). Within the scope of these developments, actors in development began to include social policy, social planning, and social development as elements of their more holistic strategies and approaches (Hall & Midgley, 2004).

This trajectory was partly shaped by the individualistic focus inherent in the market-liberal paradigm, which, as developed through neoliberal views of social issues, subsequently had a considerable impact on development theory. From the 1990s onwards, the development discourse increasingly shifted towards a livelihood-focused approach, emphasising interventions such as microcredit schemes, micro-enterprise support, technical assistance, educational initiatives, and skills training programmes aimed at enhancing the human capital and resourcefulness of individuals and households. These measures were often combined with policies designed to promote asset accumulation, thereby redefining social policy in wider terms, not simply as welfare provision but as ensuring access to adequate and secure livelihoods (Midgley, 2019, p. 25). It has become increasingly accepted among development stakeholders that strengthening social sectors not only boosts direct productivity but also yields high social returns. Furthermore, perspectives on poverty shifted from viewing people living in poverty as merely weak and passive recipients of support to recognising them as active stakeholders in the development process, with individual strengths, assets, and capacities (Hall & Midgely, 2004). According to Hall and Midgley (2004), these developments lead to a more comprehensive and nuanced understanding of social policy in the field of international development. While poverty reduction remained a priority on the political agenda, the definition of poverty and approaches to address it became more varied over time. In this context, Hall and Midgley note a tendency to avoid terms such as poverty and inequality, while focusing more on concepts like social exclusion and capabilities, which they link to the ongoing influence of neoliberal ideas about poverty.

Others take a more critical view of these developments by arguing that 'social exclusion […] has become a discursive strategy of pathologising the poor as embodying deficiencies that assign personal and individual, rather than social, responsibility for their condition' (Cameron & Palan, 2004; cit. from McMichael, 2017, p. 285). In more general terms, development scholars describe 'a discernible shift away from targeting states toward targeting subject populations for development and toward participation as the litmus test of 'development subject responsibility' during the period of globalisation and neoliberal development policy' (McMichael, 2017, p. 289). For many, the negative impacts of economic crises and structural adjustments increased the pressure to develop new livelihood strategies. Weber (2004) argues that such informal livelihood strategies and collective forms of mutual support, which serve as survival mechanisms for those living in poverty, have been increasingly reframed by the World Bank as economic resources and social capital to be targeted through microlending. McMichael (2017), for example, highlights the role of decentralised feeding and microlending programmes, often managed by NGOs, which replace government social protection measures under structural adjustment. For him, instead of states being responsible for social safety nets, '[t]he rationale is that microlending will redirect existing survival networks, viewed by the World Bank as "social capital," into entrepreneurial activities' (ibid., p. 150). Drastically, he interprets and discusses the 'microcredit phenomenon' as a tool of 'control and surveillance', aimed at the minds and behaviour of the poor and 'micro-manipulating the financial decisions of a poor peasant' (ibid., p. 224). In any case, these policies demonstrate the dominant role of multi- and bilateral actors, as well as international NGOs, in developing and implementing social policy, and show a decline in the role of governments as social policy actors.

Notwithstanding a renewed focus on social development in the 1990s, the debate between economic and social development approaches continued to dominate the general development discourse. Against the backdrop of the evident limitations of neoliberal development approaches and the escalation of poverty during the so-called 'lost decade' of the 1980s, the World Bank, by the late 1990s, began advocating a more balanced relationship between state and market. This shift aligned with Anthony Giddens's 'Third Way' framework, envisioning the state as a facilitator of balanced development, responsible for creating an enabling environment and focusing on key domains where government has a distinct and irreplaceable role. Such roles included investment in basic social services and infrastructure, protecting the poor and vulnerable through safety nets, conserving the environment, and promoting sustainable development policies, often operationalised through public–private partnerships and mechanisms for public participation (Hall & Midgley, 2013, p. 13). Furthermore, decentralisation[36] was emphasised as a development objective and a crucial element of state modernisation to promote government accountability, making governance more responsive to local needs and preferences, as well as a means to address social, spatial, and economic inequalities and to strengthen social cohesion (ibid.; see also Bardhan & Mookherjee, 2015; Kersting et al., 2009; Romeo, 2012).

While many African countries experienced economic decline in the late 1980s and early 1990s, Ghana stood out as one of the few exceptions, recording positive economic growth and progress in reducing monetary poverty (McKay et al., 2016). This is documented by the Ghana Living Standards Survey (GLSS), which began in 1987, as well as by further studies of poverty conducted

[36] Given a huge variety of definitions focussing on different aspects of decentralization processes, this paper uses the term to denote devolution of political decision-making power including freely programmable resources to the local level.

by the Ghana Statistical Service (GSS) (ibid.). From an economic perspective, the Economic Recovery Program (ERP), established in the 1980s, appeared to have taken hold. However, the reforms came with significant social costs, did not benefit all Ghanaians equally, and Rawlings had to abandon many of his original objectives, which alienated major segments of the population. While neoliberalism resulted in a 'recalibration' of the statutory welfare system in most Western countries, in Ghana and other African nations, the development of state social services was stripped of its foundation. Responsibility for social well-being was widely shifted to individuals and informal social networks supported by non-profit and faith-based organisations. After Rawlings seized power in a military coup in 1981, no national elections were held until 1992. Rawlings won the 1992 presidential election and formed the first government of Ghana's 4th Republic. This led to the drafting of the Constitution and the return to a multi-party democracy. Following the presidential election, the PNDC was transformed into the National Democratic Congress (NDC).

Despite the negative social impacts of adjustment policies, the Rawlings government successfully maintained the reform agenda, now backed by a democratic mandate. The social insurance system had largely remained unchanged until the early 1960s (see above). However, high inflation in the 1980s diminished the value of payments and led to currency devaluations. Labour retrenchment policies further strained the provident funds, while the conditions of the structural adjustment programme did not allow any concessions to beneficiaries (Grebe, 2015). With the implementation of the Social Security Law 1991, the Provident Fund was transformed into a Pension Scheme called the Social Security and National Insurance Trust (SSNIT). While the previous scheme was limited to the relatively small formal sector, the reforms extended mandatory retirement savings to non-public-sector workers and aimed to provide a relatively secure post-retirement income (ibid.). Unlike its predecessor, the SSNIT 'was intended to be fully funded by contributions and ensure solvency and secure benefits without any drain on public resources' (ibid.).

The 1992 Constitution of Ghana provided for a coordinated programme of economic and social development (Gov. of Ghana, 1992). Furthermore, it mandated decentralisation and outlined a comprehensive devolution of tasks, decision-making powers, responsibilities, and resources from the national government to local government bodies. Under the Local Government Act (Act 462) of 1993, Metropolitan, Municipal, and District Assemblies (MMDAs) were assigned legislative and executive functions to serve as the core of administration, development planning, and decision-making at the local level. The Act included the decentralisation of social welfare duties to District Welfare Departments. Additional provisions on financial decentralisation were established through the District Assemblies Common Fund Act 455 in 1993. This act introduced the framework for the District Assembly Common Funds (DACF), allocating at least 5% of the central government's total revenue to MMDAs to fulfil their responsibilities. Moreover, a framework for 'Internally Generated Funds' (IGF) was established, enabling MMDAS to generate local revenue independently. The DACF laid the foundation for the later creation of a Disability Common Fund (DCF) (see Chapter 4.3.1).

When it comes to disability, the 1992 Constitution laid important groundwork for disability-related legislation and policymaking in the 2000s. It includes a standalone article on the rights of persons with disabilities, which prohibits discrimination on grounds of disability and guarantees the rights of persons with disabilities against all forms of exploitation, discrimination, or abusive regulations of all kinds (Gov. of Ghana, 1992, art. 17, 29). Moreover, it emphasises the right of persons with disabilities to live with their families, participate in social, creative, or recreational activities, and

calls for the accessibility of public places, including access to employment (ibid. art. 29). It further urges the parliament to pass the necessary laws to enforce these provisions. Additionally, article 37 on 'Social Objectives' urges the state to establish appropriate laws to ensure 'the protection and promotion of all other basic human rights and freedoms, including the rights of the disabled' (ibid. art. 37). Article 38 on 'Educational Objectives' further advocates for free and equal education at all levels as well as 'a free vocational training, rehabilitation and resettlement of disabled persons' (ibid. art 38). However, according to Guerts (2015), OPD leaders found these provisions severely insufficient, especially as the wording emphasised protection more than rights. Throughout the 1990s, the Accra Rehabilitation Centre continued to develop as a significant staging ground for disability activism in Ghana, enhancing capacity building for OPDs, establishing Community-Based Rehabilitation initiatives, and campaigning for a Disability Act and disability policies (ibid.).

In 1992, the Government of Ghana launched a pilot Community-Based Rehabilitation (CBR) programme to promote their rights, establish connections to service providers, and strengthen OPDs (Ghana Statistical Service, 2014). It was designed to offer home-based rehabilitation services, provided by family members of people with disabilities, with the support of trained local volunteer supervisors. Therefore, each community was expected to mobilise local resources to support and sustain the programme activities (ibid.). The programme was initially implemented on a pilot basis in 10 administrative districts and expanded to 20 districts in 1994. It was managed by a combined National Management Team that included the then Ministry of Employment and Social Welfare, the Ministry of Education, and the Ministry of Health. Funding for the programme was provided by the Norwegian Association of the Disabled (NAD), the Swedish Organisation of Disabled Persons International Aid Association (SHIA), and, at a later stage, the United Nations Development Programme (UNDP). According to Lawrence Ofori Addo, who coordinated the introduction of the programme at the National Department of Social Welfare, the programme also significantly contributed to the preparation of the 2000 Ghana Disability Policy and the 2006 Ghana Disability Act (715) (Guerts, 2015). With the withdrawal of international donors from the programme, management was decentralised to district assemblies, which lacked the resources and modern concepts needed to sustain the programme (see, e.g., Kuyini et al., 2011).

When Rawlings was confirmed in the 1996 elections, for the first time in Ghana's political history, an elected government actually completed its term in office, held an election contest, and secured a renewed mandate democratically (Adedeji, 2001). His previous vice-president, John Atta-Mills, was then defeated by John Agyekum Kufuor in the 2000 elections. The transfer of power in 2001 occurred without significant difficulties.

2.1.7 Conclusion

This chapter outlines the historical and political context of the study and identifies the structural foundations underpinning the evolution of the three social protection schemes examined in Ghana. Domestic political developments are central, most notably the institutional consolidation of the Fourth Republic, which marked the emergence of stable democratic governance and a more coherent state social policy. Yet, this trajectory cannot be understood in isolation. It reflects both the colonial and post-colonial legacies of British social policy, as well as the broader dynamics of transnational policy transfer and international development discourses on social policy. These historical and global entanglements illustrate the dependencies of Ghana's social policy path, shaped by institutional layering and the interplay of local and external influences.

For Europe, it has been shown how the development and ongoing advancement of social policy in general, and social protection measures in particular, serve as responses to historical events in Western Europe. This is particularly evident in the rise of industrial capitalism and the focus of the 'social question' on labour conditions. It includes the emergence of a collective consciousness among a large group, whose political organisation and power (Trade Unions, Labour Parties) ultimately triggered social policy responses, primarily in response to a perceived threat to existing power structures. The political mobilisation of employed workers pushed the state to move beyond a paternalistic system of poor relief towards creating a comprehensive welfare state, albeit in specific forms unique to each country. The 'labour question' replaced the earlier 'social question' not merely as a shift in terminology but as a transformation in approaches to addressing social problems. Charitable relief gradually gave way to the recognition of social protection as a government duty, leading to the passage of social legislation and the institutionalisation of social policy. From this foundation, social policy became increasingly differentiated, particularly during the second half of the twentieth century. These differences, however, were not uniform; they arose in response to the specific social conditions of individual Western countries, shaped by factors such as demographic changes, evolving family structures, and economic shifts. Essentially, social policy has developed alongside the evolution of specific social problems. From its very beginning, the development of social policy and social protection, in particular, can be viewed as interventions in the market economy aimed at shielding people from the negative effects of free market forces and safeguarding their cultural and social integrity. It has only gradually been that states began to support and expand their respective initiatives, organise tasks legally, make services obligatory, and regulate service provision. Most of the diverse services now summarised under social policy did not initially originate as state activities.[37]

The development path of state social policy outlined above embodies a distinctly European trajectory, one that did not develop in the same way in African contexts such as Ghana. However, it laid the foundational framework for social protection instruments that are adopted in Ghana today. The socio-political debates surrounding these processes are predominantly shaped by European discourses and conceptual frameworks, while the uniquely European nature of these trajectories and their divergence from African historical and social contexts have often been overlooked. This is supported by postcolonial influences and a global normative understanding of linear development along idealised Western models, which remains prevalent and also impacts global social policy discourse. From the outset, it was characterised by a neglect of existing social structures and indigenous forms of collective reciprocity, instead shaped by paternalistic and racially influenced ideas that have been reinforced since the Enlightenment.

In Ghana, as in other former British colonies, this is evident in the early diffusion of social welfare ideas from the British Poor Law tradition, as well as the foundation of disability policy based on the British model of social orthopaedics. The assumption in Ghana and other countries of the Global South was that development would follow a similar path to Europe's, involving a process of catching up. Social policy approaches also reflected these assumptions. Whether explicit or

[37] Today, the following policy fields in particular can be assigned to social policy: Employment contract law, occupational health and safety, labour constitution, promotion and placement of employment, social insurance, social assistance, health care, policies to improve the living conditions of specific target groups (women, families, children and young people). In addition, however, education policy, property policy, housing policy and employment policy are also relevant to social policy (Kaufmann, 2005, p. 26). Moreover, e.g. environmental policy issues are also likely to become increasingly relevant to social policy today.

implicit, this kind of development was described as an effort to fit African societies into existing conceptual frameworks, categorising them according to European norms and integrating them into Western traditions of social welfare. However, the country's development has not advanced as expected, neither in terms of industrialisation nor in formalising employment.

With the rapid growth of Western-dominated global academic debate on social policy in the second half of the 20th century, the influence of Western paradigmatic normative interpretations of social problems became even more deeply rooted. Generally, many leaders of countries in the so-called Global South accepted the principle of state welfare responsibility when gaining independence from European imperial rule in the 1950s and 1960s and committed their governments to expanding social protection as an individual right. This is also connected to the growing significance of normative frameworks, such as conventions and development goals, as well as the establishment of soft coordination and governance mechanisms within the context of global social policy measures. However, with the neoliberal turn and the structural adjustment programmes of the 1980s and 1990s, the scope for state social policy in many African countries was severely limited. While neoliberalism brought about major changes to the statutory welfare system in most Western countries, in Ghana and other African nations, the development of state social services was stripped of its foundation. Responsibility for social well-being was largely delegated to informal social networks, non-profit organisations, and faith-based groups.

The historical developments in the field of social policy in Ghana unquestionably permit reference to the elements of Gough's orthodox model, as introduced above. Measures of industrialisation, political mobilisation and the differentiation of democratic institutions characterise the development described from independence to the 1990s. Also evident are the roles of ideological orientations and policy learning, as well as the significant impact of supranational influences on these developments, particularly in terms of policy transfer and global social governance. Thus, it can be observed in Ghana that the development of social policy has been and continues to be characterised by a complex interplay of these factors. The three programmes examined in this study must be considered in the context of these pre- and postcolonial and 'global social policy' influences. Against this background, the question arises as to the extent to which their designs and implementation practices fit within local Ghanaian contexts. This applies not only to the state structures that underpin them, but especially to the social structure of society and its underpinnings in terms of forms of social reciprocity and notions of social justice. The latter are discussed in detail in Chapters 2.3 and 2.4. To further introduce the research context of Ghana, a brief country profile of contemporary Ghana, centred around statistical data, is provided in Chapter 2.2.

2.2 Ghana – A Brief Country Profile

The Republic of Ghana is located along the central West African coast, covering 238,537 square kilometres. It borders Togo to the east, Burkina Faso to the north and northeast, Côte d'Ivoire to the west, and the Gulf of Guinea to the south, with a 560-kilometre coastline (Ghana Statistical Service, 2024). The country has three ecological zones: the low, sandy coastal plains; the semi-deciduous rainforest belt, characterised by streams and rivers; and the northern savannah, traversed by the Black and White Volta Rivers. Volta Lake, one of the world's largest artificial lakes, provides hydroelectric power (ibid.).

As described in Chapter 2.1, Ghana gained independence from British colonial rule on March 6, 1957, and became a Republic on July 1, 1960. In its 68 years of independence, it has experienced a shift between four civilian governments and six military regimes. Ghana currently operates under the Fourth Republic, a multi-party democracy with an executive president, guided by the 1992 Constitution. National elections are held every four years. Ghana's political framework as a unitary state with a presidential system concentrates considerable power in the presidency. The parliament and courts do not hold strong veto authority. Officeholders, particularly presidential appointees, are subordinate to the president (BTI, 2024). Ghana is among the few African countries with a stable democracy and active political participation. Universal adult suffrage, the right to campaign, and democratic elections are guaranteed and protected by the constitution. There have been no significant violations of the principles of free and fair elections in the past elections from 1996 to 2025 (ibid.).

The metropolis of Accra serves as the commercial and political centre. Since 2019, Ghana has been divided into 16 regions, an increase from 10. Locally, 261 Metropolitan, Municipal, and District Assemblies (MMDAs) function as the second-tier administrative units below the regions (as of June 2025). They oversee local governance and public services, including social welfare programmes such as managing the DCF, providing LEAP cash transfers, and registering people in situations of poverty for free NHIS enrolment (ibid.). Urbanisation reached 56.7 per cent in 2021, indicating a significant ongoing trend. Migration from rural areas to cities such as Accra, Kumasi, Tema, and Takoradi, as well as emigration abroad, has increased significantly. This movement is primarily driven by economic hardships nationwide (see below). The neglect of rural infrastructure and unequal distribution of economic benefits in urban centres are likely to have accelerated these migration patterns (ibid.).

Ghana is ranked 143rd out of 193 countries in the 2023 Human Development Index (HDI), placing the country in the 'medium human development' category with a score of 0.628 (UNDP, 2025). In 2020, Ghana introduced its Multidimensional Poverty Index (MPI). According to the first MPI Report (Ghana Statistical Service, 2020), the MPI value was 0.236. More people experienced multidimensional poverty (45.6%) than monetary poverty (23.4%), but 19.3 per cent of the population faced both types of poverty. The report also notes that 64.6 per cent of rural populations in Ghana were experiencing multidimensional poverty, compared with 27.0 per cent of urban populations. The Northern Region of Ghana had the highest proportion of people living in multidimensional poverty at 80 per cent. In the study regions, Eastern Region and Central Region, 44.0 per cent and 47.6 per cent of people, respectively, faced multidimensional poverty. The indicators where most people are poor and deprived include sanitation (44.1%) and health insurance (40.1%).

Efforts are made to protect members of the LGBTQ+ community, women, and people with disabilities, among others, although societal discrimination and human rights violations continue. Concerning LGBTQ+ rights, religious motivations combined with the belief that Western nations are imposing such rights present a significant challenge (BTI, 2024). In 2021, Ghana's score on the Gender Inequality Index was 0.529, which does not indicate a considerable improvement compared to recent years (BTI 2024). The situation of persons with disabilities will be outlined comprehensively in Chapter 3.5.

2.2.1 Population Structure and Dynamics

Ghana's population has increased substantially, rising from 6.7 million in 1960 to 30.8 million in 2024, a four-and-a-half times growth over six decades (ibid.). The country is multi-ethnic, with the Akan making up 45.7 per cent, followed by Mole-Dagbani (18.5%), Ewe (12.8%), A-Dangme (7.1%), and others (15.9%). Also linguistically, Ghana is diverse. While English is the official language, a remnant of the colonial period, and functions as the lingua franca for government, education, and business, it is not the most commonly spoken language among the general population. Ghana has 83 'living languages', most of which belong to the Niger-Congo language family. Akan, including dialects such as Twi and Fante, is the most widely spoken language, followed by Ewe and Ga (SIL International, 2024). Religiously, 71 per cent identify as Christian, 19.9 per cent as Muslim, with the remainder following other faiths or none (Ghana Statistical Service, 2021). Ghana's urban and rural populations constitute 56.7 and 43.3 per cent of the total, respectively, reflecting a notable increase in the urban population from the 50.9 per cent recorded in the 2010 census (GSS, 2021a).

The total fertility rate declined from 6.9 children per woman in 1979/80 to 3.1 in 2021, driven by socio-economic changes, later childbearing linked to increased female education, and better reproductive health services. Infant mortality fell from 64 deaths per 1,000 live births in 2003 to 28 per 1,000 in 2022; under-5 mortality dropped from 111 to 40 per 1,000 over the same period. These trends have shifted the population's age structure: the share of those aged 0–14 declined from 44.3 per cent in 1960 to 35.3 per cent in 2021, while the 15–35 age group rose from 34.6 per cent in 2000 to 38.2 per cent in 2021. The elderly people (65+) comprised 4.3 per cent in 2021 (ibid.). These shifts suggest a demographic transition, with important implications for the economy and labour markets. Life expectancy at birth has improved by 7.02 years, from 59.1 years (male: 58.4, female: 59.8) in 2000 to 66.1 years (male: 65.3, female: 66.9) in 2021 (WHO, 2025).

The 2021 Ghana Population and Housing Census adopted the six main functional domains of the Washington Group on Disability Statistics. According to the report (GSS, 2021b), approximately 8 per cent (2,098,138) of Ghanaians aged five and above experience some form of difficulty with tasks such as seeing, hearing, walking, climbing stairs, remembering or concentrating, self-care, or communicating. The prevalence is higher among males (8.8%) than females (6.7%) and more common in rural areas (9.5%) than in urban settings (6.5%). Nearly half a million individuals (477,543), representing 1.8 per cent of those aged five and above, face severe difficulties or are completely unable to perform at least one activity, with women (56.6%) more affected than men (43.4%). Among the six functional domains assessed, difficulty in seeing is the most common (4.0%), followed by walking or climbing stairs (3.6%), remembering or concentrating (2.0%), hearing (1.7%), self-care (1.2%), and communicating (1.0%). Notably, 16 per cent (53,609) of children aged 5–15 with such difficulties have never attended school (GSS, 2023).

Four regions account for over half (53.6%) of the population aged five and above with activity limitations: Ashanti (17.3%), Greater Accra (13.5%), and the two study regions, Eastern (12.0%) and Central (10.8%). The prevalence of severe difficulties is more evident in rural areas, where 9.5 per cent of the population report difficulties, compared to 6.5 per cent in urban areas (GSS, 2021b).

2.2.2 Economic Activity

Ghana is currently the second-largest economy in West Africa and has maintained lower-middle-income status, as classified by the World Bank and the UN, since 2010. The country experienced economic growth and declining unemployment in the 1960s, but stagnation during the 1970s and 1980s triggered widespread emigration. Growth resumed between 2000 and 2007; however, since 2008, economic gains have not led to reduced unemployment, mainly because growth has been concentrated in capital-intensive sectors, such as the crude oil industry (GSS, 2024). The COVID-19 pandemic further exposed structural vulnerabilities in the economy, deepening poverty and insecurity, especially among the 73 per cent of the workforce employed in the informal sector and reliant on daily wages (GSS, 2024).

Ghana's economy is heavily reliant on export earnings from a narrow range of commodities, notably gold, oil, and cocoa, rendering it highly vulnerable to external shocks. Fluctuations in global commodity prices have a significant impact on the country's economic stability. Currently, Ghana is facing a debt crisis exacerbated by high inflation, for which it is receiving support under an International Monetary Fund programme (BTI, 2024). In response, the government has introduced a range of policies designed to stimulate economic growth. Current fiscal strategies focus on expanding the tax base and increasing government revenues to fund public programmes, encourage entrepreneurship, and create jobs as part of efforts to reduce unemployment (ibid.). Private remittances from abroad have a substantial impact on the livelihoods of many Ghanaians, supporting direct consumption and generating secondary effects through investments. According to the World Bank, Ghana received $4.17 billion in personal remittances in 2021, which accounted for approximately 5.4 per cent of the country's GDP (ibid.).

Ghana's labour force comprises 11.5 million people, with 9.99 million employed and 1.55 million unemployed, representing 58.1 per cent of the population aged 15 and over. Economic participation is higher among males (63.5%) than among females (53.0%), with the gender gap more evident in rural areas. Most employed individuals work in services (53.3%), followed by agriculture (33.0%) and industry (13.7%) (GSS, 2021d). Professionals comprise just 8.4 per cent of the workforce, mainly in urban areas and among youth. Self-employment without employees is common, especially in rural regions, while the public sector employs around 10% of the workforce, mostly men (ibid).

As of 2021, the national unemployment rate is 13.4 per cent, with women experiencing a higher rate (15.5%) compared to men (11.6%). Youth unemployment for ages 15-35 is 19.7 per cent, rising to 32.8 per cent for those aged 15-24, with urban areas consistently reporting higher figures. According to the Ghana Statistical Service (2021d), about half a million individuals are first-time job seekers, and 45.5 per cent of unemployed people aged 15 and above are available for work but are not actively seeking employment; nearly two-thirds of them are aged 15 to 35 (ibid). Child labour affects around 230,000 children aged 5-14, primarily in the agricultural sector. In rural regions, the prevalence of child labour is 5.7 per cent, compared to 1.0 per cent in urban areas. While most working children are engaged in agriculture, urban children more frequently work in service and sales sectors (ibid). Economic development, in general, is distributed unevenly, with the northern part of the country being marginalised (ibid).

2.2.3 Education

Basic and secondary education in Ghana is compulsory and provided by both public and private institutions. The 2021 Ghana Population and Housing Census reported a national literacy rate of 70% among those aged 6 years and older. However, 30.2 per cent of this population remains illiterate in any language, with illiteracy higher among females (34.4%) than males (25.9%) (Ghana Statistical Service, 2021c). About half (48.0 %) of the literate population 6 years and older can read and write in one language, and 45.8 per cent in two languages, with English and one Ghanaian language being the dominant languages (ibid.). Literacy rates also vary significantly by region: Greater Accra recorded the highest at 87.9%, while the Savannah Region had the lowest at 32.8 per cent. The Eastern and Central Regions, being the study areas, show relatively high literacy rates of 75.7 per cent and 75.2 per cent, respectively. Urban areas demonstrated a higher literacy rate (80%) compared to rural areas (55.2%) (ibid.).

School attendance disparities remain. One in five Ghanaians aged 3 years and older (20.8%) has never attended school, with the rate higher for females (24.4%) than for males (17.0%). The gap between urban and rural areas is significant: only 13.2 per cent of the urban population aged three and above has never attended school, compared to 30.8 per cent in rural areas (ibid.). The proportion of the population aged three years and older who have never attended school ranges from nine per cent in the Greater Accra Region to 57.4 per cent in the Savannah Region, with 13.7 per cent for the Eastern Region and 14.4 per cent for the Central Region.

Regarding education outcomes, the primary school completion rate at the official age was 94 per cent in 2018, slightly down from 99 per cent in 2015, though still above the regional average (World Bank, 2023). The gross enrolment ratio in secondary education was 65 per cent in 2019. This is higher than the regional average (50%) but lower than the average for middle-income countries (70%). (World Bank, 2023). About 15% of children aged 5–17 were engaged in economic activities in 2018, a figure lower than the regional average (World Bank, 2023). Government spending on education stood at 4.0% of GDP in 2018, matching the regional average but slightly below the 4.5% average for Ghana's income group (World Bank, 2023). Youth literacy (ages 15–24) was high at 93% in 2020, exceeding the regional average (World Bank, 2023).

According to 2021 Census data, Owoo (2025) reports an education gap of 4 per cent for children with moderate impairments and 12 per cent for those with severe impairments, compared to children without impairments. Among adults, the corresponding education gaps are 15 and 29 per cent for moderate and severe impairments, respectively. Regression results indicate that the presence and severity of impairment are linked to lower educational attainment; that the education 'penalty' for girls and women, as well as urban people with disabilities in Ghana, is significantly higher than for their counterparts; and that disability–education connections also differ by specific disability conditions among children versus adults, and by sex and location (ibid).

2.2.4 Health

In Ghana, the Universal Health Coverage (UHC) Index score is 47 (2017). This is higher than the regional average of 46 but lower than the group of lower-middle-income countries' average of 56 (World Bank, 2023). Achieving UHC is a crucial goal for the government. This initiative has been advanced through the establishment of the Community-based Health Planning and Services (CHPS) national strategy, which delivers community-focused care by bringing health services

directly to the local level. Starting in the late 1990s, CHPS has been the backbone of Ghana's primary care system for more than twenty years, utilising a mix of community-based health nurses, volunteers, and active community participation to ensure universal access to essential curative services, health promotion, and prevention (Adusei et al., 2024). A second key aspect of Ghana's health agenda is the rollout and expansion of the National Health Insurance Scheme (NHIS), which is described in detail in Chapter 4.3.1.2. Studies consistently indicate that catastrophic health expenditure (CHE) (see Chapter 4) remains a significant issue for households in Ghana, even after the rollout of the National Health Insurance Scheme (NHIS). A recent study by Akazili et al. (2025) suggests that the proportion of households experiencing CHE for total out-of-pocket health costs increased significantly from 1.26 per cent in 2012/2013 to 11.45 per cent in 2022/2023. Ghana spent 3.72 per cent (2022) of its GDP on public health expenditure, which is lower than the average for lower-middle-income countries (5-7%) (World Bank, 2023).

Ghana is facing a 'dual burden' of health issues, characterised by persistent infectious diseases alongside a rising rate of Non-Communicable Diseases (NCDs) (Konkor & Kuuire, 2023). Malaria remains a significant public health concern among infectious diseases, with a 2022 prevalence of 8.6 per cent, leading to over 5.2 million confirmed cases and 151 deaths (ibid.; Severe Malaria Observatory, n.d.). HIV/AIDS continues to be a widespread epidemic, with a prevalence of approximately 1.6 per cent in the overall population (Konkor & Kuuire, 2023). Additionally, tuberculosis (TB) contributes to the health burden, with an incidence of 136 cases per 100,000 people in 2021. Other common infectious diseases include cholera, typhoid, and various Neglected Tropical Diseases (NTDs) (ibid).

Issues related to social welfare and social protection were introduced in Chapter 2.1 from a historical point of view. The current situation regarding social protection in Ghana will be discussed in Chapter 4.

2.3 Theoretical Foundations of Social Policy in the Global North

Chapter 2.1 provided an overview of how social policy has developed in European and African contexts. Among other things, two important factors for the development of state social policy have become apparent. Firstly, a moral sensitivity to social inequality, as it becomes explicit, for example, through the understanding of poverty as a violation of human dignity. Secondly, the notion of governmental responsibility for mitigating the negative social effects of capitalist developments (Kaufmann, 2012). In addition to concrete social events that social policy responds to, cultural and religious influences also shape the development of social policy paths. In the next step, therefore, basic assumptions and ideas on social policy will be examined in more detail. These comprise various value-based approaches that define social policy as well as the social construction of risks and problems addressed by social policy measures.

This is considered alongside aspects of African ethics to discuss the compatibility of the basic assumptions of social policy approaches from Western Europe with African perceptions and constructions of social reciprocity, social risks, social responsibility, and the common good. Both European and African discourses on definitions of social problems and on theoretical concepts for social policy are of particular interest. This chapter is thus intended to provide a theoretical context for examining the significance of various forms of social protection and the importance of different types of resources in this context, which will be explored throughout this work. The approaches

and concepts of social justice relevant to this thesis will be discussed. Yet, it is not possible here to trace the diverse philosophical-historical roots (religious, philosophical, political and moral ideas) on which current ideas of social justice are based.[38]

2.3.1 A Basic Framework for Social Policy

In a first step, clarifying the assumptions underpinning the term 'social' is critically important, as it can have multiple meanings across contexts (Taylor, 2013, p. 17). In its most basic sense, the term 'social' is used to describe something related to society. More specifically, it aims to describe a person's relationship with one or more other people or their affiliation with different groups. This includes, for example, a person's belonging to different groups, the structures and rules of human relations, or the ways people produce and share well-being and prosperity. It can also be more specifically understood as relating to the organisation of society and the explanation or justification of individual capabilities[39]. Since the likelihood of people's participation in society depends on their capabilities, the concept of the social is closely linked to the idea of (social) justice, particularly regarding the distribution of rights, opportunities, and resources (Boeckh et al., 2015a). This further suggests that the social dimension can include various forms of perceived injustice, as discussed below.

As outlined in the previous subchapter, social policy can be understood as the planning and implementation of public interventions into the private sphere of a market economy to protect individuals against the negative effects of free market forces, to secure their cultural and social integrity, and to secure and improve their livelihoods. Kaufmann (2005) frames social policy along three basic elements: (1) the struggle for the introduction and modification of state measures, usually at the level of legislation (Social Politics), (2) the implementation of state measures, if necessary with the help of non-governmental institutions (Social Policies), and (3) the intellectual debate on defining social and political problems including the critique of existing socio-political practices, in which the social sciences have played a leading role from the outset (public social discourse) (Kaufmann, 2005, p. 16). Against this background, the development of a social protection pathway can only be adequately understood by analysing the interplay between the development of ideas, political debate, and administrative implementation (ibid.).

In the capitalist order of a market economy, social policy aims to enable a socially acceptable compromise on social conflicts regarding the distribution of (material and immaterial) resources, rights, obligations and support services (Boeckh et al., 2015a). Social policy always directly relates to individuals and their life opportunities, while all other policy fields do so only indirectly (Kaufmann, 2012). It encompasses all measures, performances, and services aimed at (a) preventing the emergence of social risks and problems, (b) creating conditions that enable citizens to cope with social problems, (c) compensating for the effects of social problems, and (d) securing and improving the living conditions of individuals or groups of people (Bäcker et al., 2008, p. 43). Income security and social health protection form the core of social policy measures in most countries and are supplemented by other measures and sectors (education, family, etc.) (Kaufmann,

[38] For a comprehensive overview of historical origins of different concepts and theories of justice in the history of political ideas in the Global North, see for example Ebert (2015) or Jaeger (2017). For an overview on aspects of African ethics and social justice relevant to this work see e.g. Bujo (2001), Gyekye (2002), Matolino (2018), or Imafidon (2020).

[39] The term 'capability' will be used according to Sen (1993) for whom capability refers to what people actually can do or can be. See chapter 2.1.2 of this thesis for an in-depth discussion.

2012). The levels or starting points of social policy, and social protection as a field of social policy, can, however, be considered under different aspects. These include, for example, the approach of the standard risks of the life course (illness, accident, unemployment, old age) as described by the International Labour Organisation (ILO) or a focus on specific target groups (older people, sick people, unemployed people, people with disabilities, etc.). Kaufmann (2012) suggests an alternative framing of social policy that is more directly connected to specific problems and the political arenas in which these are defined, and where the way of dealing with those problems is negotiated among various stakeholders. This includes three levels:

(1) Social policy in the context of production, which regulates the relationship between employers and employees, e.g. through labour rights, regulations on working conditions, and occupational health and safety standards;
(2) Social policy in the context of distribution, which includes social protection and taxation policy;
(3) Social policy in the context of reproduction[40], which includes personal social services, health, education, housing, etc.

Social policy differentiates between social problems that require discursive (conflictual) socio-political solutions and those that require private solutions (Boeckh et al., 2017, p. 5). As a result, assigning social problems to one of these two categories has not only theoretical but also significant cultural implications that must be recognised. The activation of the state's social policy options depends on the extent to which socially disadvantaged groups can gain influence over the socio-political agenda (Kaufmann, 2005, p. 75), which pertains to the arenas where social problems and policy responses are discussed and defined within a specific socio-cultural context.

The social interests that come into play in socio-political discussions are generally diverse and dynamic. They change within individual life courses and also in the process of social development and change (Boeckh et al., 2015a, p. 5). Social policy also has the task of mediating the conflicts that arise from the contradictory social interests and objectives of interest groups in political processes. Moreover, it must address related distributional issues through compromises, as well as politically desired directional decisions that are enforced through parliamentary majorities (ibid.). Hence, the question of social justice is not only about the distribution of goods and resources, but also about the relationships between the people involved and the distribution of discursive or justificatory power in terms of defining social problems and collective solutions (Culp, 2013, p. 31). In this context, it is essential to note that social policy encompasses not only regulation but also non-regulation. Consequently, social policy also becomes effective when states refrain from intervention (regardless of reasons) and leave the regulation of a social problem to the market or non-state social structures (Boeck et al., 2011, p. 136). Moreover, social policy intersects with various policy fields. For example, social policy measures can support education, training, and employment processes. At the same time, sectors such as education, employment, or health directly influence social policy. Conversely, socio-political funding opportunities may have limited effect if they are not coordinated with other sectors (ibid.). Undoubtedly, social policy, as defined here, plays a significant role in shaping how people live together.

The most important basis of legitimacy for state welfare intervention is the guarantee of fundamental social rights for everyone, as defined by the Universal Declaration of Human Rights

[40] Reproduction here is basically referring to the maintenance of existing social and economic conditions.

and numerous international agreements (Kaufmann, 2003; 2005, p. 327). Kaufmann (2012) describes the welfare state[41] as a normative project, common to both democracy (as a guarantee of participation) and the rule of law (as a guarantee of individual freedom). For him, the success of state welfare policy depends on balancing the demands of economic policy with the needs of social policy. These include, in particular, ensuring social minima of participation in the various spheres of life and maintaining social balance according to the prevailing ideas of (social) justice in a country (Kaufmann, 2005, p. 328). As noted earlier, the latter forms a crucial starting point in the formation of socio-political development paths.

2.3.2 Social Policy and Social Justice

Significant socio-political developments and progress were often achieved in the aftermath of crises or disasters (Kaufmann, 2012), which frequently involve widespread violations of human dignity and fundamental rights, as well as explicit or implicit (welfare) state responsibility. It is within this context that the historical development of social policy is closely linked to the emergence and transformation of different ideas and concepts of justice (Jaeger, 2017, p. 39 ff.; Boeck et al., 2017, p. 127). This development is characterised by the question of what is perceived as just in a society and how concepts of justice can be operationalised through socio-political decisions (Boeck et al., 2017, p. 127). Hence, the logic of designing and developing state welfare regulations is inevitably shaped by theories and concepts of justice and injustice within societies. Concepts of justice evolve over time. They also depend on the majority opinions within societies. As emphasised before, they also rely on who can participate in opinion-forming and decision-making processes within a society, and to what extent, which remains a central question in this regard (Boeck et al., 2015b, p. 20).

The framing of social justice within societies results from both social values and social norms. Social values describe the wishes and objectives that are accepted and considered valid by a large part of the people in a society. They provide orientation, especially for evaluating the social environment, and can include overarching concepts such as liberty, equality, security, or human rights (Vester, 2009, p. 55). Social norms refer to the behavioural expectations addressed to members of a group or society by the group or society, which provide guidelines for socially accepted behaviour (ibid.). For Europe, Boeckh et al. (2017, pp. 129f.) describe the development of three basic norms that marked the initial stages of Western concepts of social policy, which have historically been developed and enforced by different social institutions.

(1) Individual responsibility is connected to civic liberalism, the dissolution of feudal power structures, the abolition of status privileges, and the development of a civic emancipation movement towards a civil society of free individuals.

(2) Solidarity is connected to the labour movement and considerations of interdependence and moral duties, particularly in terms of mutual responsibility. A key question about solidarity is who ought to support one another, that is, who belongs to the community of solidarity.[42]

[41] The term welfare state refers to a concept of government in which the state or a well-established network of social institutions plays a key role in the protection and promotion of the economic, social and cultural well-being of citizens. concept of government in which the state or a well-established network of social institutions plays a key role in the protection and promotion of the economic and social well-being of citizens. Internationally, it is also used as a generic term for a wide range of more or less extensive state welfare models (Kaufmann, 2007, p. 21; Britanica, n.d.).

[42] This includes the decision whose interests should be considered in the discussion about how people should live together.

With industrialisation, wages, working hours, and working conditions in factories, as well as the question of whether and to what extent the state should address living conditions, became areas of political conflict. This added a new dimension to the concept of justice. Although social risks affect individuals, they are caused by general living and working conditions. From the perspective of the labour movement, social risks should therefore not be tackled by individuals alone, but through solidarity.[43]

(3) Subsidiarity is rooted in the development of the concepts of human integrity and human dignity within Catholic social doctrine in the 19th and early 20th centuries. The Catholic Church extensively addressed the 'social question' and the political ideologies of socialism and liberalism at the end of the 19th century, as documented in the first papal social encyclical, 'Rerum Novarum' (1891), which is explicitly linked to the Church's opposition to socialism (Jaeger, 2017). This derives an obligation for the community to assist people in need when they themselves are unable to do so. However, this should only apply to the extent that an individual is enabled to help herself/himself. This support should be unconditional. At the same time, however, it must not restrict personal initiative.

Based on the socio-political norms of personal responsibility, solidarity, and subsidiarity, ideas of justice can vary widely and even compete. Therefore, the way social policy is conceived and implemented in practice can only be understood within the context of historical lines of social conflict and developments concerning these fundamental norms (ibid.). Furthermore, they lay the foundation for three fundamental concepts of social justice: (1) performance-based justice (Leistungsgerechtigkeit), (2) solidarity-based justice (solidarische Gerechtigkeit), and (3) subsidiary justice (vorleistungsfreie, subsidiäre Gerechtigkeit). (Boeck et al., 2017, p. 129).

(1) Individual performance-based justice is understood as a normative view where it is fair if individual incomes are distributed according to the work individuals contribute to society. Ideas of performance-based justice require that people should receive as much (wages, school grades, praise, etc.) as their personal effort and/or expenditure for the respective society justifies. These concepts thus allow for unequal rewards to compensate people for differing efforts and effectiveness, motivating further efforts and ultimately leading to improved living conditions for all.

(2) Concepts of solidarity-based justice have expanded beyond the narrow scope of the former industrial workforce to include the middle classes. They increasingly require socio-political measures because they face social risks in the same way as the workforce previously did, without being able to mitigate these risks through their own provisions (Boeckh et al., 2017, p. 130). For example, in Germany, the social democratic and trade union movements were guided by the idea of state welfare that redistributes societal wealth in favour of wage-dependent segments of the population and ensures they can secure their livelihoods if they lose their capacity to work, for instance, by building up pension assets within social insurance. The core principle of this view of state welfare is the organisation of solidarity to create justice based on solidarity (Boeckh et al., 2011, p. 139).

[43] This was expressed, for example, by voluntary relief funds organised by workers in the 1850s and 1860s, which were set up as a solidarity association, especially in the event of illness. The structures developed by those funds and the principle of solidarity-based justice later found their way into the state social insurance system in Germany (Huster, 2018, p. 101).

(3) The concept of subsidiary justice aims to benefit those in need who are unable to effectively represent and assert their interests socially and politically, for example, through basic social assistance and safety nets. This notion of justice is connected to the organisational principle of subsidiarity. Protestant and Catholic social-ethical positions agreed that assistance to people experiencing hardship through no fault of their own should be given subordinate importance. This means assistance is provided only if the respective lower level (individual, family, community, etc.) is unable to step in (Boeckh et al., 2011, p. 140). The principle of subsidiarity, therefore, has an enabling dimension that is closely linked to the concept of 'enabling justice' in contemporary moral theory and theories of justice.[44]

The question of how and to what extent these three concepts are implemented is subject to intensive economic and social science discourse and socio-political negotiation processes, which, in turn, are explicitly or implicitly grounded in norms, principles, and ideas of justice shared within a society.[45]

Furthermore, when examining social justice, it is important to distinguish among the various levels of political principles associated with this concept. At the micro level, questions such as those concerning individuals' equal opportunities emerge, especially in relation to the principles of 'performance-based justice' and 'needs-based justice'. The principle of 'performance-based justice', as outlined above, does not account for different starting conditions or broader resource endowments that can influence outcomes. The principle of performance-based justice alone would consequently result in highly unequal opportunities and living conditions. The needs-based justice approach seeks to address this by compensating for needs arising from specific, socially determined life circumstances through legal regulations and social policy measures (Boeck et al., 2015b). The principle of needs-based justice is commonly seen in social safety nets and targeted basic income transfers, as will be explored through the example of Ghana later in this thesis. These include, for example, targeted social cash and in-kind transfers, as well as social security in cases of illness or disability. It means that every person has the right to have a certain (minimum) need met as a fundamental entitlement. As a principle of equal treatment, this implies that the satisfaction of this need must not depend on any preconditions, such as performance, earnings, or a particular status. (Ebert, 2015, p. 51). In this context, Ebert highlights a basic challenge: the question of the criteria used to compare individuals' personal needs.

As soon as one refers to the principle of needs-based justice, a distinction must be made between two categories of needs: on the one hand, those that the general public recognises as urgent or basic and which should therefore be given special consideration in the distribution of goods and burdens; and on the other hand, those that are to be regarded as purely private needs, the satisfaction of which falls solely under personal responsibility (ibid.). The extent to which only the physical subsistence level or also aspects of social participation are considered, as well as the agreement on criteria and assessment procedures that guide respective decisions, is, in turn, subject to socio-political negotiation processes regarding the balance between performance- and needs-based justice (ibid.). The principle of performance-based justice presents similar challenges during its implementation. According to Ebert (2015, p. 48), the genuine justification for performance-based justice is that the effort and exhaustion of abilities demonstrated by a person through their

[44] See e. g. Nussbaum (1999); Sen (2002);

[45] For an in-depth discussion, see e.g. Ebert (2015)

performance are an expression of their person. Consequently, the disposition of their performance would be an inseparable part of their right to self-determination. However, it does not address questions such as what is specifically meant by 'performance', how it can be measured, how achievements made collectively or cooperatively can be attributed to individuals, and how performance should be assessed (ibid., p. 47 f.). An essential prerequisite for applying performance-based justice as a principle would then also be the provision of equal opportunities (ibid., p. 52). The various aspects mentioned will be examined from different perspectives below.

It becomes evident that the two principles of justice cannot be applied at the same time to the same goods to be distributed. However, the two principles can be combined by assigning separate areas of responsibility, so that the performance principle applies to one set of goods and the needs-based principle to another (ibid., p. 55), as exemplified in the separation of social insurance and social assistance schemes. It further becomes apparent that the general principles of justice can be filled with content that is more or less arbitrarily chosen. Ebert (2015, p. 56) points out that a substantive determination of the principles of justice, including conceptions of a just order for society, economy, and state, presupposes a fundamental prerequisite. Only on this basis can more concrete statements be made about social justice, and consequently, about the rights and duties of individuals in communities, as well as about equal and unequal treatment. From the principles discussed, the conceptual negotiation processes of a just society range between radically liberal and radically egalitarian perspectives. For the former, a just society consists of free and self-reliant citizens who are responsible for their own lives and material well-being to the greatest extent possible and who are consequently willing to bear the associated risks. The latter views a just society as one in which individuals mutually recognise their equal status and distribute their freedom, power, income, and property accordingly (ibid., p. 58).

In the context of European social policy development paths, welfare state concepts have emerged that aim to achieve a certain level of distributive justice within a democratic and market-oriented system. Differences in income and wealth distribution should be minimised. However, they should also be sufficiently large to keep the 'incentive system of the market economy' functioning (ibid., 59). Within this framework, mutual rights and obligations are negotiated politically. Such negotiations typically consider human rights aspects as well as contemporary socio-political paradigms, such as 'social inclusion'. Thus, according to Ebert, in welfare-state arrangements, someone is generally entitled to more than just their own market benefit if that is insufficient to satisfy basic needs and to participate equally in social life. Correspondingly, others are obliged to share parts of their possessions and the income they earn on the market. Within the framework of a traditional welfare-state concept, such reciprocity would need to be understood as solidarity-based justice (ibid.). Prominent counterpositions to this kind of 'social market economy' are closely associated with the 'Chicago School' and scholars such as Friedrich von Hayek (1899) and Milton Friedman (1912). To some extent, their approach equated freedom with the realisation of justice and thus regarded market activity as inherently just. Any state intervention, on the other hand, was rejected as an interference with freedom. Consequently, active state social policy was seen as fostering injustice (Boeck et al., 2015b, p. 22). On this basis, they recognised the need to establish income security for the needy completely outside the market, through charitable contributions by civil society actors (ibid.). At the same time, the general regulation of social problems would be left to the market or informal security systems (which could be seen as a passive form of social policy, as suggested by Kaufmann, see above).

Regarding the application of the principle of performance-based justice in most 'modern societies', Boeck et al. (2015b, p. 24) highlight a key aspect. People are socialised into a meritocracy that establishes more or less explicit performance standards and implicit expectations across various areas of life deemed acceptable within a society. According to Boeck et al., the entire socialisation process, from family through external influences, then school and finally workplaces, aims to have individuals accept, adopt, and conform to these performance expectations and standards, which are accompanied by rewards and sanctions. Even if people are supposedly acting in a private environment, their actions are consciously or unconsciously shaped by socio-political objectives. Relevant legal regulations mirror the prevailing values and norms within a society (ibid.). As a result, this implicit application of performance equity across all areas and stages of life not only emphasises the significance of this principle but also underlines the subordinate role of needs-based justice in modern meritocracies. Within the context of socialisation into socio-political frameworks, the question then arises as to what extent individual socio-political concepts or measures can be readily adopted in societies with different conditions of socio-cultural socialisation. This question is particularly important in the expansion of social transfers in countries of the so-called Global South through the adoption of European social protection approaches, such as the LEAP cash transfer in Ghana (see Chapter 4.3.1).

Beyond this micro-level perspective, aspects of social justice are further discussed at meso- and macro-levels. A meso-level perspective concentrates on the provision of social and institutional environments that support individual development. This includes both the quantity and quality of formal facilities, such as schools and professional social services, as well as more semi-formal and informal social networks and support structures (Boeck et al., 2015b, 24 f.). The meso-level perspective places social problems within the context of livelihoods and the social and institutional design of the living environment, emphasising their importance for fostering social mobility through social policy (ibid.). By providing unconditional opportunities for individual development, this is closely linked to the unconditionality of justice. At the macro level, social justice becomes relevant in terms of equalising opportunities in life across generations. According to Boeck et al. (2015b, p. 25), this includes both the responsibility for children's basic necessities of life as part of parental care and the responsibility of children to support their parents if they cannot (or can no longer) provide for themselves (ibid.). The concept of intergenerational justice varies across different national contexts in terms of social law and policy. Essentially, it thus consists of working people standing in for those who are not, are not yet, or are no longer working (ibid.). In discussions on global sustainability, the debate on intergenerational justice explicitly considers future generations. In many African cultures, the community traditionally extends beyond current or visible members. Instead, it includes the invisible community of ancestors who have passed away and those yet to be born, which has specific implications for the concept of intergenerational justice (see below).

In summary, political debates about social justice in social market economies are always shaped by the question of the extent and limits of compensatory measures for those who are no longer, not yet, or only under very poor conditions, or who do not all participate in working life (Boeck et al., 2015b). Most importantly, however, such political debates are not just about quantifiable facts of poverty and inequality. To a large extent, these debates concentrate on the normative aspect of social justice, that is, the question of what social justice actually entails in a given social context (Ebert, 2015, p. 17). The extent to which societies and their policies address this question is always connected to processes of social change and the negotiation of the role of social policy and the

legitimacy of state welfare measures within this framework. These negotiation processes ultimately reflect the political negotiation of conflicts of interest within political communities (ibid.). Ebert (2015, p. 20 f., 61) concludes that social justice should be understood as an appropriate (i.e., rule-based and ethically justified) distribution of goods and burdens, rights and duties, opportunities, as well as freedom and power. However, according to Ebert, none of these partial justices can encompass the entirety of what is commonly referred to as social justice. It is therefore always about reconciling several competing and partly opposing aspects of social justice, which can result in very different and opposing conceptions. Their commonality, however, lies in being the ultimate expression of a specific conception of humankind, as they materialise different ideas of life within a community that reflects the dignity of the human being and the proper use of human freedom (ibid.). Consequently, it must be noted that the concept of social policy is particularly shaped by the prevailing view of humankind in a society, as well as the understanding of human dignity, freedom, and coexistence in a community. Therefore, related concepts require closer examination when considering the transferability of social protection approaches between countries and cultures.

2.3.3 Social Contract and Solidarity

Reich (2013, p. 18) argues that since the rise of modernity, many people have believed that the Enlightenment and the struggle for greater equality, democracy, and participation would suffice to achieve an ever better and ultimately decent development for all. In particular, the principle of equality of individuals before the law, in democratic institutions or educational settings, was supposed to guarantee equal opportunities (ibid.). However, it is well known today that, for example, educational opportunities and health outcomes vary considerably, even in so-called modern democracies, and remain closely linked to social background characteristics (see, e.g., Broer et al., 2019; Beckfield et al., 2013). The same holds for access to prosperity being inherited rather than earned by individual performance (see, e.g., Piketty, 2017).

Modern democracies and legal systems are founded on classical contract theories, as seen in liberal models, exemplified by thinkers such as John Locke and Jean-Jacques Rousseau (Reich, 2013, p. 18). According to these models, each individual is expected to enter into a tacit contract with others, and both parties are to submit to elected institutions that oversee legal, political, social, and educational matters for them. In this way, individuals avoid engaging in direct confrontation when conflicts occur. Such agreements are formally expressed through national constitutions and legal frameworks. People usually agree to them because they offer advantages in mutual dealings, enhance security in non-violent coexistence, and create opportunities for personal self-realisation (ibid.). Following the above reasoning of Boeck, it would certainly be appropriate to say that one is socialised into such a contractual model. If all people are to be equal, free, and independent in their mutual interaction, this contract model presupposes equal treatment. In particular, this means that an independent legal system and the separation of powers should safeguard individual freedom and equality. However, the founders of contract theories already recognised that solidarity among citizens (the so-called fraternity) is also necessary to compensate for differences that exist from birth. Reich argues that it is precisely this solidarity that varies greatly, even in modern democracies (Reich, 2013, pp. 18f.), or even more so in those.

In fact, even in democratic societies, the aspect of solidarity requires particular attention when discussing questions of equal opportunities. The term ‘solidarity’ is used in different senses. In a

descriptive context, it signifies the highest form of cohesion within a group, community, or society as a whole. A key role is often ascribed to the feeling of mutual connectedness among group members (Boshammer, 2008, p. 1197). In a normative or appellative sense, it refers to forms of action that foster community, particularly assistance that individuals offer to members of their group, community, or society, and to which they feel or should feel obliged (ibid.). The concept of solidarity is often regarded as a synonym for the older idea of fraternity. Alongside freedom, equality, and justice, it is widely considered a fundamental political and social value (ibid.). Kaufmann (2005, p. 322) describes solidarity as a form of coordinated action that causes collective interests to take precedence over individual ones self-interest.[46] He explains a more recent sociological view of solidarity, contrasting it with earlier theories that see solidarity or community as a key trait of 'pre-modern societies'.[47] While older social theories use the term solidarity to refer to the 'social bond' or connectedness of people from the perspective of equality, according to Kaufmann, more recent social theories assume that modern, complex societies are held together by different forms of social bonding, among which the political-legal and utilitarian[48]-economic ones dominate (ibid., p. 321 f.). Against this background, Kaufmann (2005, p. 322) defines four basic elements of solidarity, which are distinguished by different levels of moral standard. These include:

(1) loyalty (e.g. in the sense of voluntary fulfilment of duty, even if no penalty is to be expected for breach of duty)
(2) extended reciprocity (e.g. acting according to long-term instead of short-term interests),
(3) collectivist orientation (e.g. orientation towards collective goals or interests beyond given legal obligations)
(4) altruism (value-rational action despite lack of reciprocity)

He concludes that such a concept of solidarity requires both an (implicit or explicit) appeal to certain value orientations that are presupposed as common and the specification of particular situations that justify the necessity of solidarity-based action. The practical significance of relevant solidarity discourses remains weak if they are not supported by specific recommendations for action or group formations (ibid.). However, for Kaufmann, neither calls for solidarity, nor fear of state sanctions, nor material interest can truly guarantee solidarity-based behaviour. Instead, it is either customs and tradition, human attentiveness and responsiveness, or the need for self-affirmation and self-respect. The latter seems particularly relevant under the conditions of

[46] This is also linked to so called 'free ridership' or the 'free-rider problem' which refers to a wide range of situations where those who benefit from resources, public goods (such as public roads or hospitals), or services of a communal nature do not pay for them or under-pay which may leave a public good being under-produced, overused or degraded in the end (see Olson, 1965).

[47] This refers, for example, to Durkheim's concept of solidarity. As part of his theory on the development of societies, in 'The Division of Labour in Society' (1893), sociologist Emile Durkheim identified two types of societal solidarity. According to Durkheim, mechanical solidarity exists in less structurally complex societies, where social cohesion and integration mainly derive from the homogeneity of individuals defined by shared values, sentiments, and norms, equally embraced by all. Organic solidarity, on the other hand, develops in industrial societies with a complex division of labour and a less cohesive social structure, where social cohesion is instead based on the interdependence individuals have through specialisation of work and the complementarities between people (Durkheim, 1893).

[48] The theory of (modern/classical) utilitarianism traces back to the English philosopher, jurist, and social reformer Jeremy Bentham. Utilitarianism generally adopts the view that the morally right action is the one that produces the most good. The theory is a form of consequentialism, which maintains that the right action is understood entirely in terms of the consequences it yields. From the utilitarian perspective, one should maximise the overall good (considering the good of others as well as one's own), that is, bring about the greatest amount of good for the greatest number of people. See also the discussion below.

individualisation in structural social change processes (ibid.). For 'modern societies', Kaufmann assumes that solidarity-based behaviour is more likely to be attributed to affective or value-based actions and that modern solidarity is context-related and therefore diverse (Kaufmann, 2005, p. 323).[49] Against this background, the question arises as to how such justifications can become plausible and institutionalised. According to Kaufmann (ibid., p. 323f.), this primarily depends on the mutual dependence of the involved parties. At the micro level, discourses of solidarity are usually quite implicit. Small-scale solidarities often arise from everyday, practical definitions of situations and are connected to the actualisation of affects, such as rituals, collective threats, or strokes of fate. Forms of solidarity are, at least in principle, self-evident to the participants and are often connected to informal sanctions. Explicit solidarity discourses only become practically significant in social contexts that tend to be anonymous. The emergence of the solidarity problem, therefore, can be regarded as stemming from the diversification of life contexts following the structural differentiation of societies, accompanied by a shift of external constraints into internal constraints, and the development of individual self-regulation in living with others, as described by Norbert Elias[50] (ibid.).

Luhmann (2005, 1971) discusses the depersonalisation of solidarity, in the sense of a decoupling of direct relationships between helpers and those in need, with interactions instead governed by institutional rules, within the context of society's functional differentiation. Luhmann highlights a feature of aid concepts in his presentation of this development, which is revisited in section 2.4 in the context of African communitarian constructions of reciprocity. He describes the widespread absence of a conscious institutionalisation of individual reciprocity as such, as a form of performance relations, for example, in the manner of a contract, as a characteristic feature of what he calls 'archaic societies'. Instead, assistance is primarily organised around obligations to support the social community, with the extent of such support largely determined by the availability of surpluses. Crucially, in this framework, help is understood as a gift intended to meet specific needs in a particular situation. It is expected as such, but without requiring an immediate reciprocal return. The relationship, therefore, does not need to be legitimised or evaluated against a standard of justice.

It was only with the increasing complexity of social structures that it became necessary to clarify, and also to limit, contributions to the community in a contractual-theoretical sense, defining the conditions under which assistance is provided (ibid., p. 172). As a result, solidarity became reciprocal, temporally flexible, and mediated through systemic structures. Dependence on help is no longer addressed through direct personal relationships but is instead managed by institutional

[49] Value-rational action and affective action describe two types of social action according to Max Weber. Value-rational action is determined by the conscious belief in the intrinsic value (ethical, aesthetic, religious, etc.) of an action. Value-rational action is based on the conviction of an acting individual, without regard to foreseeable consequences. It is based on the rules or demands that the acting person makes on herself or himself. Affective action is triggered by emotions. It lies beyond what people can consciously or meaningfully influence and can be an unrestrained reaction to an extraordinary stimulus.

[50] In his main work, 'The Civilizing Process', Norbert Elias points out that the establishment of functioning monopolies of violence in the European nation states is not only due to the formation of efficient institutions, but also to the simultaneous progressive internalisation of behavioural norms (Elias, 1969, pp. 312-336). Within the framework of his 'sociology of domination' ('Herrschaftssoziologie'), Max Weber established the connection between political leadership (domination/authority) and the concept of 'legitimacy'. He pointed out that state power cannot be stabilised by coercion alone but depends on the belief in its validity (Weber, 1922). According to this view, it is only because most people support the political system in this way that it gains stability and can maintain its power.

systems. In this shift, solidarity loses its emotional and personal foundation, taking on a functional, abstract, and institutional form. It becomes a technical mechanism aimed at securing the survival of society, no longer relying on direct personal interaction. The motivation for reciprocity is separated from the act of helping itself and stabilised in the form of a contract (ibid., p. 173). The historical evolution of European social legislation, serving as the basis for the legalisation of claims for assistance and the related conditional programming through social protection systems, was discussed in the previous chapter.

For Kaufmann, the most effective institutionalisation of broad solidarity by far is the democratic constitutional state. It succeeds in creating 'a symbolic bond that constitutes for all a framework of belonging within which they can locate their status as well as their basic mutual rights and duties' (Franenberg, 1997, p. 77, cited after Kaufmann, 2005, p. 324). It appears to be important that the solidarity of the constitutional state suffices with a minimum of common value orientations, which essentially refer to mutual recognition as citizens with different interests and ideals, the principle of peaceful and procedurally orderly settlement of conflicts and the acceptance of legal solutions (Kaufmann, 2005, p. 324). Thus, democracy acts as a mediator between diverse groups and interests within civil society and the need for legitimate rule. However, functioning democracies have always relied on additional symbolic and cultural commonalities (ibid.) that are often misused to create constraints on solidarity in the context of state welfare. Reich (2013, p. 19) emphasises that the history of human rights has shown that hope for solidarity must always include a legally enforceable basis, because mutual overreach is ever-present even in democratic societies. It is at this point that social contract theories may reach their limits and where theories of justice become more relevant. The development of modernity suggests that political rights can become more democratic, but economic conditions and living standards have not advanced equally towards the expected equality of opportunities (ibid.).

As outlined above, this relates to the question of how individual responsibility, solidarity, and subsidiarity can be organised within societies when values diverge more and more strongly, sometimes even neutralising each other. The theoretical discourse can address this dilemma, for example, by establishing procedural principles on which ideas of justice can be collaboratively developed within a society. In doing so, emphasis is placed on eliminating imbalances in the articulation and enforcement of interests, particularly (Boekh et al., 2015b, p. 22). From this perspective, a non-hierarchical dialogue that equally considers all voices and interests in society is seen as an ideal, non-coercive process for defining shared values (ibid.). A widely recognised procedural principle was developed by John Rawls and popularised in his 'Theory of Justice' as a method for determining the content of justice principles. Challenging Rawls' theory, Amartya Sen also discusses the provision of equal opportunities in market economies within his capability approach, which has gained increasing influence as a theory of development over recent decades. Against this background, these two and other relevant theoretical frameworks are discussed below and analysed for their compatibility with African ethical theories and conceptions of social justice.

2.3.4 More Recent Theoretical Approaches to Social Justice – Rawls, Dworkin, Sen

The central lines of argumentation on social justice lie between libertarian and egalitarian liberal frameworks of justification, or more precisely, relate to the relationship between two of the most debated concepts in political thought – freedom and equality. While a detailed discussion of these

concepts would extend far beyond the scope of this work, some key aspects of distribution-focused conceptualisations of social justice relevant here will be outlined.

John Rawls' 'A Theory of Justice' (1971) is one of the most significant contributions to the philosophy of justice in the 20th century. It marks a turning point by making issues of equality a central focus of policy agendas (Taylor, 2013, p. 18). Rawls' theory is particularly known for developing egalitarian liberalism, which supports economic and social equality alongside legal equality to achieve civil liberties (Ebert, 2015, p. 292). It aims to create a normative political theory that adequately integrates the values of both liberty and equality (Culp, 2013, p. 28). Rawls selected his principles of justice through a thought experiment called 'the veil of ignorance'. He proposes that principles of justice should be formed from a position where those involved in distribution decisions do not know their social status. It is based on the idea of fair cooperation within societies, embodied through two core principles of justice: 'First: each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others' (Rawls, 1971, p. 60). This first principle defines the principles of political justice, including legal equality and the classical personal rights of liberalism, which aim to protect individuals from interference in their private life and liberty (Ebert, 2015, p. 294). It means that the freedom of each individual, which is demanded for everyone on an equal basis, should be maximised, but it should end where the freedom of others begins. The principle thus addresses a fundamental ethical ideal of reciprocity as a key element of justice, which is evident in nearly all cultures (Ebert, 2015, p. 40). Second: social and economic inequalities should be arranged so that they are both (a) reasonably expected to benefit everyone, and (b) linked to positions and offices open to all (Rawls, 1971, p. 60). This second principle pertains to 'the distribution of income and wealth', which, according to Rawls, does not need to be equal but should benefit everyone (ibid., p. 61). Furthermore, 'positions of authority and offices of command must be accessible to all' (ibid.). Rawls thus emphasises a fair distribution of goods and opportunities.

Rawls further clarifies a key rule regarding the relationship between the two principles, stating that '[a]ll social values – liberty and opportunity, income and wealth, and the bases of self-respect – are to be distributed equally unless and unequal distribution of any, or all, of these values is to everyone's advantage' (ibid., p. 62). This means that, for Rawls, injustice is 'inequalities that are not to the benefit of all'. In this context, Rawls introduces his concept of 'social primary goods', which are things distributed by the basic structure of society and that 'every rational man[sic!] is presumed to want', including 'rights and liberties, powers and opportunities, income and wealth' (ibid., p. 62, 92 f.). He distinguishes these from 'natural primary goods' such as 'health and vigor, intelligence and imagination' (ibid.). What makes these goods basic social goods is their role. They serve as resources for exercising individual freedom (Ebert, 2015, p. 295). Rawls did not concentrate on the distribution of general goods, their utility, or welfare outcomes. His concept of justice is centred on social resources or equality of opportunity and considers only the distribution of basic social goods that he assumes to be valued equally by all (ibid.).

Most importantly, Rawls arranged the first principle before the second, ensuring that liberty rights are only ever limited by the liberty rights of others, but not by requirements of equality (Rawls, 1971, p. 61). He understands the distribution of opportunities as 'fair equality of opportunity' and not merely as formal or legal equality. The actual opportunities to develop one's own abilities should be equally distributed. He describes differences in natural capacity as arbitrary and therefore does not accept them as justification for unequal opportunities (Rawls, 1971, p. 100 ff.; Ebert,

2015, p. 297). Rawls thereby describes another decisive extension of the classical liberal paradigm of justice.

Ronald Dworkin,[51] another representative of egalitarian liberalism, concentrates, more radically than Rawls, on the question of what an ideally just distribution of life prospects would be. He believes that the distribution of 'resources'[52], while fundamentally subject to the principles of meritocracy, must be independent of individual endowments. For him, inequality is justified if it is based either on differences in individuals' ambitions or on calculable and thus insurable misfortunes. He, however, challenges Rawls' thought experiment, which assumes that all individuals start from the same point and that simply dividing goods equally will achieve social justice. Therefore, he considers inequality, resulting from unpredictable circumstances and different endowments with innate abilities, as unjustified (Ebert, p. 316 ff.; Culp, 2013, p. 28 f.). For him, resource distribution should not be 'endowment-sensitive'. In this context, he explicitly cites disability as an example that should not cause inequality. According to Dworkin, the state must establish a compulsory redistributive system that compensates for respective disadvantages.

While the distinction between individual effort and endowment may be challenging in practice, Dworkin offers an important addition to the classical liberal view of justice. He argues that innate talents a person is born with are not included within the scope of their individual entitlements, as they are not based on personal merit (Ebert, 2015, p. 325). To some extent, he therefore justifies social compensation for inequalities arising from differences in abilities.[53] By his approach of resource justice, the right of ownership is cleared of unmerited starting advantages and thus reduced to a combination of equality of opportunity and performance-based justice (ibid.). Dworkin regards the state as obliged to implement corresponding redistribution mechanisms. Against this background, Ebert (ibid.) suggests that Dworkin's ideal of resource distribution should be seen as a radicalisation of the concept of equal opportunities.

Although Rawls does not derive any political demands from his concept of equality of opportunity, his principles offer a strictly egalitarian criterion for the just distribution of goods. He neither derives any entitlements to justice from individual achievements and merits nor assigns individual responsibilities for failure, thereby bypassing the discourse on performance- and needs-based justice (Ebert, 2015, p. 304). Accordingly, economic and social inequality is only just if it is also more beneficial than equality for the relatively worst-off members of society. For Rawls, justice thus involves achieving the best total outcome for those who are relatively most disadvantaged, rather than focusing solely on their relative position or on equality as such (ibid., 297). When applying this to income distribution, for example, an unequal distribution can be justified if poorer individuals receive a smaller share of the social product but nonetheless have a higher absolute income than they would under an equal distribution. According to Rawls, this scenario would be entirely just and is often observed in practice, as the social product tends to be maximised in cases of moderate income inequality. Conversely, it is lower in situations of complete equality or extreme inequality (ibid., 300).

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[51] Dworkin is cited here as a prominent representative of the so-called luck egalitarian theories of social justice, which argue that it is socially unjust if someone is worse off than others through no fault of their own (Culp, 2013, p. 28).

[52] While Dworkin does not provide a precise definition of 'resources', his concept of resources seems to be broader than Rawls' and to include the satisfaction of needs (e.g. income, consumer goods, but also leisure time) as well as achievement potentials (e.g. wealth, skills, social background) (Ebert, 2015, p. 317).

[53] Dworkin, however, only takes a look at the initial situation, while processes of acquiring skills remain unclear.

Rawls' approach thus markedly contrasts with classical liberal positions following John Locke, in which the social product is made up of individual property rights that allow for the distribution of wealth within very limited bounds (ibid., 305). Rawls, on the other hand, follows the line of argument of Hobbes and Rousseau by assuming that all individual rights emerge only through the recognition of other individuals and are thus rooted in socialisation and consensus, which, however, do not provide a normative rationale (ibid.). It should also be noted that Rawls's approach mainly outlines a general principle of justice that is not intended to serve as a practical distribution policy. Rawls adopted contract theory as his foundation and expanded it with his theory of justice. In a sense, he highlights the importance of people's freedom and reason and seeks to demonstrate how they can relate more equally to one another (Reich, 2013, p.19). In broad terms, it can be said that Rawls and Dworkin mainly focus on what an ideally just distribution of primary goods or resources might look like. On the one hand, this focus does not account for the diversity of people or the internal and external factors that make the enabling nature of resources vary greatly across individuals and their physical and social environments. On the other hand, it demonstrates that, despite this disadvantage, it is still easier to operationalise in effectively assessing the justice of a given distribution (Culp, 2013, p. 29). As Culp emphasises, in many cases, this may justify the use of primary goods as 'currency of justice' in genuinely public deliberations.

A significant theoretical contribution to upholding the fundamental principle of freedom while ensuring equality of opportunity is made by Amartya Sen. Sen develops his concept of justice based on his engagement with Rawls' theoretical framework. He argues that Rawls's emphasis on primary goods as the basis for assessing individual advantage has limitations (Taylor, 2013, p. 18), particularly concerning the just distribution of life prospects. Sen identifies poverty, lack of economic opportunities, intolerance, and neglect of public institutions as the main causes of restricted freedom (Sen, 1999). He recognises the need to regulate the free market when it comes to public goods that should be accessible to everyone at no cost. What people can achieve depends, according to Sen, on goods such as good health and education. But also, what people are able to do, such as being able to work, raise a family, travel, or engage in political activities (Robeyns, 2017, p. 17). Sen sees poverty not mainly as a lack of market income but rather as a lack of opportunities for realisation, which underpins the core idea of his 'Capability Approach' (Mitra, 2006). For Sen, Rawls's primary goods are therefore the means to attain freedom and cannot be regarded as indicators in themselves, as the processes through which these goods are transformed into capabilities are complex and heavily influenced by the interaction between individuals and their social and physical environment (Taylor, 2013, p. 18 f.).

The Capability Approach significantly influenced the conceptualisation of the Human Development Index in 1990, operationalised through UNDP's Human Development Report and guiding the creation of the Multidimensional Poverty Index (MPI), providing alternative approaches to income-based poverty measures (Goerne, 2010, p. 6; Basu & López-Calva, 2011, p. 154; Robeyns, 2017, p. 17). In subsequent years, it has been extensively used in international development to examine concepts in welfare economics such as well-being, standard of living, quality of life, poverty, and inequality (Mitra, 2006). Recently, it has also been applied to analyse

social policy in the Global North.[54] The approach was also met with significant interest in the field of disability studies.[55]

Apart from several fields where the approach has contributed both theoretically and practically over recent decades, the philosophical examination of the metric of distributive justice is one area where the capability approach has become a significant concept. Unlike Rawls's Theory of Justice, however, the capability approach is seen as an open and multipurpose framework rather than a precise theory or even a 'partial theory of justice' (Robeyns, 2017, pp. 17, 24). With the capability approach, Sen suggests a procedural method rather than a normative framework (ibid., p. 30).[56] To provide greater clarity, Robeyns (2017, p. 29) proposes distinguishing between 'capability theories', which are developed for specific purposes of specialisation, and 'capabilitarian applications', which apply the approach to various fields such as quantitative poverty analysis, descriptive studies, or normative theorising in political philosophy. Over the past decades, numerous capability theories have emerged within these domains (ibid.). This chapter initially focuses on the latter, emphasising the capability approach's theoretical contribution in the context of social justice.

A basic starting point for Sen was the assumption that a concept of justice must be sensitive to the lives that people can actually lead. Therefore, his emphasis was on the actual freedom to choose from a variety of possible ways of living. The capability approach focuses in particular on the conditions that must be met for the individual to 'do the different things a person has reason to value doing or being' (Sen, 2009; cit. after Robeyns, 2017). The approach is based on five conceptual building blocks, including commodities, conversion factors, capability set, agency/choice, and functionings, which will be outlined below.

Capabilities and Functionings

The key features of the capability approach are 'capabilities' and 'functionings'. While capabilities (or capability sets) include what people can do and be, functioning refers to the corresponding achievements (Robeyns, 2017, p. 38). 'The capability of a person reflects the alternative combinations of functionings the person can achieve, and from which he or she can choose one collection' (Sen, 1993, p. 31). A person's capability set can therefore be understood as 'materialised options or life chances of an individual' (Goerne, 2010, p. 7). Functionings, by contrast, focus on what people actually do or are. They 'represent parts of the state of a person, in particular the various things that he or she manages to do or be in leading a life' (Sen, 1993, p. 31). Therefore, functionings form a subset of a person's capabilities. The difference between functionings and capabilities lies in the distinction between realised achievements and what is effectively possible, between achievements and freedoms or real opportunities. It is based on the question of whether

[54] See e.g. Goerne (2010) for a discussion on the use of the Capability Approach in European social policy research or the OECD Better Life Initiative as a practical application of the Capability Approach: https://www.oecd.org/statistics/better-life-initiative.htm [15.06.2020]

[55] See for example Burchardt (2004) and Mitra (2006) on the capability approach and the conceptualisation of disability, Terzi (2005) on capabilities and special education, Welch Saleeby, (2007) on the applications of the capability approach to disability and the International Classification of Functioning, Disability and Health (ICF) in social work practice, Harnacke (2013) on the capability approach and the CRPD, Robeyns (2016) on capability, well-being and autism, or Bertmann (2018) applying the capability approach to well-being and social protection of persons with disabilities.

[56] Unlike, for example, Martha Nussbaum (2006), who has developed a list of basic capabilities that every human being should be entitled to in the context of human dignity and which can be regarded as a partial theory of justice (Robeyns, 2017, p. 30 ff.), Sen has often been criticised in the past for not providing a specific list. However, it is now widely accepted to understand the Capability Approach as a procedural method for selecting capabilities (ibid.).

a person can do or be something if they wish to (Robeyns, 2017, p. 39). It also assumes that some functionings are mutually exclusive and that individuals must necessarily choose between different options (Goerne, 2010, p. 7).

Capability, in the sense of Sen, does neither constitute 'the presence of physical or mental ability' (Mitra, 2006), nor refers to 'access to resources or opportunities for certain levels of satisfaction' (Robeyns, 2017, p. 39). It is rather to be understood as a 'practical opportunity' (Mitra) or 'real freedoms' (Robeyns), such as being well-nourished/being undernourished, being educated/being illiterate, being part of a supportive social network, being sheltered in a decent house, etc. Doings can, for example, be travelling, caring for a child, voting in an election, taking drugs, eating animals, and donating money to charity. These examples, suggested by Robeyns (ibid.), show that capabilities (and functioning alike) can have both positive and negative value and can consist of both 'well-being' and 'ill-being'' or even be trivial. It is against this background that both capabilities and functionings have to be regarded as 'neutral concepts, and hence we cannot escape the imperative to decide which ones we want to support and enable and which ones we want to fight or eliminate' (ibid., p. 41). The assessment of this, in turn, depends on the context and/or the normative theory we apply (ibid.).[57] This also implies that the selection of capabilities within the framework of functionings is not necessarily identical to the decision of which capabilities are considered valuable or not by the individual. Analytically, these are regarded as two separate normative choices (ibid., p. 44).

Robeyns (2017, p. 40) specifies functionings as 'being human functionings', referring to those beings and doings 'that are basically constitutive of human life and that are central to our understanding of ourselves as human beings', to emphasise that, in the sense of the capability approach, not all doings and beings are (human) functionings. She further differentiates between 'universal functionings', which are constitutive regardless of circumstances (e.g., 'being sheltered in a safe way and protected from the elements'), and 'context-dependent functionings', which to a significant extent depend on existing social structures (e.g., 'owning a house').

The way human functionings are defined here partly overlaps with Rawls' basic idea of 'primary goods' in terms of their claimed universality, suggesting goods that he believes are equally valued by everyone (see above). However, Rawls and Sen adopt noticeably different approaches to social goods deemed as 'primary' or 'universal'. While Rawls concentrates on instrumental goods as the focus of distribution, Sen emphasises people's real freedoms over the presumed qualities of the goods they possess.

The 'functioning perspective' emphasises that individuals are highly diverse and that personal and environmental conditions, such as physical, social, economic, cultural, and political factors, impact diversity as well as the decision-making and practical opportunities available in a person's life. Robeyns (2017, pp. 40f.) highlights a scarcity of literature on the conceptual properties of functionings and capabilities, specifically the properties we aim for them to have. Referring to Kaushik Basu (1987), she emphasises 'the moral relevance that lies in whether capabilities are truly available to us given the choices made by others, since that is the real freedom to live our lives in various ways, as it is truly open to us'. The question explores the social justice aspect of capabilities

[57] Robeyns (2017, p. 43) e.g. employs the example of care work that can be considered a valuable capability but can also have an ambiguous character if looked at from the person who does or have to do the care with regard to potential familial or social pressure or the amount of care requested in a specific context, hence, if there is a real option of choice.

and is therefore closely connected to Rawls' fundamental principles of justice outlined earlier, where the equal individual right to the most extensive fundamental liberty must coexist with a similar liberty for others (see above). However, while Rawls views justice as a reciprocal contractual relationship between equals, the capability approach considers human diversity as a key aspect. It requires the same level of dignity for all individuals, regardless of their resources and social connections.

Commodities - Conversion factors – Agency / Choice

Commodities are resources that individuals can dispose of, such as money, material goods, or services, but skills or habitual behaviour could also be considered commodities (Goerne, 2010, p. 7). While poverty or standard of living has traditionally been measured by a disposable basket of commodities (mainly cash or in-kind) (Mitra, 2006; Goerne, 2010), this approach is criticised by the capability approach, which advocates for focusing on functionings and capabilities rather than commodities (Goerne, 2010).

To Sen, capability also relates to an opportunity made possible and limited by conversion factors (Robeyns, 2005, p. 99). Conversion factors account for various elements that influence the extent to which a person can convert commodities into functionings. Sen primarily distinguishes three types of conversion factors: (a) personal conversion factors, such as sex or physical condition, (b) social conversion factors, including cultural norms, practices, and power relations involved in social attribution processes, and (c) environmental conversion factors, which cover physical and built environment aspects, infrastructure, transport, and communication issues. Therefore, for Sen, personal characteristics along with the physical, social, economic, cultural, and political environment are crucial in shaping an individual's capability set and the practical opportunities arising from it. The conversion factors include all structural influences that determine how freely a person can convert commodities into functionings, as they significantly shape the development of a capability set.

Agency or choice should be viewed as complementary to the conversion factors, which primarily focus on external structures. Choice pertains to internal limitations closely linked to an individual's capacity to act independently and make their own free choices. 'A person's agency achievement is his or her deciding and acting based on what he or she values and has reason to value, whether or not that action is personally advantageous' (Sen 1985, p. 203 f.). Goerne (2010) notes that the conceptualisation of agency within the capability approach has often led to a 'rather abstract discussion of internal constraints – such as lack of desire to attain certain functionings' (ibid., p. 8), known as 'adaptive preference formation' (Nussbaum, 1999; Teschl & Comim, 2005; as cited in Goerne, 2010). Adaptive preference formation essentially means that individuals living in conditions of deprivation or oppression tend to lower their expectations and aspirations (ibid.).

In summary, the capability approach thus makes the range of possibilities (positive freedoms) a key criterion in the context of social justice. The approach differentiates these positive freedoms from goods that are instrumentally valuable. From a capability perspective, primary goods approaches can only draw very limited conclusions about the degree to which such resources can be transformed into real freedoms in terms of 'beings' and 'doings', that is, their genuine functional value for a person. Given the diversity of people and living environments, different resource needs are assumed to achieve a comparable level of positive freedoms. Therefore, Sen emphasises people's capabilities over the characteristics of the goods or resources they possess. The social

good, as the object of just distribution, is thus understood as 'positive freedoms'. Hence, the focus is not on negative freedoms, nor on resources in the sense of goods and skills, nor on realised ways of life. Sen's benchmark, from a social justice perspective, is the possibilities for human development within the framework of prevailing social and economic conditions, highlighting the socio-economic and political structures that have led to a specific distribution. From a capability perspective, the general freedom from external and internal constraints and access to instrumental goods and freedoms are not sufficient criteria for social justice.

It can be concluded that the positions of Rawls, Dworkin, and Sen discussed here share the view that negative freedoms alone are insufficient to define justice. They regard the unequal endowment of individuals as a morally unacceptable inequality of opportunity. Furthermore, as Culp (2013, p. 30) states with reference to Iris Young's 'Justice and the Politics of Difference', distribution-oriented theories of justice generally risk neglecting the socio-economic and political structures (as well as socio-cultural conditions; author's note) that initially produce a particular distribution. This includes the development path of specific distribution patterns, such as power relations, decision-making structures, and the broader socio-political order. This includes focusing on who produces certain resources and who decides on their distribution. In relation to Rainer Forst's concept of 'Discursive Justice', Culp (2013, p. 31) suggests that 'a theory of justice has to provide an account of the effective basic structures of justification that (dis-) enable persons to question the justifications offered within specific socio-political contexts and that, among other things, result in a particular distribution of goods and resources and a specific scheme of their production'.[58]

2.3.5 Counter Positions to Egalitarian Approaches Towards Social Justice

The perspectives of Rawls, Dworkin, and Sen are strongly opposed by representatives of libertarian liberalism, who focus on negative freedoms as a key criterion of social justice. Representatives such as Friedrich August von Hayek, Robert Nozick, and Wolfgang Kersting advocate the principle of legal and political equality for all but firmly oppose an approach to justice that seeks to equalise individual advantages arising from natural predispositions and favourable socialisation conditions (Ebert, 2015, pp. 327 ff., 347 ff.). Following the tradition of John Locke and the concept of normative individualism, Kersting posits an inherent right of self-ownership of the individual. This encompasses everything that a person has gained through natural talents and social (origin) conditions. From a libertarian liberal perspective, this ownership entitlement should not be challenged in the name of egalitarian justice (ibid.). From the perspective of egalitarian liberalism (like Rawls and Dworkin), the bearer of fundamental rights and freedoms is initially an abstract person. Representatives of libertarian liberalism, on the other hand, see individual rights as being inherently founded (natural rights) and absolute, rather than merely established by convention between free and equal individuals (ibid., p. 327 ff.). For one, the social product is composed as a whole for the benefit of society and must be fairly distributed according to a rule. For the other,

[58] Culp (2013, p. 32) thereby adds another perspective to the debate by suggesting a discourse-theoretic understanding of social justice which holds that the 'exclusion or marginalization of people from political discourses that effectively justify the given socio-political orders manifests an injustice. In the absence of justificatory practices in which all members of socio-political orders are entitled and capable of providing their distinct and specific justifications as to why one should uphold or change certain aspects of these orders, such orders must count as fundamentally unjust'. Most basically, such discursive theory of justice grounds on the basic moral idea that all persons are equal moral authorities when it comes to identifying and determining the specific requirements of social and especially distributive justice (ibid., p. 38). This perspective highlights the close link between the establishment of social justice and the development of democracy.

the social product is the sum of many individual property claims, which are earned on the market and are fundamentally withdrawn from any redistributive claim (ibid.).

From a libertarian point of view, making the rewards of genetic and social inheritance the object of redistributive justice means interfering in the core area of individuality and prioritising equality over the individual's claim to self-ownership (ibid., p. 343). Consequently, different conceptions of solidarity, social policy, and conditions for the welfare state are derived from this. From a libertarian standpoint, the imperative of justice does not offer a normative rationale for a welfare state framework. Corresponding positions range from outright rejection of state welfare interventions to restrictions on qualification for the labour market and satisfying basic needs for those in urgent need. Any form of redistribution is consistently refused (ibid., 347). The underlying concept of solidarity does not match the one discussed earlier but describes a one-sided, disciplining relationship between those who assist and those being helped. Libertarian liberalism does not recognise solidarity in principle as outlined above, but only tactically, for personal benefit. The premise being that individuals have no moral obligation or overarching sense of belonging (ibid., p. 348). While emphasising the justice aspect in the relationship between individuals and the state, a key element that Rawls articulates in his principle of freedom (see above) appears to be overlooked: The freedoms of individuals can conflict and restrict each other. The fact that individual justice, by ignoring the fundamental ethical ideal of reciprocity as a core element of justice, leads to problems is neglected. According to Ebert (2015, p. 349), social justice is simply the consequential problem of individual freedom, which, however, remains outside the scope of libertarian philosophy of justice. Ebert argues that this results in an idealisation of the capitalist market economy, as portrayed by neoclassical economic theory, as a smoothly functioning, self-regulating, conflict-free, and stable optimising system that guarantees justice in terms of performance-based justice (ibid.). The extent to which this diverges from social reality is equally evident in both the Global North and South, as has been highlighted earlier.

From a capability approach standpoint, the libertarian concept of freedom falls short. In the capability approach, negative freedoms as a means of self-determination are necessary but by no means sufficient preconditions for social justice. Being free from external constraints to do something specific, the approach argues, does not reveal what real freedoms can be created from this. The recognition of positive freedoms as a social good and a target of social justice extends beyond this. The libertarian view of freedom does not answer how individuals can actually exercise their freedom rights within existing social and economic conditions, that is, not only to have these rights but also to apply them.

Since the 1980s, the normative individualist approach of libertarian liberalism has been criticised, especially by communitarian positions. Prominent representatives of communitarianism, such as Alasdair MacIntyre (*1929), Charles Taylor (*1931), Michael Walzer (*1935), or Robert D. Putnam (*1941), criticise the idea that the norms of social coexistence can be derived solely from individual liberties. They argue that the origin and justification of social norms lie in people's membership of concrete, historically developed communities (Ebert, 2015, pp. 358, 360). However, communitarian perspectives also criticise egalitarian liberal positions because their critique is directed at liberalism as such. A common feature of the highly diverse views within communitarianism[59] is their opposition to individualism and universalism. Communitarian

[59] Communitarian perspectives are, to a certain extent, at odds with the libertarian-egalitarian axis by criticising liberalism as such, but from very different positions.

perspectives see individualisation as an aberration of modernity and promote the revival of strong communities and a profound sense of solidarity. At the same time, it does not provide an adequate framework for a world of 'republican solidarity' and morally acceptable patriotism (Boshammer, 2008, p. 1201). The focus is on the community, not as an association of interests, but as an obligatory togetherness that is independent of individual advantages.

From a communitarian perspective, all social norms originate from the community, including social justice as an expression of human coexistence, which is believed to be based on collective traits (language, culture, traditions, values, institutions) and therefore sets itself apart from other communities and also comprehensive collectives (e.g., humanity) (ibid.). This contextualism makes communitarian positions somewhat susceptible to a certain cultural relativism. Social justice is particularly deemed to be the foundation that serves the cohesion and existence of the community (ibid., p. 361). Against this backdrop, communitarianism poses a direct challenge to the concept of universal human rights. If justice and morality are culturally relative, then the notion of a universal set of rights, such as those enshrined in the Universal Declaration of Human Rights, is problematic. Communitarians may argue that these universal rights are often merely the specific liberal-democratic values of Western societies, being inappropriately imposed on cultures with their own unique norms and values.

Conservative communitarians do not see any common value convictions in pluralistic societies and also do not believe that such values can be reached, since, in their view, values can only emerge historically (see, e.g., MacIntyre, 1984). They argue that there is no basic consensus that homogeneous traditional societies would have held (Ebert, 2015, p. 362). This contrasts with liberal communitarian views, such as Michael Walzer's, which see equality not as freedom from differences or equal distribution of goods, but as the prevention of domination (Walzer, 1998, pp. 18f.; Ebert, 2015, pp. 368f.). More specifically, Walzer is concerned with regulating those social goods that enable domination over others, such as membership and belonging, security and welfare, money and goods, offices, hard work as a negative good or burden, upbringing and education, recognition, or political power (ibid.). For Walzer, justice involves a way of distributing social goods that prevents them from becoming tools of domination (Ebert, 2015, p. 370). He argues for a 'complex equality'[60] in which state interventions limit the dominance of central social goods over others (e.g. economic means of good education, political power, or good health care) (Walzer, 1983, p. 19). In this way, Walzer also tackles the main criticism of distribution-focused theories of justice, which often neglect the power relations between those involved in the distribution of goods and resources that shape specific patterns of distribution.

Walzer develops an interpretive theory of social justice, arguing that ideas of a just society can only be based to a very limited extent on abstract philosophical constructs ('path of invention') and objective norms that serve as a 'universal corrective for all the different social moralities' (Walzer, 1985, p. 13), such as Rawls' theory (ibid., p. 9 ff.). Instead, they are nourished by the specific value traditions of concretely existing societies. At the same time, he opposes deriving moral concepts from a God-given or natural world order ('path of discovery') (ibid., p. 7 f.). For him, ideas of social justice must relate to concepts and categories already present in existing societies, even if they are hidden: 'The critique of existence begins or can begin from principles internal to existence itself' (Walzer, 1985, p. 20). He assumes that people already possess moral concepts that are shaped by

[60] Walzer defines this as the opposite of 'simple equality' in the sense of the equal distribution of money, goods, means of production, political power, etc., which in his view always requires repression and turns into inequality.

their historical and social context, which are superior to model-like constructed moral regulations in people's actual living environment (Walzer, 1985, p. 13 ff.; Ebert, 2015, p. 374).

> *So we surrender all knowledge of our position in society and of our private connections and commitments – but not, this time, of the values (like liberty and equality) that we share. We want to describe the moral world in which we live from "no particular point of view" within that world. Although the description is carefully designed and its immediate conditions are highly artificial, it is nonetheless a description of something real. Hence it is more like philosophical discovery than divine revelation. The inventiveness of the philosopher consists only in turning moral reality into an ideal type. The idealized morality is in origin a social morality; it is neither divine nor natural, […] there is no other starting point for moral speculation. We have to start from where we are. (Walzer, 1985, p. 16)*

For Walzer, it is about the social construction of social morality. Questions of interpretation are settled through a lengthy social and historical process, involving many, and come to no clear conclusion, remaining unresolved and never finalised (Walzer, 1985, pp. 24, 27f.; Ebert, 2015, p. 377).

> *We don't have to discover the moral world because we have always lived there. We don't have to invent it because it has already been invented — though not in accordance with any philosophical method. No design procedure has governed its design, and the result no doubt is disorganized and uncertain. It is also very dense: the moral world has a lived-in quality, like a home occupied by a single family over many generations, with unplanned additions here and there, and all the available space filled with memory-laden objects and artifacts. The whole thing, taken as a whole, lends itself less to abstract modelling than to thick description. Moral argument in such a setting is interpretive in character, closely resembling the work of a lawyer or judge who struggles to find meaning in a morass of conflicting laws and precedents. (Walzer, 1985, p. 19)*

From this process and based on '*thick description*' of '*the product of time, accident, external force, political compromise, fallible and particularist intentions*' (ibid.), interpretive moral philosophy enables critical monitoring of social developments by creating and revising a moral culture[61] and, ultimately, ongoing moral criteria against which social developments are assessed (Walzer, 1993, p. 31; Ebert, 2015, p. 378). Therefore, moral questions inevitably refer to socially constructed meanings where a priori definitions of the object of consideration are absent, preventing moral deduction (Walzer, 2015, p. 24). For Walzer, a community is open and dynamic; it addresses and manages conflicts by examining, revising, and developing its traditional ideas of values and justice through discourse (Ebert, 2015, p. 380). However, from a communitarian perspective, it can only do so because there is a shared ground that all participants can relate to through interpretation (ibid.): 'Morality, in other words, is something we have to argue about. The argument implies common possession, but common possession does not imply agreement. There is a tradition, a body of moral knowledge; and there is this group of sages, arguing.' (Walzer, 1985, p. 29). In this regard, communitarianism remains vulnerable to cultural relativism and offers only limited points of orientation for the encounter between different cultures and living environments with diverse traditions of moral discourse. It seems at least problematic that the community, as the highest point of reference,

[61] 'The shared understandings of a people, however, are often expressed in general concepts, in its historical ideals, its public rhetoric, its foundational texts, its ceremonies and rituals. It is not only what people do, but how they explain and justify what they do, the stories they tell, the principles they invoke, that constitute a moral culture.' (Walzer, 1985, p. 27)

leaves little room for intercultural discourse on social justice (Ebert, 2015, p. 382). Additionally, communitarian perspectives do not define clear boundaries for the community in terms of safeguarding individuals from community encroachment (ibid.). As a result, they may risk enforcing the values of the dominant groups on minority members.

Utilitarian perspectives within the tradition of Jeremy Bentham (*1748) and John Stuart Mill (*1806) have also significantly influenced the collectivist view of social justice. A shared feature of various utilitarian currents is the link between social justice and the aim of maximising the greatest possible utility for the community. In his theory of justice, Mill defines utility and pleasure as the 'test of right and wrong' and the foundation of morality (Ebert, 2015, 248 f.). By utility and pleasure, Mill does not mean material gains and individual happiness but a broad sense of physical, mental, and spiritual well-being that should be maximised for the community as a whole (ibid.). Mill thus describes an altruistic, common good-oriented moral conception of universal social utility and happiness. He perceives the 'ideal perfection of utilitarian morality' in the demand to treat others as you would like to be treated (Ebert, 2015, p. 251). Like the approaches previously discussed, Mills also highlights the fundamental ethical ideal of reciprocity as a central element of justice, found in almost all cultures.

Mill tries to resolve the problem of conflicting principles of justice by asserting that the principle of maximising the total benefit for all involved - that is, social utility - must always be the primary criterion for evaluating social justice (ibid.). According to this view of justice, utilitarianism grants the same right to pleasure to everyone, and therefore also to the provision of essential goods for all (ibid., p. 255). However, this right can or even should be postponed if social utility, meaning the overall happiness of the community, demands it (ibid.). Such understanding of overall social utility, however, is complex and cannot be compared to the common good[62]. The utilitarian concept of total utility describes rather the sum of individual states of pleasure. The concept is thus not based on the community as a whole, but on the sum of individuals (ibid.). Different to egalitarian conceptions of justice, it is therefore an efficiency-oriented theory that seeks to maximise the total utilities in society without considering how unequally the utilities or goods and services are distributed (Taylor, 2013, p. 18).

According to Ebert (2015, p. 256), a core problem of utilitarianism exists at least in its practical application: because there is no objective criterion for weighing up the needs and ideas of happiness of individuals, it is hardly possible to define total utility or total pleasure. More central, however, is the normative critique of utilitarian conceptions of justice. The primary criticism is that utilitarianism prioritises the common good over individual interests. This means that social justice could involve reducing the pleasure of one person to increase that of another, thereby enhancing overall well-being (ibid., 258). This could only be addressed or limited by establishing a minimum standard for individual rights. Nevertheless, critics question the plausibility of the utilitarian principle of justice (ibid.). According to Taylor (2013, p. 18), because utilitarianism lacks a fundamental concern with equality and equity in the distribution of advantages, it is not truly oriented towards justice.

[62] This refers to a conception of the common good as 'a good proper to, and attainable only by, the community, yet individually shared by its members' which is thus at once communal and individual, incorporating individual rights without separating them from their social context (Dupré, 2009).

Both communitarianism and utilitarianism describe ethical collectivist ideas that differ greatly from the approaches previously discussed. From an ethically individualistic viewpoint, these highlight the individual as the sole focus of moral concern and dismiss collective standards of moral evaluation. Similarly, the capability approach concentrates on the real freedoms of each individual to be able to realise a good life; the individual is regarded as an end in itself. At least, Sen has not offered specific normative guidelines on how such a good life should be defined. Nonetheless, he considers society from an egalitarian liberal tradition of thought, society as a whole to be responsible for guaranteeing the necessary freedoms to realise a good life for each individual.

All the approaches discussed here so far are grounded in Western intellectual traditions, which poses a challenge for the context of this thesis. Against this backdrop, it becomes necessary to consider how these frameworks might connect to the moral and ethical conceptions embedded in African societies. This issue will be addressed in the following chapter. In line with Walzer's perspective (see above), the focus will be on examining how social morality is constructed within African communitarian societies.

2.4 Theoretical Foundations of Social Policy in African Communitarian Societies

> *Western philosophical theories and systems cannot provide us access to the ethical life of people in Black Africa; we also need to study in detail their manners and customs, their religious convictions, and their understanding of the world as a whole. (Bujo, 2001, p. 73)*

This conclusion, drawn by Bénézet Bujo in his work 'Foundations of an African Ethic', acts as both a starting point and a significant challenge for this subchapter, considering the risk of importing ideas of justice from elsewhere into African local contexts without adequate examination. At the same time, Africa cannot be framed as a single, homogeneous society, nor as a collection of isolated ethnic groups, but rather as a continent comprising of a wide variety of social and political systems, languages, cultures, and traditions. Therefore, considering aspects of social justice can therefore only do limited justice to this pluralism. Consequently, it is merely an external approximation of certain patterns in African thought and theory on social justice, as well as how it is expressed in contemporary African societies, which are inevitably filtered and limited through the author's European perspective.

As previously discussed, the issue of social justice becomes particularly relevant in daily life, where social and economic conditions indicate that the relationship between economic growth and the eradication of poverty and inequality is dynamic, not automatic, and does not result from trickle-down effects (Taylor, 2013, pp. 13f., 20). Development strategies based on a Western best practice paradigm should be questioned. Therefore, the discourse of social justice is to be linked to the contextual realities in which people live. In African contexts, this often involves very limited state intervention in the market, reduced government expenditure, and individual, family, and community responsibility for social welfare (ibid.). Moreover, according to Taylor (2013, p. 21), 'the rights conferred by being a citizen in modern state systems through contractual agreements are not a given in countries in Africa'. Referring to Mamdani (1996), she contends that 'the cleavage between "modern" and "traditional" society ranks as the most fundamental unresolved contradiction in much of post-colonial Africa. Millions continue to live under the rule of local chiefs operating within the ambit of customary law. At the root of these chiefs' power is a mixture

of "ethnicized" tradition, inherited authority, and clientelism that fits uneasily with the principles of individual rights and democratic process' (ibid., p. 21).

In Ghana, too, traditional authorities can be seen as constituting a parallel source of power to the state, deriving their legitimacy and authority from pre-colonial roots, while viewing the contemporary Ghanaian state as both a creation of and successor to the imposed colonial order (e.g., Ray, 1996). The contemporary state, with its democratic institutions, parliament, and courts, coexists with traditional chieftaincy institutions that oversee customary law, land, and various local community affairs, making them highly relevant in the daily social life of people. The role of traditional authorities in contemporary Ghanaian society can also be regarded as 'neotraditional structures' (e.g., Knierzinger, 2011), a hybrid form of governance that combines traditional, indigenous authority with modern state institutions. Beyond merely continuing pre-colonial systems, this represents a new, evolving model where traditional leaders, particularly chiefs and queen mothers, play recognised roles in contemporary society. Unlike in some other African countries, the institution of chieftaincy is formally recognised in Ghana's 1992 Constitution. This grants chiefs a constitutional role, though their legal powers are limited by the modern legal framework.

In this study, it is therefore essential to note that the discourse on disability and social protection in African societies is consistently situated within this sphere of tension. Regarding the African discourse on social justice, Taylor advocates for engaging with questions about what constitutes the public good in discussions of social justice. Graness (2017, p. 310, 318) emphasises that in current African philosophy, the 'focus is much on the search for indigenous[63] forms of thought, to be liberated from enforced colonial epistemes'. It is also within this context that it becomes necessary to look beyond distributive concepts of justice and examine the fundamental structures of justification that enable or disable individuals from questioning the justifications provided within social settings and which promote a particular distribution of goods and resources.

While the conceptual origins of European social policy have been roughly outlined within the framework of contractualism, the question arises as to what relevance these can have in the context of African societies. Most importantly, which concepts of social justice are discussed in African ethical discourse? Concerning African philosophy, Graness (2017, p. 305) notes that although debates on the concept of justice do not play a major role in either philosophical traditions or contemporary philosophical debates, it is still possible to find evidence of justice-related discourses in Africa.

Similar to the European concepts discussed earlier, African scholars of moral philosophy also raise the metaphysical question regarding the moral conception of personhood and community (see, e.g., Mbiti, 1969; Menkiti, 1984; Bujo, 2001; Gyekye, 2002). Gyekye (2002, p. 297) argues that '[m]oral or normative matters may be expressed in sophisticated and elaborate conceptual formulation; but as practical matters they have their best and unambiguous articulation or translation in the actual way of life of people – in the way individuals are expected or not expected to respond to one another in times of need […]'. This subchapter thus seeks to examine more

[63] Graness uses the term 'indigenous concepts' to refer to local knowledge systems deeply rooted in the history of a certain society, with a specific focus on pre-colonial times in the given context. This is in line with the use of the term 'indigenous social protection' in the context of this work, which refers to traditional forms of mutual social security in pre-colonial communal life. With regard to such 'indigenous concepts', Graness, e.g. refers to 'ubuntu' as a uniquely African worldview of ethics.

closely how concepts of social justice are expressed in the actual way of life of former so-called chieftain societies in Africa and, more specifically, in Akan culture. This aims to offer a further conceptual foundation for analysing individual resource arrangements of people with disabilities in Ghana.

2.4.1 Person and Community in African Contexts

As outlined and discussed by numerous scholars, the social structure of African societies is deeply rooted in communitarian features (Bujo, 2001; Gyekye, 2002; Imafidon, 2021) that have significantly shaped post-colonial African (social) policy.[64] Gyekye (2002, p. 298) emphasises that the African sense of community has been described as the core characteristic that defines 'Africaness' (Dickson, 1977, p. 4), a 'community society' (Senghor, 1964, p. 94), with 'uniqueness' being a 'secondary fact', because the 'spirit of collectivism was (so) much ingrained in the mind of people' (Kenyatta, 1965, p. 297, 180) and where 'the reality of the communal world takes precedence over the reality of the individual life histories, whatever these may be' (Menkiti, 1984, p. 171). As discussed earlier in relation to Walzer's concept of communitarianism, the strong emphasis on community in African notions of communitarianism raises important questions about the role of the individual and individual freedom in relation to social justice. These include questions about the moral autonomy of the individual, as well as the boundaries of the community in terms of safeguarding individuals from community encroachment. It also draws attention to the opportunities and limitations of adopting a critical approach to one's own culture, the prospects of intercultural dialogue, and a critical perspective on cultural relativism that need to be considered.

For African scholars like Menkiti (1984) or Bujo (2001), it is not the individual but the community that forms the starting point for African ethics, while personhood is not something gained at birth but something that must be achieved, and individuals can fail to do so. A person's existence as a human being and vital force is regarded as derived from their membership in the community and is therefore seen as a 'consequence and goal of ethical conduct rather than its basis – individuals live only thanks to the community' (ibid., p. 3, 5). Gyekye (2002, p. 301) highlights that there are expressions in the Akan language, suggesting that the community alone constitutes the social and cultural context in which an individual develops. In contrast to Western ethical concepts, societies are not formed through the cooperation or solidarity of individuals. Rather, the community has always been present as a unit, enabling the emergence of personhood. The understanding of community in African philosophy can thus be framed as a metaphysical entity with individual humans as its physical instations (Majeed, 2018, p. 33). Unlike Western communitarianism, the community in African ethics is not limited to those individuals who are present or visible but also includes the invisible community of deceased ancestors and those not yet born. This concept is also known as the 'onto-triadic structure of being' (Bujo, 2001, p. 2, 5; Graness, 2017, p. 311). It suggests that the community 'must guarantee the promotion and protection of life by specifying or ordaining ethics and morality' (Bujo, 2001, p. 2, 5).

From an Akan perspective, a person is believed to descend from heaven into an existing human society, which implies 'a conception of the person as a communitarian being by nature' (Gyekye,

[64] Gyekye (2002, p. 299) e.g. points to the fact that in the early years of independence, a strong notion of community was also present in the conceptions of 'African socialism' with leaders like Nkrumah or Nyerere arguing for rather unrestricted forms of socialism being foreshadowed in or even the 'socio political ancestor' of the African traditional idea and practice of communitarianism (see also chapter 2.1 on the Nkrumah era in Ghana).

2002, p. 299). This entry into the community is not seen as voluntarily chosen, and thus, community life is regarded as obligatory rather than optional by nature (ibid., p. 300). It also makes the individual a cultural being that is instinctively oriented towards others and must live in relationships with others that constitute (at least partly) the individual (ibid.). This natural relationality or sociality, Gyekye argues, 'directly involves a person in social and moral roles, duties, obligations, and commitments which the individual person must fulfil' and thus 'immediately plunges him/her into a moral universe, making morality an essentially social and trans-individual phenomenon focussed on the well-being of others' (Gyekye, 2002, p. 310). As Matolino (2018, p. 61 f.) frames this classical African communitarian position, 'the community takes the individual from an "it" (without any moral standing), through all necessary stages of moral transformation into full personhood. It is through resources, such as language and culture, made available by the community to the individual, that the individual begins to have a sense of their own identity. […] Whatever one knows about oneself and the community, and anything else, is a direct product of the community's fashioning and transforming what was biologically given […] to an entity that now values and judges'. Therefore, the epistemological grounding of the individual is traced back to the community's efforts and establishes the basis for requiring the individual to hold the wellbeing of the community in high regard (ibid.).

From an African ethics perspective, this natural sociality 'mandates a morality that, clearly, should be weighted on duty, i.e. on that which one has to do for others' (ibid.). In Walzer's terms, such framing of a moral basis rather describes 'a path of discovery', a derivation of a moral concept from a God-given or natural world order (Walzer, 1985, p. 7 f.) that builds a contrast to an interpretive theory of social justice and a communitarianism as a discursive formation between the individual and the community (see above). Such 'classical' African communitarian philosophy has been a dominant position upheld by African scholars as a distinctive and genuine African philosophy that defines the African way of life and forms a foundation for African identity, as well as distinguishes African cultures from other (mainly) liberal, non-African cultures (Imafidon, 2021, p. 48).

In a communitarian, anti-individualistic line of thought, Gyekye (2002, p. 300) states that 'in terms of functioning and flourishing in a human community, the individual person is not self-sufficient; his capacities, talents and dispositions are not adequate for the realization of his potential and basic needs'. This perspective is well established in Akan proverbs stating that "a person is not a palm tree to survive alone" (anipa nnye abe na ne ho abyia ne ho) or 'one tree does not constitute a forest' (duo baako nnye kwae) (ibid.). This includes practices of mutual support as a fundamental principle in the Akan philosophy of life, made explicit in the concept of hyia and the maxim 'Onipa hia moa', meaning that a human being deserves and ought to be helped (Wiredu, 1998, pp. 312 - 313). From an African ethical perspective, it is a person's natural sociality that provides the essential support for the realisation of their potential (Gyekye, 2002, p. 300). Therefore, contrary to normative individualism, Gyekye advocates for the ontological primacy of the community. He argues that viewing the community as derived from the individual does not make sense, as it would 'make relationships between persons merely contingent, voluntary, and optional' (ibid., p. 301). This would not result in the formation of a community that, however, provides a necessary basis 'for realising the nature or possibilities of the individual person' (ibid.). Concerning the underlying conceptualisation of justice within such a notion of person and community, an action is considered right if it fosters harmony and reduces discord within the community. Conversely, an action is

deemed wrong if it fails to stabilise, further develop, or reproduce the community.[65] In the context of this work, the question arises as to what such ontological primacy of the community may imply for the status of people with disabilities and the community within the traditional conception.

2.4.2 Community and the 'Ontology of Exclusion'

A clear distinction between typical communitarian and universalist positions emerges when Gyekye states that the African concept of community is founded on 'the notion of common interests, goals and values that differentiates a community from a mere association of individual persons', which are shared by community members and to which they have 'intellectual and ideological, as well as emotional, attachments' (Gyekye, 2002, p. 299). Inevitably, the question arises as to what precisely constitutes this normative framework. A fundamental aspect may lie in the concept of personhood on which African communitarianism is based.

Personhood status, in African philosophy, can be attributed to both human beings and non-human entities such as ancestors or revered totemic animals, as well as natural objects like lakes or trees (Imafidon, 2021, p. 51). Being a human being is, in turn, connected to certain ontic and socio-normative features. The ontic features essential for achieving personhood include 'material and immaterial constituents of a human being, including life force, physical head and inner head (destiny), spirit, literal physical heart, and figurative or inner heart' (ibid.). For the Akan context, these ontic features consist of (1) the body made from the mother ('nipadua'), (2) the individual spirit as the bearer of one's personality ('sunsum'), and (3) the life force or soul ('okra') (ibid.). If one of these components is missing or 'defective', the status as a person and a human being is jeopardised. This is especially true when the rationale for the absence of individual features is linked to cultural beliefs about becoming a person and being human that differ from those of the majority society. This is most evident in many African communities concerning people with disabilities, whose existence is perceived as a bodily manifestation of 'the curse, anger, or error of divinities, deities, and ancestors due to wrongdoings of humans' (ibid.). Consequently, in Akan communities, as in many African communities, individuals with disabilities are often denied access to the world of ancestors after death because of a lack of ontic features (ibid.)

In addition to these ontic features, required social features to attain personhood include 'taught attitudes, values, dispositions, and behaviours that promote the much-cherished communal harmony and equilibrium among beings in the community' (ibid.). Threatening this communal harmony can result in losing one's status as a person in a normative sense (ibid.). In Akan thought, both in the past and even today, '[h]abitual absences or malingering or half-hearted participation [in the community] marked an individual down as a useless person (onipa hunu) or, by an easily deduced Akan equation, a non-person (onye onipa)' (Wiredu, 1998, p. 312). The Akan conception of life is largely shaped around the idea of continuous mutual aid, as reflected in the Akan saying 'life is mutual aid' ('Obra ye nnoboa') (ibid.). Regarding actuality, Wiredu provides the example of public works in Ghana. These are tax-financed and carried out by professionals in urban areas, while in villages and small towns, such work is still mostly done through voluntary communal labour and voluntary contributions of money and materials (ibid.). Conversely, a surplus of social features and living a life that is accepted by the community, however, does not compensate for the lack of ontic features. As a result, for example, the status of a person seems out of reach to people

[65] Metz (2007, p. 334) concludes this for ubuntu, which is seen as a root of African philosophy by many scholars (see Graness, 2017). It is assumed to also be appropriate to claim validity in the context presented here.

with disabilities. Imafidon (2021, pp. 49 ff.) emphasises that, at the ontological level, it is this African communitarian philosophy and its concept of personhood that 'comprises the African understanding of being or reality, of its structure, of what is and what is not, and how each individual is responsible for, and obligated to, ensure, sustain, and maximise communal harmony, order, equilibrium, and wellbeing of all other beings'.

Therefore, if this concept of personhood forms the foundation of all social structures, processes, and practices of a community, the exclusion of certain individuals and groups from all aspects of life is often morally justified or regarded as appropriate. According to Imafidon (ibid.), upon closer examination, this reflects an ontology of exclusion that is deeply rooted in African communitarian philosophy. Such an ontology of exclusion may give rise to a systematic asymmetry of value and power within African communities (Imafidon, 2021, p. 54).[66] In everyday life, this asymmetry manifests itself through certain privileges, power, and access to resources based on personal features (ibid.). Therefore, lacking such features or deviating from a specific lifestyle limits access to resources for some individuals, such as persons with disabilities. In short, achieving personhood acts as a gatekeeper to various resources. "Personhood, in African culture and community, provides the basis on which one can enjoy rights to life, security, inheritance, property, benefit from religious rituals, proper burial when physically dead, initiation into community institutions, and so on. Within African communities, that is, if one is judged to lack some of the ontic or normative qualities of personhood that African communitarian philosophy outlines, social exclusion results and one will not enjoy the benefits that people deemed to possess these qualities enjoy" (ibid.).

As Imafidon (ibid.) highlights, people with disabilities 'must therefore engage in a constant and continuous struggle to make sense of how their being and disability have been interpreted by society and to overcome this socially disadvantaged position in which they find themselves'. Unlike most scholars, Imafidon does not primarily argue for challenging paranormal theories surrounding disability that circulate in African communities, but rather for a deconstruction of the concept of community or communal living within the African notion of personhood and African communitarianism. In the context of this study, it is essential to consider that formal social protection mechanisms rooted in Western traditions, which involve intervening in community and individual resource arrangements, often conflict with this logic and, as a result, struggle to gain acceptance among the population. They may be perceived as illegitimate interventions into traditional notions of justice and underlying systems of resource distribution.

2.4.3 Moderate African Communitarianism and the Conception of Justice

The above African communitarian philosophy has been criticised by African scholars who discuss its shortcomings and limitations. The critical discourse highlights its tendency to become 'authoritarian, overriding individual will and autonomy, and, consequently, becoming anachronistic and hindering individual contribution to community/societal development' (Imafidon, 2021, p. 50).[67] It emphasises that individual rights have often been regarded as secondary to the good of the

[66] There are clear parallels here with a conservative communitarianism that refers to specific collective characteristics of a community. This stands in contrast to liberal communitarian perspectives such as Michael Walzer's that are concerned with the regulation of social goods that enable domination over others and a just distribution of means of domination or power (see above).

[67] Imafidon (2021, p. 55) argues that such restrictive sort of community is structured for self-preservation and indifferent "indifferent to the concerns of people outside of its closely knit frame of existence". This makes communities vulnerable to oppressive relationships based on ethnicity, ethnocentrism, tribalism, discrimination, and

community (Matolino, 2018). Nonetheless, despite a strong emphasis on the community, Gyekye (2002, p. 299) and the aforementioned outline of African communitarianism do not entirely exclude the idea that a community is a collection of its parts. It may therefore be mistaken to conclude that there are no individual aspects to personhood in African societies. Some scholars, therefore, question or even reject the claim that African communitarianism subsumes the individual within the community, instead advocating for a moderate form of African communitarianism (see, e.g., Bujo, 2001; Gyekye, 2002; Imafidon, 2021).

To Gyekye, unlike perspectives such as those of Menkiti (1989) and Mbiti (1989), which emphasise that people are social (communal) beings by nature, people can also be seen as embodying other aspects of human nature.[68] In fact, he criticises the exaggeration of the normative status and power of the cultural community in relation to those of a person by overloading the community as an all-encompassing moral authority to regulate all areas of people's lives (Gyekye, 2002, p. 301). He further separates personhood, which may reach its full realisation in community, from states that can be acquired, such as status, habits, personality, or character traits. For him, the contrast made between European and African concepts of personhood, as described by the latter as processual, is not valid (ibid., 303). However, referring to Akan culture, he shows that personhood is linked with standards, ideals, or moral virtues such as 'generosity, kindness, compassion, benevolence, respect, and concern for others; in fact, the promotion of the welfare of others'. Those form the basis for assessing 'a human person', a status that others in Akan communities can deny ('he is not a human person' / 'onnye' nipa') (ibid.).

Someone is regarded as a person 'whose identity is determined by the high tendency which she has to act morally (rightly)', including for the well-being of the community (Majeed, 2018, pp. 29f). For Gyekye, from a more moderate perspective, personhood in African culture is used normatively to describe an individual with good character, encompassing the virtues mentioned above. Conversely, this means that in Akan culture, human nature is considered to be essentially good and 'to possess an innate capacity for virtue, for performing morally right, and therefore should be treated as a morally responsible agent' (Gyekye, 2002, pp. 303f). Even though the community might offer advice and admonition, Gyekye locates the moral capacities not in the community but within the individual person, who thereby becomes capable of choice and is thus not solely defined by the communal structure or social relationships (Gyekye, 2002, pp. 304f).

Unlike personhood, a person's social status is then determined by her/his sense of responsibility, responsiveness and sensitivity to the community's needs, as well as by individual physical, intellectual, and moral achievements, and the fulfilment of certain social norms (such as marriage and raising children) (ibid., p. 305). Failing in one's respective striving can lead to being regarded as a useless person by the community, that is, losing social respect but not one's personhood (ibid.).

For Gyekye, communal structure cannot prevent the self-assertiveness a person can show through individual actions, which stem from the autonomous nature of the person, hence an individual rational will. He further states that the development of communal culture results from the individual's exercise of this capacity for self-assertion (ibid., p. 306). For him, this is demonstrated

xenophobia as a result of such narrow sense of community as part of a strategy to sustain themselves at the cost of other communities (ibid.).

[68] The respective discourse on traditional and moderate African communitarianism is also known as the 'Menkiti-Gyegye Debate'.

by the ongoing changes and further developments that occur within communal values, which he emphasises as 'the result of the evaluative activities and choices of some autonomous, self-assertive individual person' (ibid.). In conclusion, Gyekye describes the communitarian self, as held in African moral and political philosophy, as capable of taking a detached view of its communal values and practices, and even to reassess or revise them, and is only partly constituted by the community (ibid.). From a Kantian perspective, Gyekye identifies a foundation of human dignity rooted in the individual's capacity for moral autonomy and rational freedom, which underpin innate individual rights not only in individualistic but also in collectivist moral conceptions (ibid., p. 307f.).[69] From this perspective, individuals possess a rational and moral sense, along with a capacity for virtue and judgment, which the community fosters. Individuals can also question what they disagree with. They are self-directing and self-determining, and for that reason, they possess autonomy.

The above considerations do not give a direct indication of the significance of ontic features within Gyekye's moderate stance on personhood. However, from the viewpoint of moderate African communitarianism, it could be asked to what extent the role of ontic features in personhood can also be examined alongside the notion of the communitarian self and whether communal values and practices can be re-evaluated and altered through individual agency action. More specifically, the question arises as to what extent the actions of individuals in communities can alter the significance of impairments for achieving personhood. Buju (2001) discusses this capacity to critically engage and further develop normative frameworks and ancestral traditions, using concrete examples such as recent developments in the conceptualisation of, for example, the individual freedom of couples, polygamy, or female circumcision in some African societies.

To Gyekye (2002, p. 308), the dual features of the self as a self-determining entity capable of evaluation and choice, and the communal being inherent in moderate communitarianism, uphold a commitment to recognising the intrinsic worth of the self and the moral rights necessarily owed to it. He sees moderate communitarianism as not opposed to individual rights. In contrast, similar to the Western conception of social justice, he outlines a basic concept of human dignity, contributing to the conceptualisation of individual rights in African communitarianism, referencing the Akan proverb that states no one is a child of the earth but everyone is a child of God.

> *Human beings, as children of God, by reason of their having been created by God and possessing, in the African belief, a divine element called soul, ought to be held as of intrinsic value, as ends in themselves, worthy of respect. A concept of human dignity can be linked with, or derived from, the concepts of intrinsic value and respect. Also implicit in the proverb is the equality of the moral worth of all human beings – of all the children of God. Concepts of human dignity, intrinsic value, and equal moral worth generate a notion of equal moral rights that, as deriving ultimately from God or as belonging fundamentally to every human being as a creature of God, could be linked with the notion of innate or natural rights, that is to say, a human rights concept can certainly be said to be already involved in conceptions of human dignity. The conception of human dignity compels the recognition of rights not only in an individualistic but also in a communal setting (Gyekye, 1997, p. 63, cit. after Matolino, 2018, p. 68).*

[69] Radical communitarians would want to replace the politics of right with the idea of common good. By contrast, Gyekye has argued that rights are indispensable to self-assertion and the evaluative process. The idea of rights strengthens human dignity. Advocates of rights anchor their beliefs in the theistic perspective that human beings have intrinsic value because God created them.

Gyekye further assumes that the very conception of individual rights in the African concept of community can also be derived from existing concepts and categories of African communitarianism beyond the derivation of moral conceptions from a God-given world order. This would approximately correspond to an interpretative approach to social justice as discussed by Walzer (1985) (see above).

> *[…] at both the theoretical (conceptual) and practice levels, communitarianism cannot set its face against human rights. For, implicit in the communitarianism's recognition of the dual features of the self – the self as an autonomous, assertive entity capable of evaluation and choice and as communal being – is a commitment to the acknowledgement of the intrinsic worth of the self and the moral rights that can be said necessarily to be due to it. The recognition by communitarian political morality of individual rights is thus a conceptual requirement. It is also a practical requirement: at the practical level communitarianism would realize that allowing free rein for the exercise of individual rights, which obviously includes the exercise of the unique qualities, talents, and dispositions of the individual, will enhance the cultural development and success of the community. (Gyekye, 1997, p. 64, cit. after Matolino, 2018, p. 68f.).*

While Gyekye describes a sound basis for conceptualising individual rights within the African notion of community, he does not expand on this theory; instead, he emphasises, in his view, the importance of individual duties to the community. Gyekye regards the economic, political and social needs of individual members as the concern of most individual rights, expected to be recognised or even catered for 'to some degree of adequacy by the communitarian structure' (Gyekye, 2002, p. 308 f.). This presupposes that communitarian societies (and theory alike) give greater prioritise individual duties towards the community over individual rights. As mentioned earlier, developing authentic personhood is realised through other persons, by valuing and enhancing communal relationships with them (Hoffmann & Metz, 2017, p. 157). These duties focus on the common good, which is the welfare of the entire community or, more specifically, the welfare of each member to whom each individual feels morally obliged (ibid., p. 309). For example, Gyekye suggests that Rawls' difference principle aligns much better with a communitarian framework than with the individualistic foundation of his theory of justice, as it strongly emphasises a natural sociality of the individual and a focus on the common good (ibid., pp. 309-310). He believes that the underlying social and ethical values of reciprocity and solidarity elevate the notion of duties above individual rights in communitarian life. These moral duties are not solely based on individual claims; they also include supererogatory acts and acts of charity as moral obligations.

> *People in societies in which the concept of rights has not gained (much) currency in their moral or political vocabulary, would carry out their duties to their fellow human beings, yet without the conviction that the latter have rights against them. Our positive duties against others, then, are not based on their rights: it is not so much a consciousness of the rights of others as our moral responsiveness to their particular situations that impinges on our decision to carry out duties toward them (Gyekye, 2002, p. 311).*

Hence, for African communitarian societies, Gyekye describes an asymmetric relationship of rights and duties. While there are duties with corresponding rights, negative duties in particular (such as not harming others), there are numerous solidarity-based duties without corresponding rights, especially in communitarian societies (ibid.).

This relationship between duties and entitlements can also be considered from Luhmann's perspective on forms of assistance, as introduced above. Luhmann (2005, 1971) characterises assistance in what he terms 'archaic societies' as a contribution to the satisfaction of needs in a particular situation. It is regarded as a kind of gift and is explicitly expected, but without any reciprocal conditions attached to the act of helping. The relationship in which this gift occurs does not need to be legitimised, let alone examined according to any criteria of justice. Although it is directed at a particular person and occurs between individuals, it is performed as a duty towards the community. Mutual assistance is therefore vital for the establishment and maintenance of 'archaic institutions'. However, it does not involve the conscious institutionalisation of reciprocity between individuals per se, as a form of service commitment, for instance, in the form of a contract.

Assistance is extended primarily in situations where surplus resources are available. The expectation of expressing gratitude is neither explicitly defined nor consistently enforced, but may be invoked situationally and contingent upon specific circumstances. Moreover, there is no established mechanism for immediate compensation to address particular needs. Consequently, this form of assistance operates without a formalised normative framework governing reciprocal exchange. The only clearly institutionalised element is the obligation to contribute. These characteristics closely align with the conceptualisation of assistance within African communitarian institutions as outlined above.

Luhmann characterises the evolution of assistance in Western societies as a linear trajectory, progressing from what he terms 'archaic forms', through 'highly cultured' stages, and ultimately toward the structures of 'modern society'. A key aspect of his analysis is that organisation has become the main way to meet needs in 'modern societies'. State programming of social assistance means that unprogrammed helping takes a lower priority. 'Archaic symbiotic relationships and moralised forms of assistance still exist, but with much less importance. They often fill gaps left by programmed social assistance (ibid.).

In this study, it is important to consider to what extent Luhmann's analysis can be applied to different regions of the world. Regarding Ghana and the present study, it will be assumed that the forms of mutual assistance described by Luhmann do not necessarily represent sequential stages of development but can also coexist in contemporary societies and vary in their importance and dominance across diverse areas of life and individual situations. In this context, it is especially crucial to critically analyse the implicit equation of 'state-programmed assistance' with 'modern society'. This suggests that a society with a different constellation of assistance forms is in a 'pre-modern stage' and that there is no alternative to the Western development process outlined by Luhmann. A thorough critical review of the related development perspectives from the standpoint of Development Studies was undertaken in the previous chapter.

Even though Gyekye's concept of moderate African communitarianism does not question the importance of individual rights, it rather emphasises a more significant moral framework in his conception of duties. While it might be appropriate occasionally to override some individual rights to protect the common good, for Gyekye, altruistic duties cannot obliterate duties to oneself, which are conceptually linked to individual rights (ibid., p. 311 f.). For Gyekye, therefore, a moderate communitarianism accommodates both communal and individual values, social commitments, and individual rights and self-attention as dual features of the self with an implied dual responsibility, or, in more general terms, a dialectic between individualism and communitarianism (ibid., p. 312).

While Gyekye seeks to demarcate the moderate position, other scholars such as Matolino (2018, p. 60) argue that any differences between the classical position of Menkiti and Gyekye's moderate stance 'appear insignificant by virtue of a shared downplaying of individual rights in the comparison to the duties and obligations an individual has towards the community's good'. The metaphysical and epistemological grounding of the individual within the community reveals a secondary position of individual interests and rights relative to the community (ibid., p. 61). He criticises Gyekye's construal of moderate African communitarianism for not fully recognising individual rights, instead assigning them a secondary status. Matolino, on the other hand, advocates for a 'complementary nature' between acknowledging rights and the communitarian doctrine (ibid., p. 63). The statements of Gyekye, which Matolino also references, highlight the importance Gyekye places on the individual for the community's sustainability. He further demonstrates that communitarianism entails a concept of individual rights that stems from the recognition of the inherent dignity in every person. It becomes clear that Gyekye himself emphasises that "the individual's free and internally prompted contributions, criticisms, and evaluations of their community" are vital elements that shape and benefit a community.

In conclusion, Matolino, beyond a sharp 'dichotomisation of rights which has become synonymous with the classical African communitarian account', argues for individual rights being an inherent component of classical African communitarianism. Emphasising the theoretical origins of communitarianism in Africa, he roots its foundation in the historical appraisal of traditional African communities, as well as in the aspirations of emancipatory politics by leaders such as Kwame Nkrumah, Julius Nyerere, or Leopold Sedar Senghor, who utilised these references in their struggle against Western colonialism and for independence (Matolino, 2018, p. 59 f., ref. to Masolo, 2004). This served as a 'metaphysical marker of the identity of Africans as well as an epistemological reference of how communities, societies and their good was related to the individual' which is not merely a theoretical exposition but 'both a lived experience and something they hold to be good' and therefore also a 'plausible ethical and social standpoint' for many Africans (ibid.).

2.4.4 African Communitarianism and Distributive Justice

Such a concept, balancing individual rights within and duties towards the community, suggests direct implications for the conceptualisation of justice within African communities. As emphasised earlier, concepts of justice have not played a significant role in African philosophy. Furthermore, the communitarian thesis and individual rights have traditionally been regarded as inherently opposed (Matolino, 2018). However, some authors argue for a meaningful connection between the core ideas of African communitarianism and the concept of distributive justice outlined above.

Graness (2017, p. 314) discusses poverty within the framework of the Ubuntu concept, for example. From an Ubuntu perspective, poverty is not merely understood as a lack of material resources but primarily as 'a situation in which this lack prevents people from living out their social relations and makes them perceive themselves as being in opposition to or separated from others'. From this perspective, poverty manifests in social separation, offering a different view on questions of fair distribution (ibid.). Whereas the European discourse on distributive justice, as discussed above, mainly focuses on liberty, property rights, and the individual's obligations towards others, African ethics would rather consider questions of distribution and responsibility at the level of their meaning for relations within the community (ibid.). In consequence, deeply unequal distributions of resources are to be rejected as they harm the responsibility to care for all community members

and ultimately hinder the stabilisation and development of the community (ibid.; Metz & Gaie, 2010, 277 f.). Consequently, an argument for distributive justice would not be built on individual entitlements but rather on individual obligations to the community.

The corresponding approach, along with a critical discussion of the asymmetric relationship between rights and duties, has been discussed earlier. But what does such a conception based on duties imply for distributive justice, especially for persons with disabilities? Upon closer examination, the conceptualisation of social justice in African ethics presents a serious dilemma for people with disabilities. On the one hand, distributive justice is not an enforceable right, including access to the most basic resources. On the other hand, the community sphere of distributive duties does not encompass people with disabilities due to an 'ontology of exclusion' (see above). The dilemma becomes even more serious when considering that the community views forms of formal social protection mechanisms rooted in European traditions as an illegitimate interference with traditional notions of justice and underlying systems of resource distribution (see above). From this perspective, people with disabilities are not only unable to achieve personhood but also tend to have very restricted access to the traditional system of reciprocity, mutual solidarity, and resource exchange. Therefore, their life situation is often marked by a high risk of social isolation and poverty. They cannot primarily depend on support structures within the local community as a whole, but rather on the altruism of individual persons, mainly from the nuclear family. This could at least lead to the assumption that people with disabilities, more than their peers without disabilities, must rely on formal systems of social protection, which are often conditional, unreliable, underfunded, and rejected by traditional concepts of African communitarianism as they oppose their ontological basis.

The question then arises as to what extent the equalisation of rights and duties in communitarian thinking would alter the situation for people with disabilities. However, the challenge does not lie in whether classical communitarian perspectives can be compatible with a rights-based approach, as Matolino convincingly discusses. From a disability perspective, the real issue lies in the definition of rights upon which his argument is based upon:

> *I will understand the definition and usage of rights to be claims that the individual is entitled to by virtue of being an individual human person or human being. Such claims cover the said person's dignity and entitlements to exercise mental capacities to make informed decisions that advance and favour well-being, including entitlement to being protected from encroachments that are either damaging or limiting to the individual. These encroachments are properly considered to originate from set interests, either collectively authored by community members or sponsored by some individual community members. Because of the individual's possession of a mental capacity and their ability to exercise that capacity to determine what is god for oneself as well as to pursue that good, we then say the individual is owed a defence of that capacity, which we call right. (Matolino, 2018, p. 62).*

Following the previous discussion of grounding African communitarianism in an ontology of exclusion, this view of rights would also only have a limited impact on people with disabilities within traditional communities and would not be able to resolve the aforementioned dilemma. This is because people with disabilities are considered to be deprived of the status of human beings and the associated dignity on which any conception of rights is based, even at the ontological level, as referenced earlier with regard to Imafidon. From a resource perspective, as adopted in the context of this work, the question of whether access to resources is based on individual rights or the obligations of others then becomes secondary. First, it must be considered whether there is general

access to the social space (in Bourdieu's sense), where the distribution of resources within communities is negotiated, whether based on individual rights or obligations towards the community. This can be achieved by rethinking traditional notions of disability, but it will likely require embedding this in a critical reflection and further development of the core ideas of community and personhood in African communitarianism, as Imafidon suggests, to overcome ontologies of exclusion. As discussed earlier with reference to Buju (2001), among others, the ability to engage critically with and further develop normative frameworks and ancestral traditions is intrinsic to African conceptions of communitarianism, as demonstrated by the evolving understandings of individual freedom concerning the couple, polygamy, or female circumcision in some African societies. Most notably, this capacity relies on the individual's ability to critically reflect on both personal and collective actions and existence.

Notwithstanding these insights into the dynamics of rights and duties within African communitarianism, a key question remains unresolved: What is the general relationship between rights and customs in postcolonial African societies, and what developmental paths can be identified for this relationship? This issue is prominently explored by Mamdani (2001), who examines the resilience of democratic institutions in Africa in light of the complex interplay between rights, customs, and the enduring legacies of colonial rule. Rights, he argues, claim to set limits on power, whereas custom, by contrast, enables power rather than checking it by drawing boundaries around it (ibid., p. 654). He explains that rights in the colonial state belonged to the 'nonnatives' (Europeans, 'Coloureds', Asians, Arabs, and 'Hamites'[70]), who were 'identified racially' and considered a 'civilising influence' and members of the 'civil society' (which describes racism in the original sense).[71] In contrast, natives were identified ethnically and 'considered to be in dire need of being civilized' by the colonial powers (ibid.). 'Natives' had to live according to custom in a plurality of groups and laws.

Anticolonial nationalism, Mamdani further argues, was 'a struggle of natives to be recognized as a transethnic identity, as a race, as "Africans," and thus – as a race – to gain admission to the world of rights, to civil society, which was a short form of civilized society' (ibid., p. 654). In effect, this, according to Mamdani, resulted in a reproduction of the customary as the genuine tradition of Africa. To prioritise 'indigenous' over 'non-indigenous' citizens, they were granted customary rights alongside civil rights. For Mamdani, this caused several dilemmas. Indigeneity became a concern in relation to justice and entitlements under post-colonial states. This created the necessity of being able to identify which ethnic groups are native or indigenous and which are not, which turned the colonial world upside down and facilitated ethnic clashes over rights, especially the right to land and to a native authority to empower those identified with it as ethnically indigenous (ibid.). This both divides multi-ethnic populations on the ground by ethnicity and transforms ethnic communities into political communities (ibid.). From the above, both race and ethnicity must be understood as political, rather than cultural or even biological identities (ibid., p. 663).

[70] Hamites was a term of biological-scientific racism used by Europeans in support of colonialism and slavery for some peoples of North and West Africa. The background was a reference to the biblical book of Genesis and the descendants of Ham, the son of Noah. Hamitic theory claimed the " Hamitic race" to be superior to or more evolved than what it called the "Negroid" populations in sub-Saharan Africa.

[71] Races were identified vertically based on the idea a civilizational hierarchy correlating with a claim for higher rights but all constituted within the single domain of civil law. Ethnicities, on the opposite, were demarcated horizontally with each was said to have its own customary law (Mamdani, 2001).

In fact, this indicates a continued strengthening of customary law. For Mamdani, defining political identities as separate from cultural identities (without denying potential significant overlaps) and disentangling the idea of 'custom' from 'native' became a significant challenge (ibid., p. 661). He criticises that '[t]he idea of custom as some kind of geological fossil from the past, one that cannot be questioned or changed […] has been key to identifying, buttressing, and salvaging domestic authoritarianism as an authentic tradition', whereas political identities are rather to be understood as a result of state formation, inscribed in law and legally enforced (ibid., p. 662). Examining the relationship between rights and customs in postcolonial African societies, Mamdani emphasises that '[…] the law does not just individuate, it also collates. It does not just treat each person as an abstract being – the owner of a commodity in the market, a potential party to a contract – it also creates group identities. These identities are legally inscribed and legally enforced. They shape our relationship to the state and to one another through the state. In doing so, they also form the starting points of our struggles' (ibid., p. 663). Most importantly, and unlike customs, civil rights are not necessarily place-based and are transportable, allowing them to attempt to claim universality.

Mamdani thus refers to traditional African communitarianism's use of the traditional collectivist communalist concept, or the celebration of traditional communities, as a political agenda that can be seen in the struggle against colonialism. This is supported by Matolino, stating that '[i]ndirectly, there is a celebration of the practical and conceptual unassailability of traditional communities, and unwittingly the philosophical commitment immediately becomes subjugated by the political agenda (found in the fight against colonialism)' (Matolino, 2018, p. 65). As mentioned earlier, this political agenda involves referencing the historical appraisal of traditional African communities to firmly root emancipatory politics of independence and the struggle against colonialism. It is considered a valuable point of reference for the political fight, serving as 'a metaphysical marker of identity of Africans as well as an epistemological reference of how communities, societies, and their good was related to the good of the individual' (ibid., p. 60). Most importantly, such a communitarian ethos was not mainly theoretical but a lived experience and something to uphold for the benefit of the majority of Africans, sustainably supported by African philosophers, making it an ethical and social standpoint of Africans, not least in order to offer support for the beliefs in the political movement (ibid.).

A thoroughly feasible situating of individual rights within this concept is, according to Matolino, subjugated to this political agenda. Such disregard for the necessary concessions that traditional African communitarianism makes to human rights, and the unnecessary dichotomisation of rights, Matolino further argues, overlooks the social and political realities on the African continent. 'While it is true that there are instances of community which are close to communalist arrangements, what is also equally true is that a significant part of the continent's inhabitants have experiences of other senses of community which are quite different from communalist versions' (ibid., p. 74). From a philosophical standpoint, he therefore advocates for no longer viewing rights as a clash with communitarian and political theory, but as an enabler of both the individual's good and that of the community (ibid., p. 69). This would require finding 'ways of expressing communitarian values around the ethos and politics of care and responsibility for the other in the light of claims which individuals are entitled to, and the privileges they are supposed to enjoy by virtue of being the individuals they are' (ibid., p. 70).

2.5 Concluding Considerations on Social Policy and Social Justice

The objective of this chapter was to examine more closely the basic assumptions underlying the constructions of reciprocity, social risk, and social responsibility in European and African societies. It aimed to reveal differences in the fundamental assumptions of social coexistence, which may influence the conditions, opportunities, and boundaries of social protection. It has been shown that the definition of social problems, as well as the conception of social justice in a particular society, plays a central role in this regard, as they form guiding elements of socio-political development pathways and decisions, as well as their operationalisation. The conceptions of social problems and social justice, in turn, are based on social values and norms that can evolve over time.

For the case of Europe, socio-political norms as well as historical lines of different concepts of justice, together with the discourse on their opportunities, challenges, and limitations, were roughly traced along the framework of contractualism. It became evident that definitions of social justice are subject to an ongoing process of negotiation between libertarian and egalitarian conceptions of appropriate distribution of goods and burdens, rights and duties, opportunities, freedom, and power. Selected 'Western' theoretical approaches and their relevance in conceptualising social justice within this ongoing negotiation have been outlined to scope the most relevant discourses surrounding distribution-oriented concepts of justice in this context. These include Rawls' conception of procedural justice for a fair distribution of basic social goods, Dworkin's emphasis on the distinction between individual effort and endowment (with high relevance for the discourse on distributive justice and disability), as well as Sen's focus on capabilities as real opportunities for realisation (positive freedoms), the life that people can actually lead, which challenges Rawls and Dworkin's focus on primary goods as the primary concern. For Sen (1984, p. 338f), Rawls does not sufficiently consider that age, gender, and other factors, such as disability, influence the options available to people in life, regardless of their (equal) amount of basic goods. From the resource perspective of this work, this indicates the need for a broad concept of resources that can include the role of primary goods, such as those provided through governmental social protection systems, within their complex contexts of individual and collective resources.

These egalitarian concepts of justice significantly contribute to the perspective on public social protection measures presented in this work. They reaffirm the complexity of social negotiation processes discussed earlier regarding a shared understanding of social responsibility. However, they also emphasise a fundamental assumption, crucial for this thesis, that social protection measures of any kind always represent an intervention into individual resource arrangements. Both positive and negative effects are affected by numerous internal and external factors, which determine opportunities for realisation well beyond the nature and potential instrumentality of primary goods. As argued above, primary goods approaches allow only limited conclusions about the extent to which such resources can be transformed into real opportunities with individual value. Therefore, it seems important to focus social protection measures more on the diversity of individual resource arrangements in which they (are meant to) realise their effects. In particular, this also involves

considering the social conditionality and individual capacity dimensions of individual resource arrangements, as discussed by Sen, in terms of conversion factors and agency.[72]

Distribution-based justice approaches, whether focused on primary goods or positive freedoms, often overlook cultural, socio-economic, and political structures, including power relations and development pathways shaping distribution modes. This underscores the need to understand basic structures of justification that enable or hinder individuals from questioning societal justifications, influencing resource allocation. As seen in the Akan context of personhood and community, these structures are crucial when examining how resources are distributed to individuals with disabilities in Ghana. Liberalism doubts moral bonds or a shared sense of belonging among individuals, unlike many African views of humankind, which emphasise community. This contrasts with individualist views of social justice, favouring ethical collectivist perspectives like communitarianism and utilitarianism that prioritise the community. The discussion reveals the complexities of resource distribution, linked to deep-rooted cultural ideas of reciprocity and social responsibility. This contrast is especially clear when comparing European and African traditions.

In European welfare states, mutual rights and obligations are negotiated politically based on a specific conception of solidarity-based justice within a democratic and market-oriented order, as well as human rights aspects and current socio-political paradigms. It has been argued that people are deeply socialised into such socio-political frameworks. Against this background, a mere technical transfer of socio-political concepts and social protection schemes from European to African societies has been called into question. For the case of African societies and the Akan culture in particular, the high relevance of the concept of the individual and the community has been outlined as part of a particular African concept of communitarianism, in order to trace social justice-related features in actual ways of life.

It became clear that the community, as a 'metaphysical entity', functions as the principal unit of moral concern, while the concept of individual life, freedom, and rights remains an ongoing discourse between rather traditional and moderate communitarian scholars across Africa. The 'ontological primacy of the community' becomes especially relevant when questioning the norms and traditions of the community or one's own culture. This appears to be particularly significant for the understanding of disability and the role of people with disabilities. It has been argued that in the traditional Akan philosophy of life, people with disabilities do not have direct access to the role of full members of the community and the resources that accompany this status.

From a traditional perspective, people with certain impairments are not even meant to be part of the community. As a result, they face the risk of being excluded not only from the community's traditional system of resource distribution but also from the discourse on the underlying justification that guides resource allocation. When culture largely denies access to social, political, and economic opportunities, a resigned response to one's life situation becomes inevitable. Imafidon (2021) discusses this as the 'ontology of exclusion' (see above). It was thus argued, within the context of disability, that access to resources is not solely a matter of individual rights or collective obligations at the initial level. Instead, this is preceded by the question of general access to the social space where resource distribution within communities is negotiated, whether based on individual rights or obligations towards the community. It became clear that access to these

[72] Such a perspective also lays the groundwork for discussing external and interpersonal resources in Chapter 5 of this work.

social spaces for people with disabilities is mainly denied in traditional conceptions of Akan communities, and that change must be sought through discursive confrontation between traditional, moderate, and rejectionist positions on African communitarianism.

For the present thesis, it is essential to consider the current discourse on disability and social protection within a context marked by significant tension between 'modern' and 'traditional' forms of social coexistence. Indigenous forms of social protection within the community, operating under customary law, do not provide equal access to community resources and therefore do not guarantee equal opportunities for people with disabilities. State social protection aims to do so, but it is insufficiently developed to meet the actual needs of many individuals with disabilities in securing a decent life as both human and community members (see also Chapter 4). Furthermore, government social protection schemes for people with disabilities, which are structured along Western concepts of solidarity and individual rights, conflict with traditional Akan concepts of reciprocity and social support. This limits their acceptance according to traditional norms and values. As has been argued, this is rooted in the Akan understanding of body, soul, and spirit (ontic features) and the status as a human being and person as a standard norm. Such a concept of personhood justifies the structural exclusion of people with disabilities from community resources in all areas of life and renders this seem reasonable. However, government social protection measures might be seen as illegitimate interventions into traditional notions of justice and underlying systems of resource distribution. While citizen status, the democratic process, and guaranteed rights ensure some degree of social solidarity for people with disabilities in Ghana, symbolic communalities that uphold African communitarian values limit solidarity within the context of state welfare, at least for people with disabilities.

The discourse on moderate African communitarianism could create space for questioning traditional conceptions of personhood. Gyekye (2002, p. 301) emphasises that the range of goals a person can choose in life ('positive freedoms' in terms of Sen) is not prior to, but a result of, culture, meaning the community. From a social justice point of view, Gyekye thus avoids deriving moral principles from a divine or natural order ('path of discovery') and allows for an interpretative approach to social justice in the sense of Walzer, where questions of interpretation are addressed through a long social and historical process involving many, which often leads to no definitive answer and is never truly final (see above). As outlined earlier, Gyekye argues for the individual's ability to take a distanced view, reassess, and revise communal values and practices. He sees these developments as confirmed by the ongoing changes and further advances in communal values that result from evaluative activities and choices made by autonomous, self-assertive individuals. Such reassessment might allow for the inclusion of the role of ontic features in being recognised as a human being and create the opportunity to achieve personhood. The latter could be based more on social features, mainly related to concern for others and the well-being of the community. In this context, Gyekye, for example, draws a distinction between personhood and social status, whereby status, in the sense of respect from the community, can be lost, but not personhood. Such a perspective allows for the modification of how structural exclusion is embedded in the norms and practices of Akan communities. It enables a critical examination and further development of normative frameworks and traditions concerning impairments within the discourse of local communities. Therefore, the community concept of a moderate African communitarianism might, at the very least, intersect with Walzer's idea of community as being dynamic, managing conflicts by examining, revising, and developing its traditional notions of values and justice through discourse. This might also facilitate a deconstruction of the concept of community or communal

living in the African understanding of personhood and African communitarianism, as called for by Imafidon (2021) and Matolino (2018).

It has been further argued that the concept of individual rights has not gained much prominence in traditional Akan moral and political thought, while the idea of positive duties towards others acts as the driving force behind African communitarianism. In this context, a critical analysis and further development of normative frameworks, traditions, and routines concerning impairments could lead to a shift in moral duties towards people with disabilities. This would involve making the traditional Akan community system of reciprocity, mutual solidarity, and resource exchange more accessible to people with disabilities. Without a doubt, establishing state social protection that is morally accepted requires deconstructing the ontological features that define exclusion. On one hand, this could complement individuals' rights of people with disabilities, which are increasingly enforced by the nation state. It may also boost the acceptance of social protection programmes for persons with disabilities as part of the nation-state's moral duty towards its citizens.

Consequently, the question arises of how to promote a dialectical relationship between indigenous and state social protection systems, enabling them to converge, evolve, and achieve a certain level of complementarity that can result in more unconditional and reliable individual social protection arrangements for people with disabilities.[73] A key foundation for this may be a clearer understanding of the current individual resource arrangements for people with disabilities within the interaction between traditional and modern social security systems. This sets the context and focus of this thesis.

Referring back to the three elements of social policy as defined by Kaufmann (see above), it is therefore a matter of no less than a fundamental shift in the intellectual debate on defining social and political problems, particularly around community and personhood, and the critique of existing socio-political practices in the context of disability. To this end, the chapter aimed to contribute to tracing current social policy developments concerning disability by reflecting on the interaction between the evolution of past and present ideas of social reciprocity and social justice, as well as the political debate and administrative implementation of social policy. When it comes to the social inclusion of people with disabilities, questioning norms, values, and traditions regarding their practical opportunities, a discursive (conflictual) socio-political debate at the community level, serving as the political arena where social problems and reactions are discussed, appears to be of central importance. To enhance formal social protection, it seems reasonable to recognise this dimension and respond accordingly. Merely transferring European approaches to social protection from the national level without sensitivity to the different contexts in which they emerged and are meant to be implemented risks narrowing the focus to 'basic goods'. This could cause their real potential for use as 'positive freedoms' (Sen) to be overlooked. Such an approach, in turn, neither contributes to a sustainable improvement in the living conditions of people with disabilities nor increases acceptance of state measures of social protection.

[73] Strengthening individuality here is not meant as a concession to European values but rather a combination of the politics of right with the traditional principles of the common good. As Taylor (2013, p. 14) argues, many policymakers in Africa pursue neoliberal development agendas which they see as the only option. For her, it is this neoliberal fixation that heightens inequalities, as '[t]he values of competitiveness, individualism, survival of the fittest, and […] are at odds with values of social justice'.

It became clear that African communitarian philosophy of solidarity and justice contrasts with Western conceptualisations. These Western ideas of solidarity and social justice, however, form the theoretical basis of government social protection schemes as they are applied globally, including in Ghana, with examples such as the Disability Common Fund (DCF) or the Livelihood Empowerment Against Poverty (LEAP) social transfer schemes. In this context, analysing individual resource arrangements in the empirical part of this work involves not only examining the tension between informal and formal social protection mechanisms but also the clash of different ideas of solidarity and social justice in dynamic societies. A key challenge, as shown in this chapter, is to link the importance of individual entitlements with the communitarian values that underpin the ethos and politics of care and responsibility for others. This may also provide a foundation for improving access to community resources for people with disabilities.

Chapter 3 – Dis/Ability: Basic Perspectives

Regarding the understanding of 'disability', two perspectives seem relevant in the context of resources and social protection. One is to consider disability as a category of difference, which is an attribution linked to social positioning[74]. Being labelled as different because of a disability places individuals in a position that limits their access to resources. This is often accompanied by structural disadvantages, discrimination, segregation, exclusion, derogation, harassment, contempt, and experiences of physical, psychological, and sexualised violence (Waldschmidt & Karim, 2022, p. 3; WHO, 2011). From a different perspective, disability represents a legal status within a welfare state framework that enables access to public social protection and support services. Given this context, disability constitutes a complex and sometimes contradictory phenomenon that warrants theoretical reflection. Additionally, as the previous chapter highlighted, there are significant differences in the concepts of being and reciprocity between European and African philosophical discourses. It was proposed that the social construction of normalcy and deviance occurs within different ontological frameworks, which have major implications for the construction of ability and disability. Furthermore, it became clear that Western approaches to social protection, particularly through legal frameworks, are based on Western assumptions and discourses concerning social justice and sociohistorical development paths. These assumptions and discourses cannot inherently claim validity in the context of contemporary African societies such as Ghana.

This chapter aims to explore various perspectives and contradictions within the context of disability. It will do so through different discourse lines developed within Disability Studies. Additionally, a closer examination of the perception of disability in African and Ghanaian contexts will be provided. Reflections will also consider how these issues are discussed in the field of international development cooperation, which requires a viable cross-reference with current debates within the 'Critical Global Disability Studies'. The chapter then focuses on the concept of 'Ableism', a transdisciplinary theoretical approach that evolved more recently as a distinct concept within international Disability Studies. Ultimately, the chapter seeks to examine the explanatory potential of these theoretical approaches for understanding African communitarian constructions of disability, social justice, and social protection.

3.1 Disability and Disability Studies – Evolution and Theoretical Roots

In Ghana, as in other countries, issues of disability and social protection are usually handled by trained social workers, often working alongside health institutions and their clinical and medical perspectives. Their perspectives are often based on implicit assumptions that disability or non-disability is unambiguous, to be understood as practical problems that can be addressed through support, education, vocational rehabilitation, socio-political assistance, awareness-raising, or creating accessible physical and social environments. This is where the perspectives of Disability Studies become relevant, proposing that such practice-driven, often deficit-focused views alone

[74] The term 'social position' here refers specifically to Bourdieu's use, meaning a person's place within a network of social relations and in relation to the positions of others. Crucial for this work is Bourdieu's concept of how social position within social space is shaped by various resources (see chapter 4).

cannot fully understand the complexity of disability as a socio-cultural construct (Biermann & Powell, 2022, pp. 19f.; Davis, 2013, p. 12).

Being a multidisciplinary field of research, Disability Studies does not focus on how disability is addressed in society, but rather on why and to what end 'otherness' is produced, objectified, and practised as disability, in historical, social, and cultural terms (Waldschmidt, 2020, p. 12; Waldschmidt & Karim, 2022, p. 4). It is, therefore, primarily concerned with the relatively recent concept of the norm[75].

> *To understand the disabled body, one must return to the concept of the norm, the normal body […] because the "problem" is not the person with disabilities; the problem is the way that normalcy is constructed to create the "problem" of the disabled person (Davis, 2013, p. 1).*

Disability Studies explicitly questions medical, psychological, and pedagogical perspectives on disability (ibid.). It challenges notions of normality and presuppositions about the capacity for development, action, and performance that often underpin such perspectives. It is interested in the effects on social positioning and respective opportunities for participation in social institutions such as education, work, family, or religion. Overall, it aims to understand disability not ontologically, as a determined way of being but as a socially constructed reality (ibid., p. 8; Biermann & Powell, 2022, pp. 19f.). The present work is situated within these contexts by focusing on the resource dynamics that become effective in these construction processes. In doing so, it attempts to consider the meaning of social protection at a level that precedes the logic of its provision. In the following, it will be traced which perspectives these are and what epistemological scopes they might offer for this work's context.

Generally, disability studies can be regarded as part of a wider development in the social and cultural sciences, characterised by transdisciplinary research into previously neglected topics from a critical socio-cultural perspective. The international scope of Disability Studies, its close link to a human rights approach, and the CRPD today facilitate a global critical discourse on disability. Disability Studies, initially British- and American-influenced, has expanded geographically to regions of the so-called Global South and development policy contexts since the 1990s and even more so following the adoption of the CRPD in the mid-2000s (e.g. Coleridge, 1993; Stone, 1999; Priestley, 2001; Soldatic & Meekosha, 2014; Grech, 2015; Grech & Soldatic, 2016; Watermeyer et al., 2019). The explanatory power of Western discourses on experiences of disability, as well as universalising assumptions about the fight for the rights of people with disabilities, and the dominance of a Western, white middle-class perspective in disability studies, are critically questioned (Biermann & Powell, 2022, pp. 25-26). Intersectionality is gaining prominence, and issues of global justice, human rights, diversity, exclusion, and inclusion are increasingly being addressed, especially at the intersections with postcolonial and post-development studies (e.g., Chataika, 2012; Grech, 2015; Grech & Soldatic, 2016). There is a strong plea for context-responsive research on disability, with

[75] Davis (2013) argues that the concept of the norm in the modern sense and the social process of disabling emerged with industrialisation and the advent of statistics, replacing the idea of an unreachable divine-like ideal with a kind of idealisation of the average. Unlike the concept of an ideal, the new idea of the norm suggests that most of the population must or should somehow be part of this norm (ibid., p. 3). As Davis explains, such a conception of norm and the Gaussian density function introduce the ideas of deviation and extremes, which he refers to as 'a symbol of the tyranny of the norm' (ibid.). He concludes that the concept of the norm paved the way for the idea of the normal body and, consequently, effectively created the concept of the disabled body. 'The new ideal of ranked order is powered by the imperative of the norm, and then is supplemented by the notion of progress, human perfectibility, and the elimination of deviance, to create a dominating, hegemonic vision of what the human body should be' (ibid., p. 5, 12).

increased focus on the role of the family and the extended family environment (Biermann & Powell, 2022, p. 27). In this work, this claim will be considered in particularly in relation to the conceptual framework of 'individual resource arrangements', which explores indigenous forms of social protection and their interaction with so-called formal and semi-formal social protection systems. Additionally, this will be critically considered in light of Western development assumptions in the transfer of social protection schemes.

So, what theoretical concepts formed the foundation of Disability Studies? Waldschmidt and Schillmeier (2022, p. 74) emphasise the theoretical approaches of Talcott Parsons (*1902), Erving Goffman (*1911), and Michel Foucault (*1926) as fundamental references to the early Disability Studies. Decisive momentum is attributed to the critical rejection of Parsons' concept of the 'sick role' (see Parsons, 1975). Parsons argued that illness (in addition to being a medical condition) also constitutes a social role that allows the individual to temporarily or permanently avoid fulfilling their social duties and functions. Although sick persons are not responsible for their condition, they are expected to actively contribute to their recovery and 'to minimise the curtailment of [their] capacities because of [their] pathological condition, even though that condition cannot be eliminated in the sense of total cure' (Parsons, 1975, p. 269). According to this functional logic, people with disabilities can also be required to undergo therapy and rehabilitation to meet social role expectations to the fullest. The controversy surrounding this concept particularly challenges the biomedical view of disability as deviant behaviour, which is thus fundamentally regarded as undesirable (Waldschmidt & Schillmeier, 2022, p. 75). Parsons, therefore, affirmed, according to the critique from early Disability Studies, that societal conditions and their system requirements presuppose healthy, 'normal' individuals, ignoring the lived realities of persons with disabilities (ibid.).

Whereas Erving Goffman's work 'Asylums' (1961) and the concept of the 'total institution' were central to the antipsychiatry movement and the movement for a democratic psychiatry and continue to influence discourse around large-scale institutions for persons with disabilities, the initial focus of Disability Studies was on Goffman's book 'Stigma'. Goffman examined the concept of stigma from a sociological perspective, a topic previously mainly explored by social psychology (Goffman, 1963, p. 9). His theory of stigma investigates identity and interaction in relation to deviation, concentrating on 'doing dis/ability' (Waldschmidt, 2011, pp. 89, 93). Disability Studies' engagement with Goffman's techniques of 'stigma management'[76] in 'mixed social situations' occurred critically. On the one hand, critics challenged the approach's ability to reflect disability experiences in their embodiment and materiality and to question the structural power processes that create disability as a stigma from the outset (Waldschmidt & Schillmeier, 2022, p. 76). On the other hand, Goffman promoted the breakdown of the distinction between the normal and the pathological, which was often taken for granted (ibid.). However, Disability Studies rejects the idea that people with disabilities are passive carriers of stigma. Furthermore, the naturalistic elements in Goffman's approach, such as the implicit premise that deviation is embodied, are not accepted. Instead, they actively promote discussion about issues relating to normality and aim to challenge perceived boundaries of normality. Engagement with Goffman's work helped to analyse

[76] Goffman (1963, p. 28 ff.) refers to so-called 'stigma management' techniques that are used in interactions between 'normals' and 'stigmatised', which he describes as 'mixed social situations'. He describes such situations as 'unanchored' or 'shaky' because the handling of a stigma is unclear, 'unintended meanings' are read into the actions of the other and there is, for example, an endless regress of mutual consideration. To manage these situations, techniques of deception and concealment are applied.

stigmatisation not as an individual issue but as a situationally negotiated compulsion to face social norms and expectations (ibid.). Goffman's theory, however, remains silent on how the structures of thought, perception, and valuation that influence processes of stigmatisation actually emerge (Waldschmidt, 2011, p. 93).

Michel Foucault provided early Disability Studies with a theoretical framework for analysing disciplinary and regulatory power rooted in medical perspectives on disability. Unlike Goffman, Foucault does not concentrate on the sphere of action, but on social structures. For him, bodies are not an innate fact but are constructed through discourses and within discourses (ibid., p. 94). In his work 'Madness and Civilization: A History of Insanity in the Age of Reason' ('Histoire de la Folie', 1961), Foucault argued that 'madness' is not an objective category but is defined in relation to the dominant understanding of rationality. With Foucault, the dichotomy of 'impairment' as a medical or psychological diagnostic category and 'disability' as the social discrimination that results from it is being challenged. Some scholars have pointed out that even 'impairment', considered a purely physical concept, does not represent an objective fact but is merely a discursive construct (Tremain, 2001; Waldschmidt, 2007, p. 121). Tremain (2001), in her critique of the social model of disability (see below), highlights a dominant, less contested pattern of discourse that locates medical, categorizable body differences outside the socio-cultural sphere, thereby shielding their modes of construction from critique (Waldschmidt, 2007, p. 122). She further argues that 'disability' is not the effect of 'impairment'. Instead, the way 'disability' is constructed as a social disadvantage allows 'impairment' to be produced as a point of intervention and at the same time to be removed from the sphere of social practice by thinking of it as an antecedent, 'natural' level. In other words, disability as a condition can only be regarded as socially evident if it is linked to a deviation attributable to the body (ibid.). Referring to Foucault, 'impairment' can also be viewed as a socially and discursively produced phenomenon, with 'disability' as an embodiment of the same (Hughes & Paterson, 1997, p. 336).

The early engagement of Disability Studies with Foucault allowed for a critical analysis of naturalism in disability discourses. Disability cannot be simply reduced to pre-social, impaired physicality (Waldschmidt, 2007, p. 123). Foucault's reception directed focus towards discursive strategies and power practices that produce disability as a social construct through normative processes. Referring to Foucault, disability can be viewed as a 'dispositif', a power structure that generates deviation, rooted in scientific disciplines and operational programmes of discipline and norm setting (Waldschmidt, 2011, p. 95 f.). Waldschmidt discusses the 'making dis/ability', which can be analysed through the concepts of discourse and disciplinary power (ibid., p. 100). Regarding daily experiences of interventions in individual bodily self-determination, Foucault's discussion of the emergence and diffusion of 'disciplinary power' ('Discipline and Punish: The Birth of the Prison', 1975) into all social institutions and spheres of life, and in particular the practices of body domination elaborated by Foucault, likewise provided a relevant theoretical framework (ibid., 96).

A key aspect of Disability Studies is thus to consider not only disability but also impairment as a product of social and cultural mechanisms of exclusion and oppression rather than as a result of medical pathology. A central task of sociological Disability Studies is therefore to conceptualise both aspects as social constructs (Waldschmidt, 2011, p. 92). Waldschmidt (ibid., p. 96) argues that the question of why social actors perceive constructed reality as real and incorporate it into their (self-)understanding, thinking, acting, and perceiving remains unresolved by Goffman's action theory and Foucault's structural theory approach. She highlights a gap between action theory and

structural theory, thereby emphasising the potential of Bourdieu's theory of symbolic power in this context. Remarkably, in Disability Studies, there are few references to resource-related theoretical approaches to date. Bourdieu, in particular, and his analyses and theoretical approaches to social structure have been poorly received so far. Not least because these are specifically referred to in the context of this work (see Chapter 5), Bourdieu's relevance to Disability Studies appears of central interest at this point.

Pierre Bourdieu was concerned with a sociological examination of the symbolic world, human representations, of what is conveyed through signs and illustrations (Rehbein, 2016, p. 183). His interest was explicitly directed towards how power is exercised through symbolism and, ultimately, how social inequality is reproduced (see the detailed discussion of Bourdieu's key concepts in Chapter 5). To him, the symbolic forms an autonomous dimension of human action that is expressed, for example, through specific language or actions that create social difference. Such 'symbolic power' is not rational when it comes to action. It is embedded in the habitus of the actors: either in dispositions to dominate or in dispositions to subjugate. As this symbolic power is implicitly recognised and accepted by those involved in an interaction, it enfolds its power of distinction (ibid.). Bourdieu thus argues that those who are dominated are not only dominated by physical power, economic hardship, legal constraint or resource inequality but also by the dimension of social classification through meaning (Bourdieu, 2002b, p. 37). Most importantly, he concludes that it is the symbolic differences that reproduce and legitimise actual differences so that these differences are no longer questioned. This makes symbolic power a significant force for marking social divisions and consolidating social inequalities.

Waldschmidt (ibid., pp. 97 ff.) identifies four aspects of Bourdieu's theory of symbolic power that could be instrumental in addressing the previously mentioned gap between action- and structural-theory perspectives on disability.

> (1) Symbolic power is inscribed in the body through the habitus; it is a dimension of the body because it operates within it. With Bourdieu, the process of corporeal inscription can be examined more closely.
>
> (2) The concept of symbolic power promotes a deconstruction of naturalistic categories of difference. It examines how socially constructed differences and power relations are continually subconsciously naturalised by the actors involved. It enables consideration of disability as a practice of naturalisation, shifting the focus to medical categories of supposed impairment. Ultimately, these are seen as natural facts rather than as products of historical, cultural, and social constructions. Difference becomes thereby embodied, ontologised, and thus veiled as a social construct by removing the conditions of the social constitution of disability from examination. Bourdieu thus facilitates the removal of the division between body and society and encourages the understanding of their interconnectedness (see elaboration in Chapter 5.1.4).
>
> (3) Bourdieu allows disability to be viewed as a relationship of domination that acts as violence. This perspective considers disability as an effect of 'ableism' (see below). According to this view, 'ableism' as a closed thought system forces bodies, thoughts, and feelings to perform in a predetermined way. More specifically, Waldschmidt discusses body and rehabilitation techniques aimed at integrating people labelled as disabled into the processes of a non-disabled system. She explicitly refers to the effects of the attribution of disability as

a social position (see elaboration in Chapter 5.1.4) in this context, which is socio-structurally linked to discrimination, precarisation, poverty risk, participation restrictions, stigmatisation, and social isolation.

(4) Bourdieu's perspective concentrates on the legitimisation of power and domination through symbolic power. The way in which symbolic power implicitly manifests its effect through the habitus allows the dominated to accept the power relations to which they are subjected and thereby actively reproduce them. Waldschmidt highlights that, in the case of disability, symbolic violence is not only subtle but also charitably framed within a spirit of solidarity. It claims the informed consent of those affected, who can hardly escape this supposed charity and solidarity.

In conclusion, examining disability as a form of symbolic power allows for a deeper deconstruction of the concept. Firstly, it acts as a relation of domination and also serves to examine practices of implicit incorporation of domination within individuals' interpretation patterns and self-relations (Waldschmidt, 2011, p. 99). Bourdieu's perspective thus dissolves the separation between body and society, enabling a closer examination of the gap between Goffman's action theory approach and Foucault's structural theory approach.

With Goffman, the production and reproduction of disability in everyday interactions can be considered ('doing dis/ability'). Foucault can be applied to discuss how dis/ability is structurally embedded or objectified in society as dispositives through discourses ('making dis/ability'). Bourdieu's lens facilitates the connection between these two perspectives. It becomes observable how disability and non-disability, as habitual powers, enable the acceptance of the attribution and thus become a category of self and identity, which Waldschmidt describes as a third level, as 'being disabled' or 'being able'.

From this perspective, the concept of symbolic power can be used to describe the continuous naturalisation of disability, which leads to the continual reproduction of the dispositif of disability within the framework where 'being disabled' is constructed. By consistently reaffirming their self-identity through interactions, actors labelled as disabled and non-disabled establish the foundation for 'doing dis/ability' as a form of identity management, which Goffman describes as practice in 'mixed social situations' (see above). From Bourdieu's theoretical standpoint, this is where mutual positioning within social space is negotiated (Waldschmidt, 2011, p. 101). Bourdieu emphasises that in any interaction, it is not solely the individuals involved, but entire dispositional systems and the conditions under which they have formed that come into dialogue with each other (Rehbein, 2016, p. 93).

Consequently, this constructivist perspective and the relationship between these theoretical approaches are of essential importance to this work. They bridge a gap between the basic theoretical frameworks of Disability Studies and resource theory approaches discussed in this thesis. More specifically, they highlight the role and importance of resources (or types of capital) in the construction and perpetuation of ableism and disableism, therefore, in the context of 'doing dis/ability', 'making dis/ability', and 'being disabled' or 'being able'. The more detailed implications related to resource theory are further elaborated in Chapter 5. 'Being disabled', according to the initial hypothesis, has significant effects on the social position of the individual and on their access to and ability to utilise economic, social, and cultural capital, thereby influencing the potential to accumulate symbolic capital.

3.2 Models of Disability – A Brief Overview

Since the 1970s, the so-called 'social model' of disability has been developed within Disability Studies. It emphasises the interaction between individuals and their living environment (see, e.g., Oliver, 2009, 1990, 1986; Priestley, 2003; Barnes, 1998; Finkelstein, 1980). The social model opposes the 'medical model' or 'individual model' of disability, which primarily focuses on a person's 'functional limitations' and equates disability with physical deterioration or functional impairment, typically addressed through rehabilitative or medical therapeutic treatment. It is grounded in medical definitions of disability and a biophysical concept of normality (Hirschberg, 2022, p. 95). Conversely, the social model concentrates on the configuration of a person's living environment. It distinguishes between individual impairments, such as physical, mental, intellectual, or sensory impairments, and disabilities that stem from the lack of opportunities for equal participation in society due to physical or social barriers. Accordingly, the social model advocates social responsibility for initiating change that aims to dismantle these barriers. Disability is thus regarded and studied as a disadvantage caused by social conditions. The social model positions disability within the context of social oppression and discrimination, framing it as a social phenomenon that necessitates welfare state intervention and community action (Oliver, 1990, 2009, 2013; Barnes, 1998; Waldschmidt, 2015).

Although the innovative potential of the social model is widely recognised and accepted, its dichotomisation of body and society has been subject to substantial controversy from the outset (see, e.g., the above reference to Tremain, 2001).[77] Among other issues, the binary separation of nature (body/impairment) and culture (disability) was criticised as overly simplistic. Central to this critique is the idea that the characteristics of an impairment (physical, mental, spiritual, sensory) should not be viewed as ahistorical, socially neutral facts, but rather as phenomena shaped by their history, cultural significance, and social construction, thus possessing a discursive history of their own (Hughes & Paterson, 1997, p. 326; Waldschmidt, 2005, pp. 22f). Consequently, from a more nuanced theoretical perspective, not only disability but also impairment should be understood as socially constructed. Another critique targets the social model of disability for only partially addressing the deficit orientation of the medical model. According to this critique, both approaches focus on operational strategies and proposed solutions to overcome problems, thereby categorically excluding any positive conception of disability (Swain & French, 2000, p. 578; Waldschmidt, 2005, pp. 21f).

Waldschmidt (2015) supplements the previously mentioned models with a 'cultural model of disability' that concentrates on concepts of 'normality' within the interactive production and structural grounding of difference. Specifically, she addresses the culturally shaped relativity and historicity of processes of exclusion and stigmatisation. She proposes viewing disability as culturally constructed and influenced by patterns of interpretation of the familiar and the unfamiliar, the own and the other (ibid., p. 25). The focus of her analysis is therefore not on people with disabilities being a minority or marginalised group, but on the majority society. Such a perspective critiques a social practice that seeks to form homogeneous groups and rank them based on normative judgments, rather than recognising and valuing their own heterogeneity (ibid., p. 27). This approach

[77] From a critical perspective, it is noted that the distinction between "impairment" and "disability" proved useful for the emancipation movement, but at the same time also led to a situation in which embodiment and bodily experience were hardly illuminated in early Disability Studies and were virtually left to the medical profession. (Hughes & Paterson 1997, p. 326, Waldschmidt, 2007, p. 123).

becomes especially significant when examining the development and reinforcement of inclusive and exclusive structures and practices within societies.

Ultimately, the CRPD made a further important contribution to the evolving understanding of disability. This legal framework does not specify particular rights for persons with disabilities but instead applies existing human rights to the situation of persons with disabilities, forming the basis for further development of international human rights standards (Bielefeldt, 2009, p. 4). Referring to the CRPD, Degener (2015) provides an additional perspective on earlier models of disability by introducing a 'human rights model', which emphasises a new understanding of key concepts such as discrimination, autonomy, and solidarity. Degener foresees an evolution of the social model into a human rights model of disability, which she describes along six core aspects. (1) The human rights model explains why human rights cannot be denied based on personal or ascribed qualities or characteristics, or that human rights capacity does not require non-disability (ibid.; UN 2006, Art. 12). (2) It goes beyond rights to protection against discrimination and defines active rights to ensure social protection and decent living standards. It therefore contains an active mandate to provide reasonable accommodation, which applies to all levels of government. (3) It does not ignore the aspect of impairment but establishes impairment as part of human diversity by creating a close link to human dignity and the diversity approach and explicitly recognises all persons with disabilities as legal subjects. (4) It considers impairment-related as well as intersectional identities, for example through the recognition and support of specific cultural and linguistic identities, including sign languages and deaf culture (ibid., Art. 30(4)), with a focus on women and children with disabilities (ibid., Art. 6/7), as well as other identity factors such as skin colour, gender, language, religion, political or other opinion as well as national, ethnic, indigenous or social origin, wealth, birth, age, or other status (ibid., Preamble). (5) It emphasises that while measures of primary prevention of disability can be part of the right to physical and mental health according to the UN Social Covenant (UN 1966, Art. 12), they are by no means the realisation of the human right to health for persons with disabilities. (6) It presents an agenda for addressing the interdependence of poverty and disability globally by calling for a global development policy and international cooperation that includes persons with disabilities (UN, 2006, Art. 32).

The CRPD provides a key framework for defining society's statutory responsibilities. It highlights the rights to public goods and services for persons with disabilities, including the right to an adequate standard of living and social protection (ibid., Art. 28). Additionally, the Convention establishes a proactive mandate for all levels of government to provide reasonable accommodation to uphold these rights. Moreover, it advocates for persons with disabilities to participate fully and effectively in public affairs without discrimination and on an equal basis with others.

This overview of how different (still selected) models of disability have developed suggests that no single model can fully capture the complex concept of disability in all its aspects. Instead, various models of disability represent differing understandings of disability as simplified illustrations. For this reason, there is no universally accepted definition of disability at the international level. CRPD Article 1 states that 'persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others' (UN, 2006, Art 1). The concept presented here should not be understood as a fixed definition (Schulze, 2009, 34 f.), which is reflected in the phrase 'include those'.

Furthermore, it becomes clear that these models of disability do not only adopt different viewpoints on disability. Instead, they also reflect normative and ethical considerations (Dederich & Seitzer, 2022, p. 260). They encompass fundamental assumptions about the opportunities people should have to live a good life. These, in turn, imply notions of social justice, that is, assumptions about how society should be organised to treat people fairly and appropriately (ibid., referring to Vehmas & Watson, 2016). The latter is most apparent in the human rights model of disability, which mandates the obligation to respect, protect, and fulfil human rights, along with the implementation of the CRPD as an active political mandate (ibid.). Undoubtedly, models of disability also inherently possess a normative dimension, suggesting assumptions about what is beneficial or detrimental for persons with disabilities and which societal responses can be deemed reasonable or inappropriate (ibid., p. 261).

3.3 Prospects of Critical Global Disability Studies

Beyond the basic theoretical references and models above, a variety of theoretical debates have evolved in Disability Studies over the past decades.[78] Since this work concerns the living conditions of people in Ghana, the interface between Disability Studies and post-development studies, as well as post-, de-, and anti-colonial theories, is particularly significant. As previously mentioned, these inquiries explore experiences of disability in the so-called Global South, critique universalising assumptions about disability, and challenge post- and neo-colonial structures and ways of thinking, as well as neoliberal development contexts. Therefore, the significance of 'Critical Global Disability Studies'[79] in recent theoretical debates in Disability Studies is referred to.

The starting point for this endeavour is the question of why Disability Studies should engage more with the discourses of Critical/Post-Development Studies and Colonial Studies, that is, because there are intersecting identities among these three that must not be ignored. Zimbabwean scholar Tsitsi Chataika (2016, pp. 253 ff.) notes that both development and research agendas are largely driven by Global North epistemologies, research, knowledge, and practices, often in 'downstream partnerships' with Global South stakeholders, which are characterised by unequal and unchallenged power relations. As Grech (2012, p. 52) notes,

> *[…] disability studies remains profoundly WENA (West European and North American) and focused exclusively on urban post-industrialist settings. In spite of this, its theories and tenets such as the social model of disability are consistently exported to a Global South it never attended to address.*

He continues:

> *As the imperialistic trail of Western knowledge and practices legitimises this process, debates are perpetually re/neocolonised, discourses are simplified and generalized, contexts (places and spaces), cultures and histories (temporalities) homogenized, and many critical issues ignored or intentionally resisted. They become ontological invisibility. Disability studies becomes complicit in the neocolonising of the Southern space* that is *the continuing contemporary material, discursive, epistemological and ontological domination of Southern spaces and bodies (ibid., pp. 52 -53).*

[78] For a general overview on theoretical debates of Disability Studies, see for example Waldschmidt & Schillmeier (2022).

[79] Critical Global Disability Studies is termed by Shaun Grech (2012) referring to a critical disability studies that is open, situated around prioritising, engaging with and learning about the Global South in its full complexity.

The perspective from which the Global North deals with disability in the Global South is thus critically challenged against the assumption of 'academic neo-imperialism' (Grech, 2012, p. 6).

Most basically, postcolonialism can be regarded as

> *a dislocating discourse that raises uncomfortable questions regarding how overbearing and sweeping theories 'have themselves been implicated in the long history of European colonialism – and, above all, the extent to which [they] continue to determine both the institutional conditions of knowledge as well as the terms of contemporary institutional practices – practices which extend beyond the limits of the academic institution' (Ghai, 2016, p. 273 citing Young, 2003, p. viii).*

For the given context, postcolonial perspectives provide an additional view on the creation of the devalued 'Other' and the process of 'othering' as a 'necessary pre-condition of the creation of the able-bodied subject who is the all-pervasive agency that sets the terms of dialogue' (Ghai, 2016, p. 273). Ghai, referencing Memmi (1965), suggests the analogy of those 'marginalised by our respective disabilities entering the life space of the more complete 'Other' from the position corresponding to that which the colonised holds in relation to the coloniser' (ibid.).

So, what exactly is at stake? Critical Global Disability Studies, at the interface with Post-Colonial Studies, seek an analytical examination of what Grech (2015, p. 10) terms 'colonial normativity'. Therefore, the question arises as to how this is constituted within the context of dis/ability. Undoubtedly, the development discourse is primarily driven by underlying assumptions of charity, technical expertise, and deep paternalism, as discussed earlier with reference to Stewart Hall, Philip McMichael, and others. Even in cases where disability is considered within post-development and decolonial theory, it is typically defined and addressed by the Global North and its epistemologies (Chataika, 2016, pp. 254f). Largely propelled by development agencies and research institutions in the Global North, the 'disability-inclusive development discourse' certainly provides a vivid example in this regard.[80]

Against this background, Critical Global Disability Studies reasonably asks for the baggage in terms of beliefs and values that Global North stakeholders bring along into the Global South space when engaging in disability and development initiatives (ibid.). This question becomes even more significant when theories, approaches, and practices related to social protection and disability are imported from the Global North and applied to African communities without cultural sensitivity, as discussed earlier. Fundamental differences in assumptions about social justice within social protection approaches and disability have been outlined accordingly in Chapter 2. Regarding the application of a social model of disability, critical scholars, for example, point to a lack of engagement with the contextual, historical, economic, and other critical factors that differentiate Global South contexts in their complex heterogeneity. These include aspects such as the colonial legacy, lack of access to social services, chronic poverty, civil conflicts, and their impact on disability (ibid., p. 258; Barker & Murray, 2010, p. 2019). This highlights the need for a more comprehensive engagement with the questions surrounding what constitutes disability in specific contexts of the Global South.

[80] This is reflected, for example, in the increasing number of strategy papers on the inclusion of persons with disabilities by bilateral and multilateral development agencies or in the membership of relevant professional networks such as 'Global Action on Disability' (GLAD) network.

Ghai (2016, p. 273 f.) argues that, in many cases, disability theorists have addressed political issues by constructing unilateral binary oppositions that naively invert the colonial legacy of the other, namely, the oppressed, who are always perceived as 'lacking in the valued qualities of society' and compared to an 'autonomous, rational, and competent able-bodied subject as representative of a 'normal existence". This results in an 'internalised depression [that] is affirmed by society, which continues to accept them [people with disabilities] as wanting and deficient' (ibid.). Regarding the effects of such 'othering', Ghai highlights the loss of a person's identity as a subject in their own right, becoming only what the coloniser and, sticking to her analogy, the able-bodied individual is not. It describes how power structures are established through norms and the deviation of the 'colonised' or the 'disabled body'. As mentioned earlier, disability becomes existential to the existence and reproduction of the able-bodied in a normative sense, similar to how the colonised were to the coloniser, as discussed previously with reference to Stewart Hall's 'The West and the Rest' dictum. Therefore, such a binary framework creates a dualism where each needs the other to exist. This can be seen as a fundamental feature of both colonialism and ableism, and, more broadly, of the social construction of other characteristics, such as class or race.

Framing the 'materiality of the colonial', Grech (2015, p. 8f) states that colonisation established a wider power structure, i.e., a European, capitalist, military, Christian, patriarchal, white, heterosexual, ableist, male-dominated system, creating several intertwined global hierarchies. As discussed earlier, with reference to Mamdani, the colonial introduction of racial 'Otherness' as a binary opposition to the above formed the key ideological component for domination (Grech, 2015, pp. 9 ff.). Grech makes a very direct connection by pointing to how the colonisers constructed the other, not only racially and culturally but also bodily and spiritually. He highlights the enormous and brutal physical violence that rendered bodies the medium upon which differences were permanently inscribed and displayed. Citing Frantz Fanon (1963, p. 32), Grech (ibid.) states that as a result of persistent and severe violence and its visible manifestations, 'the scarred, unfree body of the colonised became a disabled body', which is 'where disability and colonialism fused together as 'the deforming element, disfiguring all that has to do with beauty or morality'. From this perspective, colonial powers created the impaired body as a powerful 'panoptic tool of discipline' (in the sense of Foucault), ensuring 'docile bodies and minds' (ibid., p. 10). This provides a meta-perspective that connects the discourses of disability studies and postcolonial studies, both historically and in the immediate context of 'colonial normativity'. Within the framework of colonialism, Grech conceptualised disability as a condition bearing the signifiers of the ideal colonised body. This established a framework for body consciousness that, from a critical perspective, set the trajectory for current narratives of normativity, normalcy, and ableism (ibid.). Furthermore, people with disabilities became targets of normalising processes, charity, and specialisation driven by Western missionaries and medical professionals who positioned disability 'in the anxious (and even conflicting) junctures of pathology/disease, spiritual depravity, charitable weakness/vulnerability, bio-psychosocial infection/contagion' (ibid., p. 11).

Critical scholars such as Grech (2011), Grosfoguel (2011), and Betcher (2004) strongly suggest how pervasive the othering of people with disabilities in the Global South has been and remains within the Global Development discourse. According to Grech, this also serves to maintain the multi-million development sector of the Global North by emphasising that 'these representations and discourse open the space, an ethical justification even, for another civilising mission', as 'the metaphor of 'disablement' is re(enacted) to capture these populations who remain engrossed in the space of the 'degenerate' and 'deficient', soliciting an emotional response triggering their salvation

through their neocolonialization' (Grech, 2015, p. 16). As Grech concludes, referencing Ashis Nandy's (1988) concept of a 'second wave of colonialism', it is through this process that the development sector constructs the very reason for its existence.

The colonial concept of the 'ideal body' is also reproduced through the neoliberal framing of development policy. Focusing on productivity improvements and cost efficiency, it promotes a normalised able-bodiedness driven by productive output and quantifiable indicators. Grech criticises how such neo-colonial and ableist logics have been embedded in the narratives of development programmes like Community-Based Rehabilitation (CBR; now Community-Based Inclusive Development, CBID) and are perpetuating the basis for corrective practices (ibid., p. 15). Undoubtedly, the historical development of public services for people with disabilities in Ghana, discussed in Chapter 2, reflects this narrative and the emphasis on able-bodiedness and productive output. For this work's purpose, a key question, therefore, is how these narratives influence individual arrangements of social protection.

Overall, from the perspective of Critical Global Disability Studies, binaries should be examined more closely in their historical and spatial dimensions. North versus South, civilised versus uncivilised, developed versus underdeveloped, and abled versus disabled are binaries that reproduce hierarchies and inequalities of power, embedded in the body, devaluing the Southern space and subject (Grech, 2015, p. 13). Ghai (2016, pp. 175f.) particularly highlights the conceptual shortcomings, inconsistencies, and undesirable moral and political consequences of such binary and essentialist approaches to identity. People's self-positioning is fluid and context-dependent. It requires attention to the contradictions and conflicts that can emerge from diverse historical and material relationships to gender, class, religion, generation, culture, geopolitical locale, etc. She argues that these traditional views in identity discourse are too simplistic to capture the subject positions that often lie 'between the frames of these mirrors of identity' and thus become 'hybrid', 'incalculable,' and 'difficult to place' by merging different cultural traces into a new formation (ibid., p. 277).

Referring to Homi Bhabha's work on the 'location of culture' and the 'postcolonial subject' (1994), she advocates for expanding models of unilateral oppression by recognising that any culture (coloniser, able-bodied, heterosexual, etc.) can never be entirely holistic or uncorrupted, and is therefore 'far from being the simple, oppressive force upon the colonised (disabled) culture'. In this context, she concludes that 'demands of authority cannot unify its message nor simply identify its subject'. Concerning disability, she highlights that essentialist and ahistorical notions of disabled identity are impossible. Moreover, she emphasises that 'real differences are based on the socially constructed categories of disability, gender, race, sexuality and class which precisely because they are constructed, embrace a fluidity that cannot mark a collective identity' (Corker, 1999, p. 635, cit. in Ghai, 2016, p. 278).

In conclusion, both postcolonialism and disability studies face a similar challenge: deconstructing the socially constructed binary of the norm and the other through ongoing revision of colonialist and disableist ideologies (Ghai, 2016, p. 284). Most importantly, improving the living conditions of people with disabilities need not be conceived primarily as replacing indigenous philosophies with Western approaches. Analysing pre-colonial perceptions and constructions of disability within specific spatial, temporal, cultural, ideological, and cosmological contexts, as well as engaging with hybrid ontologies and beliefs resulting from colonial fusions (Grech, 2015, pp. 12, 16), is a vital starting point for any critical engagement. This includes, especially from the resource perspective

of this work, the role of any form of religion as a source of identity. Therefore, the actual space within and through which disability is constructed, experienced, and discussed is crucial for establishing a primary framework of reference.

Undoubtedly, the negative aspects of traditional culture need to be challenged (Chataika, 2016, p. 258), as discussed in Chapter 2 with reference to Imafidon's debate on an 'ontology of exclusion' in African communitarian societies. However, the focus should not be solely or mainly on how foreign ideologies introduce positive elements into traditional culture. It is equally important to explore what connections indigenous concepts of knowing and being might offer, for instance, what potential philosophies like 'Ubuntu' could provide as a foundation for enhancing the living conditions of people with disabilities in African contexts. At this stage, the debate on Moderate African Communitarianism and the previously outlined conception of justice proves valuable when linked to a critical reflection on traditional views of disability. Critical Global Disability Studies thus addresses both structural critique and the search for alternative emancipatory frameworks for social change. This perspective appears particularly relevant in an increasingly globalised society, especially for the Global North.

Finally, the question arises regarding the significance of Critical Global Disability Studies in relation to relevant legal global reference frameworks. The CRPD does not provide a specific definition of disability, partly because reaching an agreement on a single definition among UN member states was unattainable (Schulze, 2010, pp. 34 ff.). Instead, it conceptualises disability as an interaction between an individual and their physical, social, and cultural environment, thereby shifting the focus onto the environment. In general, the necessity of engaging with these physical and social environments becomes explicit when understanding disability. The CRPD thus emphasises the importance of the actual space through which disability is constructed, experienced, and discussed, including its discursive history. However, although global legal frameworks such as the CRPD offer a common terminology on disability, this does not translate into a shared understanding of disability, specifically, an understanding of its social construction within a particular context. Achieving this requires a conscious and thorough debate, as well as a deliberate deferral of Western epistemology, which, in a North-South comparison, often possesses greater power and has predominantly shaped research and practice in the implementation of the CRPD to date.

3.4 The Concept of Ableism

With the concept of 'ableism', Disability Studies has examined a transdisciplinary theoretical framework of considerable importance. Although the approach has been briefly discussed at various points in this chapter, its core relevance for this thesis remains to be scoped. According to Waldschmidt and Schillmeier (2022), British disability studies have addressed disablement and disableism as forms of social exclusion since at least the 1990s (e.g., Oliver, 1990; Abberley, 1987). Around the same period, Cultural Disability Studies in the USA, Australia, and Canada began to focus on disability-specific forms of discrimination as ableism (Davis, 1995; Linton, 1998). These discourses fluctuate between normative and political perspectives, as well as critical and analytical positions. The key elements relevant to this work will be briefly outlined and classified in the following.

Most basically, ableism can be framed as a 'network of beliefs, processes and practices that produces a particular kind of self and body (the corporal standard) that is projected as the perfect,

species-typical and therefore essential and fully human' (Campbell, 2009, p. 5). Ableism constructs a kind of body of norm/normality, considering itself definitive and ultimately valid (Hughes, 2015a, p. 128). The ableist body is a normative construction that lacks empirical existence per se. Yet in 'modernist ontology, epistemology and ethics', it has manifested itself as a seemingly inviolable ideal (Shildrick, 2002, p. 51). It 'reflects the sentiment of certain social groups and social structures that value and promote certain abilities, for example, productivity and competitiveness, over others, such as empathy, compassion and kindness. This preference for certain abilities over others leads to labelling of real or perceived deviations from or lack of 'essential' abilities as a diminished state of being, leading or contributing to justifying various other isms' (Wolbring, 2008, p. 253).

Ableism research examines how abilities are constructed and defined, offering a relevant thematic extension and a different perspective for Disability Studies (Buchner et al., 2015, n.p.). The emphasis on disability as a deviation from a presumed norm is complemented by viewing it as a social relationship that is shaped by how abilities are determined. The opposite of disability is therefore no longer just normality, but ability as a key binary (ibid.). Accordingly, the scientific discussion centres around an analytical exploration of how abilities are socially constructed within the context of social positions and power relations.[81] Similar to racism, sexism, or classism, ableism does not exist as a single, consistent body of knowledge. Instead, it comprises varied practices, knowledge forms, early and partial discourses, and social techniques (such as classifications, qualifying exams, legal statutes, administrative regulations, everyday practices, and architecture), which collectively become recognisable as ableism and form the basis for ableism analyses (ibid.).

Wolbring (2008, p. 253; 2021, p. 2), however, points out that ableism differs from other '-isms' in that it functions more like an umbrella term for sexism, racism, classism, casteism, ageism, and others, or even as a fundamental underlying category. Historically, ableism has been exploited by various social groups to justify their elevated rights and status over others. For instance, women have been characterised as biologically fragile and emotional to deny them voting and property rights (ibid.). Early discussions also considered forms of ableism as precursors to ethnicism and racism. Thus, ableism has historically been employed to justify hierarchies of rights and discrimination (even beyond the context of disability, and to reinforce these through physical attributes like sex and skin colour. This ultimately presumes that certain socially defined groups possess inherent or natural qualities or 'essentialities' that determine their social positions (ibid.). In light of this, Wolbring criticises restricting the concept to a binary of disability and advocates for understanding it in a much broader sense.

In this context, scientific consideration involves questioning ideas about abilities that appear irrational, implausible, discriminatory, and exclusionary. This happens, for example, when attributions of ability lead to denying access to key resources due to systems of inequality, thus hindering opportunities for empowerment. The aim here is not to express resentment towards certain abilities and 'the able', but rather to reject their pathological manifestation (Buchner et al., 2015, n. p.). Accordingly, ableist perspectives are closely connected to a problematisation of certain notions of meritocracy and libertarian-liberalist views of society, as discussed in Chapter 2 with reference to Hayek, Nozick, and Kersting. Following this school of thought, ableist practices involve constructing, reproducing, and legitimising specific meanings of ability, being able, and

[81] In this context, the Latin root 'habilis' or 'habere' (to have / to hold) seems considerable, as they derive ability from "to be able to hold" or "suitable for a purpose" and in this context also form the historical meaning of the terms habitus and habilitation (Buchner et al., 2015, n.p.).

capable persons as the basis of distribution processes. The scientific perspective explores how this establishes distinctions and hierarchies among individuals, how these are reinforced by institutional programmes, and ultimately become de facto legitimate beliefs about ability in societies (ibid.). It is specifically about constructing binaries through ideologies of ability, as discussed earlier in relation to postcolonial theories. A critical examination of ability and body norms can also be found in discourses of racism, sexism or classism, which points to an intersectional examination of social inequality.

The enhancement over the previously described cultural model of disability lies in its focus on the extensive symbolic institutionalisation of body norms and ideal cognitive performance, particularly regarding individual opportunities for the allocation and use of resources across all areas of life. It is not just about the construction of norms and deviance, but, more specifically, about the invisible social conceptions of ability that are interwoven with them, especially those deemed essential for being regarded as a productive member of society. It involves critically examining the social creation of a 'corporeal normative practice' (Wolbring, 2008, p. 253) or a 'corporeal standard' (Campbell, 2008, p. 44), which can only be established through a binary opposition. If the standard is set based on ability, a lack of ability inevitably serves as a counterpoint, indicating a preference for specific normative abilities. In the case of disability, the physical manifestation of ableism then occurs through the pathologising of deviation from this norm, as determined by the medical, deficiency, impairment categorisation of people with disabilities, with an emphasis on rehabilitation (Wolbring, 2008, p. 253).

Through this demarcation akin to a 'Great Divide' (Campbell, 2003), a general understanding of who is deemed 'able' emerges. This understanding becomes subject to the concept of 'regimes of ableism' (Buchner et al., 2015, n. p.). It manifests as a compulsion to conform to what is perceived as desirable, as certain bodily norms (regarding physical and mental abilities) are embedded within a hierarchy that favours those who appear to meet these norms (ibid.). When societies, driven by neoliberal ideals and expectations, for example, shape and are shaped by specific corporeal ideals, the pursuit of these norms and the demarcation of the constitutive other will inevitably be reinforced. Ableism, therefore, is rooted in a particular relativisation of self and other, of one versus the other. Everyone aspires to be normal, and the greater the distance, the more the distancing person moves towards the centre of normality.

In this context, Link (1999, p. 337) describes the determination of deviation and distances as a continuous exercise of distancing that forms the basis for the design of 'normalistic symbolic landscapes'. This establishes normative identity standards that shape normalistic identities (ibid.). The boundaries of what is considered normal are where they apply de facto and they apply where they are considered by the majority of a population, i.e., where there is roughly a social consensus about their location (ibid.). Such majority perception is enabled by a normalist mentality, that is, by the mentally internalised normalist discourse, creating a 'dispositif' in the sense of Foucault and becoming habitualised in the sense of Bourdieu. In the absence of qualitative normative boundaries, these can only be established through additional symbolic markers that are constructed along the lines of perceived essential abilities. The preservation of abilities becomes an imperative and an expectation of the individual, impairments of these abilities are rehabilitated or normalised (ibid.). Buchner et al. (2015) argue that a specific physical and mental ability thereby becomes a 'benchmark for humanity'. They highlight that the 'need to be capable' in modern societies has shifted from a natural constraint to a social one. According to Hughes (2015a, p. 131), ableism

alienates the world from impaired bodies and simultaneously creates impairment as an invalidating experience and devaluation. This manifests in a cultural tendency towards homogeneity through the devaluation of difference (ibid.).

Examining ableism as a social construct makes the question of its origins and development paths especially significant. Hughes (2015a, 2015b) discusses the rise of ableism as a product of modernity, referencing Norbert Elias's 'Process of Civilisation'. He describes a 'social and ontological invalidation' of people with disabilities in the modern era, which accompanies a systemic and increasingly extensive denial of value and dignity ('deficit of credibility'). Hughes argues that this denial of dignity ultimately provides the basis for the exclusion or 'treatment' of the impaired body (Hughes, 2015a, p. 128). This process of civilisation thus fostered a renewed vitality of the body and mind, while also giving rise to a 'tyranny of the norm' (Davis, 2013, p. 3). As the pursuit of physical perfection and emotional refinement grew stronger, so did the intolerance towards impairment (Hughes, 2015a, p. 125). On the one hand, increasing emotional (self-)control and ever-stricter demands on physical conduct reduced the distances between social classes. On the other hand, however, a new category of marginalised people was created beyond the boundaries of the 'civilised community' (ibid.). This is where Hughes locates the origins of an ableist culture of exclusion of people with disabilities in the modern age. The modern age creates a new cultural citizenship that places increasingly stringent demands on the body and lifestyle. Impairment thus develops into the opposite of a 'clean and proper body' and, therefore, into something unacceptable (ibid., p. 129). The 'clean and proper body' provides the standard for assessing bodies, invalidating impaired bodies and transforming them into rejectable objects (ibid.). Impairment becomes a contrasting foil to the 'civilised body'. Ableism enabled the modern age to frame disability as uncivilised, as outside or at the boundaries of humanity. The process of civilisation thus transforms biological diversities into socio-moral categories that evoke negative emotions. Hughes describes disgust and revulsion as the emotional drivers of ableism (ibid., p. 131).

In conclusion, ableism within the realms of productivity, economic competitiveness, and 'GDPism' has become a defining feature and assumed prerequisite for progress in societies around the globe. Assessing based on abilities is deeply embedded in society, and its use for exclusionary purposes is rarely questioned. Conversely, groups marginalised due to various forms of ableism and disableism often leverage this sentiment to advocate for a change in status (we are as able as you are; we can be as able as you are with accommodations) (Wolbring, 2008, pp. 255, 257). Hughes (2015b, p. 106) argues that people with disabilities must put in significant effort to prove their dignity and worth to society. According to Hughes, this effort involves a struggle with the process of civilisation and its tendency to marginalise disability on an ontological level. Wolbring (ibid., p. 254 ff.) also highlights emerging forms of ableism and disableism concerning the so-called 'techno-poor disabled', individuals who become disabled not because their bodies have changed, but because they have not adapted their bodies in line with 'transhumanist norms' (Wolbring, 2008, p. 254).[82]

[82] Such transhumanised version of ableism sees all bodies as limited, defective and in need of constant improvement beyond species-typical boundaries. Wolbring argues that it elevates the medicalisation dynamic to its ultimate endpoint, namely, to see the enhancement beyond species-typical body structures and functioning as a therapeutic intervention (a transhumanisation of medicalisation).

3.5 Perceptions of Disability in the Ghanaian Context – Concluding Considerations

Similar to the global trend, literature on disability in Africa, particularly Ghana, mainly focuses on the immediate practices of disableism, exploring traditional and contemporary beliefs, attitudes, and practices that contribute to the subjugation of people with disabilities. Scholars, OPDs, and development practitioners discuss disability-related stigma, discrimination, social exclusion, psychological and physical violence (e.g., chaining, beating, denial of food) to the extreme of infanticide (HRW, 2024; Naami, 2018; BBC, 2015; HRW, 2012; Agbenyega, 2003; Avoke, 2002; Kassah, 1998; Walker, 1983). Traditionally, people attribute impairments to spiritual or superstitious beliefs, often linked to cultural differences. These can include associating disability with evil, magical powers ('juju'), sorcery, or witchcraft, as well as viewing disability as a curse from the gods due to sins committed by family members or ancestors (e.g., Naami, 2018; Opoku et al., 2017; Slikker, 2009; Agbenyega, 2003; Baffoe, 2013). Traditionally, the birth of a child with an impairment, for example, is likely to be attributed to the gods being annoyed (Opoku et al., 2017; Baffoe, 2013). Some cultures in Ghana consider children with disabilities as 'evil spirits' who should be 'returned' to the spiritual world they originated from (Naami, 2018; BBC, 2015). These children are frequently referred to as 'water babies' ('insuoba') or 'snake babies', believed to be given back to the river deities, meaning to be killed through a ritual performed by fetish priests paid by the parents, willingly or under pressure from others (ibid.). People with disabilities are generally discriminated against across all areas of life, often segregated from other members of society and essential resources, which hampers their ability to live independently like other members of society. The basic focus is often on the social practices of excluding or 'eliminating' people with disabilities. Hughes (2015a, b), for instance, describes analogous practices of elimination within Western societies as specifics of modernity and references experiences of eugenics and euthanasia.

A second growing strand of academic research examines the implementation of disability-related legislation from both policy and technical perspectives, focusing on state and civil society social services that are either for or inclusive of people with disabilities in Ghana. This includes, in particular, access to education (see, e.g., Gomda et al., 2022; Ocloo et al., n.d. [2020]; Opoku, 2016; Ametepee & Anastasiou, 2015; Mantey, 2014; Ofori-Addo et al., 1999), healthcare, and social protection. The latter includes, for example, access to the National Health Insurance Scheme (NHIS) (e.g., Wiredu et al., 2021; Badu et al., 2015), the Livelihood Empowerment Against Poverty (LEAP) Cash Transfer Scheme (e.g., Zuure, 2021; Abane, 2017), or the so-called Disability Common Fund (see, e.g., Ephraim et al., 2022; Wissenbach & Anderson, 2022; Opoku et al., 2019).[83] Concepts of disability in this strand largely deal with disability as a legal concept that can facilitate access to public services; however, with more or less strong foundations in individual and medical conceptions of impairment and disability, building the primary point of reference for eligibility criteria. This includes past and current debates surrounding the Ghana 2006 Disability Act (Act 715; Government of Ghana, 2006) and its pending amendment (e.g., GFD, 2022). Less academic debate focuses on traditional assumptions about disability, especially the ideas of normalcy and ability from which they are derived, as well as the basic role of difference in traditional African communitarian thought. Additionally, how these views interact with Western models of social protection addressing persons with disabilities remains largely unexamined to date.

[83] See chapter 4 for a more detailed discussion.

Chapter 2.4 examined key features and ongoing debates of African communitarianism, alongside the philosophical discussions involving Menkiti, Gyekye, Bujo, Matolino, and Imafidon. It became apparent that traditional concepts of being and reciprocity are deeply rooted in the primacy of the community, which determines individual opportunities based on what is deemed conducive to the community's sustainability. This likely underpins the basic assumption of normalcy in traditional African communal structures. Unlike Western philosophical conceptions, the solidarity of individuals is not a constitutive element for this perception of community. Instead, the community is viewed as a metaphysical entity that has always existed, providing a framework within which the individual can develop. This makes a person a communitarian being by nature, which in turn makes community life obligatory by nature. It is the community that guides a being from an 'it' through all essential stages of moral growth into full personhood, supported by the community's resources. The epistemological grounding of the individual is thus traced back to the community's efforts, indicating the individual's duty to highly regard the well-being of the community.

On the one hand, this communitarian, anti-individualistic line of thought is rooted in the assumption that a person is not self-sufficient, as her*his abilities alone are not sufficient to realise her*his potential. It therefore emphasises practices of mutual support as a fundamental aspect of the Akan philosophy of life. On the other hand, a normative evaluation of individual action and abilities is made explicitly against the backdrop of their contribution to the community's well-being, because it is precisely this community, being a metaphysical entity, that forms the basis of individual existence and must therefore be preserved at all costs. What is considered 'normal' is primarily what promotes the well-being and flourishing of the community, and a hierarchy of abilities must inevitably be evaluated in terms of its potential to preserve the community.

Imafidon (see Chapter 2.4) noted that the constitution of personhood is an aspirational status that is ultimately attained by employing one's abilities for the good of the community and by orienting one's own conduct towards the community's well-being. In this sense, fundamental to achieving personhood is, first and foremost, that the abilities contributed by an individual are perceived as a valuable resource for the preservation and prosperity of the community by the majority of its members, who determine the frontiers of what is perceived as 'normal' (see above). However, Imafidon made us aware that the opportunity to attain personhood status depends on fundamental ontic and socio-normative features. In the Akan context, these include (1) the body made from the mother ('nipadua'), (2) the individual spirit as the bearer of one's personality ('sunsum'), and (3) the life force or soul ('okra'). If any of these components is absent or 'defective', a person's status as a human being is compromised. Additionally, social features to attain personhood involve 'taught attitudes, values, dispositions, and behaviours that promote the much-cherished communal harmony and equilibrium among beings in the community' (Imafidon, 2021, p. 51). Failing to employ one's abilities, particularly when there is an assumed absence of relevant abilities, disqualifies an individual as a useless person (onipa hunu) or a non-person (onye onipa), reflecting the Akan traditional view of life as mutual aid ('Obra ye nnoboa') (Wiredu, 1998, p. 312). Most notably, a surplus of social features and a life accepted by the community do not necessarily compensate for a lack of ontic features, making it almost impossible for people with certain impairments to meet the normative conception of the traditional community (Imafidon, 2021, p. 49 ff.). This also means restricted access to far-reaching resources that are accumulated, shared, and invested in the social world of the community to sustain a certain level of livelihood. As discussed above, from the perspective of individualistic Western societies, the intention to

marginalise disability at the ontological level is also evident here. The depiction highlights the restrictive construction of the ableist body and its naturalisation as ontic categories.

Another core aspect is the above discourse on the balance between individual rights within and individual duties towards the community. Although Gyekye's conception of moderate African communitarianism does not question the importance of individual rights, it may offer a stronger moral framework for duties to the community. Critical scholars, therefore, argue that a metaphysical and epistemological grounding of the individual in the community positions individual interests and rights as secondary, suggesting a 'complementary nature' between recognising rights and the communitarian doctrine (Matolino, 2018, pp. 61 ff.). Against this background, the discussion focused on the additional perspectives that the theoretical approaches of Disability Studies might offer within this context. Conversely, it was also of interest to examine the questions raised by philosophical frameworks in relation to the theoretical discourse of Disability Studies. Without doubt, Disability Studies clearly emphasise the need to explore how notions of normalcy and deviance are constructed within traditional concepts of being and reciprocity, particularly when analysing perceptions of disability in communitarian African societies. It has been argued that the traditional conception of community as a metaphysical entity provides a theoretical framework that enables the exclusion of people with disabilities along various dimensions. These dimensions can be summarised in six critical working assumptions.

- One, by conceiving the community as a metaphysical entity and the foundation of the individual, its modes of construction and philosophical basis seem detached from rational discourse. They can therefore possess a vast symbolic power that influences the moral understanding of right and wrong, good and bad, to be embedded in the habitus of its members, thereby ensuring its continuity.

- Two, disability appears reduced to a pre-social, impaired physicality by being placed within the ontological sphere. Disability is constructed outside the metaphysical entity of community by conditionalizing access through individual characteristics, being material and immaterial aspects of the human body, which are set as ontic features. This deprives disability from the entire framework of ethical and moral discourse. Reflecting the earlier discussed construction of the traditional community as the foundation for moral development of the individual into a human being, this ultimately denies people with disabilities the capacity for morality as a fundamental characteristic of being human.

  When people's identities are diminished to something less than human, they are reduced to mere existence and become vulnerable to exclusion. As mentioned earlier, this kind of reduction is also evident in individualistically oriented Western societies. Hughes (2015a, p. 121) refers to an 'ontological invalidation of people with disabilities' in the modern age based on a 'reduction of "leib" to "korpor", of 'personality and identity' to 'merely bodily presence'. Hughes argues that disability was constructed as a 'moral and ontological impurity' as part of the civilisation process (ibid., p. 124). Such a conception of disability thus takes on a quasi-ontological symbolic dimension that escapes any rational discourse.

  Following this line of thought, the positioning of people with disabilities outside the community becomes a form of symbolic power, as it is implicitly recognised and accepted by those involved, thereby reinforcing its power of distinction. From Bourdieu's perspective, it is these symbolic differences that sustain the reproduction and legitimation

of actual resource disparities between people with and without disabilities, which are consequently no longer questioned. From this theoretical standpoint, the traditional communitarian habitus allows for a continuous reconstruction of disability outside the community's resource structures. The concept of symbolic power thus highlights a persistent naturalisation of disability, leading to a continual reproduction of the dispositif of disability within which 'being disabled' is constructed.

- Three, the traditional concept of personhood and community can be viewed as an ableist construction. Besides ontic features, access to the community is shaped by socio-normative features, which include dispositions and behaviours that promote the community's flourishing. Hypothetically, traditional discourse would exclude people with disabilities, as a surplus of socio-normative features cannot compensate for a perceived deficit of ontic features. The notion of moderate African communitarianism outlined above rejects this overemphasis on ontic features and highlights the importance of socio-normative features as a constitutive element of the communal being. These, in turn, are largely based on specific abilities deemed essential for making meaningful contributions to the community's flourishing. Essentially, this reinforces an ableist framework related to performance-based self-rehabilitation.

  The concept of 'personhood' in traditional African communitarianism can be viewed as a framework for what Fiona Kumari Campbell describes as a 'corporal standard', a 'network of beliefs, processes and practices that produces a particular kind of self and body […] that is projected as […] species-typical and therefore essential and fully human' (Campbell, 2009, p. 5). Beliefs, processes, and practices within traditional African communitarianism form a physical standard, reflecting the sense of 'traditional community' that values and promotes certain abilities over others. This preference for particular abilities deemed vital for maintaining community life results in actual or perceived deviations from, or absence of, 'essential' abilities being labelled as a diminished state of being, which further helps to justify the social positioning of people with disabilities outside the community. Conversely, this also supports an elevated status of the ordinary community member in relation to people with disabilities. Consequently, disability, constructed as a non-human and non-communal physical entity, can be seen as playing a constitutive role in the traditional concept of community and personhood.

  From a structural perspective, parallels to the construction of the impaired body in Western, individualistically oriented societies become apparent here, as described by Hughes (2015a, b), for example. In both cases, the essence of exclusion lies in an ableist conception of a 'clean and proper body'. This either represents a specific concept of the 'community member' (striving for the preservation of the community) or a Western, 'modern', individualistic concept of citizenship. The mechanism is similar. The impaired body serves as a counterfoil for both, enabling the construction of the 'clean and proper body' in the first place. Garland-Thomson (1997, p. 42) argues that the modern American idea of citizenship is based on the notion of self-governing individualism. This involves a particular understanding of the body as 'a stable, neutral instrument of the individual will' (ibid., cit. after Hughes, 2015a, p. 126). The ideal citizen is portrayed as possessing certain physical and intellectual attributes that are often denied to people with disabilities. The latter reinforces the ideal citizen's conformity to norms (ibid.).

Such ableist conceptions, supposedly, manifest symbolic power by being embedded in the habitus of actors, not only through dispositions to dominate but also in the dispositions of persons with disabilities to subjugate and strive towards fulfilling the perceived expectations of 'ableist normalcy'. This might be reflected in statements such as 'we have to perform harder' or 'we have to show that we are able', which were common in interviews with persons with disabilities as part of this thesis. The struggle of people marginalised on the basis of ableism and disableism to demand change in their status has been discussed before, with reference to Wolbring (2008) and Hughes (2015a, b). It was argued that the ontological degradation of people with disabilities occurs in different contexts but through comparable dynamics that can be summarised through ableist perspectives. People with disabilities must make considerable efforts to counteract these degradations by pursuing a form of 'ontological promotion'[84].

Hughes (2015b, p. 110) introduces the concept of Bourdieu from an ableist perspective on rehabilitation, viewing it as an offer of 'ontological development'[85]. Striving for a perceived normalcy through targeted performance can be discussed as a form of self-habilitation, a claim, and even a reclaiming of human dignity through assimilation at enormous effort. This demands a high allocation of resources, which at the same time are severely limited due to the stigma associated with disability. Goffman (1963) introduced the concept of 'passing' as a sociological term describing a reaction to perceived stigma. Hughes describes 'passing as normal' in the sense of concealing a stigma as a kind of 'ontological bluff' that carries a certain degree of precarity (Hughes, 2015, p. 11 f.). This is because, through 'passing', according to Hughes, individuals with disabilities sacrifice their pride in their identity for the benefits of assimilation. Similarly, Bourdieu (1984, p. 251) notes the 'costs' of 'social promotion' in the form of distancing oneself from everything associated with the former status. From a resource theory perspective (see Chapter 2.3), 'passing' can also be understood as a strategy of individual resource management, in which decisions about self-presentation are made based on assumptions about potential resource gains and losses.

- Four, by addressing fundamental questions of human existence and related ethical considerations, Disability Studies puts the ethical issue of the relationship between disability and social justice into focus. Chapter 2 examined how the concept of social justice has historically shaped societal ideas of reciprocity and collectivist approaches to social protection. The emphasis on communal duties over individual rights in traditional African

[84] Bourdieu (1984, p. 6) first uses this term with regard to the differentiation 'between facile pleasure, pleasure reduced to a pleasure of the senses, and pure pleasure, pleasure purified of pleasure, which is predisposed to become a symbol of moral excellence and a measure of the capacity for sublimation which defines the truly human man'. He describes how art and cultural consumption are predisposed to fulfil a social function of legitimating social differences. He describes the ability to enjoy pure pleasure as a cultural consecration that, in his words, resembles 'a sort of ontological promotion akin to a transubstantiation'. Elsewhere, he specifies this process as a transition from nature to culture, whereby the latter is constructed against the former. 'The nature against which culture is here constructed is nothing other than what is 'popular', 'low', 'vulgar', 'common'. This means that anyone who wants to 'succeed in life' must pay for his accession to everything which defines truly humane humans by a change of nature, a 'social promotion' experienced as an ontological promotion, a process of 'civilization' […], a leap from nature to culture, from the animal to the human; but having internalized the class struggle, which is at the very heart of culture, he is condemned to shame, horror, even hatred of the old Adam, his language, his body and his tastes, and of everything he was bound to, his roots, his family, his peers, sometimes even his mother tongue, from which he is now separated by a frontier more absolute than any taboo' (Bourdieu, 1984, p. 251).

[85] The importance and positive effects that rehabilitation can and does have on many people should explicitly not be questioned here.

communitarian discourse may suggest the enforcement of ableist effects. The relationship between individual rights and duties in traditional and seemingly moderate conceptions of African communitarianism, as discussed earlier, holds particular significance from an ableist perspective. More specifically, the question arises as to what extent this secondary status of individual rights in relation to duties implies an inherently ableist conception of social justice that ultimately adopts strongly libertarian liberal features, as it disregards unequal starting conditions and individual endowments (see discussion on just distribution of life prospects with reference to Rawls and Dworkin in Chapter 2).

To what extent should social justice then be considered primarily as meritocracy, in that it derives principally from what contribution someone makes to the community? And what if the community traditionally determines what performance is considered relevant or how value is assigned to certain performance? Do these traditional, naturalistic conceptions of disability reflect ableist devaluations of abilities (originally intended to protect the community) that have ultimately been inscribed and habitually entrenched as dispositive of disability in traditional conceptions of community? In any case, the perspective of Disability Studies emphasises the importance of these questions when considering individual resource arrangements for this work's empirical section. Once again, attention is drawn to possible contradictions in the public perception of governmental and traditional social protection, which can be linked to differing conceptions of social justice. Additionally, the question arises as to what insights African philosophical concepts, such as Ubuntu, might offer beyond ableist views of disability, an area currently lacking significant scientific discussion. Overall, it seems that ableist constructions of norm, reciprocity, and social justice are not solely reflective of Western individualist societies but, as becomes clear in relation to people with disabilities, may also have been relevant in traditional concepts of coexistence.

- Five, these traditional philosophical conceptions of being and reciprocity, the primacy of duty over rights, and the associated disability dispositives and habitualised assumptions about dis/ability influence the lived reality of persons with disabilities in Ghana to varying extents. At the same time, they are encountering increasingly comprehensive legal frameworks, state institutions, and measures at all levels of government (see Chapter 4), which take the equal rights of persons with disabilities as a starting point. Corresponding social policy measures mostly align with Western models, which, as outlined earlier, have developed based on fundamentally different conceptions of the individual, society, and discourses on social justice. The consideration of disability and social protection in Ghana must therefore also take place against the background of this tension, which shapes current structures, processes, and practices.

  It is assumed, however, that while interactions between individuals and state institutions are particularly shaped by the latter, interactions among individuals in everyday community life continue to be strongly shaped by traditional assumptions of disability. Therefore, it can be assumed that access to government resources for social protection can and will be claimed on the basis of rights ('I have the right to'). So, when people with disabilities claim resources from state social welfare programmes, they do so, at least in theory, with an awareness of their rights to these resources. The reality, on the other hand, appears less archetypal.

Whereas Ghanaian OPDs strive to strengthen the rights-awareness of people with disabilities, the provision of social protection is partly framed as charity provided by the ruling political party.[86] In contrast to such rights-holder perspective, access to traditional forms of social protection or community resources, according to the basic assumption, is attempted through demonstrating abilities in the above ableist sense of 'passing as normal' ('Show that I am able / can contribute'). It is rather the demonstration of abilities and contributions to the welfare of the community that ultimately grants access to its resource system. Against this background, many everyday experiences of people with disabilities in Ghana may lie outside the reach of rights-based instruments and could be driven by ableist perceptions. At the same time, in situations where public resources are scarce, gained rights may come without any resources to claim and fulfil, thus struggling to wield practical power in everyday life.

- Six, the integration of theories of Disability Studies and Post-Colonial Studies, highlights the risk of 'colonial normativity' and the potential baggage of beliefs and values that engagement in disability and social protection issues by Global North stakeholders, as in this work, might bring into the Ghanaian space. It emphasises the importance of cultural sensitivity and an impartial learning perspective when engaging with contextual, historical, economic, and other critical aspects that make the Ghanaian situation different from other contexts, especially those of the Global North. This includes considering differences in the understanding of the individual, reciprocity, and social justice. For the empirical part of this work, it implies remaining open to the question of what exactly constitutes disability in Ghanaian contexts. The resource theory perspective adopted in this work is intended to support this encounter (see Chapter 5).

  It was argued that traditional Akan community approaches theoretically exclude people with disabilities from social resources, largely due to implicitly ableist conceptions of community. With the progressive development of state social protection schemes, there is a challenge in aligning these schemes with local concepts of being and reciprocity without reinforcing traditional exclusions of people with disabilities. Conversely, there is a risk that uncritically adopting Western welfare models could create new forms of segregation and exclusion, adding to old ableisms with new, Western-driven ones. Specifically, traditional notions of normality and distinction are reinforced by Western ideas of the autonomous, rational, and competent able-bodied individual as the model of a 'normal' life, which sidelines people with disabilities as needy, degenerate, or deficient. As discussed earlier, critical scholars contend that framing disability as a binary, such as through welfare approaches, echoes other post-colonial binary constructs that ultimately serve to legitimise the raison d'être of the entire Western development sector. It will therefore also be left to how such binary narratives operate in individual resource arrangements within particular spatial and historical contexts.

  In the context of this thesis, this also highlights the importance of a detailed examination of how exclusion is produced and reproduced through resources. This consideration should be conducted separately from current perspectives of Western models of social

[86] This assessment is particularly based on the author's direct personal experience with the mode of in-kind and cash provisions through the Disability Common Fund at the local level, which is partly politicised in terms of party politics.

protection. Regarding the question of context-responsive social protection for persons with disabilities, it is important to examine the social processes that deny access to resources and assign a marginalised role to persons with disabilities. The differences in the conceptions of being, reciprocity, and social justice have provided an important starting point for discussing pre-colonial perceptions and constructions of disability. It opens up perspectives on specific spatial, temporal, cultural, ideological, and cosmological contexts. It also emphasises the importance of hybrid ontologies and beliefs resulting from colonial fusions, which may influence the realities of people with disabilities within the framework of individual resource arrangements. Socially constructed concepts and beliefs about disability are not static frameworks but are rather ideas and attitudes that are constantly evolving. As Groce (1999) states, People in rapidly changing societies rarely abandon everything they know and practice in order to adopt a new system of thoughts, beliefs and behaviours. Instead, new and old ideas often coexist and intermingle, creating hybrid belief systems that are neither entirely old nor entirely new.

Chapter 4 – Social Protection and Dis/Ability

Previous chapters have explored the historical and theoretical foundations of social policy and social protection in both the North and the South. It became evident that socio-political approaches are rooted in specific conceptions of the individual, society, social reciprocity, and notions of social justice, which differ markedly between individualistic and communitarian societies. In a subsequent step, the concept of dis/ability was examined. Within the context of social policy, disability was framed, on one hand, as a 'legal construct within a welfare state framework', serving as a gatekeeper to public social protection and support services. It thereby forms the basis of state-led social protection programmes for individuals with disabilities. Complementing this perspective, disability was examined as a 'category of difference', an attribution inherently linked to social positioning. The discussion emphasised the vital role of social constructions of disability in the design and implementation of social policies related to disability. It was argued that addressing disableist practices and disability-related legislation in isolation is inadequate. Instead, it seems crucial to situate disability within the ontological frameworks of the individual, community, and social reciprocity to fundamentally rethink the meaning and structure of social protection mechanisms. Building on this foundation, this chapter will explore how these dimensions are reflected in contemporary social protection discourse, especially in the context of the so-called Global South and its relation to dis/ability.

The chapter begins by examining the global legislative and policy framework for social protection, followed by an analysis of the social protection discourse within the context of international development cooperation. Building on the historical overview of social policy in Chapter 2, this chapter traces the significant rise in the prominence of social protection in development discourse and practice over the past three decades, situating developments in Ghana within this broader trajectory. The focus then shifts to social protection in the context of disability, including a detailed analysis of relevant social protection schemes in Ghana. This section highlights the current state of research on these schemes and their impact on the livelihoods of people with disabilities. This leads to a discussion of indigenous forms of social protection and their complementary role in the resource arrangements of individuals with disabilities, especially within the Ghanaian context. This examination of the significance of indigenous social protection structures applies the tension between 'modern state' and traditional systems, as discussed in Chapter 2 with reference to Mamdani (1996) and Taylor (2013), to the field of social protection. The chapter concludes with a synthesis of these issues, situating them within the overall research focus of this thesis.

4.1 The Global Legislative and Policy Framework

> *Everyone, as a member of society, has the right to social security and is entitled to realization. (UN 1948, Art. 22)*

Every person has a basic right to social security. This fundamental entitlement was enshrined in the Universal Declaration of Human Rights in 1948. States are to ensure, by means of national measures and international cooperation, that their citizens enjoy the economic, social and cultural rights that are indispensable for the dignity and free development of individual personality (UN 1948, Art. 22). These economic, social and cultural rights are outlined in subsequent articles and include the right to work, health care, food, housing, education and participation in cultural life (ibid., Art. 23–27). They also include the right of every individual *'to a standard of living adequate for*

the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control' (ibid., Art. 25). With the International Covenant on Economic, Social and Cultural Rights adopted in 1966, 165 states committed *'to recognize the right of everyone to social security'* (UN 1966, Art. 9) in order to exercise full citizenship. The human right to social security, however, is not a reality for most of the world's population today. 47.6 per cent of the global population, approximately 3.9 billion people, are not even covered by at least one social protection benefit and thus 'left unprotected' (ILO, 2024).

As outlined in previous chapters, social protection has historically emerged in the context of social contract and welfare-state frameworks. However, over the past 25 years, a comparatively rapid development of social protection instruments has occurred in countries with medium and low average incomes, in a somewhat different context. Individual, project-based programmes can be observed addressing acute income poverty and related vulnerabilities, fostering resilience, and promoting behaviours associated with improved nutrition, education, healthcare, or women's empowerment. Targeted and conditional cash transfer schemes have been promoted by leading multi- and bilateral development institutions as innovative and effective tools for social protection, aiming to reduce poverty and invest in human capital (e.g. Koehler, 2021; Ladhani & Sitter, 2020; Leisering, 2019; Molyneux et al., 2016). These schemes were implemented as social policy alternatives to insufficient or absent social protection programmes in many countries worldwide (Molyneux et al., 2016).

More recently, the development or expansion of social protection systems[87] has become an emerging policy field in countries with medium and low average incomes alongside a growing discourse in international development policy (e.g. Schuering & Loewe, 2021). Respective initiatives aim to develop poverty reduction strategies more systematically and sustainably by supporting various types of social protection measures. Beyond merely protecting against lifecycle risks, efforts to establish social protection systems in countries with medium and low average incomes also connect to democratisation processes. These are intended to promote certain concepts of social justice and social inclusion. They seek to reduce inequality by providing universal access to social protection for all population groups. However, existing evidence suggests that certain populations, including people with disabilities, are often not sufficiently reached by such approaches (UN, 2015b).

In September 2015, the 193 member states of the United Nations adopted the 2030 Agenda for Sustainable Development, establishing a pivotal framework for global development policy in the coming years. Building on the Millennium Development Goals, the agenda focuses on the Sustainable Development Goals (SDGs), which set out 17 overarching goals and 169 specific targets. Among these, Goal 1, 'End poverty in all its forms everywhere', highlights the commitment to achieving universal access to social protection (UN, 2015).

[87] The term 'system' is meant to refer to sets of social protection instruments in a country that are the result of a more or less coordinated approach towards social protection backed by a national legal and policy framework. 'Instruments' refers to single social protection 'programmes' or 'schemes' that can but not necessarily must be integrated in a harmonized national system of social protection (cf. Schuering & Loewe, 2021).

4.2 Social Protection in the Global Development Discourse

4.2.1 Defining Social Protection

As discussed earlier, social policy encompasses measures aimed at improving the economic and social well-being of disadvantaged groups, serving as a vital tool for poverty alleviation and decreasing social inequality within societies. While income inequality between countries, measured by average income, has been decreasing in recent years, inequality within countries is generally increasing in both high- and low-income nations (see Garnreiter, 2015; Lakner & Milanovic, 2016). State-led redistribution and social protection systems are essential in counteracting this trend.

The terms 'social security' and 'social protection' are defined in various ways, often reflecting varying scopes and contexts. In a narrow sense, social security usually refers to contribution-based systems and programmes linked to the formal sector. In contrast, social protection is generally understood more broadly, encompassing all public and private forms of social transfers, social insurance, certain labour market policies and legislation, social programmes, and even social services. However, the terms are sometimes used interchangeably in certain contexts.

In today's industrialised nations, the expansion of social protection systems has mainly been achieved through wage-based tax contributions within the scope of formal employment. However, in countries with medium or low average incomes, where a significant share of the workforce is employed informally, this approach is not readily applicable (see Barrientos 2011). While social protection in industrialised countries tends to focus on securing income and living standards, measures in countries with low average incomes are more about reducing poverty and implementing social transfers (cf. ibid.). In this context, Devereux and Sabates-Wheeler (2004, p. 9) define social protection broadly as

> *all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalized; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups.*

Referring to Harvey et al. (2007), Browne (2015, p. 2) defines the objectives and target groups of social protection as follows:

> *Social protection is concerned with protecting and helping those who are poor and vulnerable, such as children, women, older people, people living with disabilities, the displaced, the unemployed, and the sick.*

Most social protection systems encompass both contributory and non-contributory programmes, such as universal coverage schemes, social insurance, social assistance, and public employment initiatives. These systems offer a variety of benefits, like child and family allowances, healthcare and sickness benefits, support for people with disabilities and older adults, survivors' benefits, compensation for workplace accidents, unemployment benefits, employment guarantees, maternity leave benefits, income support, and other forms of social assistance provided in cash or in kind (see UN 2015b).

Countries develop social protection systems through varied methods, adapting programmes to their unique national, cultural, and historical contexts. While high-income countries often see a

certain level of social protection as standard, only 33.8 per cent of the global working-age population aged 15 and over is legally covered by comprehensive social protection systems, with just 6.7 per cent coverage in Africa. Over recent decades, the importance of social policy, especially social protection, as a key approach for reducing poverty and vulnerability in countries with middle and low average incomes has increased significantly (see Barrientos & Hulme, 2009; Barrientos, 2011; ILO, 2014). Many nations have intensified their efforts to expand social protection to their populations, resulting in the growth of social protection systems. As this chapter will show, the Republic of Ghana has actively participated in this substantial expansion of social protection since the 1990s. This trend, along with the strategies adopted within the framework of international development cooperation, has also attracted criticism, as discussed below.

According to Devereux and Kapingidza (2020), the four leading global agencies currently working in social policy and social protection on the African continent are the United Nations International Children's Emergency Fund (UNICEF), the UK Department for International Development (DFID), the International Labour Organisation (ILO), and the World Bank. Additionally, German bilateral actors and development agencies, such as the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and the German KfW Development Bank, include several social policy sectors in their cooperation portfolios with African states on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ).

These actors frequently combine financial leverage, such as providing or withholding funds, with technical expertise and policy advice on social policy design and implementation. In doing so, they wield varying degrees of influence on the legal, strategic, and practical development of social policy in countries of the Global South through soft power. Furthermore, these organisations shape the global discourse on social policy design in the Global South, influence the development of norms and standards, and contribute to the building of evidence. Given the non-linear, fragmented, and dynamic historical evolution of social policy in Europe described above, this situation appears problematic, to say the least. In this context, Haang'andu and Béland (2020) observe that the policy ideas and norms disseminated by contemporary external actors today are often presented as neutral and universally applicable, despite being rooted in Western ideologies and likely influenced by Western political interests. Conversely, it can be argued that the withdrawal of state responsibility for citizens' well-being from the 1980s, coupled with the dominance of multi- and bilateral donors across various social policy areas, has created a path that may impede the expansion of social security systems based on a social contract model.

4.2.2 Formal Social Protection and Development

Social protection, especially through social transfers as a tool to alleviate extreme poverty, can be seen as a vital development strategy for countries with low and middle incomes (Barrientos, 2011). Based on the universal right to social security, global policies aim to ensure that no group is left behind and that all individuals have access to social protection measures. However, some population groups, such as persons with disabilities, are often insufficiently included in both general development initiatives and social protection programmes (WHO/World Bank, 2011; UN, 2015b). This is reflected in current global development strategies concerning persons with disabilities. While the United Nations' Millennium Development Goals (2000–2015) did not explicitly include persons with disabilities as a target group, the 2030 Agenda for Sustainable Development (2015–2030) explicitly focuses on so-called marginalised populations. It emphasises persons with

disabilities as a key target group for goals related to education, employment, reducing inequality, urban development, and data disaggregation (UN, 2015).

The principle of 'Leave No One Behind' (LNOB) is central to the 2030 Agenda and its Sustainable Development Goals (SDGs). This key principle states that the Agenda's objectives can only be considered achieved when they are realised universally, ensuring inclusivity for everyone. Particular focus is given to reaching the 'most vulnerable'[88] populations, including children and youth, persons with disabilities, people living with HIV/AIDS, older adults, indigenous communities, refugees, and migrants (ibid.).

As a core principle of the 2030 Agenda, the rhetorically powerful LNOB approach is widely praised for its commitment to inclusivity and equity. However, it also faces several criticisms from development scholars. As previously discussed, the main causes of people 'being left behind' in development often stem from deeply rooted structural inequalities, discriminatory laws, policies, and social norms. Addressing these may require fundamental societal changes rather than isolated interventions targeting specific populations. On a technical level, a study by De Jong & Vijge (2024), for example, indicates that LNOB is only marginally institutionalised and that many gaps persist with limited operationalisation in national policies and practices. Heloise Weber (2017) critiques LNOB as a rhetorical tool that legitimises a problematic neoliberal agenda rather than promoting genuinely transformative and equitable development. She argues that the explicit commitment to LNOB is strategically employed as a project that everyone ought to be part of, even when the type of development endorsed by this principle is unsustainable. Embedded within a neoliberal framework, it is used to promote and consolidate a highly contested neoliberal variant of capitalist development as the framework for global development, while leaving limited opportunities for genuine resistance and the rearticulation of alternative development pathways. For Weber, this has an underlying agenda, namely, to undermine political struggles that seek more socially just and ecologically sustainable approaches to development.

Weber's critique becomes clearer when examining social protection programmes within development discourse. In the late 1980s, the Structural Adjustment Programmes of the World

[88] The WHO (2022, n.d.b) defines vulnerability as 'conditions determined by physical, social, economic, and environmental factors or processes which increase the susceptibility of an individual, a community, assets, or systems to the impacts of hazards'. It sees vulnerability as 'determined by historical, political, cultural, institutional, and natural resource processes that shape people's lives and lifestyles, which may produce a range of underlying drivers of vulnerability. This includes living in disaster risk areas or poor housing, ill-health, political tensions, or a lack of local institutions or preparedness measures' (ibid.). Following this perspective, vulnerability does not primarily refer to actual poverty or social exclusion of people but to the risk or likelihood of being in situations of scarcity of basic resources (in the future) that determine an adequate standard of living in a particular society. As Brown (2011, p. 319) succinctly explains, '[s]omeone is not vulnerable if they are plunging off the edge of a mountain to their death; they are vulnerable if they might'. It is therefore not primarily about the question of how accessible a certain standard of living or social status is, but about how secure an achieved standard or status is within a particular social and ecological environment at a particular point in time. Butler (2016, p. 25) views vulnerability as an existential characteristic, yet not as an individual characteristic, but as 'a socially induced condition'. She contends that this accounts for varying levels of exposure to threats, against the background of major global inequalities around the globe. In this context, she refers to a 'geopolitical distribution of corporeal vulnerability' (2020, p. 29). The use of vulnerability in relation to specific personal characteristics is widely prevalent, but not without criticism. Scholars highlight the 'stigmatising, labelling, marginalising and objectifying' effects, 'denying the agency and voice of those seen as vulnerable' (Virokannas et al., 2020, p. 336). Critics warn of the term's paternalistic and oppressive implications (Brown, 2011), its potential to stigmatise, victimise, and pathologise (Fineman, 2008, 2010; Streich, 2009), and the risk of 'othering' (Ziegler et al., 2020). In this context, it is noted that the concept carries an inherent risk of concentrating on the individual, thereby diverting attention from the structural forces that disadvantage people (Brown, 2011, p. 316).

Bank led to dramatic budget cuts in the social sector in the so-called Global South.[89] For many African and Latin American countries, average social spending dropped by as much as 70 per cent, with severe impacts on the poorest and most vulnerable populations (see Chapter 2). Social protection instruments were introduced to mitigate these negative effects of reforms pushed by the World Bank and IMF. In the neo-liberal spirit of the time, (conditional) cash transfers became a key policy instrument for addressing poverty and vulnerability in the following years (Adesina, 2011, p. 454). A statement by Nancy Birdsall, the former director of the Washington D.C.-based Centre for Global Development, reflects the dominance of cash transfers in the field of social security during the 1990s and 2000s and the nearly mythical belief in their effectiveness. Describing conditional cash transfers as one of the most significant innovations in promoting social development, she argues that 'these programs are as close as you can come to a magic bullet in development' (cit. after Braine, 2006).

The World Bank played a crucial role in advancing the adoption of cash transfer programmes by facilitating knowledge exchange among implementing countries and actively encouraging others to introduce such initiatives. Studies conducted by international organisations provided evidence of the effectiveness of existing schemes (Sackey, 2019, p. 3). For example, Devereux and Sabates-Wheeler (2007, p.1) noted generally, 'the social protection agenda comes with a fresh array of conceptual frameworks, analytical tools, empirical evidence, national policy processes, heavyweight agencies and big names in development studies aligned behind it'. Drawing on the concept of 'travelling ideas', Adesina (2011, p. 456) critically argues that '[m]ore than a benign exchange among intellectuals and policymakers or a medium for policy learning, ideas may serve the function of seizing control of the policy terrain, undermining policy learning, generating policy atrophy in the host local context, distorting local realities, and under-mining long-term sustainable development'. Questioning the outcomes of studies on the positive impact of cash-transfer schemes, Adesina highlights the obvious conflict of interest when funding, advocacy, and the production of 'evidence' coincide, creating dependencies (ibid., p. 460).

Cash transfers were regarded as market-compliant, efficient in resource allocation and targeting, and suitable for budget support programmes (ibid., p. 454). An important aspect of their popularity was that this social protection agenda prioritised 'moving people from dependency on public support into productive livelihoods, wherever possible'. Still, this concept of 'graduation' distinguished social protection from the narrower set of purely welfarist measures (Devereux & Sabates-Wheeler, 2007, p.1), which explains the interest from neo-liberal perspectives. Early conditional cash transfer programmes, such as Mexico's 'Progresa/Oportunidades' and Brazil's 'Bolsa Família', started as experimental initiatives in the mid-1990s. With backing from multi- and bilateral development stakeholders, they rapidly expanded and became influential models for the worldwide spread of cash transfer programmes, including in Africa, in the subsequent years. In Ghana, the Livelihood Empowerment Against Poverty (LEAP)[90] cash transfer was introduced in

[89] In response to the severe social costs of the Structural Adjustment Programme, the Social Dimensions of Adjustment (SDA) programme was launched in 1987 as a multi-agency initiative under the World Bank. This programme introduced 'social safety nets' aimed at supporting the poorest segments of society (Adesina, 2011, p. 456). However, during the 1990s, these measures faced criticism from multiple perspectives: the left condemned them for promoting social residualism and political cynicism, while the right argued that they displaced informal social security mechanisms and fostered dependency on unsustainable handouts. Additionally, they were criticised for being socially stigmatising and fiscally untenable in low-income countries (Devereux & Sabates-Wheeler, 2007, p. 1).

[90] see detailed introduction below

2008. It drew significant inspiration from the Brazilian Bolsa Família, promoted by the World Bank and DFID[91] (Sackey, 2019, p. 2f).

Over the past years, development studies and social protection scholars have voiced several criticisms regarding the dominant focus on Conditional Cash Transfer programmes. These criticisms encompass conceptual, ethical, and practical aspects of implementation.[92] A major criticism of conditional cash transfers is their focus on changing individual and household behaviours, such as attending health check-ups or enrolling children in school, while ignoring more deep-seated structural inequalities and systemic issues, like limited access to quality services, unemployment, and low wages, that are root causes of poverty in the first place.

> *What is being sold to developing countries (and African countries the more) is the more regressive version of liberal social policy regime, within a methodological framework that isolates the problem of vulnerability from the broader, systematic processes that in a 'cumulative causative' process created what is being treated: extreme poverty and vulnerability (Adesina, 2011, p. 466).*

Weber's critique above strikes the same chord. It is rooted in the assumption that the LNOB principle of the 2030 Agenda aligns with the same neoliberal trajectory that has propelled the push for conditional cash transfers since the 1990s. Adesina (2012, p. 455) also critiques the normative foundation of this social protection paradigm, arguing that it is fundamentally rooted in the transactional logic of neoliberal market principles, which results in a limited vision of social policy. He advocates a broader conception of social policy that includes various objectives such as production, protection, redistribution, reproduction, social cohesion, and nation-building. His approach highlights transformative social policy, moving beyond a narrow focus on social welfare and an overemphasis on destitution, vulnerability, and short-term risk analysis.

Other scholars discuss the role social protection can play in strengthening or weakening social contracts. Amid the continued dominance of conditional cash transfer schemes targeting narrowly defined segments of the population within development discourse, Kidd et al. (2020) highlight the challenges this focus presents for building coherent social policies and establishing sustainable social protection systems. They argue that the poor quality of public services, combined with the middle class's shift from public to private services and the targeted provision of public services to the 'ultra-poor', significantly undermines trust in government. Targeted programmes, they contend, are inherently exclusionary, leaving out most of the population, the so-called 'missing middle', from national social protection systems. Meanwhile, the 'poor relief' programmes that are implemented are often of poor quality. They also reveal frequent targeting errors, common perceptions of selection processes as random and unfair, and inadequate transfer values that decline in real terms each year. Conditions and sanctions attached to these programmes often undermine recipients' dignity and self-respect, while stigmatisation of beneficiaries and the misuse of programmes by local elites to exert power and control further worsen the issues (ibid.).[93] Against this background, they opt for the development of universal social protection systems.

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[91] In 2007, DFID and Brazil formalised a technical cooperation agreement, resulting in Ghana being selected as the first beneficiary of technical assistance under this framework. This support was specifically aimed at designing Ghana's cash transfer programme, Livelihood Empowerment Against Poverty (LEAP), after Brazil's highly successful Bolsa Família programme (Sackey, 2019, p. 3).

[92] For an overview of the critique, see e.g. Kidd & Athias (2020); Kidd, 2015, 2017; Adessina, 2011

[93] For a more comprehensive discussion on poverty targeting, see e.g. Kidd & Athias (2020) and Kidd (2017).

However, as Plagerson and Ulriksen (2017, p. 197) argue, drawing on path dependence theory, once a policy is established, it can be very difficult to dismantle, especially when its beneficiaries form a core support base. In this context, the next subchapter explores the role and importance of comprehensive social protection approaches within the current discourse.

4.2.3 A Turn Towards Comprehensive Social Protection Systems?

The growing significance of social protection in development aligns with a shift from fragmented measures to more integrated and holistic approaches. As previously discussed, in the 1990s, social protection efforts in low-income countries were mainly reactive, focusing on immediate shortages and crisis response. It was only in the 2000s that discussions began to highlight more comprehensive strategies for managing social risks, including social insurance and labour market policies alongside social assistance (see World Bank, 2003). The development perspective on social protection shifted from viewing poverty unidimensionally to recognising multidimensional inequality. This change resulted in more complex social protection responses and an expanded mandate needed to support more ambitious social policy frameworks (Plagerson & Ulriksen, 2016, p. 196).

This development becomes evident in later generations of social protection documents and policies that expanded their scope from addressing poverty to embracing a broader vision focused on addressing inequality (ibid.). On one hand, this involves shifting norms and perceptions of social justice. On the other hand, economic arguments have also evolved from solely favouring economic safety nets for the poorest to recognising that poverty is a multidimensional issue requiring a variety of interconnected interventions. Additionally, it is important to acknowledge that extreme income inequality hinders growth and should be addressed by raising incomes at the lower end (ibid., p. 197). The discourse on social protection has progressed to include a transformative aspect, highlighting its capacity to foster social change. Greater emphasis has been placed on the socially transformative effects of social protection, particularly in empowering disadvantaged groups and encouraging their participation (see Devereux & Sabates-Wheeler, 2004). This broader perspective has expanded the aims of social protection, moving beyond merely reducing economic risks and vulnerabilities to explicitly addressing social risks like inequality and limited access to social rights.

Notwithstanding, the widely recognised transformative approach to social protection proposed by Devereux and Sabates-Wheeler (2004) has also faced criticism. Although it offers a broader conceptualisation of vulnerability that extends beyond economic risk and demonstrates sensitivity to structural factors, concerns have been raised about its focus. Adesina (2011, p. 458) criticises a continuation of an 'excessive focus on the socially vulnerable and a reluctance to challenge the neoliberal economic framework as a source of vulnerability'. Devereux and Sabates-Wheeler (2007b, pp. 24-25) emphasise that the transformative potential of social protection heavily depends on the broader political environment, including the strength of democratic institutions, the rule of law, and the space for civil society engagement and advocacy. Without a supportive political context, the transformative aspirations of social protection may be difficult to realise. Adesina (2011, p. 458) underscores that the realisation of such approaches often remains focused on chronic poverty, marked by burdensome and restrictive targeting mechanisms that are largely donor-funded and donor-driven, with international NGOs as the main delivery agents. He contends that this dynamic weakens coherent social policymaking, hampers institutional learning and knowledge

development within the public sector of the respective countries, and ultimately hinders the creation of comprehensive, integrated, and context-driven social policymaking.

Comprehensive social protection approaches follow a life-course logic, seeking to support individuals throughout their lives, from birth to old age, to cope with life events that affect their livelihoods, such as having a baby, losing income, falling ill, acquiring an impairment, sustaining a work-related injury, or ageing. In 2011/2012, the International Labour Organization (ILO) introduced the Social Protection Floor initiative (see ILO, 2012). This initiative advocates for a universal, rights-based, and systemic approach to social protection, providing an alternative to fragmented, target group-oriented social programmes in countries with low and middle incomes (Cichon et al., 2014). The initiative is built around four core objectives: (1) ensuring universal access to healthcare, (2) providing income security for children at a nationally defined minimum level, along with access to education, (3) guaranteeing income security for people of working age, and (4) securing income for older adults (cf. ibid.). Basic social protection for the population is meant to build upon existing elements and structures within the national social security framework, aligning with each country's developmental trajectory and current context. This approach highlights the state's overarching responsibility and the universal right of all citizens to essential services such as healthcare, food, and education (cf. ibid.), as outlined in Article 22 of the Universal Declaration of Human Rights. The implementation of comprehensive basic social protection is part of a dual-dimensional strategy. This strategy involves, on one hand, the universal expansion of basic protection and, on the other, the gradual extension of insurance coverage across three tiers: basic protection, compulsory insurance, and voluntary insurance (cf. ibid.). The distinctiveness of this approach lies in its universal coverage, transformative potential, and focus on encouraging social participation. With the adoption of the 2030 Agenda for Sustainable Development, social protection, including the Social Protection Floor approach, has been firmly established as a key instrument of international cooperation (see UN 2015b, SDG 1.3).

The described development of social protection in the context of international development cooperation over the past 30 years can be seen as describing a paradigm shift. The assumption that economic development is a prerequisite for the establishment of a social protection system has given way to the perspective of systematically promoting poverty reduction and economic development through the expansion of social protection systems. Following this line of discourse, social protection systems are no longer seen as a luxury for wealthy economies. Even low-income countries are assumed to be able to successfully establish social protection systems for their populations. For example, India as a whole is wealthier today than Germany was when it introduced social insurance in 1880 and Indonesia is wealthier than the United States was when it passed its social legislation in 1935 (see Ortiz 2015). The introduction of basic social protection is estimated to cost between 2.3% and 5.5% of a country’s gross domestic product (see ILO/WHO 2009).

Beyond its direct impact on poverty reduction, social protection is also believed to contribute to sustainable economic development. By providing a safety net in times of emergency, basic protection can encourage individuals to take greater risks, such as investing in further education, starting a business, or ensuring children remain in school for longer periods. Although cash transfers within social protection systems are often modest in countries with low average incomes, their continuity and reliability are of immense significance. An unstable income, marked by scarcity and the looming risk of future poverty, frequently compels individuals and households to adopt counterproductive strategies to secure their livelihoods (Barrientos, 2011), as is seen in Chapter 7.

Such dysfunctional micro-strategies, such as cutting back on meals, postponing healthcare expenses, selling livestock and agricultural equipment, or withdrawing children from school to contribute to household income, may provide short-term relief from shortages. However, these actions ultimately exacerbate and perpetuate poverty in the medium and long term (ibid.). Furthermore, such a narrow focus on a single issue risks overlooking the fact that the affordability of social protection extends well beyond the cost of a specific scheme. For effective implementation, the underlying ideas or normative principles must align with the context and integrate smoothly with other policymaking mechanisms (Adesina, 2011, p. 261). This includes prevailing ideas of social justice and reciprocity. Regarding persons with disabilities, as discussed in Chapter 3, considerations include the social construction of disability, the notion of social community, and the associated issues of access to social reciprocity for people with disabilities. As Adesina argues, successful social protection aimed at reducing vulnerability is unlikely to be achieved with fragmented and isolated policy measures. Instead, it requires a broader vision rooted in equality and solidarity, supported by integrated economic and social policy frameworks and comprehensive policy instruments.[94]

SDG 1.3, 'Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable' sets the focus on the enhancement of social protection systems that are to be inclusive of so-called vulnerable populations. This contrasts with the reduction of social protection to targeted interventions for 'vulnerable populations', a feature of a neoliberal development agenda. It also marks a significant progression from the Millennium Development Goals, which did not specifically focus on social protection. The shift towards more comprehensive and structural approaches to poverty reduction may reflect the realisation that sustainable development depends on the foundation of a strong social protection system. In recent years, social protection experts expressed optimism that social protection would increasingly address income inequality and social inequities, rather than just poverty and demographic vulnerabilities (Devereux et al., 2016). By 2023, over half of the global population (52.4%) was covered by at least one social protection benefit (ILO, 2024). Coverage in lower-middle-income countries such as Ghana rose from 20.9 per cent in 2015 to 32.4 per cent in 2023, with Ghana specifically at 25.2 per cent in 2022 (ILO, 2024, p. 284). However, 47.6 per cent of the global population and 74.8 per cent of Ghanaians remain without any social protection. Globally, countries allocated an average of 12.9 per cent of GDP to social protection (excluding healthcare) and 6.5 per cent to healthcare, amounting to 19.3 per cent of GDP (ibid.). In Sub-Saharan Africa, these figures averaged 4 per cent, with Ghana spending 2.8 per cent of GDP, 0.5 per cent on public social protection (excluding healthcare) and 2.2 per cent on health. Amid a shifting global landscape, emerging crises, and reduced development spending in 2025, the future of social protection in low- and middle-income countries remains uncertain. Ghana's LEAP and NHIS programmes, for example, face financial crises and continue to rely heavily on donor funding.

[94] Drawing on Korpi and Palme (1998), Adesina asserts that there is no historical evidence to suggest that framing social protection in poverty-centric terms effectively reduces poverty. Instead, in each of the major European social policy regimes, Beveridgean, Bismarckian, or Nordic, success was achieved by integrating economic and social policies, aligning the productive and protective functions of social policy.

4.3 Formal Social Protection and Dis/Ability

Worldwide, coverage for persons with severe disabilities with at least one social protection benefit increased by 6 percentage points, from 32.8 per cent in 2015 to 38.9 per cent in 2023. In lower-middle-income countries, coverage rose from 11.1 to 19.1 per cent. For low-income countries, coverage for people with severe disabilities was not only very low but also declined from 3.5 to 3.3 per cent. The African continent also experienced a slight decrease in coverage of people with disabilities, from 8.4 to 8.1 per cent. In Ghana, the ILO Global Social Protection Report indicates social protection coverage of 0.1 per cent for people with severe disabilities, compared to an average coverage of 25.2 per cent for the overall population of Ghana (ILO, 2024, p. 286).

People with disabilities are currently among the least protected within the broader category of so-called 'vulnerable groups' (see ILO, 2024, p. XX, 146).[95] Recent evidence shows that regions with low effective social protection coverage frequently face corresponding gaps in legal coverage. In tax-financed schemes, coverage stands at 13.5 per cent in Sub-Saharan Africa, compared to a global average of 41 per cent. Low-income countries report a mere 4.3 per cent coverage, while lower-middle-income countries reach 20.5 per cent legal coverage for tax-financed social protection (ibid., p. 148). The ILO states that social protection schemes should guarantee effective access to at least essential healthcare and basic income security, supporting a healthy and dignified life (ILO Recommendation No. 202 and ILO Convention No. 102). The latest World Social Protection Report suggests that many countries do not provide benefit levels adequate to meet income security aspirations, and even fewer cover disability-related extra costs (ILO, 2024, p. 149).

4.3.1 The Dynamic Interconnection Between Disability and Poverty

One in five individuals living in poverty has an impairment, and 80 per cent of the world's one billion people with disabilities live in middle- and low-income countries (WHO/World Bank, 2011). The reciprocal relationship between disability and poverty means that people with disabilities are disproportionately affected by poverty (Mitra et al., 2011; WHO/World Bank, 2011). Conversely, those living in situations of poverty face an increased risk of developing a permanent impairment due to limited access to healthcare, adequate nutrition, sanitation, and safe working conditions (Yeo & Moore, 2003). People with disabilities, whether they live in high-, middle-, or low-income countries, experience higher rates of unemployment, underemployment, and informal employment compared to those without disabilities. In some low-income countries, unemployment rates among people with disabilities surpass 80 per cent (ibid.). As a result, particularly in low-income nations, only a small proportion of people with disabilities can access contribution-based social protection measures (Mitra, 2005).

Beyond challenges in accessing earned income, people with disabilities face additional costs that vary depending on the nature and severity of impairments. These expenses include healthcare, transportation, assistive devices, support services, and structural modifications to ensure accessibility (Mitra et al., 2017). In many low-income countries, the high cost of transportation, especially in rural areas, is a major barrier for people with disabilities to access basic healthcare services, even when these services are offered free of charge (ibid.). When social protection systems do not cover such expenses, as is often the case in low- and middle-income countries, people with

[95] Notably, the World Bank's 2025 State of Social Protection Report references disability only once in the entire report.

disabilities are likely to face substantially higher costs to achieve similar access to public goods and services.

Opportunity costs, such as the loss of income for household members who provide care and assistance, can significantly impact overall household income (see UN 2015b). This financial pressure may also restrict access to education and healthcare services, especially when additional expenses accompany these needs. The scale of these additional costs is likely to profoundly affect the standard of living for people with disabilities and their households, increasing the risk of poverty. These costs also affect the realisation of other economic, social, and cultural rights that the human right to social protection seeks to defend, such as the right to healthcare. For households with low incomes, healthcare expenses can lead to financial ruin, a situation known as 'catastrophic health expenditure'[96]. People with disabilities in low- and middle-income countries face a disproportionate share of this risk, which worsens their already greater vulnerability to poverty (see WHO/World Bank 2011; UN, 2015b). Many lack access to health insurance or find essential services excluded from coverage, creating significantly larger barriers to adequate healthcare compared to those without disabilities (Mitra et al., 2011, p. 10).

4.3.2 The Right to Social Protection for People with Disabilities

Traditionally, social protection approaches for people with disabilities are rooted in the medical model of disability and have significantly contributed to its global persistence (Degener & Quinn, 2002, as cit. in UN 2015b). These approaches are often based on assumptions of dependency and an inability to work among individuals with disabilities. As a result, they have frequently reinforced segregation and restricted self-determination throughout the life course, for example, through specialised kindergartens and schools or healthcare and rehabilitation services provided in segregated settings (cf. UN 2015b). Social protection for persons with disabilities worldwide is still often linked to such specialised measures and settings.

The CRPD specifies the right to social protection for persons with disabilities in a dedicated article and stresses their right to access all general social protection programmes and services, as well as specific programmes for disability-related services and expenses (UN 2006, Art. 28). Several other provisions of the CRPD also explicitly reference social protection. These include the right to independent living and community inclusion (Art. 19), respect for home and family (Art. 23), education (Art. 24), health (Art. 25), habilitation and rehabilitation (Art. 26), and work and employment (Art. 27). By addressing the particular challenges and entitlements of persons with disabilities across these domains, the Convention moves beyond traditional welfare approaches. It reorients the primary role of social protection for persons with disabilities towards promoting their full and effective participation in society and supporting self-determined living.

For social protection systems, this implies that disability should not be narrowly regarded as a life-cycle risk or equated only with an inability to earn an income. Instead, these systems are intended to address a variety of specific risks that people with disabilities encounter throughout their lives, including challenges in accessing education, the labour market, and healthcare. Barriers encountered by people with disabilities in achieving full and effective participation in social systems

[96]According to the WHO (n.d.), catastrophic health expenditure 'occurs when the amount a household pays out of pocket exceeds a predefined share of its capacity to pay for health care. This may mean the household can no longer afford to meet other basic needs (for example, food, housing, water, electricity and fuel for cooking and heating) or cannot afford to meet basic needs without drawing on savings, selling assets or borrowing'.

vary considerably, influenced by factors such as the type of impairment, physical and social environment, age, gender, origin, poverty, and intersecting forms of discrimination. This diversity highlights the need for social protection entitlements to be equally diverse and adaptable to these different needs.

4.3.3 Disability and the Global Social Protection Discourse

The paradigm shift from a medical to a social and human rights-based understanding of disability, one that explicitly considers environmental barriers alongside individual abilities and opportunities, has not yet been fully integrated into the design of social protection systems worldwide. Policy papers and academic literature on social protection often reduce the inclusion of people with disabilities to their classification as part of 'particularly vulnerable population groups' (Fritz, 2011). Highlighting vulnerability, understood as an increased likelihood of experiencing poverty under certain conditions, is not inherently incorrect. However, this approach tends to generalise the needs of diverse groups concerning social protection. It fails to account for the varied root causes of vulnerability and the heterogeneity within the population of people with disabilities.

Defining vulnerability by categorising population groups often suggests dependence and an inability to contribute economically (ibid.). However, what these target groups are likely to have in common is, for example, a lack of sufficient inclusion in existing social protection measures. The 2030 Agenda for Sustainable Development marks an important milestone for including people with disabilities, explicitly recognising them as a target group in five of its 17 Sustainable Development Goals. Nevertheless, Goal 1.3 of the SDGs on social protection does not explicitly mention persons with disabilities and instead refers to the basic protection of poor and disadvantaged population groups (see UN 2015). The adequacy of a universal approach to basic social protection in meeting the needs of people with disabilities must be critically examined, particularly if specific requirements are not explicitly integrated into relevant policies and strategies.

In social insurance, disability is often categorised as one of the 'classic risks of the life cycle'. This approach simplifies the complex social construct of disability, reducing it to the measurable risk of acquiring a functional impairment (Fritz, 2011). It overlooks the additional risks and challenges associated with disability from a human rights perspective. Although rarely explicitly stated, the discourse on social protection often assumes that impairments inherently equate to a loss of working capacity or that people with disabilities are generally unable or only partially able to sustain their livelihoods. This perspective portrays people with disabilities as passive recipients of aid and support services. Such assumptions are often reflected in the goals of social protection within international development cooperation. For instance, the 2010 European report on development cooperation with Africa, titled 'Social protection for inclusive development', describes the inclusive impact of social protection as 'a direct and simple means of redistributing some of the gains from growth to those who are unable to productively contribute to the economy – such as the elderly or disabled' (EDR 2010; Fritz, 2011).

This poses a significant risk that such attributions may be perpetuated in the development of social protection systems in countries with medium and low average incomes, where international development cooperation often plays an advisory role. Consequently, this could hinder a much-needed paradigm shift in the approach to social protection for people with disabilities. Instead, disability continues to be framed as an individual issue, overlooking the impact of physical and social environmental barriers. As a result, social protection strategies for people with disabilities in

low-income countries often remain narrowly focused on income security, typically through modest pension schemes, while rarely incorporating measures to foster participation and inclusion. Recent research underscores this shortfall, revealing that social protection programmes fail to sufficiently address the diverse needs of people with disabilities (see UN, 2015b).

4.3.4 Key Aspects of Embedding Disability in Formal Social Protection Programmes

Many national policies and strategies in low- and middle-income countries explicitly identify people with disabilities as a target group for social protection measures, and some have even tried to address the link between poverty and disability by implementing specific social protection initiatives for people with disabilities and their households (WHO/World Bank 2011). Generally, three types of social protection programmes can be distinguished with regard to people with disabilities (Palmer, 2013): (1) Programmes that exclusively target persons with disabilities; (2) general social protection programmes that relate to poverty prevention or reduction and reach people with disabilities if they are identified as poor or at risk of poverty; and (3) general programmes that explicitly target persons with disabilities.

Specific forms of social protection for people with disabilities exist in most countries worldwide (see ILO, 2015). However, many of these programmes are contribution-based, functioning as income replacement in cases of disability, and therefore exclude individuals outside formal employment (ibid.). Given the significant number of people with disabilities in low- and middle-income countries who lack access to education, training, employment, and healthcare, and are therefore unable to contribute to social insurance, non-contributory social protection programmes play a crucial role in enabling participation, particularly in such contexts. Palmer (2013) highlights that specialised programmes for people with disabilities are uncommon in low- and middle-income countries due to their higher costs and administrative complexity. Indeed, such programmes are available in fewer than half of all countries worldwide (see UN, 2015b). Furthermore, budgets allocated to non-contributory programmes are often relatively modest, particularly in low-income countries, limiting their potential to effectively reduce poverty in many cases.[97]

In general, individuals with disabilities are likely to benefit from expanded cash transfer programmes as part of basic income support in low-income countries. This is primarily because more household members with disabilities are included in the eligibility criteria. Notable examples include Uganda's 'Social Assistance Grants for Empowerment' programme and Ghana's Livelihood Empowerment Against Poverty (LEAP) initiative (see ILO 2015). To promote the inclusion of persons with disabilities, social protection systems are expected to fulfil four fundamental functions: ensuring income security, covering disability-related extra costs, and guaranteeing access to healthcare and other essential services (ILO/IDA/UNPRPD, 2022). The following points highlight key challenges in the accessibility and design of social protection measures in low- and middle-income countries.

[97] In Ghana's Livelihood Empowerment Against Poverty (LEAP) cash transfer programme, a household with four or more eligible members receives a bi-monthly payment of GHC 848.00, equivalent to 68.3 USD as of May 2025 (https://leap.mogcsp.gov.gh/). This amounts to a maximum average transfer of 0.57 USD per person per day, which is one-quarter of the World Bank's threshold for extreme poverty.

(a) Identification: While social protection policies in low- and middle-income countries strive for universal coverage, non-contributory programmes in these regions have predominantly targeted low-income populations. As noted, individuals with disabilities are included either as part of the broader target group or within the population experiencing poverty. The identification of individuals with disabilities is usually based on legal frameworks or programme-specific definitions. These definitions often rely on a medical perspective, focusing on documented impairments or an assessed inability to work, approaches that frequently differ from the conceptualisation of disability outlined in the CRPD. A common challenge is an inadequate administrative and professional capacity to effectively identify all eligible individuals with disabilities (Mitra, 2005, p. 18). The diversity of impairments and the varying manifestations of disability, influenced by different environmental factors, combined with a lack of sensitivity and expertise, further complicate the process. This raises the risk that certain types of impairments may be overlooked (ibid.; UN, 2015b).

Given these challenges, errors in assessing eligibility (targeting errors) for people with disabilities are particularly prevalent in low- and middle-income countries (ibid.). Programmes that determine eligibility through direct or indirect household-level needs assessments (means-tests or proxy means-tests) often fail to account for disability-related expenses, including the previously mentioned opportunity costs. A study from Vietnam, for example, shows an almost 5% increase in the number of 'poor households' with persons with disabilities when disability-related expenditures are included in poverty measurements (Braithwaite & Mont, 2009).

(b) Eligibility: A significant challenge of conditional cash and in-kind transfer programmes is their frequent failure to consider persons with disabilities when setting eligibility criteria. Structural barriers often restrict access, and conditionalities related to health or education, such as regular school attendance, can only be met if the relevant services are genuinely inclusive. However, programmes do not consistently ensure that people with disabilities have a fair and genuine opportunity to meet these conditions (see UN 2015b). Some programmes, such as LEAP, seek to address these barriers by exempting persons with disabilities from conditionalities. While this approach facilitates short-term access to support, it conflicts with the broader objectives of such programmes, which aim to link immediate poverty relief with long-term investments in human and health capital (Mitra, 2005, p. 31). Instead, efforts are requested to focus on empowering both persons with disabilities and the institutions responsible for implementing conditionalities, to ensure that the conditions can be met inclusively and equitably (ibid.; UN, 2015b).

(c) Accessibility: Access to social protection measures is often hindered for persons with disabilities due to physical, informational, and communicational barriers, as well as persistent stigma and discrimination. For example, studies from two rural regions in India show that 60 per cent of eligible individuals with disabilities are unaware of the services available to them (Rohwerder, 2014, p. 6; Palmer, 2013, p. 149). Information about social protection programmes is not always communicated comprehensively or in an accessible manner, and formats that accommodate diverse needs are often lacking. Inadequate accessibility impedes both the provision of services and the effective delivery of benefits. This includes physical inaccessibility of public and private infrastructure, as well as barriers to financial services, such as banking or mobile platforms, when benefits are disbursed via bank transfers or mobile cash systems. For persons with disabilities and their families, these barriers often lead to extra costs. In rural areas, in particular, access to in-kind

benefits may become economically unviable if the value of the support no longer outweighs the costs associated with accessing it (see also relevance of benefits; UN, 2015b).

(d) Linking Income Security and Disability-Specific Benefits: Specialised cash and in-kind transfers, as well as disability allowances, are vital social protection instruments for persons with disabilities, especially in low-income settings. However, the design of such targeted programmes can unintentionally restrict the participation of persons with disabilities. When disability-specific benefits, meant to cover additional disability-related costs or ensure access to health services, are linked to income support schemes, individuals risk losing the entire benefit package if their income exceeds the poverty threshold. This connection can create disincentives to work or engage in economic activities, ultimately undermining inclusion. The result can be twofold: firstly, individuals may fall back below the poverty line after losing eligibility, as disability-related costs continue to impose a heavy financial burden. Secondly, such programme designs can discourage seeking employment, as earning an income might lead to a benefit loss and increased financial insecurity (see UN 2015b).

(e) Coverage Level: In many low-income countries, the coverage of social protection benefits for persons with disabilities remains critically low. For example, in Bangladesh, a disability-specific social protection programme can reach only 10 per cent of those who are theoretically eligible due to limited financial resources (ibid.). In Nepal and Indonesia, levels of social transfer coverage are also low due to budgetary constraints. For example, the Indonesian 'Jaminan Sosial Penyandang Cacat' programme, which is intended to provide social benefits for people with severe disabilities as part of the poorest 40 per cent of the population, only reaches around 1.8 per cent of its target group (ILO, 2015).

(f) Relevance of benefits: Social protection for persons with disabilities can only be effective if the benefit packages of relevant programmes are also tailored to meet the needs of persons with disabilities within their respective local context. In countries with low average incomes, health services covered by social protection programmes often provide only minimal basic care, excluding specialised services and assistive devices (UN, 2015b). When access costs, such as long travel distances and high transportation expenses due to inaccessible public transport, are significant, the value of the benefits may be effectively diminished, making them less impactful or even out of reach for the intended recipients.

(g) Appropriate Objectives and Outcomes: Social protection services should aim to promote full and equal participation, empowering persons with disabilities to lead self-determined lives. This involves delivering support within the community rather than through specialised, segregated institutions, and, in the case of children with disabilities, prioritising care and inclusion within the family environment. Complementing cash transfers, it is essential to ensure the availability, affordability, and quality of community support, healthcare services, and personal assistance. These elements are vital for promoting independent living and alleviating the unpaid care burden on other household members (ILO/IDA/UNPRPD, 2022). In low- and middle-income countries, social services are often neither funded nor managed by the state but are instead provided by private, charitable organisations. In some instances, these services are segregated, failing to align with Article 19 of the Convention on the Rights of Persons with Disabilities, which advocates for 'living independently and being included in the community'.

(h) Inclusive Data Systems: Creating disability registries and inclusive information systems forms a cornerstone of the social protection system. These systems act as a gateway to both disability-specific and mainstream social protection benefits and services, support effective case management and policy planning, and allow for the expansion of social protection during times of crisis (ibid.).

(i) Collaborating with OPDs: The active involvement of persons with disabilities and their organisations is crucial in shaping and implementing social protection systems, including during crises. Organisations of Persons with Disabilities (OPDs) also work with governments to identify beneficiaries, design appropriate disability allowances, and promote economic inclusion.

4.3.5 Dis/Ability and Formal Social Protection in Ghana

The Constitution of Ghana contains a specific article on the rights of persons with disabilities, which prohibits discrimination on the grounds of disability (Gov. of Ghana, 1992, art. 17, 29). It also emphasises the right of persons with disabilities to live with their families, to engage in social, creative, or recreational activities, and calls for accessible public spaces and access to employment (ibid., art. 29). Furthermore, it urges the parliament to pass laws necessary to enforce these rights. Article 37 on 'Social Objectives' directs the state to enact laws that ensure 'the protection and promotion of all other basic human rights and freedoms, including the rights of the disabled' (ibid. art. 37).

The Social Security Law (Act 247) and the National Pensions Act (Act 766) include an invalidity/disability pension scheme (social insurance) for people who are assessed with a permanent physical or mental disability and an incapacity for any gainful employment, having at least 12 months of contributions in the last 36 months (Gov. of Ghana, 1991; Gov. of Ghana, 2008). Beneficiaries are entitled to this pension either as the minimum pension, which is 37.5 per cent of the insured's average annual earnings in the three best years of earnings plus 0.09375 per cent of average annual earnings for each month of contributions exceeding 180 months, or earned pension, whichever is higher (ibid.; ISSA, 2017).

Following Article 29 of the Constitution, the Parliament of Ghana enacted the 'Persons with Disability Act' (Act 715) in 2006 (Gov. of Ghana, 2006). The Act provides a legal framework for persons with disabilities across various aspects of life, including education, employment, health, and transportation. It emphasises the right of persons with disabilities to family life and participation in community activities by addressing this in its first article. Article 1 states that a 'person with disability shall not be deprived of the right to live with that person's family or the right to participate in social, political, economic, creative or recreational activities' (art. 1). The act prohibits any 'differential treatment in respect of residence' (art. 2), but 'except as otherwise required by the condition or the need for improvement of a person with disability' (ibid.), which remains vague because it is not further specified. Regarding living conditions in specialised establishments, the act states that 'the environment and living conditions of the establishment shall […] be as close as possible to those of a person without disability of the same age' (art. 3). However, article three again includes an exception for cases 'otherwise required by the condition of the person with disability' (ibid.), which is also not detailed further and leaves significant room for interpretation.

In the area of health, the Act requires the Ministry of Health to develop health policies that ensure 'free general and specialist medical care, rehabilitative operation treatment and appropriate assistive

devices for persons with total disability' (ibid. art 31). Disability awareness should be included in the training curricula of both general and specialised health professionals (art. 32), as well as in general health care programmes implemented in Ghana (art. 33). Regarding early intervention, the Ministry of Health, in collaboration with the Ministries responsible for Education and Social Welfare, is obliged to 'provide for the periodic screening of children in order to detect, prevent and manage disability' (art. 34). Consequently, the Ministry of Health, together with District Assemblies and the Ministry responsible for Social Welfare, shall establish and operate health assessment and resource centres in each district and offer early diagnostic medical attention to mothers and infants (art. 35).

In the field of education, the act obliges the government to provide free education for people with disabilities (art. 18), who, on an equal basis with others, should have access to regular formal schools. Additionally, the act provides for the establishment of specialised schools for people with disabilities who, due to their disability, cannot be enrolled in mainstream schools. The act further states that a 'person responsible for admission into a school or other institution of learning shall not refuse to give admission to a person with disability on account of the disability unless the person with disability has been assessed by the Ministry responsible for Education, in collaboration with the Ministries responsible for Health and Social Welfare to be a person who clearly requires to be in a special school for children or persons with disability' (art. 20). However, the act does not provide any further definition or criteria which defines a potential target group for such specialised schools.

When it comes to employment, the Disability Act obliges the Government to assist in securing jobs for persons with disabilities through the establishment of public employment centres (art. 9), which the Government shall progressively establish in regions and districts for persons with disabilities (art. 14). The objective of these centres shall be to offer 'guidance, counselling and appropriate training for persons with disability who are unable to enter into the mainstream of social life' and 'shall be provided with the staff and other facilities that are necessary for the performance of its functions' (ibid.). Based on Ghana's 2018 States Parties report to the UN CRPD Committee, however, '[t]here is no employment centre for Persons with disabilities though that has been captured under Act 715' (UN 2019, sec. 435), and the '[m]ajority of persons with disabilities in Ghana with the requisite employable skills including university graduates are not employed' (ibid. sec. 436). In more general terms, the act refers to a community-based rehabilitation approach and emphasises that 'as far as practicable persons with disability shall be rehabilitated in their communities to foster their integration' (art. 15). However, aside from the establishment of rehabilitation centres under article 14, the act offers no further details on how this might be achieved. Ghana's 2018 States Parties report to the UN CRPD Committee also states that the nine existing public rehabilitation centres are 'outmoded and very much under-resourced' and that the training provided is 'not suitable for employment' (UN, 2019).

The act requires the government to give a person or company that employs someone with a disability an annual tax rebate based on each person's taxable income and offers special incentives to individuals with disabilities involved in business, as well as to business organisations that employ them (art. 10). Additionally, anyone who employs a person with a disability must provide the necessary work tools and suitable facilities for the effective performance of their duties (art. 11). Specific support such as appropriate training, essential work tools and materials, and assistance to

access loan capital for starting a business, is to be guaranteed to persons with disabilities who are out of work for more than two years (art. 13).

Regarding accessibility in public spaces, the act requires owners or occupiers of places accessible to the public, as well as service providers, to ensure availability and accessibility to persons with disabilities (Gov. of Ghana, 2006, art. 6/7). The law also mandates that accessibility adaptations be made to buildings with public access within ten years of this act's commencement in 2006. To enhance transportation for persons with disabilities, the ministries responsible for rail, air, and road transport, and where appropriate, the Ministry of Local Government, must ensure that the needs of persons with disabilities are considered in the design, construction, and operation of the transportation network (art. 23). This includes reserving seats for persons with disabilities in commercial buses (art. 29).

While the Act makes several provisions in the field of social protection and services, including, for example, healthcare, vocational, or social rehabilitation, it does not include any specific provisions regarding the general inclusion of persons with disabilities into the mainstream Ghanaian social protection system. Since its passage, the Persons with Disability Act has been subjected to several criticisms, including, among other things, a lack of provisions on non-discrimination, gender and intersectionality, the right to vote, no legal definition of disability, and several inconsistencies with provisions made by the CRPD (for an overview see Abedi & Sasu, 2015). The Act defines a person with disability as 'an individual with physical, mental or sensory impairments including a visual, hearing, or speech functional disabilities which gives rise to physical, cultural, or social barriers that substantially limits one or more of the major life activities of that individual' (Gov. of Ghana, 2006, art. 59). While the definition goes beyond focussing on impairments and functional limitations primarily, it has been criticised for not aligning with CRPD, which states that '[P]ersons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (UN 2006, art. 1). The Republic of Ghana ratified the CRPD in 2012. In June 2018, Ghana submitted its first report on the implementation of provisions made by the CRPD to the CRPD Committee of the United Nations. In order to domesticate the CRPD, Act 715 is currently under review to align with its provisions. A technical committee comprising representatives from Ministries, Departments, Agencies, OPDs, and other Civil Society Organisations (CSOs)[98] has been established to consider proposals from stakeholder consultations (UN, 2019).

Disability is further addressed in several sector policies. The National Social Protection Policy defines social protection as 'a range of actions carried out by the state and other parties in response to vulnerability and poverty, which seek to guarantee relief for those sections of the population who for any reason are not able to provide for themselves' (Gov. of Ghana, 2015a, p. 2). The mainstreaming of gender and disability issues in social protection is emphasised as '[t]he policy's strategic imperatives' (ibid., preface). Disability is introduced as a cross-cutting topic mainstreamed

[98] The study uses a definition of CSOs adopted by UNDP and the OECD DAC: '[CSOs] can be defined to include all non-market and non-state organizations outside of the family in which people organize themselves to pursue shared interests in the public domain. Examples include community-based organizations and village associations, environmental groups, women's rights groups, farmers' associations, faith-based organizations, labour unions, co-operatives, professional associations, chambers of commerce, independent research institutes and the not-for-profit media. CSOs are voluntary organisations with governance and direction coming from citizens or constituency members, without significant government-controlled participation or representation' (UNDP, 2013, p. 123)

in all social protection efforts (ibid., p. 27). Persons with severe disabilities are categorised as part of the 'chronically poor', one of three 'main vulnerability categories' identified by the policy (ibid., p.2). It highlights that persons with disabilities are 'disproportionately affected by poverty' (ibid. p.3). The policy refers to the CRPD as a 'relevant Convention […] for social protection' ratified by the Government of Ghana (ibid. p.5) and the Persons with Disability Act as a relevant legal framework (ibid. p.6, 27). A 'stronger compliance of provisions of the disability law' with the social protection system is recognised as a key challenge by the policy (ibid. p.13).

Insufficient targeting of individuals with disabilities by measures aimed at securing minimum income security for working-age persons is identified as a gap in the social protection floor (ibid., p. 14, table 1). While the policy prioritises intervention at the household level, it also recognises the need for individual targeting of disability assistance and, where appropriate, the consideration of universal categorical transfers rather than means-tested programmes (ibid., p.43). The aim of achieving full and productive employment and decent work for persons with disabilities by 2030 is emphasised as a key target of the policy (ibid., p.17 Table 2). The policy underlines the importance of consulting with representative associations of persons with disabilities. A 'major advocacy initiative' that 'will involve an ongoing campaign to ensure compliance with the Act's provisions [Act 715]' is emphasised by the policy (ibid., p.27).

Most importantly, the policy emphasises the responsibilities of MMDAs and local authorities regarding the access of persons with disabilities to social services and poverty reduction (ibid. p.37). This responsibility is not only connected to the implementation of national social protection programmes at the local level but also to '[u]ndertaking local, complementary social protection programmes including food security, education, health, housing, sanitation and employment creation initiatives' (ibid.). These functions of local governments should be supported by District Planning Coordinating Units (DPCUs) within the framework of preparing, budgeting, implementing, monitoring, and evaluating the District Medium-Term Development Plans (ibid.). These responsibilities of the DPCUs shall include, amongst others, the 'needs identification in relation to social protection', the collection of 'data on all social protection interventions in the locality' and 'local level monitoring, evaluation and delivery review' (ibid.). District Social Protection Committees (DSPC) and Community Social Protection Committees (CSPCs) are responsible for assisting the enrolment and implementation of social protection measures at the local level, including facilitating linkages between beneficiaries and social protection services (ibid).

The Ghana Child and Family Welfare Policy and the Justice for Children Policy prohibit discrimination on the grounds of disability and promote the empowerment and active participation of children with disabilities (Gov. of Ghana, 2014; Gov. of Ghana, 2015b). Both policies emphasise the significance of local-level action.

The Government's Coordinated Programme of Economic and Social Development Policies (2017-2024) emphasises the importance of 'strengthening social protection, especially for children, women, persons with disability and the elderly' (ibid., p. xiv). In this context, the programme proposes specific interventions to be pursued. These include 'enacting a National Social Protection Law, which establishes a Ghana Social Protection Floor; expanding the coverage of existing social protection interventions, especially in rural communities, to cover all vulnerable groups; reducing policy gaps in child and family welfare; enacting the National Ageing Bill and establishing an Ageing Council to coordinate implementation of the ageing policy; enacting and implementing the Affirmative Action (Gender Equality) Bill; and promoting full participation of persons with

disability (PWDs) in society' (Gov. of Ghana, 2017, p. xiv, p. 2). The programme further provides for the establishment of a database on persons with disabilities (ibid., p. 79).

The Social Protection Policy identifies five ongoing flagship social protection programmes with the potential for significant impact, which will contribute to the so-called 'social protection basket' (Gov. of Ghana, 2015a). These include a. Livelihood Empowerment Against Poverty (LEAP), b. the Labour-Intensive Public Works (LIPW)[99], c. the School Feeding Programme (SFP)[100], d. the National Health Insurance Scheme (NHIS), and e. the Basic Education Capitation Grants[101]. Another programme which is linked to and important in the broader context of social protection is the Ghanaian Microfinance and Small Loans Centre (MASLOC)[102]. At the sub-national level, the so-called Disability Common Fund (DCF), which is the only formal social protection programme in Ghana that exclusively targets persons with disabilities, is particularly relevant to this study.

The following sections will focus on (1) Livelihoods Empowerment Against Poverty (LEAP), (2) the National Health Insurance Scheme (NHIS), and (3) the Disability Common Fund (DCF). The empirical study highlighted these programmes as critical to the livelihoods of persons with disabilities in the study regions and consequently prioritised them in the data analysis (see Chapter 7).

4.3.5.1 Livelihoods Empowerment Against Poverty (LEAP)

Livelihoods Empowerment Against Poverty (LEAP) is a targeted cash transfer scheme that includes provisions for children, pregnant women, persons with disabilities, and elderly persons. First launched in 2008, the programme now covers 260 districts nationwide, with approximately 350,000 beneficiary households (as of March 2025) (Gov. of Ghana, 2025). Payments ranging from

[99] The Labour-Intensive Public Works (LIPW) programme aims to provide beneficiaries with employment and income-generating opportunities, especially during periods of labour demand shortages and in response to external shocks (World Bank 2016). LIPW activities are chosen from district development plans, and district administrations are responsible for implementing them (ILO, 2015). The public works include rehabilitation and maintenance of roads, small dams and dugouts, and soil and land conservation efforts. The selection of beneficiaries involves a combination of geographical and community-based targeting mechanisms and self-selection (World Bank, 2016). No evidence could be found regarding whether or to what extent the programme targeted and reached persons with different types of impairments.

[100] The School Feeding Programme (SFP) currently provides one hot and nutritious meal to 1,693,698 pupils across 4,881 schools on each school day. In 2014, the programme served meals to over 1.7 million children in 4,881 pre-primary and primary public schools (about 17 percent of all public schools) in (by then) 216 districts across Ghana, reaching roughly 39 percent of all children enrolled in public pre-primary and primary education. The programme aims not only to boost school enrolment, attendance, and retention but also to increase domestic food production, thereby improving household incomes and food security in impoverished communities in Ghana, as part of the Home-Grown School Feeding Initiative.

[101] The Basic Education Capitation Grants provide a nationwide transfer to public schools for each child enrolled in basic education (preschool, primary, and junior high school) in the form of a per student payment. These payments replace registration fees, which were abolished in 2005. The programme aims to promote universal access to basic education by removing the school registration fee for parents and supporting the implementation of the School Performance Improvement Plan (SPIP). The scheme has significantly impacted enrolment; in 2014, 5.6 million pupils, including children with disabilities in regular schools, benefited from it. Additionally, the programme also pretends to reach special schools for children with disabilities (World Bank, 2016, p. 35).

[102] MASLOC, Ghana's microfinance apex body established in 2006, aims to support marginalised groups, including women, youth, and people with disabilities, through microcredits, training, and capacity-building. Despite its focus on the 'marginalized productive poor', access for people with disabilities remains limited. Barriers include societal perceptions of disability, lack of awareness about the programme, and a tendency to refer people with disabilities to the Disability Common Fund instead. Statistical data highlights the low participation of people with disabilities in MASLOC (VOICE Ghana, 2014), as these might rather be referred to the provisions available through the Disability Common Fund (see below).

about US$20 (for households with one eligible member) to US$35 (for households with four or more eligible members) are made every two months through local pay points (ibid.; FAO, 2013). In the latter case, this amounts to a maximum average transfer of 0.57 USD per person per day, which is one-quarter of the World Bank's US$2.15 threshold for extreme poverty. The transfer is unconditional for beneficiaries with disabilities and elderly beneficiaries (over 65 years). Carers of OVC must adhere to certain behavioural requirements, including sending school-age children to school, registering the birth of newborn babies, attending post-natal clinics, ensuring full vaccination of children up to five years old, preventing child trafficking, and avoiding child labour (FAO, 2013). Compliance with these conditions is intended to be monitored regularly by local social welfare authorities. Households failing to comply will receive warnings, visits, and, in cases of repeated non-compliance, penalties (Gbedemah et al., 2010). Handa et al. (2013), however, argue that these conditions are rarely enforced.

Due to the National Social Protection Policy, the medium-term priorities of the LEAP programme include 'expanding the eligibility criteria to all the poor (beyond using the categories of older persons, persons with disabilities, orphans and vulnerable children, and pregnant women and infants) and linking LEAP benefits to other social protection services and programmes such as income-generating activities and support better livelihoods' (Gov. of Ghana, 2015a, p. 10).

When LEAP was rolled out first in 2008 in selected districts, the procedural responsibility was decentralised to the local level (MMDAs). For targeting, districts were selected based on their poverty incidence, rate of HIV/AIDS prevalence, child labour rates, and access to social services. Within these districts, Community LEAP Implementation Committees (CLICs), which included representatives from traditional authorities, District Assembly members, teachers, nurses, religious leaders, and other community leaders, identified the most vulnerable households in their communities. Social welfare officers from local Departments of Social Welfare administered a survey using a questionnaire to select households likely to be the poorest (proxy means testing/PMT). The LEAP survey questionnaire (PMT questionnaire) implemented by LEAP has two parts: the first with around 40 questions about housing conditions, household assets, and household roster. The second part includes about 30 questions on the characteristics of individual members of the household, including demographics, education, and employment. Data on LEAP beneficiaries and households not selected are stored electronically in a single registry. The list of proposed beneficiaries, after proxy means testing, was sent back to each community's CLIC for approval. However, due to irregularities and challenges in identifying beneficiaries by local stakeholders based on the provided criteria, the targeting process was centralised again. Local LEAP officers from the District Departments of Social Welfare assist in raising awareness about the LEAP programme and encouraging households to visit designated points within the community to participate in data collection for identifying extremely poor and vulnerable households. The administration of a proxy-means test (PMT) questionnaire to household members is now carried out by trained data collectors (or enumerators) commissioned by the Ghana Statistical Service (GSS). GSS has subcontracted the data collection and registration process to Esoko, a private provider of data collection and digitisation tools and services based in Accra.

With the LEAP programme, Ghana has a flagship social cash transfer scheme that directly targets households with 'persons with severe disabilities without productive capacity' (Gov. of Ghana, n.d.). However, little evidence exists regarding the impact of LEAP on the living conditions of beneficiaries with disabilities (see e.g., FAO, 2013; Naami et al., 2023). An official impact evaluation

by the Institute for Statistical, Social and Economic Research (University of Ghana) and the University of North Carolina, commissioned by the Government of Ghana, reports impacts at the household level but does not provide any evidence on the programme's effects on household members with disabilities (Handa et al., 2013). A comprehensive 'LEAP Programme Endline Impact Evaluation Report' from the same six-year follow-up (Angeles et al., 2017) highlights improvements in programme operations, increased consumption in LEAP households, enhancements in productive activities and financial status of these households, better access to NHIS among adults and children, and some improvements in schooling. Nonetheless, the evaluation does not disaggregate data by disability, and the report offers no insights into LEAP's effects on people with disabilities, one of its three primary target groups.

The limited evidence on the impact of LEAP on persons with disabilities mainly comes from small-scale studies focused on individual districts, often presented as academic theses or research projects with small samples (e.g., Aku Deku, 2024; Boateng, 2023; Zuure, 2021). Empirical findings vary. For example, Zuure (2021, p. 158 f.) notes some positive effects on the health-seeking behaviour of beneficiaries with disabilities, while a study by Deku (2024, p. 53) indicates that the LEAP allowance did not significantly improve their access to healthcare services. The study points out a significant gap between healthcare needs and the programme's capacity to meet them. Similarly, although some findings suggest positive effects of LEAP on the food security of beneficiaries with disabilities, others find that the allowance was insufficient to fully satisfy their food security needs (Deku, 2024, p. 53). Both Zuure (2021, p. 159 f.) and Deku (2024, p. 54) find positive effects of LEAP on the education of children of beneficiaries with disabilities, particularly in terms of spending LEAP transfers on educational costs. Deku (ibid.) however, emphasises that the support from LEAP may not be enough to ensure continued education beyond basic levels. Deku (ibid., p. 71) highlights a significant gap between the support provided by LEAP and the actual needs of its beneficiaries, especially regarding healthcare access and housing quality. Despite the programme's goals, most participants reported that the LEAP allowance was insufficient to cover their medical needs or markedly improve their living conditions. The support was mainly used for immediate needs like food to provide temporary relief from food insecurity (ibid., p. 54).

Studies further highlight various administrative burdens and implementation difficulties, such as inconsistent and delayed payments, inadequate disbursements, lack of awareness of the programme, misconceptions about eligibility criteria, limited knowledge of availability in their area, and stigma from non-beneficiaries (Deku, 2024, p. 71). Beneficiaries with disabilities reported being excluded from a payment cycle due to issues with the new fingerprint verification system while depending on LEAP for survival (Osei et al., 2024, p. 140 f.). Due to irregular and delayed payments, beneficiaries stated they resorted to street begging in urban centres to survive (ibid.). Additionally, beneficiaries mentioned an informal but common practice of giving five per cent of their transfer to local focal persons, informing them about payment days (ibid., p. 141). Another challenge identified was the inaccessibility of cash-out points. Findings suggest that accessing the LEAP grants and complementary services such as NHIS sometimes involves high travel costs, which can be even greater for persons with disabilities, who may require special vehicles. Limited availability and high costs can make transfers inaccessible (Osei et al., 2024, p. 138; Jaha & Sika-Bright, 2016).

Positive effects reported extend beyond material improvements, highlighting that LEAP has significantly enhanced beneficiaries' personal and social well-being, particularly by fostering increased self-respect and improved social interactions (Deku, 2024, p. 49).

4.3.5.2 The National Health Insurance Scheme (NHIS)

The Ghanaian Health Insurance programme was established in 2003 as a public social health protection initiative, aiming to work towards Universal Health Coverage (UHC). Under Act 650 (the first National Health Insurance Act), it initially merged numerous community-based health insurance schemes into district mutual health insurance schemes, which were later integrated into a unified National Health Insurance Scheme (NHIS) by the National Health Insurance Act (Act 852) in 2012. The Ghanaian NHIS has resulted in Ghana having one of the highest rates of health insurance coverage in Africa. Ghana's 2021 Population and Housing Census reported that 68.6% of the population is covered by either the National Health Insurance Scheme (NHIS) or private health insurance schemes (GSS, 2021). The National Health Insurance Authority reports 16.75 million members, representing approximately 54 per cent of Ghana's population at the end of 2021 (NHIA, 2022).

The NHIS is primarily funded by the National Health Insurance Levy (NHIL), which is a 2.5 per cent levy on goods and services collected through the Value Added Tax (VAT), as well as 2.5 per cent of contributions to the Social Security and National Insurance Trust (SSNIT) each month. It is also funded by contributions paid by informal sector subscribers (premium) and returns on investments of the National Health Insurance Fund (NHIF). The NHIS faces substantial budget deficits and relies heavily on support from multilateral donors such as the World Bank (Agyekum et al., 2023). With decreasing Development Assistance for Ghana, the government is urged to identify sustainable sources of domestic revenue to support the scheme.

The Health Insurance Act provides only vague legal provisions regarding article 31 of the Disability Act 715, which states that the Ministry of Health shall offer 'free general and specialist medical care, rehabilitative operation treatment and appropriate assistive devices for persons with total disability'. The categories of individuals exempt from contribution payments under the scheme, thereby gaining free access to a basic service package, include 'a person with mental disorder' as well as 'categories of differently-abled persons determined by the Minister responsible for Social Welfare' (art. 29). Furthermore, the act's list of exempt supplies includes the category 'Goods for the disabled', which describes 'Articles designed exclusively for use by persons with disability' (sec. 48) and should therefore be exempt from any levies.

The NHIS exempts people with disabilities and LEAP beneficiaries from all charges, including registration fees and premiums. The exempt category includes pregnant women, indigents, categories of differently-abled persons determined by the Minister responsible for Social Welfare, persons with mental disorders, Social Security and National Insurance Trust (SSNIT) contributors and SSNIT pensioners, persons over 70 years of age (the elderly), and other categories prescribed by the Minister' (Government of Ghana, n.d.b). The programme aims to offer free registration and renewal[103] for indigent persons with disabilities upon presentation of a letter from the Social Welfare Department. Since 2013, LEAP beneficiaries have been automatically registered for the NHIS. The responsibility for identifying those eligible for the indigent exemption lies with the

[103] NHIS membership requires annual renewal at a local NHIA office.

Department of Social Development at the Municipal/District level. However, data from the Ghana Living Standards Survey 6 shows that indigents are included across all income groups, indicating an unclear definition of who qualifies as indigent or potential discretion in selection (Ghana Statistical Service, 2014).

The NHIS is widely seen as crucial in lessening the financial strain of healthcare for people with and without disabilities.[104] Research indicates that NHIS enrolment helps persons with disabilities overcome financial barriers to accessing healthcare (Wiredu et al., 2021; Howard, 2019). Additionally, evidence points to a positive correlation between health insurance coverage and increased healthcare utilisation across the wider population, including many persons with disabilities enrolled in the scheme. For example, one study reported that 80 per cent of persons with disabilities had enrolled in the NHIS at some point, with 65.3 per cent maintaining active enrolment (Wiredu et al., 2021). The same research revealed that individuals with higher incomes were considerably less likely to enrol in the NHIS. Likewise, those with higher education levels showed lower willingness to join the scheme, possibly due to better employment opportunities and higher income levels, which decrease their inclination towards risk-sharing mechanisms like the NHIS (ibid., p. 7). Individuals who perceived their health status as poor were notably more likely to enrol in the NHIS, probably because their greater healthcare needs make them more susceptible to incurring significant medical expenses. Enrolling in the NHIS provides a way to help manage these costs (Wiredu et al., 2021, p. 9).

Overall, research on the effectiveness of the NHIS, which specifically targets enrollees with disabilities, remains limited. Existing studies highlight several challenges, including issues related to accessibility, the composition of the service package, and practical aspects of administration and health service delivery. As mentioned before, not all people with disabilities are covered by the NHIS (Naami & Nfoafo-M'Charty, 2020; Agyire-Tettey et al., 2019). Access challenges include geographic barriers, often worsened by high transportation costs, the lack of physical accessibility to NHIA offices and healthcare facilities, communication difficulties between individuals with disabilities and administrative staff, and concerns about registration costs (including travel and fees) as well as ongoing out-of-pocket expenses for healthcare, even among NHIS members (Abodey et al., 2020; Howard, 2019; Inclusion Ghana, 2013). Howard (2019, p. 100) states that most persons with disabilities simply do not know that they do not need to pay a fee for renewal or registration of NHIS cards, while others may be unaware of the benefits of registering. This lack of knowledge may also be common among the general population. For example, Inclusion Ghana (2013) found that less than 13 per cent of the population know that persons with so-called intellectual disabilities are eligible for free registration under the NHIS. Due to limited human resources and logistics, the NHIA cannot carry out a mobile registration exercise targeting persons with disabilities, so they do not need to travel to the offices to register themselves (Howard, 2019, p. 100). NHIS users with disabilities report a lack of awareness among healthcare professionals about the specific needs and rights of persons with intellectual disabilities, as well as a lack of disability-responsive communication and care-provision skills (Dassah et al., 2022; Inclusion Ghana, 2013).

[104] A systematic review of impact evaluations on the NHIS by Okoroh et al. (2018) found that uninsured individuals incurred out-of-pocket payments (OOPs) ranging from 1.4 to 10 times higher than their insured counterparts and faced a greater likelihood of catastrophic health expenditures. However, the review also highlighted that 6 to 18 per cent of insured households still experienced catastrophic healthcare expenditures, and all studies reported insured members continuing to make OOPs for medicines.

A study by Badu et al. (2015) found that although about 63.5 per cent of respondents used the NHIS as their regular source of payment for healthcare, 94.1 per cent reported that sources of payment did not cover all their expenses and equipment. Beneficiaries report that the scheme does not cover disability-related extra costs such as assistive devices or mental health medicines (GFD, 2022; Naami & Nfoafo-M'Charty, 2020; Agyire-Tettey et al., 2019). Even with NHIS coverage, families often face financial burdens related to transportation to health facilities, the cost of drugs not covered, and other out-of-pocket expenses, which can be prohibitive given the high poverty rates among families with persons with disabilities (Inclusion Ghana, 2013).

As previously noted, health insurance legislation remains relatively vague and does not fully align with the provisions of the Disability Act, which obliges the Ministry of Health to provide free general and specialised medical care and assistive devices. Nonetheless, interviewees in this study emphasised the NHIS as a key public social intervention into individual resource arrangements. References to the NHIS were common during interviews, as both DCF users and LEAP beneficiaries are usually registered with the scheme (see Chapter 6).

4.3.5.3 The Disability Common Fund

The District Assembly Common Fund for Persons with Disability[105], often called the Disability Fund or Disability Common Fund (DCF), terminology that aligns with the designation used in Ghana's initial report to the UN Committee on the Rights of Persons with Disabilities in 2018, and which will be used throughout this text, is a quarterly local government-coordinated in-kind and, in rare cases, cash transfer to people with disabilities as part of Ghanaian local governments' District Assembly Common Fund (DACF)[106]. The DCF is not directly included within the National Social Protection Policy. However, it functions as a pro-poor initiative aimed at addressing the specific needs of individuals with disabilities (Naami et al., 2023). The DCF holds significant importance as the only public social protection programme in Ghana that exclusively targets persons with disabilities. This importance was particularly clear in this study, where the DCF was the most frequently and extensively discussed social protection instrument among interviewees.

The history of the DCF dates back to the early 2000s, when the Ghana Poverty Reduction Strategy I (GPRS I, 2003-2005) and its successor, Growth and Poverty Reduction Strategy II (2006-2006), guided the Government of Ghana on economic growth, poverty reduction, and human development as part of the IMF Highly Indebted Poor Country (HIPC) initiative (see Abdul Karimu, 2024, p. 1f. for details; and Chapter 2.1.1 of this thesis for the broader historical context). Although GPRS I identified persons with disabilities as a 'disadvantaged group' and emphasised the need for targeted disability-specific programmes[107], the implementation of such inclusive and tailored initiatives was limited, providing minimal benefit to individuals with disabilities (ibid.). GPRS II incorporated disability into its objectives, priorities, and strategies. This was a result of

[105] This terminology was used by the NCPD when introducing the fund's guidelines in 2010 (see NCPD, 2010)

[106] Under Article 252(2) of Ghana's 1992 Constitution and the 1993 District Assemblies Common Fund Act 455, Parliament is mandated to allocate annually at least five per cent of central government revenue to the Metropolitan, Municipal and District Assemblies (MMDAs) for development purposes. These funds are to be disbursed quarterly into the District Assemblies' Common Fund (DACF). It is meant to fulfil legislative and executive functions of administration and developmental planning, and decision-making at the local level that MMDAS were assigned with under the Local Government Act (Act 462) from 1993, Metropolitan, Municipal and District Assemblies (MMDAs).

107 These included community-based rehabilitation programmes, education programmes for individuals with physical and mental challenges, and the provision of facilities and basic material support for schools for blind and deaf people (see Ghana National Development Planning Commission, 2003).

the Ghana Federation of Disability Organizations' participation in Cross-Sectoral Planning Groups and their input, as well as international funders' demands for development spending to prioritise marginalised groups, which led to financial support for persons with disabilities through the DACF to promote small-scale businesses (ibid., p. 2).

In 2005, the Government of Ghana issued a directive requiring all district assemblies to allocate up to five per cent of their shares of the Common Fund to support persons with disabilities. To strengthen this commitment, a ring-fencing clause was introduced in 2007, specifying that two per cent of the DACF shall be used to support people with disabilities (Naami et al., 2023; NCPD, 2010, preamble). This allocation was further increased to three per cent in 2018. The government's expenditure on the DCF can be estimated nationwide at up to approximately GH¢ 180.24 million for 2025.[108]

The DCF seeks to support income-generating activities as a means of economic empowerment, provide educational support, build the capacity of Organisations of Persons with Disabilities (OPDs) at the local level to enable them to advocate for and assert their rights, as well as conduct awareness-raising and sensitisation on disability issues. It also supports access to technical aids and other assistive devices and equipment (NCPD, 2010, art. 2). The scheme is a crucial social protection and graduation programme for people with disabilities in Ghana. Its significance has grown over recent years because it addresses provisions outlined in various sector legislations and policies, which mainstream schemes and programmes of the respective sectors have not yet covered. Regarding social protection, the core element of the DCF is a start-up fund for people with disabilities that functions in a 'promotive' capacity, helping individuals 'graduate' out of poverty through small-scale entrepreneurial activities. Furthermore, local OPDs receive basic funding from the DCF to develop their organisations. In 2018, to reduce the risk of misuse and improve resource allocation efficiency via the DCF, the Government of Ghana issued a directive on disbursement. This directive mandated MMDAs to substitute cash payments with the provision of working tools and equipment, such as freezers, sewing machines, corn mills, popcorn machines, barbering tools, welding machines, carpentry equipment, shoemaking kits, hair dryers, and spraying machines, among others. Additionally, 10 per cent of the total fund allocation was reserved for medical and assistive devices (Ephraim et al., 2022).

While the Ghanaian Government in its initial States Parties Report to the UN Committee on the Rights of Persons with Disabilities in 2018 indicates that GH₵85,599,561.45 has been disbursed to MMDAs to support persons with disabilities (Gov. of Ghana, 2018b, para 297), to date, there is little evidence regarding the number of persons with disabilities supported through the DCF across Ghana or the impact of this support on their livelihoods. Existing research mainly comprises qualitative empirical studies that focus predominantly on small samples of DCF beneficiaries within individual or a limited number of selected MMDAs.

Existing research indicates that participation in livelihood-generating activities enhances DCF beneficiaries' sense of dignity, reinforcing their perceived value within their families and communities (e.g., Abdul Karimu et al., 2024; Edusei et al., 2017; Agyemang, 2015). At the same

[108] The Disability Common Fund (DCF) is set at 3% of the District Assemblies Common Fund (DACF). For 2025, the DACF allocation is GH¢ 7.51 billion. Up to 80% of the DACF is recommended to be transferred to Metropolitan, Municipal, and District Assemblies (MMDAs), which amounts to GH¢6.008 billion (Gov. of Ghana, 2025b, p. 72f). Applying the 3% allocation rule, the DCF would total approximately up to GH¢180.24 million. This figure represents the maximum pool of funds available nationally for supporting persons with disabilities through the DACF.

time, findings suggest that, despite being the primary source of public support for persons with disabilities, the DCF faces significant challenges that diminish its effectiveness. Research highlights ongoing issues such as limited outreach to potential beneficiaries, an inability to adequately meet needs and demands, and chronic resource constraints (Ephraim et al., 2022; Agyire-Tettey et al., 2019; Edusei et al., 2017). Interviewed beneficiaries perceived the support provided by the DCF as insufficient, with limited capacity to create meaningful and sustainable improvements in their lives (Agyire-Tettey et al., 2019; Edusei et al., 2017). Scholars identify inadequate funding to cover all applicants, compounded by delays in disbursement (Ephraim et al., 2022; Opoku et al., 2019; Edusei et al., 2017). Similarly, Adamtey et al. (2018), in line with Agboga (2015) and Agyemang (2015), revealed that allocations were often halved or reduced to accommodate multiple requests, leaving beneficiaries with insufficient resources to meet their intended purposes. While Edusei et al. (2017) noted that recipients generally used the funds as intended, they assumed that the small amounts significantly limited the overall impact of the support on beneficiaries' livelihoods. Abdul Karimu et al. (2024) emphasise how the seemingly common practice of reducing individual support to reach a broader pool of beneficiaries diminishes the effectiveness of the DCF. Their research revealed that recipients often struggled to invest in sustainable ventures when provided with only minimal funds. Moreover, those who received less than the requested items or amounts were forced to compromise their intended goals. Beneficiaries expressed a preference for substantial support that could enable long-term self-sufficiency and facilitate the establishment of income-generating activities. They conclude '[t]his dilemma is indicative of the systemic challenges inherent to administering a fund with limited overall fiscal capacity to meet the high amounts of need in the community' (ibid., p. 14).

Accessing DCF presents barriers for persons with disabilities, stemming from various infrastructural, logistical, and societal issues. Inaccessible built environments, such as MMDA and Department of Social Development offices, drainage systems, and the absence of pavements, hinder mobility and access to services (Agyire-Tettey et al., 2019; Ephraim et al., 2022; Picton, 2011). Communication and information barriers, worsened by stigma and discrimination, further intensify these challenges (Agyire-Tettey et al., 2019). For individuals in remote areas, access is especially difficult due to inaccessible transportation systems and non-motorable roads leading to capital cities where services are concentrated (Agyire-Tettey et al., 2019; Picton, 2011). Opoku et al. (2019) found that only a small number of people with physical, hearing, and visual disabilities were able to access the fund.

Furthermore, the DCF encounters institutional and administrative challenges that weaken its effectiveness. Delays in transferring funds from the central government to MMDAs, along with additional disbursement delays at the MMDA level, have been widely reported and negatively impact persons with disabilities, many of whom depend heavily on the fund (Agyire-Tettey et al., 2019; Ephraim et al., 2022). Studies highlight further issues, such as the lack of a standardised disability measurement system, which leads to biased selection criteria and inconsistent disbursement processes (Ashiabi & Avea, 2019). Non-compliance with fund guidelines, including allocating the same amounts for different purposes, worsens these challenges (Adamtey et al., 2018). Arkorful et al. (2020) highlight limited beneficiary awareness, disbursement delays, and political interference[109] from MMDCEs, calling for policy restructuring and the separation of fund

[109] An illustrative example of political interference is provided by Abdul Karimu et al. (2024), who observed that beneficiaries recommended by Metropolitan, Municipal, and District Chief Executives, GFD representatives, Social

management from political systems. Similarly, Okrah (2016) identified significant delays in the release of funds from the central government in his study, emphasising the systemic nature of these administrative shortcomings.

On a systemic level, existing research indicates that the fund struggles to meet the financial and administrative demands placed upon it. Given the potentially limited prospects for significant expansion of the DCF, proposed solutions are likely focused on narrowing the target group, albeit with varying approaches and priorities. While some might argue for targeting the most vulnerable among persons with disabilities (e.g., Ashiabi & Avea, 2019; Naami & Mikey-Iddrisu, 2013), others recommend concentrating on the fund's original entrepreneurial scope and targeting those 'able to engage in economic ventures or already involved in income-generation activities to reduce poverty' (Abdul Karimu et al., 2024, p. 4). In principle, these two objectives are not mutually exclusive but rather complementary. They raise the question of the need for different social protection instruments for the diverse target group of people with disabilities. In the absence of other social protection programmes specifically tailored to people with disabilities in Ghana, the DCF faces extensive and sometimes conflicting demands, acting as a 'jack of all trades'. The current regulations and implementation requirements for the fund appear insufficient to manage these overwhelming expectations.

4.4 Indigenous Social Protection and Dis/Ability – A Complementary Perspective

As highlighted earlier, 81 per cent of the African population is currently without access to any public social protection benefits (ILO, 2024). Consequently, the vast majority rely on indigenous systems of social protection, often referred to as 'traditional social protection', 'informal social protection' (e.g., Calder & Tanhchareun, 2014; Verpoorten & Verschragen, 2010; Oduro, 2010), or 'community-based social protection' (e.g., Browne, 2013). At its core, indigenous social protection is shaped by social relationships, with care and support provided to extended family, community, and group members through established social structures and networks (Calder & Tanhchareun, 2014, p. 4, 17). This can include '[s]haring and helping between family, close kin and immediate neighbours (often one and the same)'[110], '[i]nformal cooperation and mutual assistance aimed at production and livelihood practices'[111], and '[l]argely kinship-based, traditional solidarity events or rituals to support major life transitions and crises'[112] (ibid.).

While the design and implementation of social protection systems often seem to overlook local contexts and indigenous forms of social protection, several African scholars argue that indigenous forms of social protection should constitute a crucial basis for creating public policies in Africa

Welfare officers, and Assembly members were more likely to receive durable or higher-quality items compared to others. Similarly, this study identified instances of political interference, which are explored in detail in Chapter 6.

[110] This encompasses actions such as fetching water for a neighbour, lending small amounts of money or food, covering school fees or medical expenses for a relative's child, funding house repairs for a family member after a storm, and providing care during significant events and crises (Caldern & Tanhchareun, 2014, p. 4).

[111] These practices may involve labour exchange, work parties, sharecropping, or the shared use of resources such as oxen. They are often characterised by negotiable and balanced arrangements, built on the collective pooling of resources to form a functional operational unit. Examples include rotating money pools or rotating savings and credit associations, as well as more asymmetrical reciprocal systems, such as patron-client relationships (ibid.).

[112] This encompasses events such as funerals, weddings, and baptisms, as well as community-based associations established for risk-pooling in response to significant life events, such as burial or funeral societies (ibid.).

(see, e.g., Noyoo & Boon, 2018). They also interpret the push to elevate Eurocentric formal social protection initiatives as a response to a perceived absence or weakness of social protection systems on the continent (ibid., p. 2). Undoubtedly, although academic literature on government-provided social protection in African contexts has increased steadily, scholarly discussion on indigenous social protection and its potential integration with formal government initiatives remains relatively limited, likely reflecting a broader shortage of research funding and the tendency to treat such efforts as 'peripheral'. Only recently has there been a growing academic focus on indigenous forms of social reciprocity and livelihoods, exemplified by debates over concepts such as Ubuntu (see above). African scholars criticise the global social protection discourse for characterising indigenous social protection systems as 'informal', arguing that this framing undermines efforts to incorporate these systems into public policymaking (ibid., p. 3). The term 'indigenous' therefore opposes the term 'informal' (ibid.). Conversely, excessive emphasis on traditional reciprocity systems has also faced criticism, especially concerning equitable access to these networks (e.g., Imafidon, 2021, 2020, 2018; Caldern & Tanhchareun, 2014; Táíwò, 2014; Matolino & Kwindingwi, 2013).

Although indigenous social protection systems continue to play a dominant role in securing livelihoods across the African continent, a recent exploratory study by South and West African researchers found no convincing evidence that African governments are actively attempting to incorporate these indigenous approaches into formal policy frameworks (Noyoo & Boone, 2018, p. 3f). Instead, they argue that the social protection discourse in Africa is largely driven by bilateral and multilateral development partners from the so-called Global North, focusing on replacing indigenous forms of social protection with formal government schemes. Amid this background, this thesis examines insights from analysing the opportunities and perspectives of public social protection systems and the role of indigenous social protection in safeguarding livelihoods of people with disabilities in Ghana. Specifically, it analyses the discourse on and integration of formal and indigenous social protection frameworks within resource arrangements for individuals with disabilities.

As shown above, most of the population in Africa relies on indigenous forms of social protection. Contrary to popular belief, state-led public social protection is neither intended nor equipped with the resources to replace indigenous support systems (Caldern & Tanhchareun, 2014, p. 4). In this context, it becomes crucial to reassess the framework of indigenous social protection in Ghana from the perspective of people with disabilities. A more comprehensive overview of indigenous social protection in Ghana is provided, for example, by Ahenkan (2018). He states that 'Social protection in Ghana dates back to the pre-independence era where community members were each other's keeper' (ibid., p 128). He further explains:

> *Parental roles were not limited to one's biological parents, but to any adult in the society. People saw every child as their own and hence could provide any form of assistance. The aged were catered for by the friends, relatives, well-endowed and strong people in society. Grand children from either a nuclear family or an extended family were always assigned to older people to run errand services for them, while the aged imparted knowledge or provided training services for the children. Also, people secured their future by acquiring tangible assets such as land and houses and provided training for children who were required to take care of their parents during old age. People also willingly shared their wealth with family members such as children, siblings, nephews and nieces. The poor and vulnerable in society were supported by the rich and the chiefs of their communities.*

He further specifies that kinship

> *ties individual members of the extended family system to an implicit contract [Emphasis by the author] between successive generations as a source of practical, emotional, and financial support for the children and dependent elderly. Kinship serves as insurance for crisis situations like illness, unemployment, divorce and bereavement in Ghana. […] Ghanaians possess a collectivist orientation which underscores a strong concern for the fate and well-being of one's kin and the need for family members, young and old, to support each other and to assist in the nurturing and supporting role of the family. This kinship support can also be in the form of care. The responsibility generally continues throughout the child-rearing years and enhances parents' participation in income-generating and socially enhancing activities, thus contributing to social and economic empowerment (ibid., p. 129).*

Ahenkan recognises this collectivist orientation and sense of responsibility as deeply rooted within extended families and local communities, which are traditionally tasked with caring for the needs of 'vulnerable members of society like the aged, widows, the sick and orphans' and which is 'grounded on the principle of solidarity and reciprocity' (ibid., p. 130). Given the focus of this work, the question arises as to the extent to which these inherent rules of reciprocity that underpin this social protection system apply to people with disabilities. Who is part of this 'implicit contract' that binds its members to solidarity and reciprocity?

Firstly, it is apparent that people with disabilities are not explicitly mentioned. Secondly, the inherent concept of protection appears to be based on an implicit normative assumption of a 'normal life course' which comprises three main stages: childhood, adulthood/parenthood/economic productivity, and old age. Distinct collective responsibilities characterise each stage of life. Furthermore, responsibilities are organised around a reciprocal dynamic, serving as a potential safeguard against tensions arising from imbalances in such economic relationships. This prompts the question of what happens when there are deviations from this 'normal life course' or uncertainties regarding the successful realisation of associated individual expectations and efforts to maintain balanced exchange relationships.

The previous chapter clarified that the forms of reciprocity discussed here often do not apply to people with disabilities, making indigenous social protection measures either inaccessible or not equally available. People with disabilities are frequently excluded from the 'implicit contract' outlined here. This exclusion was explored within the context of ableist notions of personhood and community in African communitarian societies, which regulate access to certain types of reciprocity. To assess the importance of indigenous social protection in supplementing state social protection programmes, as advocated by Noyoo and Boone (2018), it is crucial to examine the social constructions of personhood and community that underlie such an 'implicit contract'.

MacLean (2014, 2011) argues that policies grounded in an overly romanticised view of kinship and communal reciprocity in African societies often worsen 'the marginalisation of the poorest', increasingly excluding them from both state and non-state social welfare systems. Verporten and Verschraegen (2010, p. 19f.) emphasise the risks of unequal treatment among household members relative to individual needs, which can result in the underprotection of specific social groups defined as vulnerable. In this context, MacLean underscores the critical need for contextual qualitative research to illuminate the roles and intersections of indigenous and formal social protection mechanisms. From this viewpoint, formal social protection can help to overcome the limitations of indigenous systems, which do not always provide equitable support or protection.

As Calder and Tanhchereun (2014, p. 4, 21) note, these traditional systems often include or exclude individuals on unequal terms, disproportionately disadvantaging those with the fewest resources who are least able to rely on others in times of need. 'There is good evidence that while 'traditional safety net transfers fulfil their role to a degree' their nature is uneven and haphazard' (Ellis, 2012, cit. after Calder & Tanhchereun, 2014, p. 22 f.). Some social groups may be completely excluded from indigenous social protection or receive support that is too limited to bring about meaningful change in their circumstances. As discussed in the previous chapter, existing research clearly shows that this is especially true for people with disabilities. This study, therefore, focuses on the underlying structures and dynamics.

Literature on indigenous social protection often highlights the erosion of traditional social support systems due to significant economic and social shifts, including monetisation, urbanisation, migration, demographic transitions, and evolving social philosophies and value systems. It has already been explained that LEAP was also established with this objective in focus. Calder and Tanhchereun (2024, p. 24) contend that as these circumstances increasingly place livelihood pressures on members of indigenous support networks, more vulnerable groups, such as children, the elderly, and people with disabilities, become excluded. While this conclusion may seem plausible, the previous chapter's focus on the social construction of disability, personhood, and community highlights an additional dimension that distinguishes the experiences of people with disabilities from those of children and older adults within indigenous social protection systems. It reveals that people with disabilities are frequently excluded on a fundamental ontological level, regardless of the pressures faced by the respective protection systems. This emphasises the need for a closer examination of both indigenous and formal systems within the specific context of dis/ability.

In this context, emphasising the pivotal role of social capital (see Chapter 5.1.4) within indigenous social protection networks offers an additional valuable perspective. When social capital is limited, for any reason, social networks and relationships through which indigenous social protection operates may contribute to poverty and vulnerability, as egalitarian norms and values of sharing and redistribution might not apply. Calder and Tanhchereun (ibid.) describe a dynamic of 'adverse incorporation' or 'non-progressive inclusion', examining how individuals are embedded within social structures that sustain inequality and marginalisation. Drawing on Wood's (2005) concept of 'perverse social capital' and the discourse on the 'dark side' of Bourdieu's concept of social capital, they argue that people in situations of poverty face interlocking disadvantages that severely restrict their ability to benefit from increased community-level association and participation. In settings where hierarchical and obligatory social values dominate, relationships, collective action, and social institutions may systematically reinforce the disadvantages faced by 'the poorest'.

Consequently, their engagement in social and institutional life takes place under unfavourable conditions, leaving them less equipped to navigate norms or reshape social relationships to their advantage, as Cleaver (2005, p. 895) describes, challenging oversimplified and overly optimistic views on social capital in the development discourse. Considering the ontological conception of community and personhood within the context of disability, as discussed in Chapter 3, one could argue that persons with disabilities are inherently at a heightened risk of encountering interlocking disadvantages, with limited resources to navigate prevailing norms or to reshape social relationships to their benefit. Part of the analysis in Chapter 7 of this thesis will examine this aspect more closely.

Following this line of reasoning, replacing indigenous support systems with formal social protection can sometimes be seen as advantageous, as it reduces reliance on patronage-based, structurally unequal, and insecure relationships. Public social protection has the potential to allocate resources based on needs, rights, and citizenship without requiring reciprocation (Calder & Tanhchereun, p. 41). However, as previously discussed, replacing all informal support with comprehensive formal social protection does not seem achievable or desirable. Therefore, the questions of integrating indigenous forms and social protection within state-provided schemes must be considered in the context of disability. Against the backdrop of the ongoing dominance of indigenous support systems, this study looks at public social protection schemes as interventions into individual support mechanisms.

Given the assumption that these systems are 'embedded in social relations, which are, in turn, guided by social, cultural, and religious principles, as well as community values and norms' (Calder & Tanhchereun, 2014, p. 4), it is vital to examine how social protection interventions align with and interact with these principles, values, and norms. This also requires reflecting on the norms and values underpinning the respective social protection schemes. Furthermore, indigenous support systems are driven by economic principles of exchange and redistribution that must be understood within the context of the informal economy (ibid.). Here, too, it is of interest to examine how government social protection programmes are perceived in relation to these principles of exchange and redistribution and how they 'interact' with them. The research interest of this study is directly linked to these premises by a) examining individual resource arrangements and potential resource exchange processes within the context of disability, and b) analysing the implicit and explicit assumptions about individual resource arrangements and possible resource exchange processes that are embedded in the design of social protection programmes. African scholars argue that integrating indigenous and state-led social protection systems requires a deep understanding of indigenous social protection arrangements (Noyoo & Boone, 2018; Olivier et al., 2008). This study aims to contribute to this discourse within the context of disability.

4.5 Concluding Considerations

As outlined above, the right to social protection is firmly embedded in global legislative and policy frameworks. Over the past thirty years, social protection has become a vital pillar of national development strategies within the development context. This increased focus was largely driven by the profound social repercussions of the IMF and World Bank's structural adjustment programmes in the 1990s. A key aspect of the discussion on social protection strategies is the debate between two contrasting approaches: the neoliberal model, which emphasises targeted conditional transfers for specific groups, and broader, more integrated systems designed to provide comprehensive coverage for the general population. In the Ghanaian context, it is important to note that existing programmes relating to disability can be classified under the first approach.

The widespread adoption of neoliberal social protection strategies in countries of the Global South is often criticised by scholars for isolating the issue of vulnerability from the broader systemic processes that, through cumulative causation, have created the very challenges these strategies seek to address, namely extreme poverty and vulnerability. While universal social protection approaches have gained increasing prominence in development discourse, entrenched neoliberal structures and processes are believed to exhibit strong path dependency, complicating efforts to implement

transformative change. This dynamic may arguably be reflected in Ghana's key programmes, including LEAP and the DCF.

As a matter of fact, a significant portion of the population in low- and middle-income countries does not have access to public social protection; in Ghana, this includes about three-quarters of the population, with an even higher proportion among people with disabilities. The opportunities and challenges related to both targeted and general social protection programmes for individuals with disabilities have been thoroughly examined, especially within the Ghanaian context. Despite the outlined advancements in the legislative and policy frameworks for social protection and disability, such as the comprehensive focus on disability in the National Social Protection Policy, in its concluding observations on Ghana's initial report, the UN Committee on the Rights of Persons with Disabilities 'notes with concern the high number of persons with disabilities living in poverty and the absence of a comprehensive social protection system guaranteeing access to an adequate standard of living for persons with disabilities, including resources to cover disability-related expenses (UN, 2024, para 54).

Given the limited access to formal social protection, indigenous forms of social protection play a crucial role in securing livelihoods. African scholars, in particular, criticise the inadequate recognition of these systems within academic, political, and practical social protection discourses concerning the Global South. They stress the dominance of bilateral and multilateral development partners from the Global North, whose focus on replacing indigenous social protection mechanisms with formal government schemes is seen as neither realistic nor desirable. A critical examination of indigenous forms of social protection uncovers the exclusions they create, especially for people with disabilities. These systems operate under an implicit social contract rooted in the same social construction of the individual and community that marginalises individuals with disabilities from resource exchange processes (see Chapter 2.2). At the core of this social contract are assumptions about 'balanced resource exchange processes', which are considered impossible in the context of disability, thus reinforcing exclusionary dynamics.

What preliminary conclusions can be drawn about a complementary perspective on government and indigenous social protection? Governmental social protection provides a key advantage in mitigating the exclusionary effects of indigenous systems by distributing resources based on needs, rights, and citizenship, independent of reciprocal obligations. However, in Ghana, the level of state social protection available to people with disabilities is unlikely to significantly lessen the dependence on indigenous social protection structures. Indigenous social protection relies on reciprocity-based systems that facilitate resource exchange processes. For state social protection to be effective, it must also align with these exchange systems. For example, support from the DCF to establish a kiosk is only meaningful if the community actively participates in transactions with the kiosk. If social stigma, such as the belief that buying from a person with a disability brings bad luck, deters such participation, the vital access to resource exchange required for livelihood security is blocked. From a resource theory perspective, the DCF's support signifies potential but cannot become a practical resource when contextual barriers restrict exchange opportunities. The empirical part of this thesis will further examine examples of resource exchange processes, including those that extend beyond economic resources. Social protection benefits become a resource only when they can be utilised within an individual's context through resource exchange. Where such exchange is not feasible, the effectiveness of these benefits remains limited. In this context, the chapter emphasised the crucial role of social capital (see Chapter 5.1.4). From the

perspective of 'interlocking disadvantages', it can be argued that these limitations significantly hinder the potential of both informal and formal social protection measures, as both are deeply embedded within social structures that perpetuate inequality and marginalisation.

The chapter has highlighted that the discourse on social protection and disability predominantly centres on the technical aspects of implementation. Insufficient attention is paid to examining the underlying social constructions of disability and the assumptions about reciprocity and social justice that influence programme designs. Additionally, there is little consideration of how these align with prevailing local conceptions of disability, social reciprocity, and social justice in the contexts where the programmes are implemented. The potential effects of any misalignment on local implementation processes and practices remain largely unexamined. Public social protection programmes cannot be understood in isolation. This applies both to the integration of social protection schemes within social policy and politics and to their incorporation into existing informal social support structures, along with their specific values, norms, structures, processes, and practices.

Chapter 5 – Resources: Theoretical Conceptions and Analytical Framework

5.1 Resource Theory

The discourses on social justice presented in the previous chapter have prominently introduced the significance of resources and their distribution in society. However, the resource concepts in justice theory tend to remain rather vague and do not appear sufficient for empirical operationalisation in relation to social protection programmes and the livelihood arrangements of people with disabilities in Ghana. Therefore, this chapter examines resource theory approaches from different disciplines as a foundation for developing a practical methodology for empirical research.

The discussion of resources has been receiving increasing attention across various scientific disciplines for decades. In fields such as economics and health sciences (e.g. occupational and organisational psychology), as well as in general psychology, sociology[113], education, and social work[114], the concept of resources has been subject to growing theoretical development. This includes research and conceptualisations of key terms like 'equity' and 'distributive justice' (Knecht et al., 2014, p. 107). The writings of many 'classical' philosophers, sociologists, and economists, such as Veblen, Marx, Simmel, and Weber, along with more recent figures like Bourdieu, have more or less explicitly addressed the distribution of various types of resources. Their theoretical contributions have been further elaborated by numerous scholars in various subareas of sociology and psychology (Törnblom & Kazemi, 2012a, p. 1).[115]

While theories of social inequality and social justice have often been conceptualised around access to, possession of, and exchange of resources (as discussed in chapter 2), Törnblom & Kazemi (ibid., p.2) note that there has been much less focus on resources as units of analysis in the contexts of exchange and distribution. From their perspective, until the 1970s, most theoretical and empirical research in the social sciences neglected analysing the nature of transacted resources, as well as their interrelationships and significance in social interaction (ibid.). However, since Foa & Foa's 'Resource Theory of Social Exchange' (1976, 1980), resources as a unit of analysis have gained increasing attention (ibid.).

From a sociological and psychological perspective, resources can be broadly described as means, characteristics, and conditions on which people depend and that are provided by other individuals or the environment (institutions, culture, technology, nature), or which are developed by the

[113] Especially Bourdieu's theory of capital and class distinction (e.g. Bourdieu, 1992)

[114] See, e.g., Knecht & Schubert (2012) or Knecht et al. (2014). Röh (2012) further highlights the crucial role of resource-centred approaches in Social Work from the very outset of the profession. Knecht et al. (2014) highlight the centrality of resource approaches in key social work theoretical concepts such as 'Lebensweltorientierung' (Thiersch) and Staub-Bernasconi's systemic approach to social work.

[115] Veblen in his work 'The Theory of the Leisure Class' (1899) discusses material goods as symbols of status within the framework of his concepts of 'conspicuous consumption' and 'conspicuous leisure'; Marx is well known for his materialistic resource focus on power as control over the means of economic production; Simmel discusses the resource of money as a structuring element of people's life in his book 'the philosophy of money' (Die Philosophie des Geldes, 1900); Weber (Wirtschaft und Gesellschaft, 1922) in his three-component theory of stratification introduced three types of social resources, namely class, status and party as resources of the distribution of power within a community; Although Bourdieu does not use the term 'resource', his theory of 'forms of capital' (The forms of capital, 1986) is possibly the most important sociological theory of resources today.

individual themselves (Schubert & Knecht, 2012, p. 16). They refer to personal, social, or material conditions, objects, means, and characteristics that individuals can utilise throughout their lives to cope with external and internal demands and goals, as well as to maintain or restore health and well-being (see e.g., Willutzki, 2003, p. 91; 2008, p. 254; Brandstätter et al., 2003, p. 49). These include, among others, material and financial means, income, living space, education, health, and social and psychological resources, as further outlined below. A related scientific approach to the concept of resources involves examining their tasks and functions within the context of how people live their lives, as well as in the way individuals (including those with disabilities) protect their livelihoods. In sociology, psychology, pedagogy, and social work, current discussions of concepts such as resilience and vulnerability highlight the relevance of resources for the research agendas of these disciplines. Some of the most important approaches will be discussed in more detail throughout this chapter.[116]

Regarding the previous chapter on social justice, questions emerge about what enables and disables individual resource arrangements and the specific access to and value of particular resources. In this context, the aim of this sub-chapter is twofold. First, a preliminary overview of resource types from relevant literature is provided, focusing on two main components: internal and external resources. This will serve as an orientation to defining deductive generic categories, which will then form the basis for entering the data analysis and for elaborating a specification and refinement of an inductive subcode system (see Chapters 6 and 7).[117] Second, selected resource theories will be introduced and discussed. These will serve as a foundation for further analysis and discussion of the empirical findings throughout this work.

5.1.1 Definitions and Types of Resources

The concept of resources assumed a central place in the research of numerous scholars and disciplines. Therefore, it is hardly surprising that the rather vague term 'resource' is used with different definitions and in different classifications.[118] It is assumed that resource theories generally hold significant potential to explore the effects of design and implementation practices of social protection programmes in Ghana in the context of disability. Tapping this potential for the intended empirical research, however, requires classifying which types of resources are at stake and the extent to which perspectives from different resource theories might be relevant to this endeavour.

Various efforts have been made to distinguish, compare, or integrate resource theories from different disciplinary perspectives (Törnblom & Kazemi, 2012b, p. 34; Hobfoll, 2002, p. 308). Törnblom & Kazemi (2012b, p. 36) also highlight related bodies of theory in social network theories and several capital theories rooted in Marx's economic theory of capital. The latter includes Bourdieu's theory of 'forms of capital' (Bourdieu, 1986), discussed further below. Psychological and socio-psychological conceptions of resources are occasionally criticised for concentrating too much on the micro level and thus tend to remain blind to social structures and their implications

[116] For an overview on the development of resource approaches rooted in Foa & Foa's theoretical framework see for example Foa et al., 1993 and Törnblom & Kazemi, 2012.

[117] In the context of this work, the terms code and category are used synonymously. In the broadest sense, they refer to the result of a precise classification of text units within the framework of qualitative content analysis. These can have varying degrees of complexity. For a detailed discussion, see Kuckartz (2018, p. 31 ff.).

[118] For an overview, see e.g. Törnblom & Kazemi (2012b) or Knecht & Schubert (2012).

for the resources individuals can utilise in micro-level interpersonal processes (see, e.g., Turner, 2012, pp. 162 ff.). Sociology, on the other hand, has always focused strongly on social structures and stratification but faces criticism for a rather limited conception of resources (ibid., p. 164).[119]

A comprehensive overview of resource-related theories is provided by Schubert and Knecht (2012). They distinguish various types of resources and assign specific characteristics to each. Most notably, they emphasise the mutual influence of different resource types, both in terms of promotion and restriction. In this way, education and health, for example, develop from the interaction of psychological, social, and financial resources (ibid.; Knecht et al., 2014, p. 109) and vice versa. Insufficient perception of personal resources, for instance, affects the use of environmental resources. Additionally, resources are utilised to maintain, expand, or exchange with other resources. This resource use is considered crucial for sustaining livelihoods and promoting health and well-being (ibid.). Schubert and Knecht (2012) suggest a basic distinction between personal (internal) resources and environmental (external) resources. Referencing Antonovsky (1997) and his concept of 'salutogenesis', as well as the works of Becker (2006), Herringer (2008), and Willutzki (2008), they develop the following taxonomy of potential resources with main categories and various levels of subcategories.

Table 1: Taxonomy of resources based on Schubert & Knecht (2012) and Schubert (2012)

Resources of the individual / internal resources
1. **Physical resources** include, for example, aspects such as a stable biophysical constitution, a stable immune system, health and fitness, as well as subjective categories such as physical attractiveness.
2. **Psychological resources** initially refer to a relatively broad category encompassing intra-personal assets and characteristics that individuals can utilise to cope with external or internal challenges. These resources influence perception, thinking, motivation, and emotion, as well as behaviour, thereby shaping how people appraise everyday and specific life situations and demands, and what measures they develop, coordinate, and employ to cope with them.[120] They serve as either facilitating or hindering factors in the development and enhancement of personal competences (knowledge, skills, abilities) and for coping with requirements and objectives. They are organised into three sub-categories. a. **Cognitive resources** include a rather wide set of - Intellectual abilities, creativity, specific talents, problem-solving skills; - Favourable (habitual) attitudes (e.g. efficacy beliefs, ability to defer needs, commitment, confidence, self-esteem, reason/meaning in life

[119] Turner (2012, p. 164) argues that 'the discipline [sociology] is blinded by ghosts of Karl Marx and Max Weber who had very limited views on the resources that make up stratification systems' (namely power/material wealth, power/authority, and prestige/honour) while e.g. Bourdieu's efforts to conceptualise 'capital' have expanded the definition of resources in sociology 'to a limited extent'.

[120] Schubert (2012, p. 208) points to the findings of transactional stress and coping research (Lazarus & Folkman; Antonovsky). These indicate that it is not primarily the extent and scope of a demand that is decisive for coping success. Rather, the cognitive-emotional assessment of the affected person about the situation, the available coping measures and the feedback about how the coping measures take effect are decisive. This estimation is principally based on the psychological resource set-up that is in turn based on the overall set-up of available resources of a person.

- coping styles, abilities to translate competences into targeted action, life experience, individual performance capacity
- education (formal and non-formal), cultural capital (Bourdieu), knowledge for coping with everyday and professional demands, for grasping and reflecting on self and environment (cultural and social contexts)

b. **Emotional resources and personality traits** refer to, e.g., emotional stability, optimism, compatibility, conscientiousness, reliability, and emotional intelligence. They also encompass the ability to manage feelings, emotional regulation, well-being, and the capacity to enjoy things.

c. Social roles address the holding of recognised, identity-forming roles, public offices, or positions in family, profession, or social community**.**

3. **Interactional resources** become visible in interactions with close social relationships and in extended social systems (e.g. workplace, social-cultural groups). They can include:
   - relationship skills, maintaining appropriate reciprocity in social interactions, empathy, and social sensitivity;
   - the ability to handle conflict and criticism, tolerance of ambiguity, and resistance to peer pressure;
   - respect, tolerance, and reliability;
   - the ability to express the need for help and seek social support;
   - the ability to integrate into social groups and compensate for support received and to make amends for harm (reciprocity)

4. **Personal economic resources** refer to money/economic capital as a universally transformable resource, including the ownership of land and home, income from property, as well as stable income from work and employment

Resources of the social and physical environment / external resources

1. **Socio-emotional / relational resources** include social-emotional belonging, exchange and support, and are mostly achieved through emotionally close personal interactions in the social environment.

2. **Social resources** refer in particular to psychosocial or interpersonal resources in the sense of Bourdieu's 'social capital' (see below). This can include:
   - contacts and relationships in the personal network
   - experience of social inclusion, belonging, acceptance in (extended) networks (kinship, friendship, neighbourhood, self-help groups, socio-cultural groups, workplace, etc.)
   - Receiving support to cope with everyday life and special requirements
   - Creative and participatory opportunities in the neighbourhood and cultural environment

3. **Socio-ecological resources** describe the quality of the living environment and the socio-ecological infrastructure (social, cultural, health, transport, information and

communication, natural environment) as well as the availability and quality of income opportunities

4. **State welfare and sociocultural resources** include
   - the existence and accessibility of education, health, and social facilities, psychosocial support structures, and cultural activities
   - monetary transfers and services of state welfare arrangements
   - the opportunity to participate in a recognised religious and socio-cultural life
   - transparency of and ability to influence social structures and developments
   - Rule of law (guaranteed rights and possibilities of enforcing rights)

Although different resource theories emphasise various types or aspects of resources, they all rest on the transactional exchange between individuals and their environments (Schubert & Knecht, 2012, p. 35). People's environments comprise physical, social, cultural, political, economic, legal, and ecological dimensions (ibid.). As the overview of resource types brings out clearly, the resources contained in both systems, person and environment, are equally important and influence each other mutually, with beneficial or detrimental effects. The absence, underdevelopment, or inaccessibility of resources impacts access to and utilisation of other resources within both systems (ibid.). The complex interrelationships among different types of resources are explored in both sociological and psychological theoretical approaches.

The significance and use of resources also depend individually on how their usefulness is identified and assessed in relation to meeting specific livelihood needs. These needs change over the lifespan and are influenced by a variety of internal and external factors (Schubert & Knecht, 2012, p. 16 ff.). Resources differ from potentials in that they must be recognised as assets by the user or socially relevant persons. This means that potentials only become resources through individual assignments or attributions of meaning (ibid., pp. 17f.).[121]

Such assessments, in turn, depend on social and cultural contexts, age- and gender-specific developmental tasks within a society[122], objectives and value systems, individual strategies, current mood, situation, socialisation process, and individual experiences, among other factors (ibid.). Furthermore, resources can be temporally stable, i.e. available for a longer period of time, or they can occur in the form of temporary events or conditions (ibid.). Consequently, there can be significantly different ideas about what a resource actually is among various individuals (Willutzki, 2003, p. 96 ff.). In this context, Schubert & Knecht (2012, p. 19; citing Foa & Foa, 1976) further distinguish between widely shared assessments or generally accepted experiential knowledge concerning potential coping mechanisms for personal or external demands and more subjective resources that are individually helpful but not immediately obvious to outsiders. Regarding personal resources and opportunities for social support, they argue that there is only a minor empirical

[121] In this context, Foa and Foa distinguish between widely shared assessments or generally valid experiential knowledge regarding potentials for coping with personal or external demands and purely subjective resources that are individually helpful but not immediately apparent to outsiders.

[122] In contemporary life course theory, the concepts of life phases, transitions and development tasks build guiding concepts. Development tasks refer to specific culturally and socially determined expectations of societies with regard to the individual development of a person along specific phases of life. Development tasks thus describe specific tasks that need to be overcome at distinct phases of life over the course of a lifetime.

correlation between the resource perspective of observers and subjectively assessed perspectives (ibid.).

The social distribution of resources is thus also influenced by socio-political interventions in the above sense. Accordingly, social protection measures can be understood as positively intended interventions in the resource arrangement of individuals and social communities. Simultaneously, a resource-theoretical perspective reveals the complexity of individual resource arrangements. It also emphasises the difficulties in designing and implementing standardised formal interventions within the framework of state social protection, as well as possible limitations in predicting the individual outcomes of such interventions in advance.

Social protection, as an approach to safeguard individuals and groups against deprivation, prevent deprivation, promote resilience against it, and transform social distribution in terms of social equity, inclusion, empowerment, and rights (Devereux & Sabates-Wheeler, 2004, p. 14 ff.), faces these complex dynamics of individual and environmental resources. It is this intricate dynamic that shapes individual resource arrangements, which state social protection measures (amongst others) aim to intervene in. Given this, it appears vital for the design of social protection measures to acknowledge this complexity. Psychological resource approaches in particular emphasise that mainly psychological and psycho-social resources can cope with the impact of resource losses and demands, whereas providing economic and ecological resources is often insufficient for successful livelihood protection (see e.g. Knecht et al., 2014, p. 110, with reference to Antonovsky, 1997 and Hobfoll, 1989). This contrasts with the general dominance of monetary transfers in social policy interventions and the strong focus on targeted cash transfer programmes in the current discourse and practice of developing social protection systems in Global South contexts, as outlined in Chapter 4.[123] Therefore, a comprehensive consideration of different resource types seems increasingly important within social protection arrangements.

Against this background, resource-based approaches initially offer a relatively broad theoretical framework for analysing social problems and socio-political interventions. Furthermore, it is assumed here that resource theories can provide a theoretical framework that allows for an in-depth analysis of livelihood patterns and individual resource arrangements. Three fundamental frameworks of resource theory in sociology and social psychology will be outlined in the following, addressing questions regarding the exchange of resources (Foa & Foa), the conservation of resources (Hobfoll), and, more comprehensively, the core dynamics related to the accumulation and basic functionalities of resources in the context of livelihood and social inequalities (Bourdieu). These will be linked to the research focus of this thesis, individual resource arrangements of people with disabilities in Ghana.

5.1.2 Resource Theory of Social Exchange (Uriel G. & Edna B. Foa)

The exchange of resources has traditionally been conceptualised around the exchange of commodities and, later, with the growing dominance of the money economy in the 14th century, by money-commodities exchange (Foa et al., 1993a, p. 1 f.). Although the latter builds only one of many different forms of exchange that occur between individuals in everyday life, it has dominated

[123] The need to complement income-based measures of poverty with analyses of additional dimensions of living conditions has been highlighted, among other contexts, within the livelihood discourse as well as Sen's concept of 'capabilities' in international development cooperation since the 1990s (see Chapters 1,2,4).

economic thought and practice since then (ibid.). Nevertheless, other fields of social science have extended the economic model to include other forms of resource exchange, as Uriel and Edna B. Foa did for social psychology. In the 1970s, their theory placed social resources in the focus of scientific consideration as a category of analysis (Törnblom & Kazemi, 2012a, p. 2). Foa & Foa provide a broad framework for analysing resource exchange within interpersonal relations, highlighting relevant aspects concerning functions, characteristics, and the meaning of resources, allowing for the description and prediction of a wide range of social phenomena (Brinberg & Castell, 1993, p. 54).

Foa and Foa integrate different classes of resources, previously discussed separately in fields such as economics, psychology, and sociology, into a unified theoretical framework that responds to the interaction between economic and non-economic resources. Referring to Gunnar Myrdal's (1970) statement on the challenge of world poverty, 'There are no "economic" problems; there are simply problems and they are complex', Foa (1993) argues that 'it appears unrealistic to expect that social problems will be solved by material means alone'. For this work, understanding the relationships, exchanges, and individual management of different types of resources in the context of individual resource arrangements is particularly useful. In simple terms, it views social situations or interactions as a marketplace where commodities are exchanged, aiming to understand the rules of the transaction process from a social behaviour perspective, beyond economic principles of exchange. Consequently, Foa & Foa's resource theory considers both positive and negative interactions as exchanges.

Defining a resource broadly as 'anything that is transacted in an interpersonal situation' (Foa et al., 1993 a, p. 2), they developed a comprehensive socio-psychological resource theory on the exchange of any concrete or symbolic item, categorised into six classes that have been extensively validated through empirical tests. These include (1) love ('an expression of affectionate regard, warmth, or comfort'), (2) status ('an expression of evaluative judgement which conveys high or low prestige, regard or esteem'), (3) information ('advice, opinions, instructions, or enlightenment'), (4) money ('any coin, currency, or token which has some standard unit of value'), (5) goods ('tangible products, objects, or materials'), and (6) services ('activities on the body or belongings of a person which often constitute labour for another') (ibid., p. 2 f.; Foa, 1993, p. 15 ff.).[124]

According to Foa & Foa (1980, p. 80), each of these six classes encompasses a fairly broad range of actions, so some elements may be more similar to those of adjacent classes than others, which further leads to a certain permeability of the boundaries among resource classes (Foa & Foa, 1974, p. 83). Clearly distinguishing between these types might also prove difficult when two or more different resources are delivered through the same act.[125] Furthermore, the meanings assigned to behaviours within these resource classes can differ in practice, depending on the person or group and the context, with implications for the functional and structural relationships between the classes (Brinberg & Castell, 1993, p. 52). Most importantly, the classes represent the meaning of interpersonal behaviour, rather than the pattern of movement or the verbal expressions involved in such behaviour (Foa & Foa, 2012, p. 19).

[124] While time and space are often referred to as resources, Foa & Foa (2012, p. 17) consider those not as resources in its own right, but rather as factors that influence the exchange of resources. The role of time as a resource in its own right in the context of Foa & Foa's typology is, e.g. discussed by Törnblom & Kazemi (2012b, p. 39 ff.).

[125] The mutual exclusiveness of Foa & Foa's resource typology is, e.g. discussed by Törnblom & Kazemi (2012b, p. 39, 42)

They arrange their six classes of resources within a structural matrix on the two axes of 'particularism' versus 'universalism' and 'concreteness' versus 'symbolism' (see e.g. Foa, 1993, p. 15 f.). While, for example, services and goods are rather concrete as they involve the exchange of a tangible activity or product, status and information are more conveyed through verbal or paralinguistic behaviours, which makes them symbolic.[126] Love and money create intermediary positions along this axis, as they are exchanged in both concrete and symbolic forms. However, on the particularistic-symbolic axis, money and love form opposite poles. The reinforcing power of love is closely linked to the stimulus person and is therefore highly particularistic. Particularism refers to the extent to which the value of a resource is affected by the specific person involved in the exchange and their relationship (Foa & Foa, 1974, p. 80; 2012, p. 17). Money, by contrast, seems to be the least particularistic but highly universalistic resource, since it generally holds the same value regardless of the relationship between the parties involved in the exchange (Foa, 1993, p. 15 f.).

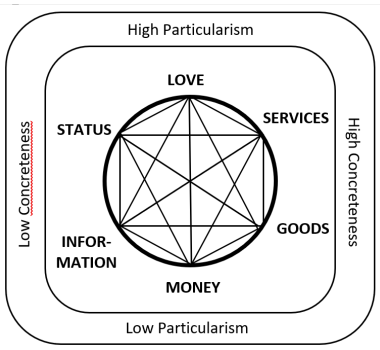

Figure 1: The circle of the six resources plotted along the two dimensions of particularism and concreteness. (source: Converse & Foa, 1993, p.32)

According to Foa and Foa (2012, p. 19), every interpersonal behaviour involves giving and/or taking away one or more of these resources. Furthermore, these resources occur in specific patterns and frequencies during exchanges. In satisfying (exchange) relationships, resources are exchanged that are similar to each other or close within the resource space and are thus regarded as being of roughly equal value. Exchanged resources should therefore, if possible, come from the same or a closely related category or have the same or similar dimensionality (such as concreteness or uniqueness) (Schubert & Knecht, 2012, p. 17). Satisfactory exchange relationships adhere to this principle of balance. Foa & Foa (ibid., p. 19) emphasise that behaviours involving closely related resources occur more frequently than those involving less closely related resources.

They further emphasise that resources can share various properties and establish connections between social psychology, economics, and sociology. Instead of viewing all resources solely through an economic lens, their theory aims to recognise that different classes of resources can follow distinct rules of exchange, and therefore, cannot simply be unified within the same conceptual framework (ibid., p.3, 6, 7; Foa, 1993, p. 14). Most importantly, their focus is on the significance of interpersonal behaviour during the process of exchanging or depriving resources from one another, rather than the act of exchange itself. Hence, it is the meaning behind the behaviour that determines the classification of a resource (Foa et al., 1993a, p. 3, 6). As a result, the

[126] Törnblom & Kazemi (2012b, p. 43) suggest reframing the dimension as intangible vs tangible to better represent Foa & Foa's intention and to avoid terminological confusion with regard to the concept of 'symbolic', as it includes a wider meaning than what was intended by Foa & Foa.

same behaviour may be categorised under different resource classes, while interpersonal behaviours can also convey the meaning of multiple resources simultaneously (ibid., p. 3). The types of exchanges are constrained by both the needs of the participants and the institutional context in which the exchange occurs (e.g., friendship: goods-affection, business relationship: goods-money). Not all resources are exchanged under free market principles but may, for instance, be driven by cultural practices (ibid., p. 5). Foa (1993, p. 19) argues that each social institution appears to be characterised by specific exchange patterns and a typical profile of the overall frequency of resources exchanged. Conceptualising these resource classes can be challenging; for example, information is often valued for granting access to other resources rather than for its intrinsic worth. Classifying such resources requires a thorough understanding of the meaning behind information exchange (ibid., p. 6). Another factor that differentiates resources is the significance of the individual providing the resource concerning the relationship or the meaning of one person to another.

Against the characteristics described, Foa and Foa argue that resources are not objectively fixed. Instead, they gain meaning through subjective interpretation (Schubert & Knecht, 2012, p. 27). This process occurs within a cultural context of assigning meaning and value. The ability to understand resources in their various meanings develops through socialisation. Resources are increasingly recognised for their meanings, ranging from specific to universal and from tangible to symbolic (ibid., p. 29). In this context, Foa and Foa noted that resources are best exchanged under conditions similar to those in which they were originally learned (Foa, 1993, p. 24).

Several implications of the structural and functional relationships among Foa & Foa's resource categories have undergone extensive empirical testing[127], which supports the framework and has led to a couple of interesting observations and theoretical assumptions about the exchange of resources. They identified six exchange properties in which the resources differ. The further apart they are in the model, the more they vary on these properties. The properties particularly emphasise the particularistic dimension. Consequently, love and money differ most regarding these properties (Foa & Foa, 2012, p. 20). The properties include:

A: Properties affecting the relational state:

(1) Relationship between giving the resource to self and other:
The property asks how much one gains or loses by giving to others. For love, the relation is regarded as positive. The more love we give, the more we have left for ourselves. For Information, it seems neutral, assuming that giving information to a person neither

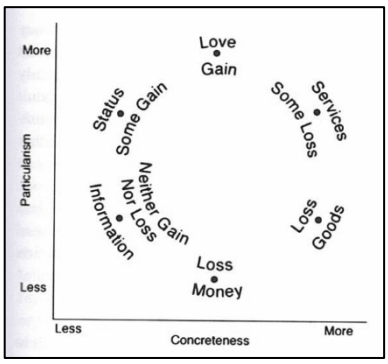

Figure 2: Relationship of gain and loss
(source: Foa & Foa, 2012, p. 21)

[127] However, this estimate may vary depending on the situation. For example, if one were to assume that sharing sensitive information lowers the value of the information. Or, if the transmission of information that is brought to the surface in a psychotherapeutic session increases the information available to oneself.

increases nor decreases the amount of information we possess.[128] For money, the relationship is proposed to be negative, as giving away goods or money will result in a decrease of the respective resource for the giver (ibid.). Thus, this relationship turns from positive to negative as it moves down the particularism axis.

(2) Relationship between giving and taking:
This property looks at the extent to which giving and taking go together. For love, this is often assumed, while for money, it is usually not the case, as giving money appears to exclude taking it away. The joint occurrence of giving and taking a resource is suggested to follow the circular structure of Foa & Foa's resource model (ibid., p. 21). While giving and taking away are behaviours that occur with all resources, the relationship among these behaviours varies across resources (ibid.).

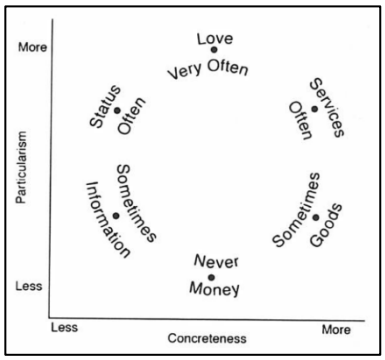

Figure 3: Conscience of giving and taking (source: Foa & Foa, 1993, p. 21)

(3) Verbalisation of need:
Foa & Foa propose that the easiest need to express is the need for money, while the most difficult need to express is love (ibid., p. 22). They link this to the degree to which verbal communication appears suitable for demanding a transaction of a specific resource.[129] For example, while language appears appropriate in the context of money transactions, love or feelings in more general contexts seem to be expressed more easily through paralinguistic communication. Against this background, Foa & Foa argue that the property of verbal communication affects reciprocation and substitution of resources, with a tendency to move towards a less particularistic one when expressing the need for a resource. In particular, they observed that a less particularistic resource is likely to be substituted for a more particular one, e.g. asking for a toy, complaining about pain, or settling for professional help when in need of love (ibid.).

(4) Reciprocation in kind:
In studying exchange preferences, Foa & Foa (ibid.) found that the more particularistic a resource, the higher the likelihood of being exchanged for the same resource, while non-particularistic resources are more often exchanged for different ones. For example, love is

[12] However, this estimate may vary depending on the situation. For example, if one assumes that sharing sensitive information decreases its value or if the act of bringing information to the surface during a psychotherapeutic session increases one's awareness of that information.

[13] Nevertheless, it should be critically noted here that verbalisation might be determined by the social context and interpersonal relationship rather than characteristics of the resource exchanged, which can, for example, create a huge barrier of shame when it comes to asking for money (Törnblom & Kazemi, 2012b, p. 46).

usually exchanged for love, whereas money is rarely exchanged in kind, as it generally makes little sense for those exchanging, at least at the same point in time.

(5) Range of exchange:
Foa & Foa further suggest that the more particularistic a resource is, the smaller the range of resources it can be exchanged for (ibid.). For instance, while only a few resources can be exchanged with love, many more can be obtained with money, which thus serves as an appropriate means of exchange in far more social situations.

(6) Relationship between interpersonal setting and exchange:
Money does not necessarily require direct interaction and can be kept for future exchange. Love, on the other hand, can hardly be separated from the interpersonal situation, is unlikely to be sustained for long without actual exchange, even though this happens occasionally, and cannot be transmitted by an intermediary, at least not without loss. Foa & Foa argue that the relationship between the interpersonal setting and the resource to be exchanged influences the outcome of the exchange and, in turn, is influenced by the environment (ibid., p. 23).

B: Properties affected by the environment

(7) Time for processing input:
Money can be exchanged swiftly, while giving and receiving love generally takes more time. Foa & Foa observed that environments overloaded with stimuli tend to promote the selection of less particularistic resources since they need less processing time. Therefore, time seems to be a more significant factor in exchanging particularistic resources like love, status, and services than in less particularistic resources such as money, goods, and information.

(8) Delay of reward:
Particularistic resources, such as love or friendship, for example, can be seen as relatively long-term investments where transactions require repeated encounters and trust to be established. The exchange of money and goods, on the other hand, demands less trust and is often completed in a single encounter (ibid.). Consequently, the more unfamiliar and nonrepetitive a social situation, the less particularistic the object of exchange (ibid.).

(9) Optimum group size:
Exchanges of particularistic resources are more common in smaller groups. The more specific the resources, the greater the demands on cognitive representation (ibid., p. 24). According to Foa & Foa, particularism implies the importance of the uniqueness of the exchange partner as an individual. This also emphasises a desire to acquire and share extensive information about each other. Conversely, avoiding self-disclosure can lead to a sense of alienation from the group (ibid.). Studies on group size indicate that larger groups generally reduce feelings of belonging and emotional bonds, and tend to lead to the formation of subgroups (Miller, 1950; Kinney, 1953; Hare, 1962; cit. after Foa & Foa, 2012, p. 24). Conversely, economic transactions are more likely to be facilitated in larger groups, for instance, through access to broader markets with numerous potential customers. Consequently, non-particularistic resources are more often exchanged in larger groups (ibid.).

While the properties make clear that different resources do not follow the same rules of exchange, the fact that the rules change gradually along the structure (axes) and are more similar for closer resources preserves the unity of this resource model (ibid., p. 21). It becomes apparent that interpersonal transactions are governed by different rules, depending on the type of resource exchanged. For this reason, the rules for the transfer of money and goods cannot be readily applied to all types of transactions (ibid.).

Foa (1993, p. 24 ff.) demonstrates the explanatory power of the theoretical aspects developed around their resource model in relation to the example of urbanisation effects. He suggests that urban life (compared to life in rural communities) involves different requirements, such as the property of time for processing inputs (reduced time allocated to each input as an adaptive response to the overload of interpersonal stimuli in urban centres), delay of reward (many interpersonal contacts occur only once), and the optimal group size, which makes urban environments more suitable for the exchange of universalistic resources like information, money, and goods, thereby facilitating antisocial behaviour. Furthermore, more specific resources, such as status, according to Foa's rationale, are linked to closer social relationships and the exercise of social control, which is hardly possible in urban centres due to the relative scarcity of particularistic contacts. Consequently, these difficulties in particularistic exchanges may lead to isolation and alienation, as the sense of belonging is often provided by particularistic resources. Regarding 'modern' American society of the 1970s, Foa suggests that this development worsens due to the differentiation and specialisation of social institutions based on only a few resources, particularly through the exclusion of particularistic resources (Foa, 1993, p. 25). Foa states that such institutional specialisation is less evident in traditional cultures, where the exchange of particularistic resources occurs across more institutions than in 'modern' societies (e.g., discussing personal problems with the boss). In conclusion, Foa (1993, p. 27 f.) argues that 'high population density and increased institutional specialization, which are relatively novel features of human society, have provided conditions for a more efficient exchange of universalistic resources [money, goods, information] while reducing the opportunity for exchanging particularistic ones [love, status, services]'. To him, this 'innovation' has created new problems by scarcely recognising or even diminishing the potential of particularistic resources to solve issues faced by 'modern societies'. For example, he points to welfare organisations that 'often require clients to lose status for the money they receive. This form of exchange deprives the client of a resource which is already scarce for him [sic], thus further reducing his chances of autonomous performance as a resource exchanger in society' (ibid.). In this context, Foa observes a general tendency of institutionally specialised societies to overlook the importance of particularistic resources for social functioning and to focus 'solutions of social problems exclusively in terms of a better distribution of economic resources' (ibid).

In an extensive series of testing studies[130] on individual aspects of the developed resource model, Foa & Foa, along with their colleagues, observed a series of regularities, which are summarised in the following key observations.

- Deprivation and social functioning: Foa and Foa argue that a person who is denied access to a needed resource through appropriate institutional channels is forced to take longer and devious routes to achieve it, and her/his behaviour might appear peculiar, e.g. when striving

[130] See Foa et al. (1993) for an overview of research. Foa and Foa also tested their model on the relationship among resource classes in a cross-cultural study (Israel, Philippines, Mexican Americans, Sweden, US) and it became evident that the patterns of relationship remained the same (Foa et al., 1993 b, p. 64).

for status through certain symbols or taking away status from others by rejecting social contact (Foa, 1993, p. 26 f.). They observed that in cases where people are denied a most-needed resource, they tend to choose the resource that is nearest in their circular resource model (ibid.). According to a hypothesis derived by Foa, the larger the distance between a preferred and an available resource, the higher the intensity of the response[131] of the deprived and the lower the need satisfaction.

- Equity in interpersonal exchanges: Converse and Foa (1993, p. 31 ff.) revealed implicit rules of fairness that govern informal exchanges with family, friends, and acquaintances. Regarding the types of resources exchanged, Foa & Foa and colleagues, in a series of 'reciprocation studies', observed a preference for repayment in kind for both those who owed a debt and those who were owed repayment. The distances between the resources in their model reflected both the empirical probability that resources will be exchanged and the degree of satisfaction of those involved. Hence, the closer the resources, the higher the likelihood of being exchanged and the greater the satisfaction with the exchange. They observed the same principle concerning negative repayment or retaliation in reciprocal relationships (ibid., pp. 34f.). They further noted that subjects unable to retaliate in kind tend to compensate by increasing the level of retaliation directed towards the other person (ibid., p. 35; Donnenwerth & Foa, 1974).
- The issue of role relations: Findings further suggested that the equality of contributions made in a resource exchange is less significant in friendship contexts, whereas the opposite appears to be true for non-friendship exchange relationships (Converse & Foa, 1993, p. 37; Foa et al., 1996). Brinberg and Castell (1993) examined these 'role relations' more closely and found that role relations neither seem to influence the exchange patterns nor the perceived relationships among the resource classes. However, they do not rule out the possibility that more disparate role relations (e.g., friend, boss, teacher) might impact the pattern of resource exchange.
- The effect of structure on exchange: Proximity in the model's structure signifies similarity, meaning that neighbouring resources can more easily serve as substitutes for one another. Put simply, a person who seeks love is more likely to pursue status than to accumulate wealth (Foa & Foa, 2012, p. 26). Particularistic resources, such as love, tend to be exchanged within the same social class. The tendency to exchange within the same class diminishes as one moves down this scale to the least particularistic resource class, money (ibid.). Studies on exchange preference further indicate that the preference for a particular resource depends not only on the resource previously provided but also on the institutional context in which the exchange occurs. For example, love is a more suitable medium of exchange than money among friends, whereas the opposite is true in employment relationships (ibid.). A similar pattern emerges when the exchange is negative (for instance, forms of retaliation, such as depriving someone of status in response to being deprived of love) (ibid.).

In conclusion, Foa and Foa's resource framework offers a systematic perspective on resources as subjective variables that influence human actions based on subjective attributions of meaning. It

[131] Foa (1993, p. 27) cites the example of extensive destruction of property during riots as a reaction to deprived resources of minority groups and a decrease in this type of aggression when more status is given or the opportunity reciprocate in kind by taking away status from those denying status.

integrates different categories of universalistic and particularistic resources, which have been studied separately in academic discourses, and describes rules that appear to govern the exchange processes of these resource categories. This framework has the potential to improve understanding of how individuals behave during resource exchanges, including how they assign meaning to specific resources and the rationale behind their decisions. Most importantly, it highlights that the rules governing the interpersonal exchange of resources vary depending on the type of resources involved. Therefore, exchange rules for money and commodities may not always be relevant in understanding individual resource decisions and dynamics. Additionally, Foa and Foa emphasise a tendency within institutionalised societies, often shaping social welfare approaches, to overlook the importance of particularistic resources beyond economic means, which can be vital for social coexistence and addressing societal challenges.

While offering detailed insights into how people transfer resources, the theory has several limitations. From a sociological viewpoint, Foa and Foa's theory is confined to micro-level interpersonal processes and therefore remains blind to the role of meso- and macro-level social structures that allocate resources to individuals and shape opportunities for resource transmission at the micro-level of interpersonal exchange (Turner, 2012, p. 162 f.). It does not consider the origin of resources and their transformation into other forms of resources. Turner (ibid.) argues that the flow of resources in interpersonal exchange is highly constrained by the location of individuals within sociocultural formations that have their own operative dynamics[132], indicating the limitations of Foa and Foa's theoretical framework of resources. The dynamics of traditional conceptions of being, reciprocity, and community, as well as constructivist conceptions of disability outlined earlier, form a vivid example in this regard and illustrate the limitations of this theoretical framework for the research endeavour. Given this, although Foa and Foa's Resource Theory of Social Exchange seems to offer a useful framework for exploring the individual resource arrangements of people with disabilities in this study's further stages, it remains necessary to consider additional resource theories that address these aspects of social resources.

5.1.3 Conservation of Resource Theory (Steven E. Hobfoll)

In a certain sense, Conservation of Resource Theory (COR) aligns with Foa & Foa's broader theoretical conceptualisation of resources. COR mainly concentrates on the processes of conservation and resource loss. American Psychologist Steven E. Hobfoll originally developed it as a framework to conceptualise the experience of stress and resilience through the interactions of resource gains and losses (e.g., Hobfoll, 1989, 1998, 2011). From this resource perspective, Hobfoll explores how stress arises and is alleviated through the interactions between individuals and their social relationships within families, tribes, and cultures. Apart from being widely received to explain stress and traumatic events, the theory is also used in positive psychology, including in resilience[133] studies and has become one of the leading theories of stress and trauma (Hobfoll, 2011, p. 127).[134]

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[132] Turner (2012, p. 174) argues that resources are embedded in both corporate units (such as groups, organisations, communities with status orders and cultural scripts) and categoric units (markers of difference) that, respectively, are situated within institutional domains and stratification systems, which constrain the resources available to individuals for exchange and transmission into other resources.

[133] In the context of COR, resilience is conceptualised as the ability to counteract loss or to avert a resource loss spiral through the mobilisation of resources and to remain vigorous and committed in important life tasks despite major challenges (Duane et al., 2012, p. 302; Hobfoll, 2011, p. 128), as further discussed below.

[134] For an overview of relevant studies see Doane et al., 2012, p. 301.

COR is founded on the core idea that all individuals attempt to preserve, develop, and protect things that hold particular value to them (Hobfoll, 1988, 1998, p. 53, 55; Doane et al., 2012, p. 301). According to Hobfoll (1998, p. 54), '[r]esoruces include the objects, conditions, personal characteristics, and energies that are either themselves valued for survival, directly or indirectly, or that serve as a means of achieving these ends'. He 'delimit[s] the range of resources to be resources that are valued by a broad class of individuals and that are seen as highly salient for people in general as well as the self'. Such items, including fundamental factors such as food, shelter, social connections, family, health, well-being, peace, and self-preservation, are regarded as resources in the broadest sense and are considered to be essentially universal, with some exceptions (ibid., p. 56).[135]

Thus, people and social systems across the globe are generally believed to create contexts in which these valued resources can be developed, protected, and maintained (Doane et al., 2012, p. 302). Hobfoll (1998, p. 57) argues that in more individualistic cultures, self-oriented resources might be primary, 'but not sufficient without the connective tissue afforded by more collectivist resources', while emphasising that cultural differences lead to different hierarchies of resources. The conservation of resources refers to 'our striving to regulate our resource reserves in order to support survival, preserve well-being, avoid illness, and retain the fabric of our social ties' (Hobfoll, 1998, p. 166). From this basic perspective, as a 'standard of functioning […] people are motivated to remain with sufficient resources to sustain themselves and their core social groups. And ideally to help themselves to prosper physically, spiritually, and functionally' (ibid.). In contrast, Hobfoll, referencing Antonovsky, from a psychological perspective, describes illness and dysfunction as 'what occurs when we fail on this journey or as warning signs that resources are dangerously weak' (ibid., p. 168).

As discussed earlier, resources can be categorised using different taxonomies. A distinction can be made between internal and external resources, which is the most common contrast used in resource theories, including in the context of this work (see above). Internal resources refer to intra-personal characteristics such as specific character traits or skills. External resources are those not possessed by the self but by the physical and social environment, such as social support or employment. This distinction has been criticised for being somewhat broad and lacking a solid theoretical foundation (Hobfoll, 1998, p. 57). However, in social psychology, it has provided an opportunity to examine internal resources as mobilisation and management systems for external resources.[136] Initially, Hobfoll categorised four types of resources: (1) object resources (tangible resources necessary for survival or highly valued culturally), (2) condition resources (directly or indirectly supporting survival, such as employment or institutionalised social relationships), (3) personal resources (traits or skills central to survival or resilience, such as self-efficacy and self-esteem), and (4) energy resources (that can be exchanged for other resources, such as money, credit, or knowledge) (ibid., p. 56; Doane et al., 2012, p. 302). Hobfoll emphasises that 'people invest enormous efforts in order to obtain, retain, protect, and foster object resources, in part to sustain life, and in part to gain social dominance and sense of self-worth' (ibid.). Personal resources, framed as traits and skills,

[135] Hobfoll's claim to universality is based on the fundamental assumption that 'to the greatest extent behavior will be predicted by how humans are biologically, the context in which they find themselves, and the roles that exist within a certain cultural context' and that 'humans will exist in, built, foster, and protect social and societal systems that enable these same valued end' (Hobfoll, 2011, p. 128).

[136] See e.g. Kobasa & Pucetti (1983), Holohan & Moos (1987, 1991), Hobfoll (1988), or Hobfoll & Lerman (1989) (cit. from Hobfoll, 1998, p. 57)

'tend to be learned and are products of modelling, education, nurturance, and role adaption' often originating from a nurturing early social bond, some of which may also be partly rooted in 'biologically based temperaments' (ibid.). Condition resources, as described by Hobfoll, are traditionally studied by sociologists. Conditions can be framed as resources when 'they are structures or states that allow access to or possession of other resources', serving a broad acquisitional or protective function (ibid.). These can include 'being healthy, employment, tenure, seniority, marriage, and, in some societies, being first-born males'. Such resources can be 'earned', 'proffered by nature of inheritance or social rank', or even be 'partially biologically based' (e.g., specific health-related factors) (ibid., pp. 58–59). Energy resources 'can be invested or retained in order to enhance resource acquisition, protect against resource loss, or combat loss cycles once they begin' (ibid., p. 59). Hobfoll contends that energy resources are more valuable before they are exchanged than afterwards. For instance, knowledge diminishes in value once shared, or a car is immediately worth less than the money spent on it (ibid., pp. 59, 74). This structural classification further divides the internal-external taxonomy into more specific types with clearer distinctions (Hobfoll, 1998, p. 58). Nonetheless, categorisation is not always precise, as, for example, health can appear both as a personal or as a conditional resource, or social support can be viewed either as a condition or as an energy resource (ibid.).

In his later work, Hobfoll introduced a third type of resource taxonomy into his theory, emphasising the importance of resources for survival. He distinguishes the following three types of resources based on their proximity to survival: Primary Resources, which are directly necessary for survival (such as food, clothing, shelter, mastery to negotiate the environment like occupational skills or knowledge to grow food, and other resources that ensure safety); Secondary Resources, which are tools that increase the likelihood of obtaining or protecting primary resources (e.g. social support and attachment to the group or tribe, emotional ties, sense of mastery, hope, and optimism); and Tertiary Resources, which are only symbolically linked to survival by enabling access to secondary resources, such as social status as well as 'the desire to distance oneself from possible critical resource loss by producing a thick, protective barrier between the self and challenges to survival' (Hobfoll, 1998, p. 54, 60). Hobfoll emphasises that many status resources are essential because they are closely linked with the stability of key resources such as income generation or social recognition, and because the threat to status 'undermines people's basic sense of identity and their view of themselves and place in the world' (ibid., p. 60). This hierarchical categorisation of resource types, along with their significance for immediate survival, offers an additional perspective for considering the effects of resource gains or losses, which is highly relevant in the context of the issue addressed in this thesis.

Hobfoll further discusses social conflict as competition for commonly valued but limited resources such as money, power, position, and status that is habitual within individual and social efforts across cultures. To him, people are in ongoing conflict over the acquisition, possession, retention, and growth of available resources, driven by the experience of being outmanoeuvred by more powerful social forces (Hobfoll, 1998, p. 61). In this context, he defines 'survival' not only as surviving against natural elements but also as competing for 'resources that are sought by others and naturally (e.g., food is scarce due to drought) or artificially (food that is destroyed to increase prices) limited' (ibid.). Family structures, unions, corporations, and governments are stakeholders in this competition that influence access to resources both positively and negatively (ibid.) and can be a matter of obligation, such that one's ties derive from a set of common values (ibid.). Hobfoll, therefore, argues that 'social competition ties the individual to the social group such that individual

resources such as self-esteem, sense of hope, and occupational skills become intertwined with group membership, religion, and guild or union association' (ibid.).

Taking this basic concept of 'resource competition for survival' as a starting point, Hobfoll developed his theory along several principles, which will be outlined below.

> Principle 1 - Primacy of Resource Loss: An extensive series of studies[137] supported the observation that resource losses, which often result from negative life events, 'have a significantly more deleterious impact on the individual, community, and society than the gain of equivalent resources would offer benefit' (Doane et al., 2012, p. 302).
>
> Principle 2 - Resource Investment: To protect[138] or recover from resource loss as well as to gain new resources, people are forced to invest resources they already possess or have access to (Doane et al., 2012, p. 302). COR suggests that 'when people see a pattern of events that is likely to lead to ongoing loss, they map a strategy and act to protect themselves and their group following conservation of resource principles', including (1) act to stop losses when possible by investing resources, (2) act to minimize the negative impact of loss, (3) keep resources in reserve if possible, (4) look to outside resources to complement or substitute for resources that the individual alone cannot ring to bear, and (5) attempt to replenish resources if possible, hence, initiate gain sequences (Hobfoll, 1998, p. 170).

This suggests two consequences that Hobfoll (ibid.) describes as Corollary 1 of four corollaries of COR: First, people with fewer resources are more vulnerable to resource loss and less capable of gaining resources compared to those with more resources. Second, the latter are, in turn, less vulnerable and more capable in that regard, which promotes the increase in inequality in resource distribution.

Against this background, Hobfoll introduced the concept of resource caravans. It describes the requirement of people to either possess or be able to develop a pool of resources that allows them to invest in resource growth and minimise loss (Doane, 2012, p. 302). Such caravans start with the conditions or environments into which people are born and that offer additional shared resources, including opportunities to learn how to foster, maintain, and grow resources. Stability and safety within the family, neighbourhood, and community are often expressed through the proverb 'it takes a village to raise a child', which is attributed to African cultures (Hobfoll, 2011, p. 129). This idea forms part of African communitarian thinking and is expressed in Akan proverbs such as 'a person is not a palm tree to survive alone' (anipa nnye abe na ne ho abyia ne ho) or 'one tree does not make or constitute a forest' (duo baako nnye kwae) (Gyekye, 2002, p. 300; see discussion in Chapter 2). Hobfoll (2011) emphasises that children with strong early resources in resource-rich environments are 'placed into a trajectory of a safe caravan passageway within which they, and their resource pool, will continue to be sustained and grow'. These conditions cannot be assumed if the focus is solely on securing daily survival.

Hobfoll argues that the higher the number of shared variables, such as stability of the social environment, nurturing, love, and safety, are available within the family and community, the less

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[137] See e.g. Hobfoll 1988, 1989, 1998 as well as Hobfoll 1998, p. 63 ff. for an overview on historical notions of loss and their importance in psychology.

[138] The example of the insurance industry illustrates that people make considerable and often disproportional investments to prevent resource losses. Hobfoll argues that much of investment of resources in good times is done in order to build resource reserves for future hard times (Hobfoll, 1998, p. 69).

investment is required to maintain them (Doane et al., 2012, p. 302). Conversely, if these are unavailable or inaccessible, a significant investment of resources is required to prevent further losses (ibid.). Therefore, COROLLARIES 2 and 3 of COR suggest a cyclical dynamic, where initial loss may lead to increased future losses (loss cycles/loss spirals), while initial gains can result in further gains (gain cycles/gain spirals) (ibid.; Hobfoll, 1998, p. 81). COR highlights how these dynamics operate interactively at individual, family, group, neighbourhood, and community levels (Hobfoll, 1998, p. 165).[139]

Based on such dynamics, resource caravans develop throughout the life course and could even be considered intergenerational in certain respects. However, as stated earlier, COR argues that because loss is more potent than gain, loss cycles tend to be more impactful (in terms of the amount of resources that can be depleted) and faster (in terms of the speed at which resource reservoirs can be dismantled) than gain cycles. 'This further suggests that loss cycles will have initially higher velocity for less resource-endowed individuals [or communities], as they are from the beginning in a resource-challenged state and likely to have their resources already organized in protection of the self, family, and social system. […] At each spin of the cycle, fewer resources are available and greater impact is felt' (Hobfoll, 1998, p. 81). Therefore, loss cycles can become difficult to interrupt and can challenge the resources otherwise reserved for coping with everyday challenges (ibid., p. 178). Furthermore, loss cycles can extend across the life cycle for decades, even lifetimes, as they may continually limit key resilience resources and hinder the establishment of new resource reservoirs (Hobfoll, 2011, p. 133). Studies by Schumm et al. (2005, 2006) on abuse and post-traumatic stress supported the assumption that loss cycles do not occur in an additive manner, but in a complex and multiplicative way (cit. after Doane, 2012, p. 303). From this perspective, resilience refers to the development of a resource reservoir that is crucial for individuals to protect against the impact of losses and prevent loss cycles (Doane, 2012, p. 303). In this context, Doane et al. (2012, p. 303) emphasise that 'it is critical to recognize that gains are often very difficult to initiate and gain cycles are particularly unlikely in the face of loss. Initiating a gain cycle requires significant resource investment from the individual, family, community, and larger social ecosystem', a resource-rich environment.

COR frames the above dynamics using the concept of caravan passageways, which describes the 'environmental conditions that support, foster, enrich, and protect the resources of individuals, families, and organizations, or that detract, undermine, obstruct, or impoverish people's resource reservoirs' (Hobfoll, 2011, p. 129). From this perspective, the (in)ability of individuals or families to build and maintain resource reservoirs is strongly influenced by circumstances outside their control: 'environmental conditions foster caravan passageways that sustain those current resource caravans and make it quite difficult for the individual to "escape" the boundaries of that social status (and reservoir of resources)' (Doane et al., 2012, p. 304). COR thus suggests that individual pathways are 'most powerfully influenced by individual and community-level resources that are present or absent based largely on the context of the environment, not on individual-level variables' (ibid.).

[139] Hobfoll (1998, p. 165) further emphasises that higher-order social structures, such as the state and the nation, interact with such 'lower' social structures as well, but the sharing of resource reservoirs becomes looser. While this might be the case from a purely psychological perspective, the focus of this thesis suggests attributing a much more significant role to the macrolevel when it comes to the importance of state social welfare measures with regard to the sharing of resource reservoirs.

In this context, Hobfoll also points to a class bias in the oftentimes favouring of active problem solving, as such perspectives often fail to consider the depleted resource reservoirs of people living under conditions of poverty. He states that '[b]old action is a strategy consistent with a richly endowed resource reservoir' (Hobfoll, 1998, p. 77). At this point, Hobfoll explicitly underscores the connection to the inheritability of resources through cultural capital, as defined by Bourdieu (see below). He explains that '[i]nheritance is the principal mechanism by which caravan passageways are created and preserved. […] The first form of inheritance of these passageways is cultural capital. This takes the form of linguistic style, access to certain social circles, and aesthetic preferences that de facto become the signs and signature of status' (Hobfoll, 2011, p. 130). Here, a significant intersection with Bourdieu's theory of capital and class distinction becomes apparent (see below).

Hobfoll supplements this form with a second type of inheritance called 'inter vivos', which refers to 'family-related' transfers that 'facilitate advancement and prevent crisis at critical junctures' throughout life. These include paying school fees, buying a first home, securing a first job, gaining access to safe neighbourhoods, settling critical bills, helping with childcare, assisting with administrative and legal matters, or funding a necessary holiday, often linked to social class, religion, or ethnic group (ibid.). A third form of inheritance transfer, Hobfoll describes as testamentary, involves the transfer of estates (ibid.). For Hobfoll, these three categories, cultural capital, inter vivos, and testamentary, shape the pathways through which resources are inherited. He further emphasises that family factors are vital, but neighbourhood factors, closely connected to family, often outweigh family influences, and suggests that these pathways are strongly linked to class, with limited social mobility (ibid., p. 131). Criticising the often individual-focused approach in psychology on intra-personal resources, he argues that '[i]f individual differences such as drive, intelligence, self-efficacy, self-esteem, depression, anxiety, optimism, and other key individual factors were actually key in these processes [development of individual passageways], then there would be much greater mobility across social classes and the passageways that resources travel within' (ibid.).

Since investing resources can reduce their value or lead to losing them, inaction can also serve as a strategy to conserve scarce resources in situations where a significant future loss leaves no choice but to refrain from action (Hobfoll, 1998, p. 77). What might seem shortsighted from an external viewpoint could actually be a sensible strategy from the individual's perspective. Consequently, COROLLARY 4 of COR states that 'those who lack resources are likely to adopt a defensive posture to guard their resources', including those beyond material assets (ibid., p. 83, 171).

COR suggests that people who have access to richer resource reservoirs are more likely to resist loss cycles because they can 'shape and combine resources to counteract challenges, while still retaining adequate resource reserves for daily functioning and adequate resource stockpiles in case of emergency' (Hobfoll, 1998, p. 172). For instance, they are less likely to have to compromise resources such as friendship or sell essential items to meet basic needs. Hobfoll (ibid.) conceptualises such 'transactional fitting' as 'ecological congruence', meaning that people can 'shape, alter, and apply their resources to meet situational demands within the limits that these resources are finite, tend to operate within broader social value systems, and are of consequence transformed in the process'. In this context, it is assumed that individuals and social systems actively adapt their resource reservoirs throughout their lives in response to changing demands within socially determined value structures (ibid.). Hobfoll argues that the 'fitting of resources is an active

process, where fundamental resources such as self-reliance, shared reliance, strong social ties, and a common sense of meaning and purpose seem to be the engine that fuels the operation of other resource elements and orchestrates their implementation' (ibid., p. 189).

Notwithstanding the dominance of resource loss, COR further suggests an increase in the salience of gain under conditions of resource loss, which is framed by a third principle that considers positive variables in the context of resource conservation.

> Principle 3 - The Paradox of the Power of Gain in the Face of Loss: According to this principle, in situations of loss, the significance of gains increases such that even minimal resource gains can become critical components of resilience. These gains may trigger individual cognitive and emotional resources like hopefulness and positive expectancy/optimism, thereby reinforcing efforts. Hope and optimism are to be distinguished: hope may reflect the (in)availability of necessary resources, while optimism is rather understood here as a resource-independent individual trait (Doane et al., 2012, p. 305). Evidence from several COR studies suggests that the gain of the same resources, for example, time with family or money, gains more attention and becomes more important to people's psychological well-being during times of loss (Hobfoll, 1998, p. 72). Hobfoll argues that '[p]eople enact gain cycles in the wake of loss, but also because they become more aware of future losses and look to prevent them. […] gain here becomes more important because resource loss has served to draw attention to the severe consequences that may follow if loss cycles continue or some future, more pervasive loss occurs. Having experienced loss, gain strategies that might shelter the individual or social group on future occasions are learned and people seek to implement them' (ibid., p. 69). From this perspective, although loss has negative impacts, it can also be seen as an activator of a 'biopsychosocial response system' (ibid., p. 174). The investigation of such response systems within the COR framework also started from the observation that 'even where individuals exist within passageways where it is difficult to foster and protect resources, many people still do "well enough"' (Hobfoll, 2011, p. 133).

However, the activation of this system does not indicate which coping approach will be used. COR studies found both constructive and destructive forms of coping, depending on the means of coping or the amount of resources available to individuals (ibid., p. 175). Various COR-related studies on stress suggest that more goal-oriented coping is linked to possessing or maintaining a stronger resource reserve and that an active coping style generally relies on a stronger foundation of object resources, personal resources, condition resources, and energy resources (ibid., p. 128 ff., Hobfoll, 2011, p. 130).[140]

In turn, limited personal resources may lead to defensive, self-protective coping mechanisms that sustain an already diminished state of self, focusing on what is at risk rather than what could be gained (ibid., p. 130). Regarding the concept of resource caravans, COR proposes that supportive environments enhance the likelihood of engagement coping strategies, especially when individuals lack their own resources or have experienced rapid or chronic resource loss (ibid., p. 138). Hobfoll further highlighted that in 'high-demand environments, it is the greater social unit that must provide support that is beyond individual and family capacity' (ibid.). Although this is discussed in

[140] In this context, Hobfoll (2011, p. 130), e.g., refers to the above concept of 'in vivos' and evidence suggesting that adolescents whose parents have more education tend to be more optimistic and to use more engagement coping than those whose parents have less education.

the context of natural disasters, it might also be relevant to highly demanding social settings, such as in cases of discrimination against minority groups.

In this context, Hobfoll and colleagues explored the relationship between resources and resilience. Referring to Butler et al. (2007, p. 412), Doan, Schumm, and Hobfoll (2012, p. 305) suggest conceptualising resilience as 'the quality and quantity of psychological and interpersonal assets that can be drawn upon and brought to bear in traversing life's most difficult experiences. Such resources may be circumstantial or dispositional, learned through success of life's knocks, or provided by supports we have in place or that come to our aid in times of need. However, resources may be limited by experience or circumstance, and they may be depleted by traumatic events'. Hobfoll and colleagues note that 'interconnected coping resource caravans' affect the resilience of individuals across their lifespan. Consequently, strong resource reservoirs early in life increase the likelihood of maintaining robust coping resources throughout their lives, including access to community-wide resources that determine collective resilience, and thus delay the onset of resource loss into loss cycles (Doane, 2012, p. 305f.). Hobfoll thus makes clear that resources are not merely precursors of coping but are central to the experience of stress, especially when resources are damaged or lost and are simultaneously used to prevent further harm or depletion (Hobfoll, 1998, p. 74).

Most notably, COR considers the interrelation of individuals and communities and describes the above dynamics not only for individual but also for communal processes of resource loss and gain. COR-related studies[141] have found that communities may combine their resources or rally collective resources to offset the negative effects of resource loss; however, resources can also become overly taxed, resulting in overwhelming situations that overstrain integrated community responses (ibid., p. 176).

Hobfoll further discusses the example of minority communities, alongside examples of American ethnic minority fighting groups in World War II that mobilised remarkable resilience by pooling resources within their communities based on shared backgrounds, experiences, and struggles for equal recognition (ibid., p. 179). Simultaneously, other studies related to COR on victims of natural disasters indicate that individuals from minority groups or with lower socio-economic status receive less external support than others, and because their resources were already strained prior to the disaster, loss cycles accrued more severely and lasted longer (ibid., p. 184). Hobfoll further suggests that even in more communal societies, 'in-group versus out-group dichotomies within these cultures may similarly not only limit cross-group social support, but may stimulate dormant hostilities between haves and have-nots' (ibid., p. 185).

In conclusion, COR broadens the view on resources by moving beyond a purely individualistic perspective and connecting it with a more sociological understanding of social conditions. The theoretical framework introduces the concept of 'resource caravans', which is of central importance in this context. It explains the need for individuals to either possess or build up a pool of resources that allow them to invest in resource growth and minimise loss throughout their life course, along trajectories of 'caravan passageways'.

[141] Hobfoll (1998, p. 176 ff.) refers to studies on individual and community response on natural disasters as well as situations of military conflict.

The theory assigns a significant role to condition resources within a particular cultural context and highlights that these can be acquired through inheritance or social rank. In this context, the connection to the discourse on personhood outlined earlier and Imafidon's argument about an ontology of exclusion in African communitarianism becomes evident. Following this perspective, the ontological status of a person becomes a central element in the formation of resource caravans and potential passageways. In fact, COR assigns a crucial role to status resources, as they are closely linked to the stability of key resources, such as income generation or social recognition. Because a threat to status undermines people's basic sense of identity, it also jeopardises their resource reservoirs.

Interestingly, in his classification of resources (primary, secondary, tertiary), Hobfoll assigns only a tertiary role to status-related resources in terms of their relevance to immediate survival, which involves competition for resources that are sought by others and naturally or artificially limited. This classification must be critically questioned from the perspective of this work. Regarding its importance for stabilising other resources and, even more, for access to important resources in general, it must undoubtedly be attributed a far more significant role, considering the previous discussion on social justice and an ontology of exclusion.

COR frames resource conservation as a competition shaped by social institutions, including family structures, unions, corporations, and governments, which influence access to resources both positively and negatively. This aligns well with the basic resource perspective on social protection (both indigenous and formal) and relates to the starting point of this work, examining social protection measures as interventions in complex resource systems, or more precisely, in the competition for resources.

The following insights from the COR then become relevant. First, individuals with fewer resources are more vulnerable to resource loss and less capable of acquiring resources compared to those with greater resources. The concept of disability, as presented above from the perspective of classical African communitarianism, blocks nearly an entire central category of resources with the evasion of status as a human being and member of the community. This creates significant vulnerability to further resource loss and makes it comparatively more difficult to activate gain sequences. The fewer variables available, the more challenging it is, and the more resources must be invested to maintain what exists. The ontological exclusion from resources thus requires considerable effort to secure remaining resources and prevent further losses. This is often reflected in phrases commonly used by people with disabilities in Ghana, such as 'We have to show that we are able', which essentially aims to secure resources by demonstrating one's value as a contributor to the community's resource gains. A status resource of this kind might secure additional resources and trigger a gain sequence.

From the very beginning, an ontology of exclusion obstructs the placement of people with disabilities into a trajectory of a safe caravan passageway where they and their resource pool can continue to be supported and grow. From Dworkin's perspective on social justice (see above), this indicates that unequal starting conditions are not only natural or created by the environment, but in the case of people with disabilities, they are socially constructed to the extent that individuals are denied access to these resources even in a theoretically resource-rich environment that might provide for a safe caravan passageway.

Consequently, this makes people with disabilities much more prone to loss spirals, which can extend across the life cycle as they might constantly limit key resiliency resources and hinder the development of new resource reservoirs. These loss cycles do not occur additively but rather in a complex, multiplicative way. Therefore, activation gain cycles in the face of constant loss and resource-poor environments is particularly unlikely, especially since, according to COR, environmental conditions promote caravan passageways that sustain existing resource caravans and make it very difficult for individuals to 'escape' the boundaries of their social status. Hobfoll argues that the (in)ability of individuals or families to build and maintain resource reservoirs is heavily influenced by circumstances outside their control. They tend to adopt defensive, self-protective coping strategies to preserve an already diminished state of self, often focusing more on what else there is to lose than on potential gains. Bold action is therefore a strategy that rather comes with a richly endowed resource reservoir. Interestingly, interview partners from social welfare offices partly described people with disabilities as passive when it comes to actively making use of employment promotion or business start-up schemes, attributing this to individual characteristics. The question arises whether this passivity might instead be rooted in defensive coping strategies.

Regarding resource conservation, Hobfoll emphasises that such investments can be viewed as individual choices, but might oftentimes rather represent elements of people's social roles. These are less about choices and more about following established and socially expected role patterns (Hobfoll, 1998, p. 75). From this perspective, resource caravans and caravan passageways appear to be at least partly determined. COR points to a class bias, with inheritance being the main mechanism through which caravan passageways are created and maintained, either via cultural capital, family-related transfers that enable advancement and prevent crises at critical moments, through the life course, or transfer of estates. Consequently, COR establishes a direct link to Bourdieu's theory of capital and class distinction, which is introduced below to further clarify these resource categories. Although the appraisal of resources may be strongly individual, COR acknowledges that these are nonetheless embedded within 'social roles, societal norms, cultural boundaries, and patterns that are implanted developmentally in accordance with social class and status' (ibid., p. 84).[142]

For the case of people with disabilities in Ghana, such class bias appears closely intertwined with an ability bias (see Chapter 3). The cultural concept of disability and the associated social status of people with disabilities are most likely to limit these class-related forms of resource conservation. In practice, this likely diminishes the effectiveness of individual resources for people with disabilities compared to those without disabilities. Furthermore, individuals with disabilities in traditional Ghanaian communities benefit less from 'interconnected coping resource caravans' as they are often excluded from accessing community-wide resources that underpin collective resilience.

Therefore, it can be assumed that equal social benefits for people with and without disabilities are not accompanied by equal opportunities for realising individual freedoms. From a social justice standpoint, as outlined above in Sen's capability approach, this emphasises the significance of what Sen refers to as conversion factors. These consider that the extent to which a person can convert commodities into functionings depends on various factors, such as the determinants of caravan passageways as framed by COR. Once again, this illustrates the complexity of social protection

[142] This suggests that differential access and possession of resources builds the primary mechanism by which phenomena such as classism, racism, sexism or ableism operate.

interventions in individual resource arrangements for people with disabilities in Ghana, and underscores the importance of better understanding these factors when designing formal social protection schemes. In COR terminology, this especially raises the issue of the nature and modifiability of 'caravan passageways' within the socio-cultural context of disability and social protection.

Another aspect appears relevant in the context of this thesis. Hobfoll describes the concept of 'transactional fitting' or 'ecological congruence'. He emphasises that individuals can shape, modify, and utilise their resources to meet situational demands, and that people and social systems actively adapt their resource reserves through an ongoing process across the life course to respond to shifting demands within socially determined value structures. As part of the analysis, it is therefore of interest to observe and describe the extent to which such adaptations occur. This seems particularly relevant given that COR theory refers to the activation of a 'biopsychosocial response system' in response to loss spirals, starting from the observation that even in contexts where it is challenging to foster and protect resources, many individuals still manage their livelihoods (see above).

Such a response system might intersect with what is framed as individual resource arrangements within this thesis. However, the type of coping approach remains particularly relevant, as constructive and destructive forms of coping can be adopted depending on the means of coping or the amount of resources available to people. So-called dysfunctional strategies are familiar within the global social protection discourse, often manifesting as practices like reducing the number and quality of meals, delaying health expenses, selling livestock and farm equipment, or withdrawing children from school. These measures may temporarily alleviate shortages but tend to reinforce resource loss spirals in the medium and long term, thereby exacerbating and reinforcing poverty. COR essentially emphasises that resources do not solely determine social security, but that the constellation of resources is central to social security, with their dynamics ultimately shaping individual perceptions of security and accordingly guiding actions.

Hobfoll's COR-Resource Theory provides an additional basis for examining individual resource arrangements in the context of disability. However, it appears necessary to supplement the previous two theories with a theoretical perspective rooted primarily in the socio-structural contexts in which resource exchange and conservation occur.

5.1.4 Theory of Capital and Class Distinction (Pierre Bourdieu)

Pierre Bourdieu's theory of capital can be regarded as the most influential sociological concept for resource-oriented research to date, even though he does not explicitly use the term 'resource'. Bourdieu's work primarily concentrates on the socio-structural conditions of life and thus makes a key contribution to specifying the concept of resources from a sociological viewpoint. His concept of capital encompasses all material and immaterial resources required to perform socially relevant actions, obtain relevant positions, and acquire relevant goods (Rehbein, 2016, p. 246f.). The availability of these diverse resources determines a person's opportunities in life and, consequently, their social position in society (ibid.).

Bourdieu describes capital as 'a force inscribed in the objectivity of things so that everything is not equally possible or impossible' (Bourdieu, 1986, p. 15). He assumes that a certain persistence of the types of capital creates this force. According to Bourdieu, this persistence arises, among other

things, from the tendency of different types of capital to generally reproduce through institutions and dispositions, which in turn are products of capital structures (ibid., p. 26). This means that the social power of capital and its distribution are fixed within social structures and individual attitudes, where they reproduce themselves and thus become a form of accumulated social energy. Bourdieu argues that capital manifests in various forms that go beyond a purely economic concept of capital. Essentially, he introduces four types of capital: economic, social, cultural, and symbolic capital, which will be outlined below. Bourdieu employs the concept of types of capital to explain why structures of inequality persist despite ongoing social change and to analyse the social constraints and mechanisms of reproduction that result from this (Rehbein, 2016, pp. 78, 91). Most importantly, he states that 'the structure of distribution of different types and subtypes of capital at a given moment in time represents the immanent structure of the social world, i.e., the set of constraints, inscribed in the very reality of that world, which govern its functioning in a durable way, determining the chances of success for practices' (Bourdieu, 1986, p. 15). Bourdieu views 'practice' as actions taken in specific situations. For Bourdieu, practice is shaped by the logic of the situation, which is especially characterised by a temporal dimension or, more precisely, a sense of urgency for response. The practice described by Bourdieu does not follow any theoretically scripted rules but is characterised by unconscious confidence, tact, intuition, improvisation, and ongoing innovation (Rehbein, 2016, p. 82). Specifically, three aspects are central for Bourdieu: (a) habitus, (b) field, and (c) capital (Bourdieu, 1982, p. 174; Rehbein, 2016, p. 161).

It is worth noting that Bourdieu is not concerned with determinism, individual actions, or the deduction of causal relationships, but rather with configurations from which correlations become visible (Rehbein, 2016, p. 80). In his theory of practice, he focuses not on the immediate logic of an action, but on the principles that unconsciously govern the practice of acting (ibid., p. 83). He assumes that all human action aims at the maximisation of material or symbolic gain, including all forms of these resources, such as economic goods, status, knowledge, social relationships, and cultural objects (ibid.). As a result, Bourdieu is interested in the economy of practical actions. He presumes that the interest is not necessarily directed towards economic gain, but towards maximising what is socially determined as valid and valuable (ibid.). In the following sections, key concepts of Bourdieu's theory, such as habitus, field, and capital, will be explained to highlight their relevance to this work's resource perspective.

Habitus

As one of Bourdieu's key concepts, 'habitus' addresses the above question by examining the principles that unconsciously govern the practice of acting, as well as the causes of the persistence of social structures despite constant historical change.[143] At a broad level, the habitus can be described as the aggregate of a person's coherent dispositions towards the world, which are reflected in or determine patterns of thought, action, perception, sensations, and emotions (e.g., Rehbein, 2016, pp. 87, 89, 246). Bourdieu was convinced that social practice and social life in general go beyond a simple dichotomy between subjectivism and objectivism, meaning the aggregate of individual behaviours on one side and the influence of supra-individual structures on the other (Jenkins, 1992, p. 74).

[143] While the term habitus already existed in philosophy and sociology, for example with Emile Durkheim, Max Weber or Norbert Elias, it was Bourdieu who equipped it with systematic meaning within the framework of his theory of the social world (Krais & Gebauer, 2002, p. 5).

According to Bourdieu, most actions of people are not based on conscious intentions but on unconscious dispositions. Dispositions can be understood as internalised patterns of behaviour that tend to repeat practices once learned (Rehbein, 2016, p. 245). These behaviour patterns are learned not from models, but through the actions of others; they are adopted to some degree and become ingrained through continuous repetition – they become habitual (ibid., p. 87). However, with each act of reproduction, the forms of behaviour are always set in relation to the situation. And since there are countless situations that never exactly match the original context in which a pattern was learned, actions rarely are exact copies of prior behaviours. Instead, patterns of behaviour are stored and retrieved in similar contexts, then adapted according to the situation, which makes the habitus a kind of 'psychosomatic memory' (Rehbein, 2016, p. 87).[144] In this context, Bourdieu also describes habitus as a principle of production that is permanently established through regulated improvisations (Bourdieu, 1976, p. 170). Consequently, he further concludes that a limited number of patterns allow for an unlimited number of practices adapted to new situations (Bourdieu, 1976, p. 204).[145] It is within this context that habitus is both shaped by social structures and concurrently creates them (Rehbein, 2016, pp. 85, 246). And it is exactly through this characteristic that Bourdieu's concept of habitus challenges the dualism of individual and society by demonstrating how the two are interconnected (Rehbein, 2016, p. 84).

Bourdieu's focus is on the social emergence of the habitus as the 'modus operandi' rather than on individual and psychological aspects. However, this can only be revealed through actual practice as a cultivated disposition – the 'opus operatum' – through which the habitus functions as an organising principle (Bourdieu, 1976, p. 209). As previously outlined, Bourdieu's interest lies in the causes of the persistence of social structures, particularly the reproduction of social inequality, despite ongoing historical change. He notes that the habitus organises action in a way that tends to reproduce the conditions under which the respective pattern of behaviour originated (Rehbein, 2016, p. 90):

> *Even when they seem to be determined by the future, that is, by the explicit or explicitly established goals of a project or plan, the forms of practice and practices produced by the habitus […] are in fact determined by the implicit anticipation of their consequences, namely by the past conditions of production of their generative principle, in such a way that they always tend to reproduce the objective conditions of which they are, in the final analysis, the product. (Bourdieu, 1976, p. 165, translation by the author).* [146]

Bourdieu uses the term 'hysteresis' to describe a certain persistence of the habitus (Bourdieu, 1987, p. 117). Central to Bourdieu's core interest in the persistence of social structures and inequalities is

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144 In this context, Rehbein points out that dispositions are to be understood in terms of negative freedoms. No disposition concretely determines a course of action and no situation is directly linked to a certain disposition. Bourdieu describes the habitus as enabling free activity, which in turn is constrained by the limits of the conditions of the habitus. Thus, the habitus may e.g. already unconsciously exclude unlikely forms of practice (Bourdieu, 1976, p. 168; Rehbein, 2016, p. 89 f.) Check auch: Sozialer Sinn, (1987b: 102 f.).

145 As part of his 'Studies on Kabyle Society' in Algeria, Bourdieu uses the example of customary law to describe the customs and mores underlying jurisprudence as exemplary products of habitus, which, as a limited number of patterns of action, must not be formulated as explicit principles in order to generate an unlimited number of practices that make a jurisprudence applicable to a wide variety of offenses.

146 German version of the French original as used by the author: *„Selbst wenn sie durch die Zukunft, das heißt die expliziten oder explizit gesetzten Ziele eines Projektes oder Planes determiniert zu sein scheinen, werden die Praxisformen und Praktiken, die der Habitus […] hervorbringt, doch durch die implizite Vorwegnahme ihrer Folgen, nämlich durch die vergangenen Bedingungen der Produktion ihres Erzeugungsprinzips derart determiniert, das sie stets die Tendenz aufweisen, die objektiven Bedingungen, deren Produkt sie in letzter Analyse sind, zu reproduzieren.*' (Bourdieu, 1976, p. 165)

the observation that the habitus not only tends to reproduce previous behaviour but also seeks conditions that are equivalent to those of its production, because it is equipped for such conditions (Rehbein, 2016, p. 90 f.).

> *Through the systematic 'selection' it makes among places, events, and people with whom one interacts, the habitus protects itself from crises and critical questioning by creating for itself an environment to which it is, as far as possible, pre-adapted, that is, a relatively constant world of situations that are suited to reinforce its dispositions by providing the most receptive market for its products. (Bourdieu, 1987, p. 114, translation by the author).*[147]

Consequently, Bourdieu concludes that the explication of an action involves the reconstruction of the connection between the emergence and application of the habitus (Rehbein, 2016, p. 91). He states that '[…] the objective structure, which constitutes the social conditions for the production of the habitus that has generated it, […] must be related to the conditions under which this habitus is applied, that is, to the particular conjuncture which, except in cases of radical upheavals, represents a specific state of this structure.' (Bourdieu, 1976, p. 170 f., translation by the author).[148] Bourdieu assumes that habitual dispositions remain stable over long periods, even when the environment or field that shapes the habitus changes over time. People therefore do not suddenly alter their attitudes and values when they face resistance, new knowledge regimes, or alternative practice patterns (Frühlich & Rehbein, 2009, p. 127 f.). Nonetheless, the application of the habitus also acts as an intervention into the conditions. It can at least modify social structures if the habitus does not fully align with them (Rehbein, 2016, p. 93).

Bourdieu (1976, p. 172; 1987, p. 113) further argues that similar conditions of existence tend to generate systems of somewhat similar dispositions, leading to a certain homogeneity of habitus forms. This homogeneity introduces a degree of regularity and uniformity to related practices, which can make them appear, in part, as natural and predictable to members of the same group or class. They are familiar with the patterns of action and interpretation that operate within these practices because they were socialised under comparable conditions. According to Bourdieu, this allows members of a group to form a cohesive unit by distinguishing themselves from others.[149]

Bourdieu describes this as an interplay, which is not dictated by any baton, but provides regularity, unity, and a systematic character to the forms of practice and practices of a group or class (Bourdieu, 1976, p. 172). On one hand, the habitus is thus shaped by members of a group under similar conditions, and on the other, it is applied under comparable conditions. For this reason, the actions, perceptions, judgements, and expressions of a social group or class can give the impression of being coordinated (Rehbein, 2016, p. 93). In any interaction, it is not solely the individuals

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147 German version of the French original as used by the author: *‚Durch die systematische >>Auswahl<< die er zwischen Orten, Ereignissen, Personen des Umgangs trifft, schützt sich der Habitus vor Krisen und kritischer Befragung, indem er sich ein Milieu schafft, an das er soweit wie möglich vorangepasst ist, also eine relativ konstante Welt von Situationen, die geeignet sind, seine Dispositionen dadurch zu verstärken, daß sie seinen Erzeugnissen den aufnahmebereitetsten Markt bieten.'* (Bourdieu, 1987, p. 114)

148 German version of the French original as used by the author: *‚[…] die objektive Struktur, die die sozialen Bedingungen der Produktion des Habitus, der sie erzeugt hat, […], in Beziehung gesetzt [werden muss] zu den Anwendungsbedingungen dieses Habitus, d.h. zu der jeweiligen Konjunktur, die, außer bei radikalen Umbrüchen, einen partikularen Zustand dieser Struktur repräsentiert.'* (Bourdieu, 1976, p. 170 f.)

149 Bourdieu (1976, p. 187) points out that social class, as a system of objective relations, must not be related to the individual or the population (in the sense of a sum of countable and measurable biological individuals). It refers exclusively to the class habitus as a system of dispositions that are partially common to all individuals as products of the same structures.

involved, but rather the entire dispositional systems and the conditions under which they were developed that communicate with each other (ibid.). Regarding the relationship between class or group habitus and individual habitus, Bourdieu emphasises that insofar as the individual habitus reflects or expresses the class or group, it should be viewed as a subjective yet non-individual system of internalised structures, common patterns of perception, thought, and practice (Bourdieu, 1987, p. 112). He further argues that each system of individual dispositions is consequently a structural variant of the other systems, reflecting the uniqueness of one's position within class and the life course (ibid., p. 113).

Consequently, the meaning of social practices cannot be studied in isolation but must encompass social conditions and the formation of social groups or classes with similar habitus (ibid.). He argues that since the history of the individual never reflects anything but a particular specification of the collective history of their group or social class, it is the structural variations of the group or class habitus that can be observed within systems of individual dispositions (Bourdieu, 1976, p. 189). This forms the core of Bourdieu's approach. He consistently aims to explain subjective experience through these social structures. For the social sciences, Bourdieu's concept of habitus therefore marked a paradigm shift away from viewing social action as solely the result of conscious decision-making or the adherence to rules (Krais & Gebauer, 2002, p. 5).

Finally, it seems relevant to briefly consider the context in which the concept of habitus arose in Bourdieu's work. Bourdieu developed his concept of habitus already in his early work on Algeria. He dealt with the clash between the pre-capitalist world of Kabyle peasants and the modern economy, along with the ideas of rational action imposed on them through colonisation. Despite the spread of capitalism, Bourdieu observed that certain patterns of behaviour persisted, adhering to a logic of honour rather than recognising wage labour or capital accumulation (Rehbein, 2016, p. 85). People organised their economic activities and exchange relations not according to the principles of the 'modern' economic ethos of rationality, but based on an ethos of honour rooted in mythical-ritual obligations and the logic of reciprocity (Krais & Gebauer, 2002, p. 19). This logic also suggests that individuals feel solely responsible for their actions, while their success or failure, like the future in general, depends entirely on natural or supernatural forces (ibid., p. 20). Bourdieu's interest centred on understanding the background of the Kabyle peasants' practices of action. In this, he finally recognised not just a different rationality, but one that was rooted in social relations and structures that characterised the world of the Kabyle. These formed the basis of a habitus that was not adapted to the new circumstances (ibid., 21). The 'hysteresis' discussed above, in turn, explains why such adaptation could not take place immediately (ibid.). When Bourdieu directed his research towards French society in later works, he identified this same phenomenon there. This issue played a significant role in the development of his concept of habitus (Rehbein, 2016, p. 85).

To summarise, the habitus facilitates the repetition of action patterns, maintains consistent behaviour within a social class or group with similar living conditions, and allows these patterns to be transferred to different types of situations. This creates a sense of naturalness where individuals feel free and autonomous, because the habitus is adapted to all possible situations. It therefore not only encourages the reproduction of behavioural patterns but also ultimately sustains and reinforces a social structure (Rehbein, 2016, pp. 95f.). More specifically, it denies its arbitrary, historical character by providing the illusion of a logical classification (ibid.).

Field

> *I define a field as a network, or a configuration, of objective relations between positions objectively defined, in their existence and in the determinations they impose upon their occupants, agents or institutions, by their present and potential situation (situs) in the structure of the distribution of species of power (or capital) whose possession commands access to the specific profits that are at stake in the field, as well as by their objective relation to other positions (domination, subordination, homology, etc.). Each field presupposes, and generates by its very functioning, the belief in the value of the stakes it offers* (Bourdieu, in Wacquant, 1989, p. 39).

The concept of 'field', as Bourdieu uses it, can be framed as 'a social arena within which struggles of manoeuvres take place over specific resources or stakes and access to them. Fields are defined by the stakes which are at stake – cultural goods (life-style), housing, intellectual distinction (education), employment, land, power (politics), social class, prestige or whatever – and may be of differing degrees of specificity and concreteness' (Jenkins, 1992, p. 84).[150] Each field has its own logic, rules, and skills that must be learned or habitualised to operate successfully in that field (Rehbein, 2016, pp. 102f., 246). 'Concretely, the field as a structure of objective relations of force between positions undergirds and guides the strategies whereby the occupants of these positions seek, individually or collectively to safeguard or improve their position, and to impose the principle of hierarchization most favorable to their own products. The strategies of agents depend on their position in the field, that is, in the distribution of the specific capital.' (Bourdieu, in Wacquant, 1989, p. 40). Therefore, Bourdieu defines fields as arenas of forces characterised by competition among actors, that is, their social positions. Social practice within fields is thus shaped by social struggles in which actors pursue strategies to preserve or enhance their social position, or to attain the best possible position in a field. This position is determined by the distribution of capital. At the same time, actors attempt to adjust the rules to best reflect what they have at their disposal. An individual's position within the structure of the field conditions individual opportunities and access to social positions, differing from other positions due to differences in the distribution of power, represented as capital (ibid., pp. 103f.; Jenkins, 1992, p. 85). Against this background, Bourdieu's studies of social inequality are ultimately concerned with examining the interplay between habitus and field (Rehbein, 2016, p. 104): 'To think in terms of field is to think relationally. […] the real is the relational: what exists in the social world are relations, not interactions between agents or inter-subjective ties between individuals, but objective relations which exist "independently of individual consciousness and will," as Marx said.' (Bourdieu, in Wacquant, 1989, p. 39).

Such a theory of social fields refers to a relative autonomy of delimited social sectors as a phenomenon of modernity, as sociology has described for decades within the framework of differentiation theories. While Bourdieu's work, for example, shows similarities to Luhmann's concept of a system[151] (Rehbein, 2016, p. 104, 246), he does not view the field as functional,

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[34] Bourdieu's concept of field differs from the field concepts in organisational sociology, such as the 'organisational field' (DiMaggio & Powell, 1991) or Kurt Lewin's topological field theory on motivation and group dynamics (Lewin, 1962/2012). A closer look, however, reveals remarkable parallels and commonalities between these different field concepts when it comes to explaining the meaning of interaction between individual or collective actors and their social or organisational environment.

[151] Luhmann (2004) describes systems as the difference between a system and its environment. They are not seen as independent objects to be examined for their structures and processes. According to Luhmann, structures and processes rather depend on the environment and can only be observed through this environment. The environment is constantly changing, and so are the systems in relation to it; they are interdependent. Systems are therefore simply communications within a specific context. People become part of this communication of systems or not. Luhmann defines communication as the unity of information, communication, and understanding, all three derived from the environment. The environment contains a great variety of behavioural options that we cannot oversee. As a result,

coherent, and self-regulating, but as a power structure that is based on the interplay of habitus, field, and capital (ibid.). This underpins, among other things, the relevance of Bourdieu's theoretical concepts within the context of a resource theory perspective on social protection, as explored in this thesis.

A field is primarily a theoretical construct that is supposed to explain the social world as it is structured objectively and experienced subjectively. As a result, in practice, one might find oneself operating across multiple fields simultaneously. These fields overlap, and each contains elements of others (Rehbein, 2016, p. 105). Bourdieu emphasises that fields arise from struggles and are constantly changing. He believes that analysis must therefore grasp the historical development and the dynamics of these struggles in order to understand the practice of the actors. Bourdieu's concept of a field offers a framework for examining the individual perspectives of actors from which their social positions originate (ibid., pp. 105 -106).

Capital and its forms

The essence of the term capital refers to a stock that multiplies (Föhlich & Rehbein, 2009, p. 134). Even in the ancient world, the term carried this connotation, referring to a herd that reproduced itself through its offspring. In 5th-century BC Greek philosophy, the herd was referred to as capital (archaion) and the offspring was called interest (tokos). Over time, the term came to include all means of production (ibid.). Intensive examination of the concept by classical economists began with the expansion of English capitalism. Sociology then linked the economic concept of capital to social relations (e.g., David Hume or Karl Marx). Simultaneously, economics recognised that social relations can also serve as a form of capital, as can skills or talents (ibid.). In the late decades of the 20th century, the terms social capital (referring to the economic function of social preconditions) introduced by Putnam et al. (1993) and Fukuyama (1995), as well as the term human capital (referring to skills and other embedded preconditions) introduced by Becker (1964), were discussed (ibid., p. 134).

Bourdieu frames capital both as 'vis insista', a force inherent in all objective and subjective structures, and 'lex insista', a fundamental principle of the inherent symmetry of the social world (Bourdieu, 1992, p. 49). To him, the concept of capital is a scientific and constructed concept that encompasses all socially valuable resources. This is not limited to a stock that multiplies or that is used to produce a monetary increase in value (Fröhlich & Rehbein, 2009, p. 134 f.). Bourdieu's concept of capital includes everything that actually exists (such as objects, properties, relations,

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nothing that happens is predictable. Social systems reduce this complexity through routines and regulations, creating order and reliability in everyday situations. This limits the scope of possibilities and ultimately enables people to act. To manage this reduction of complexity concerning information, communication, and understanding, Luhmann introduces the concept of 'sense' as the organising principle of human experience - complexity is processed via sense. Sinn thus distinguishes a system from its environment. For Luhmann, systems are operatively (i.e., communicatively) closed. Consequently, only information that can be connected to a system's communication (reduced complexity) is perceived. All other information is still available but does not make sense to the system and is therefore ignored. Accordingly, social problems are also constructed and dealt with in specific ways by the functional systems. This implies that, in Luhmann's view, people are not parts of systems but participate in these systems as part of the system's environment. Environment does not refer to a system itself but to the sum of what lies outside a specific system under consideration. Systems are thus also part of the environment for other systems in their surroundings.

Bourdieu, on the other hand, does not view the field as clearly defined systems. For him, the boundaries of a field are flexible and end where the effects of the field cease, that is, where the stakes and rules no longer apply (Rehbein, 2016, p. 104 f.). He states that the boundaries of the field rarely 'take the form of juridical frontiers, even though they are always marked by more or less institutionalized "barriers to entry." The limits of the field are situated at the point where the effects of the field cease.' (Bourdieu, on Wacquant, 1989, p. 39)

circumstances, or events), which enables possibilities for action and the preservation or enhancement of one's social position within the field (ibid.).

> *The forces that are active in the field – and thus selected by the analyst as pertinent because they produce the most relevant differences – are those which define the specific capital. A capital does not exist and function but in relation to a field: it confers a power over the field, over the materialized or embodied instruments of production or reproduction whose distribution constitutes the very structure of the field, and over the regularities and the rules which define the ordinary functioning of the field, and thereby over the profits engendered in this field. (Bourdieu, in Wacquant, 1989, p. 39 f.).*

Bourdieu points out that the distribution of capital not only determines the positions, opportunities, and strategies of actors within a field but also influences the overall structure of the field itself, making capital a central organising concept of his work. As mentioned earlier, Bourdieu uses the term comprehensively, making even the habitus a kind of incorporated capital (Rehbein, 2016, p. 107). Capital determines the opportunities for action and therefore an individual's social position within social space.

Capital can be understood as power in social relations, which is consequently only to be determined in relation to others. Any resource required for social action can be viewed as capital, making it a fundamental requisite for any activity (Fröhlich & Rehbein, 2009, p. 135). The use of capital always occurs within a field, a network of social positions, power dynamics, and rules of action (ibid.). The scale of capital determines the degree of power an actor has to shape a field. Each stakeholder acts within the constraints of the field's structure. The lower the influence one has over the field, the more constrained they are by its structure (Rehbein, 2016, p. 110 f.). The greater the power of a stakeholder, the more influence they exert over the structuring of rules, stakes, and distribution of gains. Bourdieu refers to this degree of influence or power as 'social position' (ibid.). This also indicates that possessing more capital enhances the likelihood of generating additional capital. Such concepts resemble Hobfoll's idea of resource conservation, where initial loss can lead to further losses (loss spirals), while initial gain begets further gain (gain spirals) (see above). From a social protection viewpoint, one could argue that the more security, in the form of available capital, one has, the greater the capacity to take risks in investing to preserve or expand that capital. Conversely, having less capital limits investment possibilities and increases risk.

Bourdieu describes social position as the object of struggles. They are determined by the differences of various forms of capital in their quantitative manifestations. The relationship of social positions in their aggregate is what Bourdieu refers to as 'social space'[152], which he describes in detail based on his studies of French society and the interplay of lifestyles and social positions (Bourdieu, 1982, 211 ff.; Rehbein, 2016, 111 f.). Hence, where people can locate themselves in social space depends on their capital.

Accordingly, valuable things are those that open up possibilities for action in the field and enable individuals to maintain or improve their position. Bourdieu encompasses all socially necessary resources for action, both internal and external, under the concept of capital, which includes the habitus (Rehbein, 2016, p. 107). As mentioned earlier, Bourdieu's concept of capital extends far beyond the economic notion. Any resource needed for social action can function as capital. Each

[36] For Bourdieu, social space refers predominantly to society as a whole and thus represents the social structure of society. He did not elaborate further on the relationship between field and space (Rehbein, 2016, p. 112).

access to such a resource signifies the accumulation of capital (ibid., p. 108). The concept of capital creates the link between the concepts of field and habitus. The habitus depends on the capital available within the field (ibid.). Furthermore, Bourdieu's capital is field-specific, as different fields require different types of capital (ibid). Bourdieu (1992, pp. 49f.) compares the role of capital with gambling. While in roulette there is complete competition and equal opportunity, regardless of past events, the accumulation of capital takes time, relies on existing distribution structures, and leads to inequality of opportunity. Capital influences what is possible or impossible for individuals. Therefore, the distribution structure, combined with the opportunities for utilisation, represents the immanent structure of the social world at a given point in time, or more precisely, the inherent social constraints that determine individual opportunities and constraints (ibid., p. 50).

Regarding the use of the concept of capital within the resource theory perspective on social protection adopted in this thesis, this means that a quantitative consideration of the distribution and individual disposition of capital does not serve the purpose. Instead, the focus must be on the conditions of application of available capital, as discussed in previous chapters concerning the Ghanaian context and local perspectives on disability. This approach also closely relates to the early development of Bourdieu's concept of capital and its different forms during his studies in Algeria. These studies led to his recognition, among other things, of honour as the most significant form of (symbolic) capital in the traditionally nomadic social structure (Fröhlich & Rehbein, 2009, p. 135). It became clear that certain types of capital are explicitly not produced based on economic rationality, in the sense of a mercantile exchange of assets that lack intrinsic value and are merely a means to an end (Bourdieu, 1992, p. 50 ff.).

Building on the idea that different areas and fields of society require various forms or combinations of capital, Bourdieu gradually identified different types of capital. This was ultimately linked to the observation that possessing specific configurations of these types of capital determines the right to access a field and the potential for action. Consequently, when analysing a field, capital must be taken into account, and when examining capital, the characteristics of a field must also be considered. Both are highly dynamic, so only a snapshot at a time can be captured. The dimension of time thus becomes crucial, as it requires an understanding of the history of the struggles faced by the actors within the field.[153]

Bourdieu initially distinguishes among economic, cultural, and social capital (see Bourdieu, 1992, pp. 49 ff.), which are later complemented by symbolic capital, a resource that is superior to the other three types of capital.[154] The four types of capital will be outlined in the following sections.

(a) Economic Capital

Although Bourdieu's theory is rooted in Marx's economic theory of capital, it goes beyond supplementing economic capital with other forms of capital. Unlike Marx, Bourdieu's idea of economic capital mainly focuses on properties that can be directly turned into money, but does not consider labour itself as economic capital. Bourdieu criticises the economic view of capital for

[153] The time dimension, the history of struggles, and the changes in the field structure can be considered, for example, in terms of the paradigm shifts concerning the concept of disability.

[154] Whilst Bourdieu introduced further forms of capital in his writings, the four mentioned here can be described as the basic forms of his concept of capital. Bourdieu proliferated the types of capital in later writings and not always used the terms consistently. Above all, this illustrates the complexity of different types of sometimes contested resources for action as the subject of sociological debate (Rehbein, 2016, p. 110).

reducing the entirety of social exchange relations to the mere exchange of goods, which is both objectively and subjectively oriented towards profit maximisation and guided by economic self-interest (Bourdieu, 1992, pp. 50f.). He accuses economics of being narrowed to a science of market relations, which prevents the development of a broader science of practice that sees the exchange of commodities as just one form of social exchange among many (ibid.). Bourdieu's concept of economic capital includes any exchange value with a particular affinity with money and is mainly institutionalised through property rights (ibid., p. 52; Rehbein, 2016, p. 109).

(b) Cultural Capital

Bourdieu initially develops his concept of cultural capital as a theoretical hypothesis for analysing the inequality in scholastic achievement among children from different social classes (Bourdieu, 2002a, p. 282; 1992, p. 53). He thus establishes a counter-position to explanations of academic performance based on individual abilities and the assumptions of the economic tradition of human capital theory[155]. In particular, he points out that concepts such as 'ability' or 'aptitude' should be regarded as the result of an investment of time and cultural capital from the individual's environment (ibid., p. 54). Bourdieu contends that the gains from educational efforts depend on the cultural capital previously invested by the family, and that the economic and social benefits from schooling depend on the inherited social capital that can be leveraged to back it up (ibid., p. 282).

Bourdieu then outlines three forms of cultural capital: the embodied state (i.e. long-lasting dispositions of mind and body), the objectified state (cultural goods), and the institutionalised state (a form of objectification). These will be explored in more detail below.

The embodied state:

Broadly speaking, embodied or incorporated cultural capital refers to education in the broadest sense that has become an integral part of a person, that has been habitualised, converted into a habitus. The accumulation of cultural capital in this embodied form involves a process of incorporation, which costs time, for example, in the form of classroom or learning hours, which must be personally invested and cannot be delegated. Additionally, it demands the desire or drive to broaden one's knowledge and the willingness to endure deprivation to achieve this (Bourdieu, 2002a, p. 283; 1992, p. 55).[156] Embodied cultural capital is therefore partly determined by the duration of educational acquisition, but also by early domestic education, which is either an advantage (by providing a head start or saving time) or a disadvantage. Unlike money, property, and titles, incorporated capital becomes part of an individual and cannot be transferred in the short term (ibid.). Sharing of incorporated capital does not result in a loss. Furthermore, at its embodied stage, it cannot be preserved in this incorporated form beyond the lifetime of the bearer. It declines

[155] Bourdieu here refers in particular to the widely received approach of the US economist and sociologist Gary Stanley Becker (*1930). Becker's concept of human capital essentially referred to the idea of an individually invested capital stock of skills, knowledge and health, which was to be influenced both publicly and privately in order to increase the employability of the individual for the labour market. Bourdieu's critique refers in particular to the underlying premise of influenceability and the functionalist understanding of education, which, however, largely ignores the social origin and social realities of the individual, especially the transmission of cultural capital through the family. From Bourdieu's perspective, human capital theories thus ignore the central contribution that the educational system makes to the reproduction of the social structure by legitimising the inheritance of cultural capital (Bourdieu, 1992, p. 54).

[156] Bourdieu (2002a, p. 283) refers to a personal cost in the format of a constituted form of libido, 'libido sciendi'.

and ceases with their biological capacity, as it is strongly connected to the person's unique biological singularity (ibid.).

However, such cultural capital is definitely passed on through social inheritance, a largely invisible process. Although the process of embodiment is not necessarily a conscious process of assimilation, the circumstances of its adoption are more or less visibly inscribed in the incorporated cultural capital, for example, in the form of pronunciation characteristic of a class or region, which helps to establish its distinctive value. This determines the value of this capital, as it cannot be accumulated beyond an individual's capacity to absorb it (ibid., p. 57). Bourdieu (2002a, p. 283) further argues that '[b]ecause the social conditions of its transmission and acquisition are more disguised than those of economic capital, it is predisposed to function as symbolic capital, i.e., to be unrecognized as capital and recognized as legitimate competence, as authority exerting an effect of (mis)recognition […]'. Against this background, 'the specifically symbolic logic of distinction additionally secures material and symbolic profits for the possessors of a large cultural capital: any given cultural competence (e.g., being able to read in a world of illiterates) derives a scarcity value from its position in the distribution of cultural capital and yields profits of distinction from its owner' (ibid., p. 284). He concludes that the share in profits that such scarce cultural capital secures in class-divided societies is based on the fact that not all individuals have the economic and cultural means to extend their children's education beyond a minimum level needed for the reproduction of the labour force with the lowest market value at a given moment (ibid.).

On this basis, Bourdieu concludes that the unequal distribution of capital, which reflects the structure of the entire field, forms the foundation for the specific effects of capital. To Bourdieu, these consist in the ability to acquire profits and to enforce rules of the game that are as favourable as possible to capital and its reproduction. Bourdieu describes the logic of transmission as the strongest basis for the symbolic power of cultural capital. Different levels of cultural capital within the family lead to variations in when the acquisition process begins, the capacity to meet the cultural demands of the process, and the length of time the family can provide a period free from economic constraints. The time needed to acquire capital thus creates a strong link between economic and cultural capital (ibid.).

The objectified state:

Bourdieu describes objectified cultural capital in terms of material objects and media such as writings, paintings, monuments, or instruments (Bourdieu, 2002a, p. 185). These not only carry material worth but also cultural value. It is equally transferable as economic capital, though this does not necessarily include the means considered essential for specific appropriation. This suggests that cultural goods can be appropriated either materially, which requires economic capital, or symbolically, which requires cultural capital (ibid.). Particular forms of objectified cultural capital can act as prerequisites for social positions within specific fields (Fröhlich & Rehbein, 2009, p. 137).

The institutionalised state:

Bourdieu describes legally sanctioned capital, such as academic titles, honours, and awards, as institutionalised. The disposition of abilities anticipated with it does not need to be tangible (embodied) or visibly manifested in objects (objectified) (ibid.). It grants the holder a form of capital that holds significant value within specific fields. The objectification of cultural capital distinguishes it by reshaping this capital (and the corresponding privileges) so that it is not easily challenged, as

it is legally protected and thus formally independent of the individual's actual cultural capital, which no longer needs to be demonstrated (Bourdieu, 2002a, p. 285). Bourdieu (ibid.) highlights the 'performative magic of the power of instituting, the power to show forth and secure belief or, in a word, to impose recognition'. Furthermore, Bourdieu asserts that the institutional recognition given to cultural capital, such as academic qualifications, facilitates the creation of conversion rates between cultural and economic capital, since institutionalisation secures the monetary value of a specific academic qualification. As a product of transforming economic capital into cultural capital, this ultimately influences the value of the holder of a particular qualification relative to others holding similar qualifications in the form of cultural capital, and consequently also affects its monetary value in the labour market (ibid., p. 285 f.). In this context, Bourdieu observes that the value of exchange, meaning the material and symbolic profit, can fluctuate, as it depends on its scarcity. Therefore, strategies for converting economic capital into cultural capital are determined by changes in the profit structures of different types of capital.

The 'discovery' of cultural capital can be regarded as one of Bourdieu's most significant achievements (Rehbein, 2016, p. 108). It laid the foundation for his renowned work 'Distinction: A Social Critique of the Judgement of Taste' (Bourdieu, 1982), which analyses French society during the 1960s and 1970s and the logic behind the economy of cultural assets. He reveals how cultural preferences are influenced by the desire for distinction and how cultural capital impacts judgements of personal taste. His key thesis posits a correspondence between the space of social positions and the space of lifestyles and preferences, suggesting that changes in social positions are mirrored by changes in preferences or lifestyles. On this basis, he provided a sophisticated picture of society and social positions that went far beyond a sole orientation towards economic capital. Based on the volume and structure of different types of capital, Bourdieu finally outlines basic dimensions of his concept of social space/field. The theoretical foundations of this approach, however, were not developed in France, but rather during Bourdieu's time in Algeria, within the context of his ethnographic studies on the social structure of Kabylia.

(c) Social Capital

Bourdieu's concept of social capital emphasises the role of social relations and networks, as well as the investment and return of resources within this context.

> *Social capital is the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition – or in other words, to membership in a group […].* (Bourdieu, 2002a, p. 286; 1992, p. 63)

Bourdieu further argues that collectively owned capital provides security to the group as a whole in the form of a 'credential', which entitles them to credit in various ways (ibid.). Social capital relations manifest as exchange relations, both material and symbolic, which in turn sustain social capital. Bourdieu perceives the material and symbolic aspects as being inseparably linked, and this connection must remain recognisable throughout. These social capital relations can also be institutionalised and guaranteed through affiliations such as family, class, tribe, school, party, and others (Bourdieu, 1992, pp. 63–64).

The extent of individual social capital therefore depends, on the one hand, on the size of the individual network of personal relationships that can be mobilised. On the other hand, it is shaped by the amount of economic, cultural and symbolic capital accessible through these networks (ibid., p. 64). Bourdieu continues that the mutual recognition institutionalised in exchange relations

presupposes a basic level of objective homogeneity among those involved. Most importantly, social capital can serve as a multiplier for an individual's actual available capital (ibid.).

The gains that come from being part of a group at the same time form the foundation for the solidarity that enables these benefits. However, a purely economic perspective would be insufficient to describe these exchange relationships. The advantages gained through social capital clearly extend to all forms of capital. Besides material benefits, such as favours, symbolic benefits, which arise from membership in a group, are equally significant. These benefits via social capital tend to be higher the more someone is exposed to economic or social decline (ibid., p. 64, 77). Nonetheless, these gains are not consciously pursued. Bourdieu instead describes them as the outcome of an ongoing institutionalisation exercise via institutionalisation rites, involving the continual creation and reproduction of sustainable and beneficial relationships (ibid. p. 65). He views the network of exchange relations as arising from both individual and collective investment strategies that are consciously or unconsciously aimed at establishing and maintaining these exchange relations. As a result, the reproduction of social capital depends on ongoing relational activities such as exchange acts, through which mutual recognition is repeatedly reaffirmed. This process requires acquiring and maintaining relevant skills, along with investing time and financial resources. The more capital one possesses, the higher the potential returns (ibid., p. 67). When the capital is more extensive and highly symbolised (see below), less relational effort is needed to generate returns from social capital.

Rather random relationships (e.g., family, work, neighbourhood) are thus transformed into selected and essential relationships that establish lasting commitments and create a symbolic reality (ibid.). Mutual recognition through exchange indicates group membership, reproduces the group, and simultaneously affirms its boundaries for such exchange relations. These boundaries of exchange are central to this work. Bourdieu (ibid., p. 66) contends that any new addition to the group can threaten the definition of access criteria. He uses the French term 'mésalliance' to describe the danger posed by a relationship that, to some extent, does not align with the group's status, when it alters the boundaries of what are considered legitimate exchanges and thus threatens the group's identity (ibid.). Occasions, places, and practices largely and subtly regulate the reproduction of legitimate social contacts and the exclusion of illegitimate ones. These control, in only seemingly random ways, the coming together of individuals who are as homogeneous as possible regarding all aspects important for the group's life and survival (ibid., p. 67). Compromising individuals may be excluded or excommunicated to 'protect' the group identity as a whole.

(d) Symbolic Capital

Bourdieu's concept of symbolic capital is based on his sociological examination of the symbolic world, of human representations, of what is conveyed through signs and illustrations (Rehbein, 2016, p. 183).[157] His interest was explicitly focused on how power is exercised through symbolism and ultimately how social inequality is reproduced. For Bourdieu, the symbolic forms an independent dimension of human action that is expressed, for example, through language, more precisely language or the choice of vocabulary, which creates social difference. This is recognised, accepted, and utilised for distinction (see below). Typically, this process does not occur consciously but is embedded in the habitus through socialisation (ibid.). Bourdieu thus contends that those in

[157] Rehbein explicitly refers to Bourdieu's engagement with Ernst Cassirer's 'Philosophy of Symbolic Forms' (1923-1929)

dominion are not only controlled by physical power, economic hardship, legal constraints, or resource inequality but also by the dimension of social classification through meaning.

> *So the only way to understand this particular form of domination is to move beyond the forced choice between constraint (by forces) and consent (to reasons), between mechanical coercion and voluntary, free, deliberate, even calculated submission. The effect of symbolic domination (whether ethnic, gender, cultural or linguistic, etc.) is exerted not in the pure logic of knowing consciousnesses but through the schemes of perception, appreciation and action that are constitutive of habitus and which, below the level of the decisions of consciousness and the controls of the will, set up a cognitive relationship that is profoundly obscure to itself.* (Bourdieu, 2002b, p. 37).

Bourdieu highlights that it is the symbolic differences which reproduce and legitimise the actual differences, causing those actual differences to no longer be questioned. Symbolic differences are therefore both a doubling and an additional layer of actual differences, serving as an additive force (Rehbein, 2016, p. 185). As long as the origin of inequalities in symbolic forms remains undiscovered, they will inherently carry their legitimisation. Bourdieu emphasises the exercise of such symbolic power, which delineates divisions and groups and influences or consolidates social relations.

Any form of capital can serve as a subject of acceptance or appreciation and be used to symbolically assert claims to power. In this context, capital becomes symbolic capital (Rehbein, 2016, p. 109). Bourdieu recognised honour as an important form of capital in traditional Algerian society, as the form taken by one of the other three types of capital when perceived through perceptual categories that acknowledge a specific logic (ibid., p. 108). To Bourdieu, it is legitimacy, the recognised occupation of a social position or the disposal of capital, which he calls social capital (ibid.). He frames symbolic capital as the transformation of a power relation into a relationship of meaning, as the immaterial power that other forms of capital exert on one's consciousness. This power is embedded in the habitus through socialisation and underpins distinctions, which ultimately influence resource dynamics. Thus, those who possess the habitus of the dominant generate automatic resource gains from distinction (ibid., p. 187).

According to Bourdieu, distinction, within the context of actively recognising or highlighting differences, is linked to valuation. Distinction serves to differentiate the self from others as superior, more valuable, or more significant (Fröhlich & Rehbein, 2009, p. 76). For instance, a prominent social position is conveyed through lifestyles and certain patterns of consumption that, because of types of capital and habitus, do not allow for easy replication by most people. This perspective is not originally associated with Bourdieu, but can actually be found in Veblen's 'Theory of the Leisure Class' or Norbert Elias' 'The Civilizing Process' (1969) (ibid.). In his main work 'Distinction: A Social Critique of the Judgement of Taste', Bourdieu (1984), however, demonstrates how social differences are transformed into active distinctions, such as lifestyle distinctions, and how these permeate everyday life. Symbols and practices are often seen in daily life as expressions of individual preferences or as evidence of natural differences. Bourdieu, however, argues that this is precisely how the meaning of domination and class becomes obscured (ibid.). To him, class struggle therefore consists of symbolic struggles and the debated value of different characteristics, which can include various factors such as posture, language style, educational qualifications, etc., which are generated through collective recognition.

> *Struggles over the appropriation of economic or cultural goods are, simultaneously, symbolic struggles to appropriate distinctive signs in the form of classified, classifying goods or practices, or to conserve or subvert the principles of classification of these distinctive properties. (Bourdieu, 1984, p. 249).*

Bourdieu describes excessive imitation of characteristics without having the necessary means to do so as 'pretentious' and 'devaluing'.

> *Where the petit bourgeois or nouveau riche 'overdoes it', betraying his own insecurity, bourgeois discretion signals its presence by a sort of ostentatious discretion, sobriety and understatement, a refusal of everything which is 'showy', 'flashy' and pretentious, and which devalues itself by the very intention of distinction. (Bourdieu, 1984, p. 249)*

His concept of distinction was criticised particularly within the context of the discourse on a multiplication and individualisation of lifestyles from the 1980s, which rendered the concept too broad to encompass differences in increasingly individualised societies (Fröhlich & Rehbein, 2009, p. 78). If greater differentiation is seen as enriching life, the critique continues, then the incoherence of lifestyles becomes the focus, and the link between habitus and the marketplace for lifestyles automatically weakens (ibid.).

Ultimately, a decisive factor concerning the two levels of capital is that the 'reality' level and the 'symbolic' level correspond but are not identical. This allows, in theory, for a critical recognition of actual constraints and the possibility to free oneself from the influence of symbolic capital (Rehbein, 2016, p. 187), thus avoiding 'what is expected'. However, this process requires struggle, and even recognition is limited by the fact that it is governed by a habitus that has been formed in these very contexts (ibid.).

> *[…] it is quite illusory to believe that symbolic violence can be over come with the weapons of consciousness and will alone, this is because the effect and conditions of its efficacy are durably and deeply embedded in the body in the form of dispositions. (Bourdieu, 2002b, p. 39)*

Convertibility of capital

In coping with everyday life, it is actually less the mere possession of resources that is relevant than the way in which these can be transformed into agency. As indicated earlier, types of capital can be converted into one another, for example, money into art pieces (cultural capital), membership (social capital), or a charity initiative (symbolic capital). Exchange rates are contested, as each major capital holder aims to preserve or enhance the value of their own type of capital (Rehbein, 2016, p. 109). Each type of capital operates through its own specific modes. This further emphasises the importance of its convertibility, as the acquired capital must be recognised within the relevant field (e.g., a particular educational qualification in a specific domain, or the value of a painting in the art sector). Therefore, specialised knowledge about the respective field is also necessary for successful conversion (ibid.). Reproducing social capital involves ongoing relational work through continuous exchanges, whereby mutual recognition is repeatedly reaffirmed (ibid.; Bourdieu, 1992, p. 67). Charitable activities must be perceived as acts of welfare by relevant others (Rehbein, 2016, p. 109). Therefore, the relationship between the type of capital and the field may differ to varying degrees across different societies. It is also vital that the resources and patterns of action gained throughout a person's life (capital and habitus) determine a person's present actions. However, these do not occur in a vacuum but within an ever-changing reality (fields), which in turn influences which

resources and dispositions can and should be utilised at any given moment (Habitus x Capital + Field = Praxis).

In conclusion, similar to Foa & Foa and Hobfoll, Bourdieu reminds us that considering various types of resource exchange solely from an economic perspective is too narrow. Instead, he suggests a general science of practice that extends well beyond the exchange of commodities. His concept of capital is a scientific concept that encompasses all socially valuable resources, meaning everything that genuinely exists and enables possibilities for action. Every access to such a resource represents the accumulation of capital, which is subject to given distribution structures and contributes to inequality of opportunity. Resources are, to some extent, assigned value through the field. Resource endowment not only determines social position but also influences the structuring of the field, that is, how resources are valued within it. For individuals or groups with limited resource endowments, this means minimal influence on resource valuation and fewer opportunities to accumulate resources. Based on habitus, Bourdieu explains how resources are used in a variety of situations through a form of 'regulated improvisation'.

Overall, Bourdieu's theoretical framework allows for a more comprehensive analysis of subjective experience from a socio-structural point of view. Bourdieu adopts a different perspective compared to the sociopsychological theories of Foa & Foa and Hobfoll. He particularly emphasises the significance of various types of resources in the way social inequalities become reinforced, sometimes spanning across generations. The concept of habitus, in particular, enables a transition from an individual to a social examination, connecting (social) psychological to sociological empirical categories. Bourdieu challenges the dualism of individual and society through the concept of habitus. Unlike Foa & Foa and Hobfoll, he is not concerned with the immediate logic of resource exchange or conservation, but with the principles that unconsciously govern resource distribution and investment on a societal level, thus, the economy of practical actions as a whole.

According to Bourdieu, the availability of different types of resources shapes a person's opportunities in life and, consequently, their social position in society. Bourdieu suggests that the value of resources is determined socially, and this process is subject to struggles where involved actors possess different means of power, which would not be considered just within the framework of an egalitarian liberal view of social justice. The social power of resources and their distribution are fixed within social structures and individual dispositions, forming a basis for the persistence of inequality despite ongoing social change. He highlights the illusion of natural or logical classification, which not only sustains behaviour patterns but also reproduces and affirms social structures by denying their history of emergence. He further argues that this logic implies that individual (future) circumstances are seen as dependent on natural or supernatural forces. These perspectives will be vividly reflected in the empirical part of this work through numerous statements from interviewees about their future outlooks. According to Bourdieu, the distribution of various resources embodies the inherent structure of the social world, into which social protection measures seek to intervene.

Furthermore, Bourdieu's concept of 'hysteresis' offers insight into habitual persistence and its influence on what Hobfoll described as 'resource caravans' and 'caravan passageways' (see above). Most importantly, Bourdieu highlights that habitual dispositions determine individual resource arrangements and, consequently, opportunities for personal livelihood strategies. When welfare arrangements demand what Hobfoll describes as bold action, individual opportunities may be constrained by habitual dispositions and limited resource arrangements, leading to a prioritisation

of passive (and sometimes even harmful) protection strategies, as previously discussed. The key question then is to what extent 'formal' social protection schemes are sufficiently responsive to recognise and react to this. Within the framework of this research, for example, a representative of a social administration mentioned that although they provide individuals with disabilities with in-kind transfers to help them start a business, some people with disabilities simply do not do the right thing because they just do not want to. The question of possible reasons, or even the suitability of the programme, however, did not appear relevant. Bourdieu highlights that habitual dispositions do not easily adapt to changing environments. Therefore, in this context, questions arise about what this implies for emerging human rights-based provisions and new opportunities for formal social protection in Ghanaian contexts, where daily life in rural areas appears to operate more on the logic of duties towards the community than on individual rights.

According to Bourdieu, individual strategies depend on people's position in the field, that is, within the distribution of specific resources. Against the background of the above discussion on the construction of disability in traditional Akan conceptions of community, the question also arises as to how much the resource endowment for positioning in the field for people with disabilities is ontologically limited, or to what extent ontological constructions of disability outside the community lead to a continuous devaluation or non-application of resources, even if these would theoretically be available. Bourdieu's concept of social capital emphasises the importance of social belonging and reciprocity, thereby drawing attention to conceptions of access to social communities, as previously discussed in relation to disability. Bourdieu's theory of capital, therefore, offers a broader theoretical framework to Foa & Foa's theory of exchange by outlining the social conditions under which such exchanges occur and which acts of exchange (re)produce. It further highlights the basic structure for collective social protection in its various forms and provides an access framework and a multiplier to other types of capital/resources.

Regarding the earlier discussion on traditional conceptions of disability, from a social capital perspective, placing persons with disabilities outside the traditional concept of community can be seen as an institutionalised exclusion from social capital and, consequently, from other forms of capital, which constitutes the entire resource system of the community. The less symbolic and the lower the existing capital of persons with disabilities, the more relational work they must do to gain access to social capital. In this context, Bourdieu also refers to access criteria, using the French term 'mésalliance' (mismatch) to describe a risk posed by a relationship that, to some extent, does not align with the group's status and could threaten the group. As previously discussed, it is this 'mésalliance' concept that shapes traditional conceptions of disability within African communitarianism. These conceptions may rest on traditional assumptions about 'essential abilities' essential for the 'survival' of the community (as argued earlier), which have become an ontological feature still accepted and utilised for distinction. This prevents the 'mésalliance' concept from being questioned and perpetuates the continuous reproduction of a 'normalised' or 'dis/abled habitus'.[158] Bourdieu further emphasises the importance of symbolism in creating distinction, where symbolic differences legitimise and perpetuate actual disparities. This offers explanatory power for the ongoing structural exclusion of people with disabilities based on resource disparities. Bourdieu's concept of cultural capital particularly counteracts naturalistic perceptions of ability by

[158] As discussed earlier, Waldschmidt, drawing on Disability Studies' reference to Bourdieu, suggests that the habitus is also considered to be 'normalised'; a system of structures of thought, perception, evaluation and action that on the one hand presuppose categories of normality and on the other hand at the same time produce them again and again, since the compulsion to normality is inscribed onto those categories (Waldschmidt, 2011, p. 102).

demonstrating that the symbolic logic of distinction also generates material and symbolic gains for those with cultural capital. It thus challenges ideas of performance-based justice and the ableist notion of power.

Another aspect of Bourdieu's framework appears particularly significant in the context of disability and its social perception and construction. He suggests that similar conditions of existence tend to create systems of partially similar dispositions, resulting in a certain homogeneity of habitus forms among the individuals concerned. He argues that, in consequence, this results in a certain regularity and homogeneity of practice, which makes the individuals appear to be natural members of the same group. Therefore, the question arises as to how this might be reflected in the individual social protection arrangements of people with disabilities who were socialised under similar ontological perceptions of disability, in terms of specific aspects of collective experiences that become visible in individual dispositions.

5.2 Resources as an Analytical Framework for Studying Social Protection in the Context of Disability

Attempting to understand a person's individual life situation, or more specifically, their livelihood, requires looking at a broad range of resources and their interactions, extending beyond a narrow focus on access to financial means and services. This involves revealing detailed information on patterns and configurations of resource possession and loss (Törnblom & Kazemi, 2012, p. 37), as well as modes of exchange and the development of individual relevance. Therefore, perspectives of resource theories appear highly relevant for informing social policy-making and the design and implementation of social welfare interventions.

When examining social protection as an intervention in the complex interactions between personal factors and external influences from the social and physical environment that determine individual livelihoods, it becomes obvious that neither a sociological nor a psychological perspective alone seems entirely suitable. Against this background, this work draws on theoretical perspectives from both disciplines to address the research question. The following aims to clarify how the concept of individual resource arrangements functions as an analytical tool in pursuing this endeavour.

The concept of 'individual resource arrangements' will serve as the analytical framework for the empirical study. The term 'arrangement' here is used to denote a grouping of elements that is not simply additive but is shaped by various interrelations among these elements, creating a pattern in the sense of a configuration. This configuration is viewed as both unique and dynamic. Individual resource arrangement thus refers to an individual configuration of means, attributes, and conditions that people rely on, both explicitly and implicitly, to sustain their livelihoods. These resources may be provided by others or the environment, encompassing institutions, culture, technology, and nature, or they may be developed by individuals themselves (Schubert & Knecht, 2012, p. 16) in interaction with their social and physical environment.

Individual resource arrangements represent a network of personal, social, and material conditions, objects, means, and attributes that individuals can draw upon to address livelihood-related challenges. These resources initially exist as latent potentials, becoming part of an individual's resource arrangement only when they are recognised and acknowledged as such by the individual. Consequently, individual resource arrangements are shaped by personal attributions of meaning, which are further shaped by social and cultural contexts, including developmental roles, e.g. related

to age and gender within society, goals, value systems, personal strategies, current moods, circumstances, socialisation processes, and personal experiences (Schubert & Knecht, 2012, p. 17 f.). The individual resource arrangement, therefore, encompasses certain resources accessible to an individual, whether owned or directly available, to varying degrees at a specific point in time. Within this framework, resources may exhibit stability over extended periods or manifest as temporary events or conditions (Schubert & Knecht, 2012: 16 ff.). The consideration of a resource arrangement is, therefore, inherently a snapshot of a specific moment in time.

Regarding the research focus of this study, the analytical framework of individual resource arrangements enables an in-depth examination of the role of different resource types and their interrelationships within individual life situations that are subject to social protection measures. Social protection programmes are viewed here as an additional element that intervenes in life situations by becoming part of a given individual resource arrangement, hence, an individual and dynamic configuration of resources. By doing so, a social protection intervention carries assumptions about the nature of this individual configuration and how it can interrelate with its various resource elements when it becomes part of the configuration.

In terms of the guiding research questions, the focus is on which assumptions are inherent in social protection benefits as becoming an element of such arrangements, with regard to the nature of the other elements (resources) and with regard to the interactions with them, and how these assumptions match with the actual nature of resources and their dynamics within resource arrangements of recipients with disabilities. This perspective forms the basis for a descriptive approximation of social protection schemes as one among various other resources in individual arrangements, which ultimately enables a consideration of explicit and implicit requirements inscribed into schemes on the one hand, and the factual accessibility of resources and individual attributions of meaning to different types of resources on the other.

Considering resources through the lens of individual arrangements enables a systematic exploration of the interactions between the individual and their environment, in which potentials are identified, and resources are constructed through individual attributions of meaning. This perspective broadens the analytical scope of individual arrangements, allowing for an examination of how sensitively social protection programmes respond to the specific ways in which resources are socially constructed within the context of persons with disabilities as a target group.

Focusing on social protection provisions, both in their design and implementation, as one resource among others within an arrangement that generates its intended effects only through interaction with additional resources, shifts the perspective from a purely economic assessment of outputs to an exploration of the interrelationships among resources, whose interactions may or may not produce effects consistent with programme objectives. This perspective redirects attention to the nature of different types of resources, the conditions under which they are exchanged, and the mechanisms through which they are conserved. These factors are assumed to be crucial in determining the extent to which the outputs of social protection programmes can generate effects consistent with their intended objectives through interaction with different resource elements within individual resource arrangements.

The analytical framework conceives individual resource arrangements as socially constructed and provides a nuanced lens through which to describe the potential significance of social protection measures in the context of disability in Ghana. The interpretation of transfers and implementation

practices as resources is situated within a broader historical and societal context that shapes whether, and in what ways, resources are recognised and valued. The analysis focuses particularly on the possibilities for the exchange and conservation of resources and how these are socially constructed.

The underlying assumption is that the concept of resource arrangements, encompassing individual resources, their perception, and their representation, serves as a basis for a descriptive approximation of social protection in the context of disability. The initial analytical focus lies on how individuals describe various resource types, how these are articulated in their narratives, how meaning is ascribed to them, and how they relate to other resources. The subsequent step asks for the implications of these configurations for social protection programmes, particularly regarding their design, implementation practices, and the underlying assumptions about recipients' individual resource arrangements. It seeks to understand how the perceived effects of social protection programmes are constructed from the standpoint of recipients (and, to a lesser extent, implementers), independent of the programmes' formally defined objectives.

The theoretical approaches presented are meant to serve as a foundation for analysis and discussion, facilitating a deeper understanding of the interviewees' individual resource arrangements and potential demands placed on them by the design and implementation practices of public social protection schemes. They provide theoretical perspectives on the different logics that govern such interactions, as well as the accumulation of resources within the framework of individual resource arrangements, considering their socio-structural embedding. It became evident that each theoretical framework can offer different perspectives on insights gained into individual resource arrangements during the research. While (socio)psychological conceptualisations of resources have a strong micro-level focus on interpersonal processes, the sociological perspective helps to embed these within meso- and macro-level social structures. In the context of the present study, it therefore seems reasonable to consider different approaches to examine the interplay of resources across micro-, meso-, and macro-level processes.

Resource Theory of Social Exchange (Foa & Foa) introduces a comprehensive resource taxonomy to better understand the role and functioning of resources in individual interactions as well as insights into cognitive mechanisms that underly resource exchange (Törnblom & Kazemi, 2012b, p. 38f). Hobfoll's COR can provide crucial insights into the dynamics between intrapersonal and extra-personal resources in processes of resource conservation and thereby bridges the gap to more sociological resource perspectives. This becomes clear, for example, when Hobfoll defines a type of capital in the context of his concept of Resource Caravan Passageways, which clearly overlaps with Bourdieu's concept of cultural capital, even though he does not refer to Bourdieu. Finally, Bourdieu provides a comprehensive societal perspective on the structural opportunities and limitations individuals face in accessing, conserving, valuing, and investing resources. He thus offers a 'socio-structural' resource-based framework in which the above theories can be embedded, each with its own perspective.

The analytical framework thus aims, first and foremost, to provide a descriptive approximation of the complex configurations that shape individual resource arrangements. By integrating the aforementioned theoretical perspectives, it remains sensitive to the power hierarchies and dynamics that emerge from the interplay of diverse resources and that determine opportunities for their exchange and conservation. Within these individual arrangements, resources are conceived not merely as means to an end but also as autonomous dimensions of human development and social

structure. For instance, social resources (such as family, friends, and local communities) and socio-ecological resources (including prevailing social conceptions of individuality, community, and (dis)ability) can be understood as resources in the sense of individual social constructions. This perspective further enables an examination of how notions of social reciprocity underpin the processes of resource exchange and conservation, which essentially define individual scope for action and are therefore central to the design and implementation of social protection schemes.

Chapter 6 – Methodology

This chapter aims to present and reflect on the methodology used to investigate the resource arrangements of individuals with disabilities in three districts within Ghana's Central and Eastern Region. The chapter begins by outlining the study's research interest and presenting the overarching research question, which serves as the foundation for the methodological positioning of the study. This is followed by a definition of the research field and a detailed explanation and justification of the selected methodology, including the resource-theoretical considerations introduced earlier (Section 6.1). Subsequently, the chapter delves into the data collection process, including aspects such as sampling, field access, data collection instruments, and their practical application. Special attention is paid to the challenges of conducting qualitative social research in foreign languages and cultural settings (Section 6.2). An overview of the collected data is then presented (Section 6.3). The analysis approach and its practical implementation are discussed next, with particular focus on the linguistic and cultural aspects of the research context (Section 6.4). Finally, the chapter concludes with a reflection on ethical considerations, especially regarding research on dis/ability and within so-called Global South contexts (Section 6.5).

6.1 Research Approach

Aglaja Przyborski and Monika Wohlrab-Sahr (2021, pp. 1 ff.) emphasise that the appropriateness of a methodological approach does not arise a priori. Instead, it should logically follow from the development and depiction of the research interest; then, it should proceed to define research questions, establish a methodological position, and outline the research field. Accordingly, it is important to revisit these foundational steps within the context of this work. The research interest was initially shaped by the author's practical experience in dealing with the design and implementation of social protection programmes for individuals with disabilities in the so-called Global South, gained over several years working for a government organisation engaged in international development cooperation. Initial inquiries into the effectiveness and impact of social protection schemes developed into more detailed questions about the suitability of programme designs for specific contexts and target groups. These reflections, in turn, laid the groundwork for a wider exploration of the concepts of social reciprocity and social justice, analysing their historical and cultural roots as a foundation for social policy in Europe and Africa. These inquiries were further linked to questions about the social construction of disability and how it affects the design and implementation of social protection programmes. Existing knowledge on these issues relevant to this thesis is detailed in Chapters 2 to 4. The research focus of this thesis, as introduced earlier, centres on the potential of public social protection programmes in Ghana to positively impact the livelihoods of individuals with disabilities. The main emphasis is twofold: It looks at a) the assumptions about the living conditions of persons with disabilities that underpin the design of these programmes, and b) the degree to which these assumptions match or differ from the perspectives of persons with disabilities regarding their lived experiences within specific social environments.

The first part of this thesis emphasised that the dominant philosophies and policies of international donor organisations such as the World Bank and the International Monetary Fund significantly influence the design of social policy measures in the so-called Global South. Their neoliberal agenda led to the adoption of Structural Adjustment Programmes for highly indebted countries,

which were also introduced in Ghana, with a particular focus on addressing poverty through instruments aligned with the principles of market liberalism and entrepreneurship. These paradigmatic ideas also shaped the discourse on social protection in international development.

Due to the high reliance of post-colonial states on international support, these discourses, heavily dominated by experts from the Global North, have significantly influenced the design of social protection programmes in countries of the Global South. They tend to overlook the specific historical paths that have shaped the development of social policy in Europe, which are quite different from the development trajectories of socio-structural conditions in many southern countries (e.g., the connection of the 'Poor Laws' in Europe to the end of feudalism or the crucial role of class struggles during industrialisation as a key aspect of the development of Western Welfare State arrangements). This has led to a certain ignorance not only of factual living conditions, such as those of persons with disabilities, but also of existing governance routines, administrative capacities, and most importantly, culturally dominant concepts of individual and community, social reciprocity and social justice, as well as notions of difference and disability into which social protection schemes are to be integrated.

Even today, professional engagement with social protection and disability in the so-called Global South mainly focuses on the technical and administrative aspects of programme rollout and implementation, as well as on impact measurement. Additionally, the significant impetus of the UN CRPD on social protection has elevated the prominence of (human) rights-based perspectives. A growing body of academic work discusses the implementation of disability-related legislation from both policy and technical perspectives, focusing on state and civil society social services for or inclusive of people with disabilities in Ghana. Disability is mainly addressed here as a legal concept within the framework of state welfare. Another strand of research, as discussed in Chapter 3, examines disability in the context of discrimination and cultural practices that perpetuate it. This approach often centres on individuals with impairments, emphasising their personal experiences of discrimination and exclusion, along with the impacts resulting from these experiences.

Limited attention, however, has been paid to the traditional and cultural contexts that give rise to these forms of ontological degradation and social exclusion, as well as to the ways in which they are justified and reinforced within locally dominant notions of social reciprocity and social justice. This perspective is especially relevant to this empirical study. It is examined in relation to social protection schemes, which primarily approach disability as a legal construct and, as discussed in Chapter 2, are based on ideas of social reciprocity and social justice rooted in Western welfare state models. It is assumed that when these frameworks are applied without sensitivity to Afro-communitarian contexts, they negatively influence the relevance and suitability of social protection programmes.

Afro-communitarian norms and structures of social reciprocity and justice are likely to significantly influence resource exchange processes and the potential for resource conservation. This influence also shapes the extent to which social protection schemes can contribute to securing and improving the livelihoods of people with disabilities. Although the concept of resources in social justice theory and social policy literature highlights the crucial role and importance of resources and their distribution, it remains vague and lacks sufficient detail for the focus of this study. This highlights the need for a more nuanced understanding of resources, particularly within the context of social reciprocity and their relevance to social protection approaches. This was addressed through a

thorough examination of resource theories and the presentation of 'individual resource arrangements' as a broad analytical framework in the previous chapter.

Framing the research interest and overarching research question within a resource-theoretical framework, a theory-driven approach and corresponding analytical framework were established. This facilitated the development of specific sub-questions, enabling the empirical focus of the thesis to be clearly refined and precisely defined.

Sub-questions for the empirical study:

(1) What explicit and implicit assumptions about the 'individual resource arrangements' of recipients underpin the design and implementation practices of social protection programmes aimed at supporting people with disabilities?

(2) What explicit and implicit requirements do relevant social protection programmes impose on the 'individual resource arrangements' of recipients with disabilities?

(3) How do people with disabilities perceive their 'individual resource arrangements'?

(4) To what extent do 'individual resource arrangements' of persons with disabilities align with the explicit and implicit requirements embedded in the design and implementation practices of social protection programmes?

The empirical study aims to shed light on how individual resource arrangements of people with disabilities can be characterised within the research field and to identify resources and resource configurations considered particularly significant for securing livelihoods. In this context, it is of interest to examine the assumptions embedded within the programmes regarding the individual resource arrangements of the target groups and the expectations they may place on users with disabilities. Finally, the study investigates how these assumptions and expectations intersect with individuals' actual resource arrangements.

Methodologically, the study adopts an explorative orientation. The objective is to develop basic hypotheses on individual resource arrangements and their interplay with selected social protection schemes. This involves examining the interactions between public social protection measures and the resource arrangements of their users from the perspectives and logics of the actors themselves. The focus is on the individual perceptions and interpretive patterns of people with disabilities. Key areas of interest include their motives, values, and how they construct meaning, as well as the cultural or social rules inherent in their subjective experiences, which should be explored in depth (Misoch, 2019, p. 26). It is assumed that only these can ultimately provide insights into how supposed potentials for protecting livelihoods become resources through individuals' personal attributions of meaning (Schubert & Knecht, 2012, p. 17 f.). The focus is therefore on the subjective realities of people with disabilities in Ghana in the context of securing livelihoods, especially the conditions and principles of construction of these subjective realities. The aim is to obtain case-spanning insights into how individual resource arrangements are constructed and the conditions under which they are formed.

Since individuals are inherently socialised, their subjective constructions of reality do not develop in isolation. Still, they are profoundly shaped by social factors, reflecting socially determined perspectives on the world around them (Misoch, 2019, p. 27). As discussed in Chapter 5 with reference to Bourdieu, these meanings are socially negotiated, making them both modifiable and

culturally framed (ibid.). The exploratory nature of the research focus, its emphasis on individual assessments and perceptions, and the specific interest in the social construction of individual resources justify an alignment with the paradigms and methods of qualitative social research; therefore, an interpretative-reconstructive, exploratory, and minimally standardised approach.

A key principle of qualitative-reconstructive research emphasised here is 'openness', both as an epistemological and methodological stance. This entails an exploratory approach that avoids reliance on pre-formulated theories or strictly defined hypotheses, instead embracing a framework that often operates without rigid preconceptions (ibid., p. 28f.). In this context, it is essential to clarify how the resource-theoretical framework outlined in Chapter 3 aligns with the principle of epistemological openness within the scope of this thesis. At the core of this approach is the use of resource theories as a theoretical framework to deeply inform the research perspective, rather than preformulating hypotheses about the individual resource arrangements of the people with disabilities under consideration. As outlined above, the resource-theoretical framework provides a foundation for structuring the research focus and refining the guiding research question. The significance of this resource-theoretical framework arose from analysing contexts relevant to the initial research focus, including the historical and cultural dimensions of social reciprocity, the constructions of social justice, and the development of social policy in Europe and Africa. Misoch (ibid.) emphasises that an open qualitative research approach does not equate to a theory-free examination of the subject; rather, theoretical framing can be vital in structuring and refining the research focus.[159] As part of the present study, the resource-theoretical framework fulfils this function in a balanced manner, as advocated by Misoch, by continuing to permit epistemological openness in its application.

The empirical study employed guided interviews with varying specifications as its primary data collection method. The design of the data collection strategy and instruments, along with the sampling method and the interview process, are described below.

6.2 Data Collection

6.2.1 Field Access and Sampling

Access to the field in three districts was initially gained through local Social Welfare Departments of the district assemblies and local organisations representing people with disabilities. Interviewees involved in implementing government-led social protection programmes were selected based on specific criteria. Notably, employees from the local Social Welfare Departments in the three research districts were included, with a particular focus on the respective directors, Disability Desk Officers, and LEAP Officers. In one instance, the interviewee had moved from a role in social welfare administration to a position in health administration within the public service. In another, an interview was conducted with the director of a local CSO who works closely with the local Social Welfare Department and was familiar with the thematic field of the study. In one research district, the perspectives of these interviewees were enhanced through a group interview with local government officials and another with representatives of local CSOs, both of whom had direct

[159] In this context, Misoch (ibid.) highlights the risk of gathering information that is both unstructured and irrelevant to the research question, leading to an unfocused, overly time-consuming, and potentially unproductive data collection process. She argues that this risk is particularly pronounced when entering the field without prior knowledge, as advocated by approaches such as grounded theory (Glaser et al., 1968; Glaser & Strauss, 2006).

professional ties to the research context (see below). The sampling method employed is best described as 'purposive sampling', specifically 'criterion sampling' (Patton, 1990). Interview partners were deliberately chosen based on specific criteria, notably their roles or professional relevance within the context of public social protection programmes. This approach ensured the inclusion of individuals with specialised functional and experiential knowledge relevant to the research question (see Chapter 6.2.3.2).

Access to potential interviewees with disabilities, by contrast, employed a more open sampling approach. Participants included adults who self-identified as persons with disabilities or who were likely to belong to the target group or beneficiaries of social protection schemes based on this identification. During the initial field phase, no further distinctions were made regarding specific age groups, types of impairments, or gender. However, disability served as a key sampling criterion, positioning the approach within the framework of 'criterion sampling', while the overall methodology reflected a combined approach. Whereas interviewees are targeted based on the specific characteristic of 'impairment', within the subset of eligible individuals, interviewees were partly identified via 'snowballing'.[160]

The sample evolved in a relatively balanced manner with respect to age structure and gender. Regarding impairment, the focus during the second field phase was to capture a diversity of impairment types, including as many forms of impairment as possible represented by the GFD through its local impairment-specific member groups. This aim was not fully achieved due to practical research conditions and accessibility limitations encountered in the field. For example, individuals with so-called intellectual disabilities, chronic mental health conditions, and hearing impairments were less represented compared to those with physical or visual impairments.

Case selection was carefully coordinated with the gatekeeper, particularly during the second field phase (see below). Leveraging his extensive network, the gatekeeper enabled a relatively high number of access opportunities. Before arranging additional interviews, discussions took place about potential interviewees and their characteristics in relation to the sample. This process was less feasible during the first field phase. Due to access conditions, detailed consultations were limited, and decisions to conduct interviews often had to be made spontaneously during the access situation while clarifying sample characteristics with a potential interviewee (see details below).

The aim, therefore, was to develop a contrasting sample progressively (see Kruse, 2014, p. 242) to capture the heterogeneity of the field of study within the practical constraints of interviewee selection. This forms the basis for the objective of acquiring a qualitative representation of social structures of meaning, specifically seeking to reconstruct the fundamental patterns that shape meaning within a given social field (ibid.). This is evident in the interpretation of findings, e.g., with the homological pattern of 'proving' as a qualitative inductive conclusion (see Chapter 8).

The process of selecting interview partners was distinctly shaped by the varying approaches to the field, which can be broadly categorised into five access strategies.

Accessing interview partners via LEAP:

LEAP benefits are distributed to recipients in rural areas every two months at mobile distribution points within villages. In cooperation with the local Social Welfare Department, the author was

[160] For a discussion of the advantages and disadvantages of this approach, see e.g. Misoch (2019, p. 203 ff.).

given the chance to accompany the social administration and local bank team during the disbursement process in rural communities. At the disbursement points, some LEAP beneficiaries with disabilities were directly identified as potential interview subjects. Additionally, local assembly members assisted in identifying other individuals with disabilities in the community, some of whom could be approached for interviews. Further participants, including individuals with disabilities who were not LEAP beneficiaries but had experience with the DCF or NHIS, were recruited through snowball sampling.

Given the rural nature of the communities visited, this approach required precise organisation. A translator and research assistant (see below) were engaged to support the author. Additionally, a car and driver were hired to accompany the social welfare department and bank team to the LEAP disbursement points. To facilitate local engagement, the LEAP desk officer was briefed in advance on the research objectives. Snowball sampling at the cash points helped identify interview partners in even more remote communities, some of which were inaccessible by car. Motorbikes were hired locally to reach these interview partners, and shorter distances were covered on foot.

Accessing interview partners via the Disability Common Fund (DCF):

Access to DCF users was mainly facilitated through a DCF distribution event. These events, regularly organised by local social welfare departments, serve to distribute in-kind and cash benefits applied for by beneficiaries. On a designated day, DCF applicants from across the district gather at a central location in the district town. In coordination with the local social administration, this event provided an opportunity to engage beneficiaries on the periphery of the gathering and invite their participation in interviews.

Accessing interview partners via local self-help groups:

Another access point was through a local activist from a small self-help group that, unlike the local branches of the national OPDs, brought together individuals with diverse impairments. This group met regularly to share ideas and strategies for securing their livelihoods. Initial contact was established via telephone after the author obtained the number from the Disability Desk Officer of the local administration, who was familiar with the group. This was followed by a visit to the prospective gatekeeper, during which the research endeavour was presented, and opportunities to arrange interviews aligned with the sample characteristics were discussed. Ultimately, the local representative of the self-help group was willing to support data collection as a gatekeeper to facilitate access to the interviews.

Accessing interview partners via an event on disability and social services:

Access to interview partners was further facilitated through a local expert event on disability. This event was part of a collaborative initiative between the University of Siegen and the University of Ghana, focused on improving access to social services for people with disabilities. The event brought together local OPD representatives, social welfare officers, and CSO representatives involved in disability and social services. During the event, the author briefly presented his separate research project, which facilitated the recruitment of interview participants on the sidelines of the event. Additionally, group interviews conducted during the event were incorporated into the data collection process, with supplementary questions tailored to the author's research.

Accessing interview partners by contacting local social welfare departments:

Interviews with local social welfare officials, including Social Welfare Directors, Disability Desk Officers, and LEAP Officers, were arranged in all three research districts through direct coordination with the local administrations. Personal visits were made to each administration to schedule appointments, starting with the Social Welfare Director. The research was introduced, and permission was sought to interview the director and the aforementioned roles within their department. In two of the three cases, initial contact with the directors was pre-communicated by colleagues from the University of Ghana.

6.2.2 Instruments

In light of the research objectives and questions outlined above, it was crucial to adopt a qualitative data-collection approach that could capture the perceptions and individual interpretative frameworks of stakeholders in the context of disability and social protection. Additionally, practical considerations such as potential challenges in field access, framework conditions of the author's field phases in Ghana, as well as cultural and linguistic factors had to be carefully accounted for (for details, see reflections further below). Taking these factors into account, guided interviews were chosen as the data collection method. This selection is guided by the dual objectives of gaining specific insights (particularly on resource constructions) and ensuring a certain level of comparability across the interviews.

Considering the research context (different culture, language, and interviews with translation), a certain degree of guidance and structure was deemed necessary. At the same time, significant emphasis was placed on keeping the method flexible enough to suit the research subject, allowing interviews to be adapted to the communication skills and dynamics of each situation, especially when translation was involved. In this context, the approach aimed to minimise structure and maximise openness during practical implementation. This was meant to give interviewees the freedom to provide detailed, open responses in their own words and line of reasoning without being limited to a predetermined answer framework (cf. Misoch, 2019, p. 28). As a result, a more narrative interview design was progressively adopted, especially as initial experience was gained and familiarity with the interview guidelines increased. In the second stage of developing the data collection instrument, the guided interview approach was refined to include two specific formats tailored to the sample: personal interviews and expert interviews.

6.2.2.1 Personal Interviews

Personal interviews with persons with disabilities were conducted as interview guide-supported conversations, designed to be as open and flexible as possible. These interviews focused on exploring personal experiences related to livelihood promotion and social protection. The emphasis was explicitly directed toward individual autobiographical and everyday experiences, along with the interviewees' subjective interpretations and sense-making processes. Although the personal interviews were structured as guided interviews, they were not further classified into a specific subtype of guided interviews.[161] Given the partly unpredictable field conditions and the outlined research objectives, a strict classification of the interviews did not seem practical. As previously emphasised, flexibility was essential in tailoring each interview to the specific context

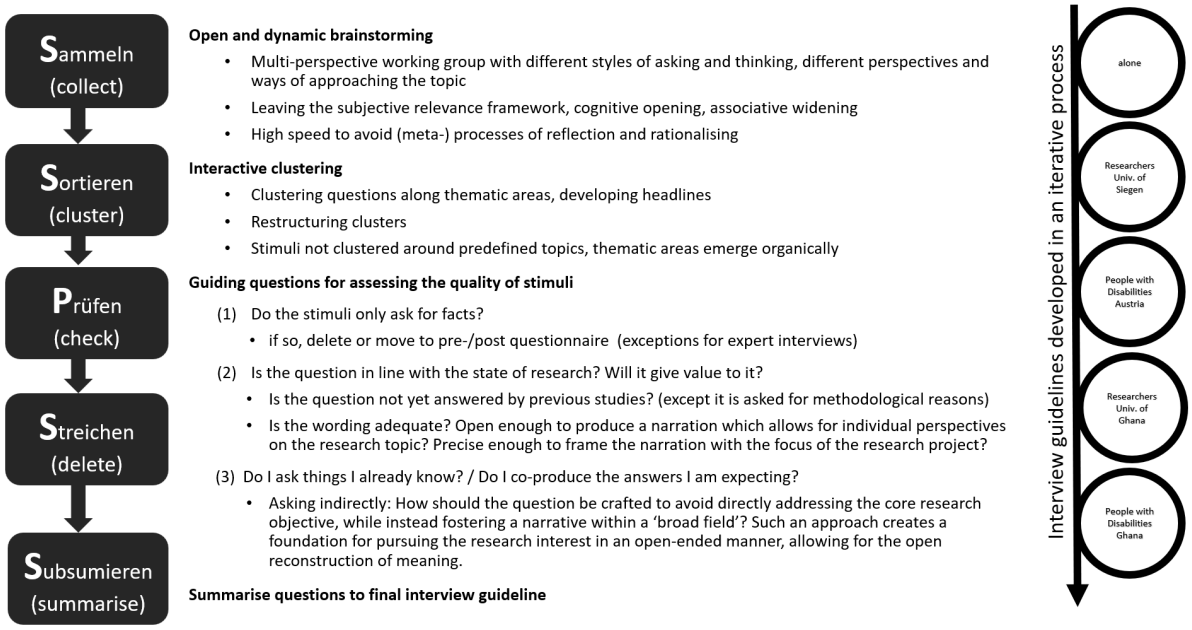
[161] Kruse (2014, p. 204f.) emphasises that in research practice, it is rarely possible to apply a standardised, 'off-the-shelf' interview method to a specific research project. Methodological 'monoism', Kruse argues, seldom captures the complexity of social phenomena or the dynamics of interview communication used to explore them.

and the characteristics of the interviewee. Nonetheless, key considerations and decisions regarding the specific methodological design and approach were systematically documented at each stage.

The interview guide should therefore provide a flexible balance of structure and openness, allowing as much room as possible for narrative elements. In this context, Kruse (2014, p. 210 ff.) highlights the challenge of balancing the need for openness and effective communication within the structured framework of an interview guide. Drawing on Hopf's (1978) critique of the potential pitfalls of 'guideline bureaucracy', Kruse emphasises that these issues should not be attributed to the mere application of interview guides. He argues that the perceived dilemma between openness and structure mainly arises from the format and style of the stimuli, as well as how interview guides are implemented within the interviewer's fundamental communicative approach. To meet the above requirements, stimuli should be developed as open narration or explanation prompts that provide the necessary space for subjective relevance. These prompts must avoid being directive, suggestive, or overly complex (ibid.).

The interview guide developed for this study follows the structural principle proposed by Kruse (2014, p. 213 ff.). Its core structure consists of open narrative/explication prompts (stimuli) and questions that focus thematically but are not meant to have a conclusive effect. The basic structure of the guideline comprises thematic blocks, which were identified as an initial step. In other words, the process began by determining those thematic domains where the author's research interests might be most apparent. Direct narrative prompts or evaluative questions concerning specific social protection programmes or particular resource types were deliberately avoided. Such an approach would increase the risk of eliciting ideological statements (Przyborski & Wohlrab-Sahr, 2021, p. 7). The objective, therefore, is to focus on contexts or situations where various types of resources play a significant role, prompting narratives that reveal individual experiences along with their associated subjective constructions and meanings. To meet this requirement, the SPSS method, as outlined by Helferich (2009), was employed for creating the guideline, utilising its advanced iteration by Kruse (S^2PS^2) (Kruse, 2014, pp. 227 ff.). The process consists of five phases, succinctly outlined below following Kruse's descriptions (ibid., p. 230 ff.).

Figure 4: S²PS² process for the development of interview guidelines



The first step, 'Sammeln' (collect), involves an open brainstorming session aimed at gathering as many contextually relevant questions as possible. This step is conducted swiftly to minimise reflection and rationalisation, encouraging spontaneous thought. The goal is to compile all potentially relevant questions, regardless of their scope, without self-censorship or preconceived limitations. This step was conducted three times: first by the author individually, then collaboratively with a research group at the University of Siegen, and finally with research partners from the University of Ghana. This was meant to facilitate cognitive openness and associative breadth, enabling a deliberate detachment from one's subjective and selective theoretical framework to accommodate fresh perspectives on the research object (ibid., p. 230 ff.). It is equally important to emphasise, however, that entering this process was far from unprepared. It was undertaken following extensive theoretical and practical analyses of the thematic area and drawing on the author's field experience in Ghana and other countries (i.e., Cambodia and Tanzania) in the context of social protection and disability.

The second step, 'Sortieren' (clustering), involved organising the listed questions thematically and assigning appropriate headings to each cluster. These clusters served as the foundation for developing stimuli for the open interview guideline. As with the first step, this process was carried out collaboratively with other members of a research group. Organising the clusters allowed for the creation of an initial draft of the guideline. In the third step, 'Prüfen' (check), the questions were critically reviewed to ensure they were effective in eliciting open narratives capable of uncovering subjective perspectives and interpretations during analysis. The phrasing of the questions was carefully evaluated and refined as needed. The balance between openness and focus on the research object was carefully assessed. In the fourth step, 'Streichen' (delete), questions that merely sought factual information or reiterated known content were removed. Lastly, in the fifth step, 'Subsumieren' (summarise), a narrative stimulus was crafted for each cluster, designed to be as open as possible. An example of a guideline stimulus is presented in Figure 8. Overall, the phases of guideline development served as an iterative refinement of the research questions, contributing to their further clarification and specification.

Figure 5: Example of opening stimulus from the interview guide for individual interviews

Stimulus 1 (Guiding Question)	First, I would be interested in what a typical day in your life looks like. You wake up, and then?
Topics to be investigated:	*General day structure; Places to go/visit/stay; Tasks to do, Social contacts/people of importance; Household situation; Access to basic necessities*
Maintaining:	Open maintaining: And then? / What else? / Anything else you want to say about things happening on a usual day in your life? Follow-up and specifying: You mentioned […]. - Could you describe this in more detail / - Could you give an example which helps me to get a better understanding? - What do you mean by that?
Open demands:	- Important tasks to do in your day-to-day life - People spending most time with - People who are important in everyday life - Places spending much time in
Specific demands: [use only those on which the stimuli and open demands have not yet stimulated narration on]	- People supporting in daily life - Place to sleep - Acquiring money - Getting food - Getting clothes - Farming - Trading - Working for someone - Participating in events of the extended family (e.g. weddings or funerals) - Do you participate in events/ceremonies of a religious group? How would you describe your role?

Each interview commenced with an introduction that outlined the research project, explained the purpose of the interview, and provided details about the process. Consent for audio recording was obtained, the intended use of the recordings was clarified, and assurances were given regarding the anonymisation of the data.

The clusters in the guide were structured according to the principle outlined by Kruse (2015, pp. 213 ff.). Each cluster adheres to the principle of progressing 'from openness to structure', striking a balance along the continuum between open communication and structured dynamics. Every cluster starts with an open prompt intended to give interviewees maximum freedom to explore the thematic area from their own perspectives and contextual priorities. Drawing on insights gained

during the interviews, the initial prompt was made even more open than outlined in the guidelines, beginning with an invitation for interviewees to share their personal narratives more openly.

> *I'm interested in getting to know you as a person, who you are, how you live, so w- would you mind just telling me a little about you as a person, yourself, what are you doing, how are you living, how is life for you? (Int. 14, Pos. 11)*

In some cases, such narrative stimuli produced biographically oriented narratives that were open and could be maintained over long stretches of the interview. This proved highly valuable for the research interest.

The open stimulus is followed by exemplary questions designed to maintain and deepen the narrative. Immanent follow-up questions aim to explore specific aspects in more detail, while open-ended follow-up questions address topics not previously mentioned. Finally, exmanent follow-up questions focus on specific relevant aspects that were not covered in the interviewee's narrative, ensuring these are addressed before concluding a cluster. The follow-up questions in the guide were presented as bullet points rather than fully formulated questions. This approach was intended to organically integrate topics and specific aspects into the dialogue, avoiding a rigid, interrogative tone. The draft guideline was reviewed collaboratively with a research group at the University of Siegen and a research partner at the University of Ghana. It was further refined and tested through discussions with a group of individuals with disabilities in Austria, as well as with a self-advocate and disability expert in Ghana. In this context, Kruse (ibid., p. 231) highlights the importance of 'researcher triangulation', which facilitates mutual scrutiny of diverse subjective and selective processes of understanding, thereby enabling the emergence of new perspectives and interpretations. This principle was incorporated as much as possible by including participatory elements in the guideline development process. Alongside the interview guide, a documentation sheet was compiled to document key information on the interview setting, process, and partners.

6.2.2.2 Expert Interviews

The interviews with local social welfare officials and CSOs were organised in accordance with the specifications of the expert interview. Expert interviews involve individuals who possess specialised knowledge acquired through specific (training) education and/or particular activities and functions within institutions relevant to the research subject (Misoch, 2019, p. 119). This refers to specialised knowledge within a specific domain that goes beyond everyday knowledge. In the context of this study, it refers to the expertise in disability and social protection held by local social administration employees, developed through specialised training and practical experience in their professional roles. Furthermore, representatives of civil society organisations (CSOs) operating in this field are assumed to hold such expert knowledge.

The concept of expertise is sometimes expanded by extending it beyond institutional contexts. For example, individuals with disabilities who utilise social protection programmes could be considered experts in their own right, given their often extensive or specialised knowledge. However, this perspective is not adopted in the present study. Here, the distinction is made based on the role that interview partners assume. In expert interviews, representatives of local social welfare departments and CSOs are not approached as individuals, as with the 'personal interviews' with persons with disabilities, but rather as representatives of their respective functions and, consequently, as carriers of specialised knowledge. To some extent, they serve as media for a specific role or function

(Misoch, 2019, p. 126). The focus of these interviews is not on subjective interpretations or the construction of meaning, but rather on institutionalised knowledge and approaches to problem-solving (cf. ibid., p. 120). While personal interviews are framed as biographical inquiries, the focus here shifts to the interviewees as social actors operating within a specific functional context.

In practice, maintaining a clear distinction between the two during interviews can be challenging. For example, some interviews with persons with disabilities encompass both biographical and function-specific elements. This occurs, for instance, when individuals are interviewed in their personal capacity but occasionally shift perspectives to speak as functional representatives, such as members of an OPD directly involved in the co-management of the DCF. Conversely, individuals interviewed as experts in a specific function occasionally mix their responses with autobiographical reflections. Although rare, it is important to recognise that achieving a complete separation between the two interview formats was not always entirely possible.

Regarding epistemic interest, Meuser & Nagel (2009, p. 470f.) differentiate between two types of knowledge: contextual knowledge and operational knowledge. The former pertains to the expert's knowledge about the actions of others. The latter relates to the actions of the experts themselves, including their structure and immanent logics (Misoch, 2019, p. 121).[162] The expert interviews conducted in this study deliberately cover both contextual and operational knowledge. The contextual knowledge of local social welfare officials is especially valuable for understanding how persons with disabilities apply for and use social protection programmes. Equally important is their operational knowledge, which sheds light on the implementation practices of these programmes. Of particular interest are the reconstructions of the underlying assumptions and individual rationales embedded in these implementation practices. In this study, special attention is given to the implicit assumptions about the individual resource arrangements of people with disabilities that may underpin certain implementation practices.

The expert interviews were conducted as guided interviews, characterised by a thematic structure and the use of narrative-generating questions to delve into specific topics related to the experts' specialised knowledge (Misoch, 2019, p. 123). Each interview began with an introduction in which the research project was briefly presented, the purpose of the interview was explained, and information was provided on the procedure and estimated duration. Additionally, permission was obtained for audio recording, the intended use was explained, and data anonymisation was assured. Topics for the guideline were derived from the theoretical framework of the thesis and supplemented by elements from the S²PS² process outlined earlier. To promote a natural flow of conversation, the interview guide served as a flexible framework, allowing the discussion to adapt to topics introduced by the interviewees and enabling thematic areas to be integrated smoothly into the dialogue (ibid.). Examples from the expert interview guideline are presented in Figures 9 and 10.

Figure 6: Excerpt from the guidelines for expert interviews, example of addressing contextual knowledge

2. From your perspective, how do people with disabilities live their everyday lives in their communities?
2a. Which people are important in their everyday life?

[162] Bogner and Menz (2005) classify subjective relevancies, rules, perspectives, and interpretations as 'interpretive knowledge', recognising it as a distinct category (see also Kruse, 2015, p. 176).

2b. Which people do they spend the most time with?

2c. What places are important for them?

2d. Where do people with disabilities usually live?

2e. How do they generate income?

2f. How do they get access to basic necessities like water, food, shelter, or clothes?

2g. Where do they seek support if needed?

Figure 7: Excerpt from the guidelines for expert interviews, example of addressing operational knowledge

6. How would you describe the access to social protection / social programmes of people with disabilities?

6a. Which programmes or organisations support people with disabilities?

6b. Which ones are most important for people with disabilities? What makes them important?

LEAP (if not addressed by the interviewee)

6c. What do you think about the Livelihood Empowerment Against Poverty Programme?

6d. What is the basic objective of LEAP?

6e. From your perspective, how important is it for people with disabilities?

6f. How would you describe concrete impacts on the living conditions of PwD?

6g. What can they spend the money on?

6h. How do people with disabilities get access to LEAP?

DCF (if not addressed by the interviewee)

6i. What do you think about the Disability Common Fund?

6j. What are the basic objectives of the DCF?

6k. From your perspective, how important is it for people with disabilities?

6l. How would you describe concrete impacts on the living conditions of PWD?

6m. What do people spend the money on?

Other programmes

6o. Which other programmes might be relevant to people with disabilities?

6p. How do other programmes impact the living conditions of persons with disabilities?

Along with the interview guide, a documentation sheet was prepared to record key details about the interview setting, process, and partners.

6.2.2.3 Group Interviews

Alongside the previously mentioned data collection methods, three group interviews were conducted, as described in the chapter on sampling. These interviews involved local government officials, representatives of civil society organisations, and members of organisations of persons

with disabilities (OPDs). From a sociological viewpoint, these groups can be regarded as networks of interrelated functional roles, positioned along a continuum between 'real groups' and 'artificial groups,' characterised by a homogeneous composition in terms of these functional roles (see Misoch, 2019, p. 137; Kruse, 2015, p. 195).

It is important to recognise that participants took part in the group interviews as experts representing specific roles or functions. Therefore, the attributes previously outlined for expert interviews are equally applicable to these participants. The primary focus lies on the content of their contributions, with a particular interest in their contextual and operational knowledge, as defined by Meuser and Nagel (2009, p. 470 f.). Consequently, the chosen data collection method is explicitly a group interview, which, in both purpose and methodology, must be distinguished from the approaches of 'focus groups' and 'group discussions'.[163]

Group interviews are employed when the research focus is thematic and content-driven, aiming to collect knowledge on specific topics through a structured approach (interview guide) while maintaining qualitative openness (Misoch, 2019, p. 161). Unlike group discussion methods, the goal is not to explore collective orientations or group dynamics. Therefore, group interviews are not moderated but are instead conducted by interviewers, allowing for better control over the entire process, both in terms of content and structure (Misoch, 2019, p. 160). Misoch identifies the core characteristics of group interviews, which closely align with the approach adopted in this study:

a. A researcher interviews a group of several people in the same location, focusing on a specific topic.
b. Interviewers guide the group interviews.
c. Controlled communication process of the interviewees
d. Data collection involves open and/or partly standardised questions.
e. Structured guidelines with specific topics or questions to steer the process.
f. The primary focus is on the substantive content of the information conveyed.
g. The aim is not to analyse collective orientations or group dynamics.
h. Analysis predominantly involves qualitative content analysis based on thematic strands.

The interview guides were created following the framework of the aforementioned research project, within which the group interviews mainly took place. These interviews already demonstrated significant thematic overlap with the research focus of this study. Therefore, the author considered it both reasonable and appropriate to utilise the group discussions for this research. Consequently, the interview guides were expanded to include additional topics relevant to this study.

An important aspect of group interviews is the different levels of power and hierarchy among participants, which can lead to strategic considerations and the adoption of presentation facades (Przyborski & Wohlrab-Sahr, 2021, p. 9). This dynamic can be explored, for example, in the group interview with OPD representatives from various hierarchical levels. However, higher-ranking representatives did not dominate the group interview with their contributions. Instead, they tended to offer their input at the end of a thematic section, giving it a concluding tone. This unspoken principle is evident in the following statement by an OPD representative from a lower hierarchical level, who begins his initial contribution at the start of the interview as follows:

[163] For a detailed account of the origins and distinguishing features of the three methods, see Misoch (2019, p. 137 ff.)

My name is [name] I am the district GFD chairman, we have our leaders present here but I thought they will allow us speak and then they will conclude the discussion (Int. 31, Pos. 78)

6.2.3 Practical Implementation of the Data Collection

Given the research area and target group, it was unavoidable that the interviews were conducted in languages other than the author's native language. Conducting interview research in foreign languages presents unique challenges and requires careful consideration in both the design and implementation of the study, especially when interviews are to be conducted in languages unfamiliar to the author. The language proficiency of the interviewees was intentionally not used as a sampling criterion, as doing so would have excluded many potential participants who mainly or only speak a local language and have limited or no proficiency in English. Przyborski and Wohlrab-Sahr (2021, p. 20) emphasise the importance of allowing interviewees to express their perspectives within their own relevance system and in their own language. Only in this way can researchers gather material that enables them to discern the indexicality of the statements within their specific context.

Furthermore, the choice of interview language can be seen as an 'act of positioning' in two distinct ways. On one side, the interviewer's acceptance of the interviewee's everyday language may be perceived as a gesture of respect and generosity, potentially gaining the researcher recognition and encouraging the interviewee's sense of reciprocity, or the obligation to offer a 'counter-gift' (Krause et al., 2012b, p. 44). On the other side, conducting interviews in a non-native or non-everyday language, such as English, may allow interviewees to demonstrate their ability to operate in that language, which can serve as an important validation of their professional identity and perceived equality with the interviewer.[164] Conversely, this required conducting personal interviews, at least partly, in the dominant local language of the research districts, which in this case was mainly Twi. Some of the interviews were conducted in English, which was also not the author's native language. Although English is the official language of Ghana, it is rarely the everyday language for most of the population. As a result, both interviewer and interviewees often engaged in a language that was not their primary everyday medium of communication. The technical, linguistic-communicative, intercultural, and epistemological challenges and implications of this dynamic, as it relates to the present study, will be examined in more detail below.

Engaging with foreign languages involves more than just technical translation. Words do not convey fixed or unambiguous content; instead, they carry situational meanings shaped by the contexts in which they are used (Kruse et al., 2012a, p. 10, referencing Garfinkel & Sacks, 2004). While this is inherently central to qualitative-interpretative social research, where understanding always involves a process of translation (ibid., p. 11), the challenges in foreign-language contexts are further increased. Understanding a foreign language requires efforts to grasp cultural meanings from within, while also recognising the linguistic conditioning that shapes one's own perception of reality (ibid.). Kruse (ibid., p. 18) contends that this demands an iterative, cyclical process of self-reflexive questioning and the deliberate disruption of one's own understanding in relation to that

[164] In the interviews with local social welfare officials, the option to use the local interview language was never exercised. For the interviewees, it was often explicitly stated that conducting the interview in English was a given, aligned with the position and function they held.

of others, a process described as 'Entselbstverständlichung'. Analytically, this signifies a notable 'hermeneutic difference' (Kuckartz, 2018, p. 19).

The resulting requirements initially create a conflict of interest, presenting a particular challenge for research conducted as part of an academic qualification. On the one hand, the research depends on cooperation from local individuals, specifically in the research districts in Ghana. Unlike collaborative research projects with official local partners, academic qualification projects often rely, at least in part, on the goodwill of local stakeholders. On the other hand, there is a strong desire to carry out the core of the research as independently as possible. An empirical study by Kruse et al. (2012b) on researchers' experiences in foreign-language contexts shows that these tensions are rarely fully resolved and that compromises are often unavoidable given the practical and economic constraints of research. The inherent tensions in this context also influenced the organisation of the research process in this study. Inevitably, certain tasks had to be delegated to others, raising the critical question of the conditions under which such delegation occurred. The following sections will elaborate on the related deliberations, compromises, and dependencies that emerged within the research process. Alongside careful planning, efforts were made to address the challenge of limited resources through creativity and pragmatism (see Kruse et al., 2012, p. 52). The implications of these strategies will also be discussed below.

6.2.3.1 Working with Local Gatekeepers

Initial access to two of the three research districts was achieved with assistance from colleagues at the University of Ghana, who made the initial contact. Access to a further research district was established independently, but also with support from a Ghanaian colleague at the University of Siegen. Various practical research and economic factors, such as accessibility, language regions, and urban-rural settings, influenced the selection process. However, in at least two cases, the shortlisting was determined through established contacts within municipal social administrations. While access to interviews with local social welfare officials could be obtained independently, engaging with people with disabilities in the districts required the involvement of additional gatekeepers. Some of these emerged quite spontaneously on-site, especially through interview contacts established via snowball sampling. This required quick decisions about their possible implications and how they aligned with the research objectives, while knowledge about some of the gatekeepers, their social positions in the village, and their potential relationships with interviewees remained limited. In a few instances, an interviewee directly became the gatekeeper for a subsequent interview.

Gatekeepers serve a dual role in the research process: they facilitate entry into the field while also shaping access. By mediating contacts, they influence how the field is perceived or appears to be structured, determining who is included in the construction of this representation and who is excluded (Kruse et al., 2012b, p. 32). The extent of gatekeepers' influence on how the field was presented to the author varied throughout the research process. However, this influence could be reduced by using diverse points of access to the field, engaging with multiple gatekeepers in different roles, and thereby counterbalancing any overly one-sided perspectives (see the illustration of field access above).

Collaboration with the various gatekeepers varied considerably. In research district 3, where access to interview partners was facilitated through an event (see above), the researcher's influence over the selection of interviewees was most limited. In research district 2, where initial field access was

established via social welfare offices during the LEAP disbursement, interviews were facilitated by a variety of gatekeepers. These included social welfare department staff, local assembly members, representatives of local OPDs, and even ordinary community members, both with and without disabilities. The most structured access through gatekeepers was achieved during the second field phase in research district 1. A key gatekeeper was identified, a leader of a local cross-impairment self-help group with a broad network. After the Disability Desk Officer facilitated contact by sharing his phone number, the author visited him at his home to introduce the research project and explore possible collaboration. This meeting led to an agreement to collaborate, resulting in a series of face-to-face interviews with a diverse range of participants in the following weeks.

6.2.3.2 Conducting Interviews in Foreign Languages

The author decided that interviews would be conducted only in English if potential participants explicitly expressed their ability and comfort with doing so or specifically requested it. These interviews were to be conducted solely by the author. When necessary, and with the consent of the interviewees, a translator would be made available as an alternative. In all other cases, interviews were to be conducted in the everyday language of the interviewees. This approach aimed to give participants the opportunity to express their subjective perspectives more richly and nuancedly in the language they felt most comfortable with (cf. Brandmaier, p. 132 f.; Resch & Enzenhofer, 2012, p. 81).

To facilitate this, a translator was engaged during the initial field phase. Although the translator lacked formal training in professional translation, he had native-level proficiency in English and two key languages spoken in the research districts, namely Twi and Ewe. He held a degree in social sciences and had experience conducting guided interviews, including working as a contractor for international projects. This initially appeared more relevant to the author than practical translation skills at the level of a professional translator.[165] This consideration was primarily motivated by the goal of creating a suitable and trustworthy interview environment that would facilitate conducting guided interviews with a strong narrative element. It was believed that the translator's cultural communication skills, in particular, could be crucial in achieving this (Kruse et al., 2012b, p. 34).

A formal agreement was made with the translator, detailing the scope of work and payment. To prepare for the collaborative fieldwork, the translator received a comprehensive briefing on the interview guidelines, objectives, and the aim to conduct interviews as openly as possible to promote free and open narration. The structure of the individual stimuli within the guide and their planned use during the interviews were carefully reviewed and discussed. The interview guideline was translated into Twi in advance, with support from a linguist from the University of Ghana. To ensure accuracy and quality, the guideline was first translated into Twi, then back into English by a different person. This process enabled verification of the translation's fidelity and final adjustments. The Twi version of the interview guide was intended to serve as a reference for achieving a translation that is as precise as possible while preserving the original meaning (Resch & Enzenhofer, 2012, pp. 84 ff.).

[165] It is worth noting that the scope of this qualification project did not include the financial resources to engage professional translators or hire researchers with established expertise and experience in conducting qualitative interviews for the entire field phase.

At the start of the initial field phase, the feasibility of conducting interviews with translation, as originally planned, was tested. A key challenge identified was the potential disruption to narrative flow caused by translating extended responses continuously, which could hinder or fully interrupt the interviewee's natural narrative logic. In response to this, a method was tested in which the translator or assistant conducted parts of the interview independently, providing the main researcher with a summary translation only when shifting between thematic sections or stimuli in the interview guide. This enabled the primary researcher to deepen the discussion as needed through follow-up questions, both immanent and exmanent, only at specific points in the interview (Int. 22-26). It was assumed that the translator/assistant's combination of interviewing expertise and culturally specific communication skills could effectively resolve the challenges mentioned above.

However, this approach was ultimately abandoned for several reasons. Primarily, it created a sense of detachment from the research process, as the researcher felt distant from the interviewee. This separation made it nearly impossible to maintain, or even share, control over the interview. Additionally, observing the interview dynamics quickly revealed a lack of open narration, with the interviews often resembling a structured questioning process strictly based on the guideline. Although the reasons for this were initially unclear, the author immediately identified it as a significant issue and a potential threat to the intended data collection. This was also attributed to the complexities of field access, which made it challenging to reconnect with participants at a later stage, after reviewing the interview transcripts. In this regard, Przyborski and Wohlrab-Sahr (2021, p. 11) highlight the limitations of analytical possibilities when interviewees are not provided with sufficient space for independent expression during data collection.

The review of transcripts from the initial interviews confirmed the anticipated challenges. Few narrative elements appeared, and individual perspectives offered by the interviewees were often not pursued. The translator's questions adhered closely to the exmanent prompts in the interview guide, with insufficient attention paid to maintaining conversational flow or using questions to deepen specific aspects. Przyborski and Wohlrab-Sahr (ibid., p. 164) emphasise that an interview structured around a rigid sequence of predefined questions, without engaging with the interviewees' subjective relevance structures, risks repeatedly breaking their narratives and imposing an external framework. This approach can lead to interviews with relatively low informational value. The previously described method of block translation during topic transitions was perceived as overly restrictive, significantly limiting the author's ability to influence the direction of the interview. Nonetheless, the cultural interviewing skills of external interviewers can generally be considered a valuable contribution, even when they diverge from established methodological paradigms (cf. Kruse et al., 2012b, p. 34). However, in the specific case described, these skills did not initially come into play with respect to the desired openness and flexibility of the interview. Upon reflection, it became clear that the author's focus on shared mother tongue might have overlooked important differentiating aspects. This point will be revisited later.

As a result, the decision was made not to pursue this approach of partially outsourcing the interview process. Aside from the translator's or assistant's limited experience with conducting open, guided interviews, reflections also indicated that the interview dynamics and the absence of extended narrative elements were influenced by the contextual conditions of the interview settings, especially the individuals involved and their functional roles. During the initial field phase, interviewees may have perceived the access pathways as being at least partly linked to local government, assembly

members, and/or politically active local gatekeepers. Although these individuals were not directly present during the interviews, their association was evident to the interviewees through their facilitative roles. Additionally, the translator/assistant involved in the interviews might have been perceived as an 'outsider from the capital', an academic, urban, upper-class person. While his role was clarified during the interviews, the nature of his relationship with the aforementioned stakeholders may have remained unclear.

Building on this experience, adjustments were made to the interview arrangements for the second field phase to create a more familiar and comfortable setting. This primarily involved reducing the number of individuals directly or indirectly involved in the process. It was decided that all interviews requiring translation would be conducted personally. Additionally, a gatekeeper was selected who could positively contribute to fostering a more trusting interview environment. The chosen gatekeeper was a local person with a disability who had personal connections with the interviewees. After initial interactions, it became evident that a strong level of trust was already established. Moreover, no additional people were needed to access potential interviewees. This approach fundamentally changed the interview setting compared to the earlier experience. From the author's perspective, it played a pivotal role in encouraging the interviewees to open up on a personal level, leading to significantly longer narrative passages during the interviews.

It was against this background that the decision was made to also engage this gatekeeper to do the translation during the interviews, thereby avoiding the need for another external person.[166] In this context, the author's role as a complete outsider was perceived not only as minimally intrusive but, in some cases, even as beneficial. This may be attributed to the very nature of their external perspective, which can encourage an open and confidential atmosphere suitable for discussing critical issues (cf. Kruse et al., 2009, p. 44). This change allowed subsequent interviews to occur in a smaller, more familiar setting, which, in the author's view, positively influenced the interview process. However, this came with lower expectations regarding the interpreter's quality and the assistant's technical and methodological expertise. Although this trade-off was significant, it appeared justified given the available options and possible improvements. In this context, Kruse et al. (2012b, p. 39) mention a pragmatic acceptance of 'data loss'. The need for professional and precise translation was deliberately outweighed by the priority of fostering a trusting interview environment.

The reflection concentrated on understanding what specifically contributed to the author's perception of a 'trusting' interview environment, especially in contrast to the experiences from the approach used at the start of field phase 1. Attention had already been drawn to the fundamental relationship of trust between the gatekeeper/translator and the interviewees. Furthermore, the role of language goes beyond shared mother tongue, as its familiarity can mask potentially differentiating dynamics. Resch and Enzenhofer (2012, pp. 81 f.) emphasise that while a shared colloquial language might facilitate communication, it does not guarantee cultural or experiential commonality. Differences related to generation, gender, education, and socio-spatial factors can remain unbridgeable, even within a shared linguistic framework. The approaches previously discussed for conducting interviews and translation clearly demonstrate the contrast between the mother-tongue speakers involved in each stage. In field phase 2, the gatekeeper and translator

[166] A separate translator, in the form of a Ghanaian colleague, was initially requested for the first two interviews involving this gatekeeper.

shared notable similarities with the interviewees, not only in language but also in their lifeworld, educational, and socio-spatial backgrounds, as well as personal experiences with disability, similarities notably absent in field phase 1. These shared attributes, extending to their overall habitus, likely influenced key elements of the aforementioned sense of 'trust'. Building on the experiences described earlier, the main focus was on encouraging open and uninhibited narratives from the interviewees. The author's professional and methodological guidance during the interview process was intentionally directed towards this aim. To achieve this, a conscious relinquishment of control over the precise interpretation of what was said was made, with the understanding that some aspects and nuances of the interviewees' narratives might not be fully captured, at least not in the immediate interview context.

The compromise reached here carries a distinct methodological dimension. On one side, it facilitates achieving a balance between openness and structure as previously described. On the other side, it requires accepting conditions within the setting and translation process that significantly hinder the ability to provide suitable sustaining and deepening prompts, as well as to effectively pursue the interviewees' subjective priorities. To prevent unnecessary disruptions to the interviewees' narratives, retranslations often took the form of summaries. It became clear that some degree of information loss was unavoidable due to the linguistic contexts, sometimes to a considerable extent. Adequately maintaining and deepening topics also proved to be a significant challenge during interviews with translation. Topics subtly introduced or hinted at by the interviewees were not always clearly conveyed in the back-translation, whether due to omissions, differing interpretations of relevance by the translator, or language challenges inherent in English communication between two non-native speakers (translator and author). Another major difficulty was adhering to the interviewees' relevance settings. The analysis showed that this goal was sometimes unmet, as the interviewer struggled to understand the interviewees' subjective relevance settings due to the translator's frequent summarisation of longer narrative passages. In such cases, connections to the guide were often made using topic-related keywords. When this proved ineffective, a new stimulus was introduced to trigger a different topic from the guide.

Furthermore, translation introduces an initial interpretative layer over the original statements. This occurs both through the choice of language and the translator's subjective relevance frameworks, which influence how the content is summarised. The latter may be derived from the transcripts during analysis (see restrictions below), but its impact on the immediate flow of the interview remains beyond control. In this context, translation is inherently an interpretive act that cannot be entirely circumvented and, given the constraints of this research, can only be managed to a limited extent. As Kruse et al. (2012b, p. 46) explain, translation involves interpreting others from a subjective perspective, inherently preventing objectivity in the transition between languages. This subjectivity affects the feasibility of conducting interviews, particularly in light of methodological expectations and the degree of control they demand. Additionally, it is important to acknowledge that the interviewer's personal experience in conducting interviews can also introduce certain limitations. A subsequent review of the transcripts revealed the extent of translation's influence, highlighting how the translator develops routines and incorporates his own formulations and representations. It also exposed instances where topics were omitted or insufficiently explored due to abbreviated back-translation, as well as occasions where the author, during the interview, struggled to fully comprehend the responses, whether due to linguistic nuances, content presentation, or other factors.

Ultimately, the aspiration to achieve full understanding during the interview had to be abandoned (cf. Kruse, 2012b, p. 40f.). While this concession entailed some loss of information, it also proved to be potentially beneficial in two main ways. First, asking questions as clarification inquiries seemed more legitimate. Second, taking a more restrained approach allowed interviewees to develop their narratives with greater freedom. Aside from translation pauses during longer stretches of narration, the interviews were mostly uninterrupted. Reviewing the transcripts showed that this method was considerably more effective, despite the previously mentioned limitations.

Beyond the direct verbal language challenges outlined above, there were additional difficulties related to non-verbal communication[167], particularly in interview situations. One example highlighting the importance of non-verbal communication that stood out to the author during initial expert interviews was the use of kinesic cues, such as gaze, which proved to be a particularly striking experience. In many Western cultures, direct eye contact is highly valued during conversations, often indicating interest, confidence, sincerity, or trustworthiness. In contrast, in some Ghanaian cultures, the norms are significantly different: avoiding eye contact is a sign of respect, whereas direct eye contact may be perceived as rude or even threatening. Generally, direct eye contact is acceptable among individuals of the same age, gender, and social status. However, overly intense eye contact can be perceived as rude or threatening. When engaging with an elder, superior, or someone of higher social standing, people often avoid direct eye contact as a mark of respect. For example, children typically refrain from meeting elders' gaze, and only a select few are allowed to look a village chief or a highly respected elder in the eye during conversation.

While the author was generally familiar with this practice and had encountered it in everyday conversations, it posed a particular challenge during interviews, such as one with a significantly older social welfare director. Avoiding eye contact, especially when asking questions or using non-verbal cues like facial expressions to support narration, proved difficult and initially caused several missteps. The interviewee's consistent avoidance of eye contact subtly irritated the author, highlighting the complexities of cross-cultural non-verbal communication. This scenario exemplifies the dual layer of cross-cultural interpretation, which can be especially demanding in the immediacy of an interview setting. The interpretation of non-verbal cues varies depending on contextual factors such as the situation, culture, and individual attitudes (Busà et al., 2023). Interviewers must continually reflect on these dynamics, both in relation to themselves and in consideration of the interviewee, throughout the interview process.

Another notable example of non-verbal, culture-specific expressions that frequently appeared during the interviews was 'sucking teeth' or 'kissing teeth'. This gesture was commonly observed in personal interviews, requiring the interviewer to interpret its meaning within the context of the respective interview. 'Kissing teeth' conveys impatience, annoyance, contempt, disapproval, or dissatisfaction with another person or a situation (Thompson & Agyekum, 2016, p. 26; Rickford & Rickford, 1976, pp. 303 ff.). A clicking sound is produced by clenching the teeth and then making a sharp sucking motion through them. Depending on the level of contempt or disgust a person

[167] Non-verbal communication encompasses a range of non-linguistic codes, including kinesic codes such as gestures, facial expressions, and gaze; proxemic codes like spatial use; chronemic codes related to time perception and organization; paralinguistic codes such as tone, volume, and speech rate; haptic codes involving touch during interactions; appearance codes like clothing, makeup, and tattoos; and olfactory codes related to scent (Moore et al., 2010).

feels towards the addressee, this can be done for a few seconds or several seconds. This non-verbal action is known as 'tweew' in Akan or 'tsɛdɛdɛ' in Ewe (Thompson & Agyekum, 2016, p. 26).

> *<<kisses teeth>> our church, I don't have, they are not very philanthropic, to be frank and honest, like the choir, I, I stayed in it long before- (I was) young, long before I even gave birth, since I became disabled three years, four months ago, they have come to see me just !TWICE! {mm}, and the Marshalans [her former prayer group] as well, (2) <<kisses teeth>> (Int. 1, Pos. 45)*

It was crucial to interpret the non-verbal expressions in the interview communication, specifically the nuances of anger, contempt, disapproval, or dissatisfaction. However, these expressions were not always clearly linked to the verbalised content, posing an additional challenge, particularly in interviews involving translation. Notably, the act of 'kissing teeth' was occasionally employed by translators, not as a direct translation but as a reaction and interpretative act concerning the translated content.

6.3 Presentation of the Data Set

The dataset for this thesis includes 40 semi-structured individual interviews, with 30 conducted with persons with disabilities and 10 with local government officials from the district-level Departments of Community Development and Social Welfare. Additionally, the dataset includes three semi-structured group interviews involving professionals from Organisations of Persons with Disabilities (OPDs), other Civil Society Organisations (CSOs), and local government officials. The interviews were conducted across three districts (D1–D3): one in the Central Region and two in the Eastern Region of Ghana. All study districts covered both urban and rural areas, including some highly remote settlements. Interviews were conducted during two separate field phases, in January/February 2020 and October/November 2021. The notable gap between the two phases was caused by the COVID-19 pandemic, which made it impossible to enter Ghana and conduct fieldwork for a year and a half, soon after the first phase. Figure 11 offers a comprehensive overview of the interviews, including additional details on interview partners and their pseudonyms for later analysis.

Figure 8: Overview of interviews conducted

No	Place	Language / Translation	Interviewer	Specifics	Pseudonym
1	D1	Twi/English	Lars	Personal Interview, female, 35, former court administrative, lost employment after onset of visual impairment, no pension or any formal social support, occasional support by son and women around a neighbouring hairdresser's saloon, no medical diagnosis, impairment attributed to spiritual issues	Ms A
2	D1	Twi/English	Lars	Personal interview, female, 68, shop owner, separated, five children, onset of visual impairment at the age of 59 without medical diagnosis, DCF beneficiary, financial debt, supported by one daughter	Ms B
3	D1	English	Lars	Personal Interview, male, 60, retired teacher, married, children, visual impairment from childhood, career in education, GFD + GBU activist, own house and land	Mr C

4	D1	Twi/English	Lars	Personal Interview, female, 60+, shop owner (cooking hardware), widowed, children, physical impairment due to a car accident at the age of 40 when selling bread in the streets, shop set up supported by DCF, business not going well lately	Ms D
5	D1	Twi/English	Lars	Personal Interview, female, 36, seamstress, owns shop for sewing services and groceries, physical impairment, mobility/physical impairment from the age of 4, children, father of children supports from time to time, main support by brother, also in terms of housing, own shop supported by DCF	Ms E
6	D1	English	Lars	Personal Interview, male, 70+, retired farmer, visual impairment, not married, one daughter, shares own house with daughter in a peri-urban family compound together with family of a niece	Mr F
7	D1	Twi/English	Lars	Personal Interview, female, mother and 21-year-old son with a so-called intellectual disability, family house with siblings, currently at special school with vocational training opportunities	Ms G
8	D1	Twi/English	Lars	Personal Interview, female, 36, single mother of three children, visual impairment from grade 6 = end of school education, currently no regular income, supported by mother, GBU member	Ms H
9	D1	Twi/English	Lars	Personal Interview, male, 65+, retired teacher for arts and craftsmanship, visual impairment from childhood, education at special school for people with visual impairments	Mr I
10	D1	English	Lars	Personal Interview, male, 60+, retired teacher, living alone, physical impairment, lost job as a teacher due to longer phases of surgery and rehabilitation, debts for hospital costs pose major challenge, local CSO currently provides housing	Mr J
11	D1	English	Lars	Personal Interview, male, owner of a drug store, lives with wife and three daughters, physical impairment from early childhood, no clear diagnosis, polio assumed, education from primary school to college, supported by DCF to open the drug store	Mr K
12	D1	English	Lars	Personal Interview, male, 60+, subsistence farming, former government worker, lost job with onset of visual impairment, supported by children	Mr L
13	D1	Twi/English	Lars	Personal interview, female, 37, charcoal seller on the roadside, physical impairment / wheelchair user, separated from husband, two children, supported by mother and uncle	Ms M
14	D1	Twi/English	Lars	Personal interview, male, 55, subsistence farming, visual impairment, married, shares small compound with wife, children already left the house	Mr N

15	D1	Twi/English	Lars	Personal interview, female, 52, petty trader[168]/street vendor, widowed shortly before the interview, loss of main household income, five children at school-age, visual impairment, parents support to ensure food security	Ms O
16	D1	Twi/English	Lars	Personal interview, female, 60+, petty trader, married, grown-up children, physical impairment from the age of 15, psychological challenges, blind daughter who linked her to GFD support	Ms P
17	D1	English	Lars	Expert interview/personal interview, male, 52, local chairman of Ghana National Association of the Deaf (GNAD), brief interview written on paper, as arranged sign language interpreter did not show up	Mr Q
18	D3	English	Lars	Expert interview, male, 50 +, local representative of parents' association for children with intellectual disability,	Mr R
19	D3	Twi/English	Lars	Personal interview, female, 30+, mental health condition, interviewed together with assistant from Mental Health Society of Ghana (MESOG)	Ms S
20	D3	English	Lars	Expert interview/personal interview, male, 60+, teacher at school for students with visual impairments, visual impairment, regional representative of Ghana Blind Union (GBU) and Ghana Federation of Disability Organisations (GFD)	Mr T
21	-	English	Lars	Expert interview/personal Interview, male, 50+, physical impairment, disability activist, academic researcher and consultant on disability and social protection in Ghana	Mr U
22	D2	Twi	Kofi/Lars	Personal interview, male, 54, subsistence farming, physical impairment, walking on hands, small house at remote (access by walking only) rural compound of niece and her family, no support by DCF or LEAP	Mr UA
23	D2	Twi	Kofi/Lars	Personal interview, male, 40+, sales / takes care of someone's shop, local OPD representative, physical impairment, walking on hands / using a tricycle, LEAP beneficiary, DCF user	Mr V
24	D2	Twi	Kofi/Lars	Personal interview, male, 42, married, 6 children, physical impairment / amputated leg, using crutches, LEAP beneficiary	Mr W
25	D2	Twi	Kofi/Lars	Personal interview, female, 30+, mother of a 14-year-old son with hearing impairment by birth, not enrolled in school, four siblings, father left the family	Ms X
26	D2	Ewe	Kofi/Lars	Personal interview, male, 64, subsistence farming, blind (for two years, onset at age 62), single (divorced), six children, with three	Mr Y

[168] Petty trader in Ghana refers to someone who buys and sells on a small scale. Either roaming the streets with their goods on their heads or placing their goods on a tray on the side of the road or in front of their homes, waiting for passers-by to make a purchase.

				children sharing a rural compound/area with 3 traditional clay houses and farmland	
27	D2	Twi/English	Lars	Personal interview at DCF distribution event, male, 45+, small sewing business/garment fabrication, physical impairment after an accident in his 20s, ruling party member and serial caller	Mr Z
28	D2	Twi/English	Lars	Expert interview/personal interview, male, 57, local GBU and GFD representative, office assistant, visual impairment	Mr AA
29	D2	Twi/English	Lars	Personal interview, female, divorced mother of a 12-year-old son with so-called intellectual impairment, conducted on the fringe of a DCF distribution event, very brief interview, as both mother and son are very exhausted after waiting seven hours for their support	-
30	D1	English	Lars	Expert interview / personal interview, female, 54, local manager at orthopaedic centre, physical impairment / born without arms	Ms AB
31	D3	Englisch/ Fante/Twi	Abena	Group interview with 18 local and regional representatives of Organisations of Persons with Disabilities (OPDs), including two priests, interview conducted as part of a local project implemented with the University of Ghana, selected questions for this study included in the interview guideline	-
32	D1	English	Lars	Expert interview, female, 50+, Head of Social Welfare Department	Ms AC
33	D1	English	Lars	Expert interview, female, 27, statistics officer at district hospital, worked as a desk officer at the social welfare department before	Ms AD
34	D3	English	Lars	Expert interview, male, 51, social worker at Department of Social Welfare	Mr AE
35	D3	English	Lars	Expert interview, male, 30+, social welfare desk officer, Department of Social Welfare	Mr AF
36	D3	English	Lars	Expert interview, male, 40+, director, Department of Social Welfare	Mr AG
37	D2	English	Lars	Expert interview, female, 50+, director, Department of Social Welfare	Ms AH
38	D1	English	Lars	Expert interview, male, 40+, representative of local NGO	Mr AI
39	D2	English	Lars	Expert interview, female, 30+, desk officer / LEAP officer, Department of Social Welfare	Ms AJ
40	D2	English	Lars	Expert interview, male, 35, disability desk officer, Department of Social Welfare	Mr AK
41	D1	English	Lars	Expert interview, female, disability desk officer, Department of Social Welfare	Ms AL
42	D3	Englisch/Fante/ Twi	Abena	Group Interview with local government officials conducted as part of a local project implemented with the University of Ghana, selected questions for this study included in the interview guideline	-
43	D3	Englisch / Fante / Twi	Abena/Efua	Group Interview with local NGOs conducted as part of a local project implemented with the	-

				University of Ghana, selected questions for this study included in the interview guideline	

6.4 Analysis of Data: Methods, Procedures, Reflections

The aim of the data analysis is to examine the significance of individual resource arrangements for people with disabilities within the context of social protection programmes. Chapter 5 provided a detailed explanation of the concept of 'individual resource arrangements' as the main analytical framework for this study, along with its relevance to the data collection process discussed earlier. This chapter now seeks to elaborate on the implications of this framework and its practical application in guiding the analysis strategy for the collected data.

6.4.1 Transcription of Interviews

To establish a foundation for further analysis, the audio recordings of the interviews and group discussions were transcribed, and the non-English transcripts were translated. To avoid prematurely restricting the scope for deeper analysis and internal validation of interpretations (Kruse, 2015, p. 246), a transcription method was adopted that emphasises the comprehensive preservation of linguistic and communicative details. The aim was to preserve both the communicative meaning of what was said and the linguistic nuances of how it was expressed to an appropriate extent (ibid., p. 345). The related limitations concerning translations will be addressed below.

The transcription approach adopted was based on the GAT2 Transcription System developed by Deppermann (2001) and Kruse (2015) and is outlined below.

Figure 9: Transcription System

Transcription System (based on GAT 2 Transcript System; Deppermann 2001 / Kruse 2015)	
The entire transcription should be made in small letters	
Every voice should be transcribed exactly the way it was recorded	
Syntactical as well as grammatical mistakes must not be corrected	
Time markers: Speaker changes are supplemented by time markers on minutes and seconds in the format #MM:SS# (#minutes:seconds#, see example below). This is not necessary when, for example, the interviewer responds briefly to a statement or asks an acoustic comprehension question, but when the interviewer asks a new question or a new narrative section of the interviewee begins.	
I:	Interviewer
P:	Person interviewed
(2) (4) (5) …	Duration of longer breaks in seconds
=	fast connection between words or sentences or stuttering
-	Discontinuation of word or sentence
{simultaneous}	simultaneous speech
{mhm, aha}	e.g. voice contributions of interviewer while the interview partner is speaking in order to support maintaining

EMPHASIS	Emphasis (please indicate emphasis through using CAPITAL LETTERS for emphasised words)
!EMPHASIS!	Strong Emphasis (please indicate strong emphasis through !CAPITAL LETTERS! and exclamation marks)
Very low voice	Please underline parts which are (intentionally) spoken at very low voice
<<coughs>> / <<other person addresses interviewee>>	Extra-linguistic recordings / incidents / disturbances
(?means?)	Assumed wording if recording is unclear / cannot be understood
[...]	Leave outs in the transcript
[name] / [place1]	For persons and places after getting anonymised (will be done by PI later)
Example: I: so (2) the first question i would like to ask is HOW you would describe disability=so if you talk about disability here what {simultaneous} do you mean by it? #01:22# P: mh yeah=when we talk} of a PERSON with disability, is someone who is chroniCALLY ILL with disability. (3) And those with physically impaired, visually impaired=hearing(?means?) impaired, (3) intellectual impaired and the leprosy. #01:38#	

The transcription of the interviews was outsourced. This was particularly necessary for those conducted in Twi and Ewe, as the original recordings required both transcription and subsequent translation. The author also chose to have the English-language interviews transcribed externally. Besides saving time, the decision was influenced by the benefits of maintaining a sense of detachment and fostering productive distance from the interviews (cf. Kruse, 2015, p. 360).[169]

A Ghanaian social scientist with expertise in producing interview transcripts was engaged to manage the transcription. First, the assignment and the transcription method were thoroughly discussed. Afterwards, a written agreement was formalised, outlining the deliverables, timeline, and payment terms. Initially, sections of the interviews were transcribed and reviewed collaboratively to resolve ambiguities and refine the transcription system. Subsequently, two complete interviews were transcribed and discussed for additional clarity. Ultimately, all interviews from the first field phase were transcribed. For interviews conducted in Twi and Ewe (the latter in a single instance), translation was arranged. A compromise was made in the translation process by engaging a non-professional translator who, nevertheless, had a social science background and relevant subject-specific expertise for the translation's purpose and use (cf. Kadric et al., 2010, as cited in Wettermann, 2012, p. 109).

Transcription and translation were carried out as separate processes, ensuring that the interview transcripts were available in both their original language and translation, enabling comparison with native speakers if necessary. This separation was considered particularly suitable, as different principles govern the two processes: transcription aims to accurately capture spoken content, whereas translation requires a different approach tailored to the objectives of the analysis. Enzenhofer and Resch (2011, para. 100) emphasise the importance of ensuring equivalence and adequacy as core skills of professional translators. When working with non-professional translators, they underline the need to clearly define the purpose of the interviews to approximate this ideal.

[169] On the debate about external transcription in qualitative interview research, see for example Kruse (2015, p. 359 f.).

Similarly, in this study, significant emphasis was placed on providing a detailed briefing that outlined the objectives of the translation, its context of use, and relevant cultural considerations (cf. Wettermann, 2011, p. 108 f.). An agreement was reached with the translator to ensure that the linguistic translation accurately conveyed the intended meaning of the original text. In cases where the literal and intended meanings diverged, such as with culture- or context-specific expressions, allusions, metaphors, or paraphrases, the translator was asked to include explanatory notes in brackets to clarify the translation (cf. Wettermann, 2012, p. 106). The finalised transcripts of the English-language interviews underwent a thorough review and were randomly cross-checked against the audio recordings using time markers, with revisions made where necessary. Anonymisation of the transcripts was postponed until a later stage of analysis to preserve the traceability of personal and local references during the initial phase.

The transcripts of the non-English interviews are distinguished by the inclusion of translations, presenting both longer narratives and shorter responses in two forms: the original language of the interviewee and the corresponding translation, which was also transcribed. However, this structure does not always reflect the summarising nature of the translations. Conversely, many sections include explanations or contextualisation provided by the interview translator, which, in some cases, are vital for understanding or interpreting the content both during the interview and in subsequent analysis. This also underscores the additional layer of interpretation inherent in translated interviews, making it particularly evident in these instances (e.g., Kruse et al., 2012b, p. 33). This dynamic manifests in the transcripts in two distinct ways. The interviewee's original response is included alongside its translation, which, in this case, was produced by a different individual, the transcript translator. This adds an extra layer of interpretation to the original answer. While the translation more closely follows the spoken word based on established transcription rules and guidelines, it remains fundamentally a translation. As a result, it is only as close to the original as the translator's judgment allows in conveying the intended meaning in English. When the spoken word and its intended meaning diverged significantly, the translator provided additional explanations in brackets. However, this does not negate the fact that the translator, shaped by his cultural background and subjectivity, remains an influential participant in the translation process. Translation inherently involves interpretation and subjectivity, a series of decisions that can vary depending on the translator (Wettermann, 2012, p. 109). Hence, the analysis of the spoken narratives is framed through two distinct interpretations, allowing the author to compare them before forming his own interpretations. Additionally, the original-language transcripts are available and were consulted in specific instances, such as to clarify key terminology.

For the author, the central question was ultimately how to handle the translated transcripts and the additional interpretative filter already applied to them. Oevermann (2008) provides a decisive and ultimately guiding indication. He refers to the necessity of dealing appropriately with the relationship between a potential loss of knowledge through translation and the possible benefit of avoiding the risk of error. According to Oevermann, translations must be approached with strict consistency and treated as primary texts rather than being constantly undermined by a general suspicion of translation errors. Only by engaging with a translation as if it were an original text, under the deliberately naïve assumption of its internal coherence, similar to a native-language text, can inaccuracies or distortions genuinely be identified (ibid., p. 150 f.). Taking a translated text seriously, therefore, involves ignoring the fact of translation to some degree and consistently analysing the text as such (Schittenhelm, 2017, p. 104).

6.4.2 Analytical Method

6.4.2.1 Selection of the Analytical Method

For the analysis of the interview data, it was ultimately necessary to select a method that met both the epistemological requirements and the practical research conditions outlined above. Resource theories and the concept of 'individual resource arrangements' were introduced in Chapter 5 as a broader analytical framework. The analysis aimed to systematically organise the data to uncover insights into these arrangements, their components as individual resource types, and their interactions. This required examining the data through this lens, structuring it accordingly, and interpreting it within this context.

Building on this context, qualitative content analysis (QCA) was selected as the method for data analysis. Three main features of QCA primarily guided this decision:

a) A highly systematic approach that facilitates meaningful alignment with the structural logic of the overarching resource-theoretical framework of analysis (resource taxonomy);
b) The necessary flexibility in the analytical process to allow for adaptation and prioritisation, particularly through integrating both deductive and inductive approaches in the coding process;
c) The distillation of data to its research-relevant core, ensuring it remains manageable within the framework's constraints and aligns with the study's objectives.

The application of qualitative content analysis (QCA) aimed to facilitate the integration of externally structured thematic areas, as defined by the guideline and resource-theoretical analysis framework, while also enabling a comprehensive analysis of the self-directed narrative passages, topics, and meaning structures introduced by the interviewees. The key question was how to structure the data in accordance with the logic of resources while remaining sensitive to the interviewees' setting of relevance. This involved identifying all relevant topics within the resource perspective through a deductive-inductive coding process. The analysis sought to uncover the latent meaning structures associated with individual resources, explore the reciprocal dynamics between different resource types, and examine their relationships with selected social protection programmes. Specifically, the data were analysed using qualitative content analysis as outlined by Kuckartz (2018). The following section details how Kuckartz's qualitative content analysis approach was tailored and applied to meet the objectives and requirements of this study. Qualitative content analysis is an interpretative method of analysis wherein coding is conducted through processes of interpretation, classification, and evaluation. Text analysis and coding here are linked to a person's effort to understand and interpret (Kuckartz, 2018, p. 27). The construct of codes[170] holds particular significance, serving as thematic indicators for the analysis. Within the context of this study, they highlight text passages deemed relevant to specific resources.

The coding system must be clearly defined, grounded in the research question, and supported by theoretical justification (Mayring, 2022, p. 96). The baseline for this process of derivation and justification was provided in Chapter 5, primarily through the development of the overarching analytical framework of 'Individual Resource Arrangements', informed by Schubert and Knecht's

[170] In this context, the term 'code' is used interchangeably with 'category'. In English-language literature, 'code' is typically associated with qualitative content analysis, whereas 'category' is more commonly linked to quantitative content analysis (cf. Kuckartz, 2015, p. 36).

(2012) resource taxonomy. The two-step deductive-inductive coding approach (cf. Kuckartz, 2015, p. 97) offers an appropriate framework for this study. It allows a deductive approach to the material through the broader resource-theoretical framework while also enabling the inductive development of codes directly from the material.

A core element of qualitative content analysis is the structured organisation of the material. The objective is to extract specific aspects, profile the material according to predefined organisational criteria, or evaluate it based on certain benchmarks (Mayring, 2022, p. 66). This criteria-based structuring can occur along two dimensions: cases and categories (Kuckartz, 2018, p. 49). Unlike Kuckartz's approach, which emphasises both structural dimensions equally, this study places greater emphasis on one. Given the focus on cross-case insights into the significance of various resource types within individual resource arrangements, structuring the analysis around resource-related codes is of particular relevance. This approach aligns with the logic of organising the overall material by structuring it around topics, content, and key aspects (Mayring, 2022, p. 104). Within this framework, emphasis is placed on the code dimensions, with comparatively less focus on individual cases. The analysis becomes more complex not through a double consideration of case and code, but through examining the relationships and interactions between the thematic codes. Kuckartz (2018) outlines three distinct approaches to qualitative content analysis: (1) content-structuring qualitative content analysis (p. 97), (2) evaluative qualitative content analysis (p. 123), and (3) type-forming qualitative content analysis (p. 143). This study adopts an approach grounded in content-structuring qualitative content analysis.

In essence, qualitative content analyses operate in a concise and summarising manner. Unlike sequence analysis methods, it is not about increasing and exegetically interpreting the material, but rather about summarising and reducing complexity (Kuckartz, 2018, p. 52). QCA primarily concentrates on the 'What?' and is especially suitable for mapping what is more or less plainly expressed in the material. However, the method faces challenges in uncovering gaps, reading between the lines, or addressing what remains unspoken. Depending on its application, it can fragment cases and disrupt their inherent logic, thus reducing the depth of interpretation that can be achieved. This characteristic represents a significant critique of content analysis approaches, especially in research conducted within foreign cultural and linguistic contexts. Specifically, the practice of paraphrasing original material often leads to substantial text reduction, described as a 'purification' of indexicality (Kruse & Schmieder, 2012, p. 264), a process that effectively strips away context and situational nuances.

The extent to which this presents a challenge for a research project, as well as the suitability of QCA in this context, cannot be universalised. Instead, it depends on how well the method aligns with the specific subject matter. The rationale for choosing this method has already been discussed, highlighting its balance between structure and openness. However, an important consideration and subsequent adjustment arise in the context of foreign-language research. Specifically, during the evaluation of results, the degree of compression through paraphrasing was minimised as much as possible. This approach was crucial for interpreting the meaning and interaction of individual resources within their specific contexts, as revealed through the identified narrative sequences. The findings are also presented with numerous original quotations, enabling readers to follow the

thematically focused interpretations, except in a few cases, directly through excerpts from the interviews.[171]

6.4.2.2 Application of the Analytical Method

As previously mentioned, a multi-step, deductive-inductive approach to code development was used as the basis for data analysis. This process was founded on the overarching analytical framework based on resource theory, outlined in Chapter 5. This framework initially provided overarching resource codes, which served as the starting point for analysing the interview data.

During the initial phase of 'initiating text work', all interview transcripts were thoroughly read. Initial thoughts were documented using memos, and important sections, statements, arguments, anomalies, etc., were marked, although formal coding had not yet taken place. This first phase was carried out purely as a reading process in pen and paper format. In particular, an effort was made to meet the criterion of openness by consciously reflecting on one's own prior knowledge and assumptions to remain attentive to the views and interpretations of the interviewees regarding resources. This phase was conducted for some transcripts between the first and second fieldwork phases. Subsequently, all transcripts were imported into MAXQDA, along with the handwritten memos. Additionally, information from the interview documentation sheets was incorporated into MAXQDA as document memos. A second reading of all interviews was performed within MAXQDA, during which concise, bullet-point case summaries were created. These summaries also served to supplement the information recorded on the documentation sheets produced during the interviews.

In MAXQDA, the overarching resource categories, originally derived deductively from the resource-theoretical analysis framework introduced in Chapter 3, were initially established as codes. This framework offered both a foundation and a guiding structure for developing inductive codes from the text (Kuckartz, 2015, p. 96). At the same time, it was subjected to an initial evaluation against the material to assess how well the overarching codes captured the themes emphasised by the interviewees. The development of the coding system began with 14 interviews. The selection was based on insights into the structure and content gained during the initiating text work. Priority was given to interviews featuring extensive narrative passages, providing a rich source for the inductive coding process to explore the interviewees' descriptions, interpretations, and underlying contexts of meaning.

Coding followed logical sequences (Kuckartz, 2015, p. 90), enabling the contextualisation of each coding unit in alignment with the research focus. To ensure precise classification of material under a specific code, a code memo was created for each new code, including a clear definition and an illustrative example (Kuckartz, 2015, p. 66f; Mayring, 2022, p. 96). These memos were continuously refined and expanded as the coding process evolved. The development of the coding system for a subset of the interviews was conducted in two main rounds, during which the subcategories became progressively more refined. Given the broad scope of the deductive main codes derived from the resource-theoretical analysis framework, a separate coding pass using these main codes was initially avoided. Instead, wherever possible, coding was performed directly using more specific subcodes that emerged from the material.

[171] Quotations focussing on the content of what was said have been edited in the text in comparison to the transcript to remove unnecessary details.

Throughout the process, especially in the later stages, the developed codes were reviewed and organised according to their associated coded units. Some codes were consolidated, others were further refined, and certain initial codes were discarded. Code definitions were clarified where needed, and additional examples were added to the code memos to improve clarity and usability. Clarifications were also made to the overarching deductive codes. Furthermore, a significant number of free and text-specific memos were created, capturing extra nuances, interpretative reflections on specific text passages, and, for instance, notes on challenges stemming from translation. These memos also required review and at least partial organisation. As the coding system became increasingly refined, it quickly became clear that text passages were often coded multiple times. While assigning passages to several codes and subcodes is common in qualitative content analysis, as it indicates the presence of various sub-themes, these overlaps were mainly expected in relation to the research focus. This is because they inherently reveal connections and interactions between different resource types during the coding process.

The entire dataset was subsequently coded in two additional rounds using the provisionally established coding system. While minor adjustments were made to the coding system, these remained within a manageable scope and required the recoding of certain interviews. Significant time was dedicated to the coding process, as the coding system is not only a thematic indicator (see above) but also a fairly radical filter. Material not captured by the codes becomes effectively invisible during analysis and is therefore excluded from further consideration (Schreier, 2012, p. 62 f.). Once the coding process was complete, attention was turned to analysing the thematic codes, i.e. the resource types. For this purpose, the coded segments were first analysed by topic. The segments were then re-analysed and grouped into 'thematic dimensions' in MAXQDA. These 'thematic dimensions' were not developed as additional subcodes but represented an initial systematisation of the perspectives on the individual resource types gained from the interviews. These clusters of 'thematic dimensions' collectively formed a code summary, an analytical synthesis and commentary on the original text segments (Kuckartz, 2018, p. 111). Viewed as a thematic matrix (ibid.), this compilation facilitated the integration of thematic and case-related perspectives. However, as outlined earlier, the subsequent analysis prioritised the topic-related perspective. Ultimately, the analysis and presentation were structured around the subcategories, each representing a specific type of resource. Particular attention was given to connections between subcategories, uncovering the relationships and interactions among individual or multiple resource types within 'individual resource arrangements'; and their links to social protection schemes. As noted earlier, relationships among resource types became apparent during coding through frequent overlaps, making them readily identifiable and interpretable in the analysis. Additionally, the partly contrasting perspectives of interviewees with disabilities and government officials on identical issues were examined and analysed within the respective topics.

6.5 Ethical Considerations

Fundamentally, research ethics refer to the norms and values that guide decisions on collecting and analysing data, as well as the dissemination of findings. Research ethics are an integral aspect of empirical research, permeating every stage of the process, from the selection of topics and objectives to study design, field access, data collection and analysis, and considerations around publishing and applying findings (von Unger, 2014, p. 14).

The present study seeks to provide insights into subjective perspectives on 'individual resource arrangements' of people with disabilities and how these interact with public social protection schemes in Ghana, a country of the so-called Global South. In this context, particular attention needed to be paid to the author's position as a European, white, middle-class, male researcher without impairment, by examining how these ascribed characteristics might have influenced interactions with the research field and its participants, as well as their potential impact on the research design, data collection, analysis, and discussion. Ethical considerations had to be reflected both in light of the researcher's standpoint and the specific research settings on the ground. Initially, aspects considered include subjectivity and self-reflexivity, informed consent, anonymity, autonomy, and do-no-harm (Klingebiel, 2020, pp. 231 ff.).

6.5.1 Objectivity, Subjectivity and Self-Reflexivity

Rather than upholding objectivity as a necessary criterion for meeting quality standards, many qualitative researchers critically challenge the notion and pursuit of objectivity (Kiegelmann, 2020).[172] Von Unger (2014, p. 22) argues that findings in the social sciences are inherently partial and dependent on context. They cannot claim universal validity but are constrained in their scope and intrinsically tied to the researcher's perspective. As introduced above, the aspect of subjectivity was undoubtedly an important aspect of the research process, including the author's presuppositions, choices, experiences, and actions during the research process (Mruck & Breuer, 2003, p. 3). Mruck & Breuer (ibid.) emphasise the importance of reflecting on these aspects 'in a sufficiently precise way so that it allows others to follow what we mean and did'. They argue that such reflection is essential, as without it, the outcomes of the research process risk being perceived as inherent 'characteristics of objects' or 'existing realities' rather than recognising their constructed nature. They thus draw on a conceptualisation of reflexivity and subjectivity in qualitative research rooted in social constructivist traditions, particularly those of Alfred Schütz. This approach emphasises the reconstruction of the interactive processes through which social reality is produced (von Unger, 2014, p. 23). According to von Unger, this perspective encourages researchers to critically examine the dramaturgy of their own actions in the field and to reflexively understand how social meaning is co-constructed within the research context (ibid.). Moreover, practising reflexivity serves an additional purpose: it fosters critical engagement with research ethics throughout the practical research process. While the principle of striving for objectivity is not universally acknowledged or valued in qualitative research, von Unger argues that a responsible and reflective approach to researchers' subjectivity provides a solid foundation for producing higher-quality findings and addressing ethical considerations (ibid.).

6.5.2 Informed Consent

For the interviews, obtaining informed consent from the interviewees was essential. This involved providing participants with clear and comprehensive information about the purpose of the interview and the process involved. Participants must agree to take part voluntarily, fully aware that they can withdraw at any time without facing any negative consequences (ibid.). The study's context and overall research aims were introduced during initial discussions and at the start of interviews. To prevent biasing participants with specific terminology, the presentation was deliberately kept general, emphasising an open interest in daily life and individual experiences while deliberately

[172] For a discussion on the significance of objectivity in qualitative social research, see, for instance, Steinke (2022).

remaining imprecise about the detailed research objectives, such as those concerning specific resources and resource arrangements.

The format and procedure for each interview were consistently outlined beforehand using a pre-formulated introduction. This process included obtaining consent for audio recording. Participants were assured that the recordings would solely serve to facilitate information collection, be transcribed only for internal analysis, and subsequently deleted. It was further emphasised that the recordings would not be used for any other purpose and that all statements made during the interviews would be anonymised in the research report. Confidentiality is a key ethical issue. The author is responsible for protecting the identities of the participants, who partly shared very private or emotionally charged information. While not all interviewees deemed the anonymisation of their statements important, all participants, organisations, and locations were anonymised. This measure ensured that individual identities could not be inferred through organisational or geographical references. Voice recordings and data were securely stored and only accessible by the author.

Consent was obtained in oral form for a specific reason. Although written consent is generally considered standard, it was decided, in consultation with colleagues at the University of Ghana, to obtain consent verbally. In the daily lives of the interviewees, particularly in the context of the 'personal interviews', communication predominantly occurs orally, with written agreements being rare and often perceived as highly formal. Asking for a signature, therefore, could be seen as unusual or even intimidating. Furthermore, it could inadvertently reveal information about literacy levels, potentially causing embarrassment and negatively affecting the interview atmosphere. However, ethical considerations are far from resolved with the initial acquisition of informed consent. Instead, ethical reflection remains essential throughout the entire research process, continually addressing the needs and rights of both participants and researchers (Klingebiel, 2020, p. 233).

6.5.3 Do No Harm

Respecting participants' autonomy and protecting them from emotional or psychological harm were of utmost importance. This included ensuring their comfort during the interview, avoiding pressure to answer questions they found uncomfortable, and paying attention to the possible effects of sensitive topics. Researchers must exercise sensitivity, especially when discussing subjects that could cause stress or trauma. For topics likely to cause distress, participants should be informed beforehand, and interviewers should be prepared to provide support or resources as needed (ibid.).

The course of open interviews can never be fully anticipated. Nonetheless, it was clear from the outset that participants would be asked about their daily lives and overall life circumstances, with narratives about their personal experiences of disability frequently emerging from an autobiographical perspective. Interviewees were informed beforehand that they were under no obligation to answer any questions and that no specific expectations were placed upon them. To respect emotional boundaries proactively, questions were designed to allow participants to steer the conversation, enabling them to explore topics at their comfort level while omitting any subjects they found distressing. Nevertheless, many interviewees shared their experiences in deeply personal and emotional ways, often reflecting on the onset of their impairment. These narratives frequently

encompassed not only changes in their external living conditions but also profound shifts in self-perception, expressed as reflections on 'who I was before and who I am now'.[173]

From a Do No Harm perspective, great importance was placed on maintaining awareness and sensitivity to the potential impact of these discussions, carefully considering their justifiability. It was crucial to avoid triggering crisis-like experiences during the interview process. In the event such a situation arose, the support framework of local self-help groups and disability organisations, along with the author's collaboration with the local social administration, would have served as a contingency plan to provide appropriate assistance. The author encountered moments of uncertainty where it became necessary to determine whether an interview could proceed or should be discontinued. For instance, one interview was cut short when the participant, in an emotional state, spoke about the recent loss of her partner, a detail not disclosed during the preliminary conversation. More frequently, however, it was the need for a nuanced assessment of the interviewee's well-being that guided decisions on whether to continue or conclude an interview. At the same time, possible effects of the interviews beyond the immediate setting were difficult to assess. In many cases, there was only one contact with the interview partners. Occasionally, contact details were exchanged if the interviewees requested this. In all cases, however, the interviewees had the opportunity to contact the author again via the gatekeepers.

It is equally important to consider potential harm to researchers themselves as part of the reflective process (e.g., Reiter, 2021). Such reflection must also address how specific research conditions affect the researcher personally and where conscious, responsible boundaries need to be set to ensure their well-being. This issue arose not only during the research but also continued afterwards. Internal reflection on the living conditions and shared experiences of the interviewees was sometimes emotionally challenging and required informal exchange with others, mostly conducted in private.

6.5.4 Voluntary Nature of Participation

As previously noted, the voluntary nature of participation is an essential aspect of ethical reflection. Although the interviewer explicitly highlights this during the introduction, it is equally important to critically assess the broader interview context and the dynamics among participants. The difficulties in cultivating a trusting interview environment, especially considering the individuals involved, have been previously discussed.

Considering the involvement of gatekeepers, it is crucial to evaluate how much they may have influenced the voluntary nature of participation. For example, in the first field phase, this influence might result from the connection between starting the interview and the disbursement of LEAP payments. In the second phase, similar effects could occur from the personal relationship between the gatekeeper and the interviewee. Such relationships may, for instance, lead interviewees to assume implicit expectations from gatekeepers (e.g., social welfare officials, assembly members) that make them feel obliged to comply. Likewise, the link with LEAP and the local social administration could create a sense of expectation or even concern about possible consequences if an interview request is refused.

[173] The voluntary nature of these narratives must be qualified, as it can be assumed that certain 'narrative constraints' influence supposedly free narratives, limiting the deliberate control over the flow of the narrative (cf. Küsters, 2009, pp. 24 ff.).

Although it was not entirely possible for the author to fully comprehend or control these dynamics, every effort was made to approach them sensitively. This included measures such as shortening or ending interviews if the interviewee appeared uncomfortable. An alternative approach could have involved aligning field access more closely with traditional cultural practices. This would involve initiating identification and obtaining consent through the community's chief or elders, who would then recruit participants and provide consent on behalf of the community. However, from the authors' perspective, this approach would not necessarily be more ethical regarding voluntary participation and could potentially increase the risk of coerced involvement.

6.5.5 Positionality in the Contexts of Disability, Social Protection and the so-called Global South

The issue of positionality, previously touched upon in several sections, relates to the author's social, political, and cultural positioning in relation to the research and its participants. It recognises that researchers are not neutral observers but are embedded within specific contexts that influence their perspectives, interpretations, and interactions. The aspect of subjectivity has been addressed at the beginning of this subchapter. It was acknowledged that researchers bring their own experiences, beliefs, values, and biases to the research process, which affect how they frame their research questions, collect and analyse data, and interpret findings. Positionality, that is, the social location of the researcher, not only impacts field access and the relationship and power dynamics between researchers and target groups but also operates at a meta-level. It influences how a researcher constructs the world, uses language, formulates questions, and selects the lens for filtering the information gathered from participants and deriving meaning from it. Consequently, it shapes the findings and conclusions of the study (Berger, 2015, p. 220).

Social location encompasses various dimensions such as social, political, economic, ethnic, cultural, and sexual positioning. It considers factors like personal traits, gender, age, sexual orientation, nationality, immigration status, personal experiences, language, beliefs, traditions, biases, theoretical, political, and ideological views, emotions, cultural background, socioeconomic status, class, educational level (Bourke, 2014, p. 2f.), and disability status. While this is crucial in any research context, particular care was needed to critically reflect on the author's position as a European, white, middle-class, heterosexual male without impairment conducting research in a Ghanaian setting. Reflecting on the research process within the context of one's own positionality was an ongoing and learning process, as well as an essential part of reflexivity.

As a white European man without disabilities, what does it mean to critically engage with issues of disability in an African context? From a Freirian perspective, it entails a mindful approach that avoids speaking on behalf of or imposing narratives upon Ghanaian interview partners with disabilities, instead striving to amplify their voices and perspectives (cf. Freire, 2000, cit. after Bourke, 2014, p. 3). As Bourke notes with reference to Paulo Freire, such an effort would be 'counter-liberatory' as the author's position positions him as an oppressor. The intersections of post-colonialism and ableism have been discussed in Chapter 3. To act as an advocate, the analysis must authentically reflect the voices of the interview partners. This approach shaped the data collection process by emphasising open methods that allowed participants the freedom to share their stories and express their perspectives. This also includes the aforementioned approach of conducting interviews in the native language. Likewise, the analysis prioritised incorporating as

many original quotations as possible to accurately convey the rationales and viewpoints of the interview partners.

The author's positionality not only mediates the final product but also shapes the research process itself. If this study succeeds in amplifying the voices of people with disabilities in rural Ghanaian communities, it is also influenced by the author's positionality, that is, his Western privilege as a European, non-disabled researcher with the opportunity to travel to rural Ghana and conduct interviews with persons with disabilities, who, in turn, are willing to share their experiences and, in some cases, their entire life stories with him. Throughout the research, this scenario was often flipped as a thought experiment: imagine a Ghanaian researcher arriving unannounced in the German village where the author grew up, knocking on a door, and almost automatically assuming that people would willingly share their life stories with him, only to disappear from their lives again immediately. Just picture it. The stark contradiction in this reversal highlights the critical importance of considering positionality, especially in how contemporary privileges of Western researchers may stem from and inadvertently perpetuate colonial-era power dynamics between researchers and the 'Southern Other' (Griffiths, 2017, p. 2).

On a more fundamental level, this involved reflecting on the underlying assumptions shaping the author's perspective on social protection and disability. As discussed in Chapter 2, the global discourse on social protection, both academic and practical, is heavily driven by Western notions of social reciprocity, welfare, and social justice. These constructs underpin the design of social protection schemes, which have often been exported as more or less standardised blueprints. Consequently, they also inherently shape the assumptions and perspectives of a Western author engaging with social protection systems. This necessitated a reflective process to adopt a more systemic perspective on how these dynamics shape one's own assumptions and viewpoints. Within this framework, the constructs of social reciprocity and social justice underlying the Western social protection discourse were critically examined. Subsequently, traditional conceptions of the individual, community, and social reciprocity in African societies were discussed (see Chapter 2.4). A deeper examination of the fundamental aspects of the social context enables the understanding of individual experiences, at least in part, within the framework of their socio-cultural relations, which form the social realities of the interview partners. This foundational approach is to be considered as part of the reflexive consideration of positionality within the context of this thesis.

The discussion of disability studies at the intersection with post-colonial studies in Chapter 3 is also relevant here. Katsui and Schwarz (2021, p. 204) assert that relying on theories developed in the so-called global North may reinforce the epistemic vulnerability of disability studies in the so-called global South. They state that '[t]he great heterogeneity of disability and its contexts, as well as its evolving nature, mean that we must all think deeply about interconnectedness, relationality, and continuity of disability with other phenomena across different times and space'. In this context, it became essential for a disability researcher trained in the so-called Global North to critically reflect on the dominant perspectives on disability that shape one's own assumptions and perspectives, i.e. as a result of academic and disciplinary socialisation and localisation (Day, 2012, p. 73). Building on this, the thesis also examined how disability is conceptualised within traditional notions of the individual, community, and social reciprocity in African communitarian societies (see Chapters 2, 4). This theoretical exploration was part of a broader learning process, fostering a deeper understanding of one's own positionality and encouraging reflexive self-examination.

Undoubtedly, the research process is shaped by who one is. Every aspect of this research is inevitably filtered through the lens of how the author perceives the world, including the evolving perspective of an individual who is continually learning. Therefore, positionality is not static, especially in the context of a qualification project. The importance lies in the degree of reflection one brings to one's own positioning.

Chapter 7 – Analysis of selected social protection schemes and individual resource arrangements of people with disabilities in Ghana

Chapter 7 presents the findings of the empirical study. The logic of the chapter follows a consideration of different resource types, as outlined in Chapter 5, based on a resource taxonomy by Schubert & Knecht (2012). The resource categories were developed both deductively and inductively. As part of the analysis, they form the underlying structure of this chapter.

Aligned with the research focus on social protection programmes, in the first step (7.1, Analysis PART A), the analysis examines Ghanaian public social protection schemes: the Disability Common Fund (DCF) (7.1.1), the Livelihood Empowerment Against Poverty (LEAP) cash transfer scheme (7.1.2), and the National Health Insurance Scheme (NHIS) (7.1.3). The particular relevance of these schemes is primarily inferred from the importance the interviewees assign to these programmes. These social protection programmes offer additional resources for people with disabilities. They can be conceived as external interventions into the individual resource arrangements that people with disabilities are assumed to use to cope with challenges in daily life. The programmes provide external resources that users must integrate into their resource arrangements in interactions with other resource types. The focus of the analysis lies in understanding how this integration and interaction occur. It seeks to explore the implications of the programme designs and their implementation practices for other resource types and configurations within the 'individual resource arrangements' of recipients with disabilities. This section of the analysis specifically addresses research questions 1 and 2:

(1) What explicit and implicit assumptions about the 'individual resource arrangements' of recipients underpin the designs and implementation practices of social protection programmes aimed at supporting people with disabilities?

(2) What explicit and implicit requirements do relevant social protection programmes impose on the 'individual resource arrangements' of recipients with disabilities?

The findings of this section then serve as the main reference point for further analysis of other, informal resource types that have been identified as 'complementary'. These 'complementary resources' refer to the resources identified in Analysis PART A as essential for enabling positive effects of the analysed social protection schemes on the livelihoods of interview partners with disabilities.

In the second step (7.2, Analysis PART B), the analysis proceeds to examine such 'complementary resources' which include both external and internal resource types as part of the 'individual resource arrangements' of interviewees with disabilities. This part of the analysis aims to explore their capacity to align with explicit and implicit requirements embedded in the design and implementation practices of the three social protection programmes under review. Resource types considered include Civil Society Organisations (7.2.1), Social Resources, such as family, friends, local community, and faith-based organisations (7.2.2), Socio-Ecological Resources, including the social construction of disability (7.2.3), Personal Economic Resources (7.2.4), Psychological

Resources (7.2.5), and Physical Resources (7.2.6). This part of the analysis specifically addresses research questions 3 and 4:

(3) How do people with disabilities perceive their 'individual resource arrangements'?

(4) To what extent do 'individual resource arrangements' of persons with disabilities align with the explicit and implicit requirements embedded in the design and implementation practices of social protection programmes?

Each sub-chapter concludes with a summarising reflection presented as working hypotheses. The findings stem from the methodological approach outlined in Chapter 6. Given the exploratory and content-analytical nature of the approach, the findings do not allow for representative statements. The hypotheses offer insights into broad relationships and interactions between the design and implementation practices of the three social protection schemes and different resource types within the context of disability, based on the subjective perspectives of recipients and potential recipients. Using the analytical framework of 'individual resource arrangements' outlined in Chapter 5, insights are gained into the requirements towards and characteristics of individual resource configurations, with particular emphasis on the conditions that govern resource exchange and conservation.

Rather than reconstructing the interviewees' individual resource arrangements, the analysis was structured around resource dimensions. A cross-case, topic-focused content analysis was applied, centred on individual resources and employing a combined deductive-inductive approach. This method was chosen to uncover the social constructions and ascribed meanings of various resource types as reflected in the interview material. The goal was to gain insights into the roles that different resource types play in the resource arrangements of people with disabilities in Ghana, in interaction with public social protection.

Key aspects will be presented and analysed through numerous direct quotes from both interviewees with disabilities, local social welfare officials (district social welfare directors, disability desk officers, LEAP officers), and CSO representatives.[174] This aims to provide an authentic and unfiltered glimpse into people's perceptions of various resource types. All names and identifying information (such as cities, places, and organisations) have been anonymised to maintain the confidentiality promised to the interviewees.

7.1 Public Social Protection Schemes (Analysis PART A)

Formal social protection, as a superordinate code, refers to public (government-driven) initiatives to address risks and constraints of people, such as classic life cycle risks (age, disability, permanent incapacity for work, temporary incapacity for work for example caused by pregnancy, death of a family member etc.), health risks (illness, accidents, epidemics), economic risks (unemployment, price shocks), natural and ecological risks (droughts, floods, storms, earthquakes). These can include formats that are 'protective' (providing relief from deprivation/scarcity of resources, e.g. income benefits, state pensions); 'preventive' (averting deprivation, e.g. savings clubs, social insurance); 'promotive' (enhancing incomes and capabilities, e.g. inputs); and/or 'transformative' (social equity and inclusion, empowerment and rights, pursuing policies that rebalance unequal

[174] As detailed in Chapter 6, the focus is on the perspectives of individuals with disabilities who were interviewed. These perspectives are supported or contrasted by those of interviewed local social welfare officials and CSO representatives concerned the social protection schemes under consideration.

power relations which cause vulnerabilities e.g. labour laws) (Devereux & Sabates-Wheeler, 2004). Semi-formal initiatives of that type are frequently provided by non-governmental, civil society and faith-based organisations.

Public social protection schemes are considered critical external resources, as they are rooted in the fundamental human right to social protection and the corresponding obligations of States Parties under the UN Human Rights System. They are further based on a national legislative framework that guarantees Ghanaian citizens with disabilities basic social protection (see Chapter 2.3). Examining social protection frameworks and initiatives, the following emerged from the interviews as particularly relevant in the context of disability, according to the interviewees' perspectives: (1) the Disability Common Fund (DCF), (2) the Livelihood Empowerment Against Poverty (LEAP) social cash transfer, (3) the National Health Insurance Scheme (NHIS). These will be analysed below.

7.1.1 The 'Disability Common Fund' (DCF)

The Disability Common Fund (DCF) is a local government-coordinated quarterly in-kind and cash transfer programme for people with disabilities. It aims to support income-generating activities as a means of economic empowerment, offer educational assistance, build the capacity of Organisations of Persons with Disabilities (OPDs) in districts to enable them to advocate for and assert their rights, and organise awareness raising and sensitisation on disability issues. It also provides access to technical aids and other assistive devices and equipment. The DCF forms a key social protection and graduation scheme for people with disabilities in Ghana. Its importance as a district-based, disability-specific scheme has grown in recent years, as it covers provisions in several sector-specific legislations and policies that were previously not addressed by mainstream schemes and programmes of the respective sectors (for further details, see the discussion of the DCF in Chapter 4.3.5). The central idea of the DCF is conceptualised as a kind of start-up fund for people with disabilities, serving a 'promotive' function in the sense of 'graduating' out of situations of poverty through small-scale entrepreneurial activities. Additionally, the DCF provides local OPDs with basic funding to develop their organisations. During the interviews, participants highlighted several supportive and critical aspects of the DCF. These will be outlined and examined below, with a focus on their potential implications for the individual resource arrangements of DCF users.

Generally speaking, the DCF is regarded as highly relevant by both interviewees with disabilities and government officials interviewed. Mr T, a local and regional representative of a Ghanaian umbrella OPD, describes the importance of the fund as follows:

> *The main issue that came up was that, erm at the assembly level [District Assembly] the persons with disabilities were marginalised. So in order to reinforce the livelihood and other things of – they decided to create a separate fund for us to […] reinforce the livelihood and other things of PERSONS WITH DISABILITIES. They decided to create a separate fund for us to support us in acquiring digital and assistive devices, to support us in acquiring medical care and for us to give us = to build our capacities. The CAPACITIES of the individual and organisations. And at the same time it was also to provide erm income generating projects because they realised most at that time there were lot of erm disabled persons by the road side begging for alms. And the Government thought with this, with the introduction of this fund he could take those beggars from the street and they be given independent livelihood support. […] It is a very very very important erm landmark or intervention SOCIAL INTERVENTION that has been introduced by the Government (Int. 20, Pos. 122-126)*

In this quote, Mr T summarises the different functions of DCF and its core aim, which is to promote income generation through a start-up grant. Similar to other Ghanaian government programmes for people with disabilities in the past (see Chapter 2), the DCF thus primarily pursues the goal of getting people with disabilities into income-generating activities different from 'begging' (*take those beggars from the street and they be given independent livelihood*). It was primarily this function and objective of the DCF that the interviewees focused on. The quote also highlights other important aspects of the DCF, such as its exclusive focus on people with disabilities and its management at the local level by local authorities, with significant involvement from local OPDs. How these aspects are perceived by the interviewees will be addressed in more detail below.

7.1.1.1 Entrepreneurial Requirements

The findings indicate that the entrepreneurial focus of the DCF places various demands on its users. These are examined below both as opportunities for success and as potential risks. First, examples of anticipated successful use of the fund to improve recipients' livelihoods are discussed. Afterwards, challenges and failures in its utilisation are explored.

SUCCESSFUL ENTREPRENEURIAL ACTIVITIES AS AN IMPLICIT PART OF THE DCF CONCEPT

The core element of the DCF is to provide start-up funding for individuals with disabilities to apply for in-kind or cash support to establish or expand their own businesses. Interview partners were asked to share their personal experiences with this framework. A common theme in many accounts was the realisation that starting a business requires more than just cash or in-kind capital. Although this is important, successful entrepreneurship also depends on other resources, which can be framed as entrepreneurial capacity. This includes having a sustainable business idea, along with relevant knowledge and skills.

Mr N, a subsistence farmer who lost his sight as a child, recounts a successful small-scale entrepreneurship story within the context of the DCF.

> *The help they [the DCF committee] gave me was, first, they gave me money, four million [old Cedi, equivalent to 400 GHC, approx. 30 €], it's been long, and I bought two of this […] goat aha, yeah, I bought two goats, tiny goats two, and then one Mr [name] also bought one more for me. Now if you like go, go and look into the thing [points towards a small stable/woodshed], it's been long so occasionally, i- i- if there is something, then I will sell some and use, use it for the children's school fees, yeah, that is what I use, usually I, I use to financially secure the children from time to time, and even now, the thing is still there, aha (Int. 14, Pos. 195-197)*

He has successfully established a small goat-rearing business over the past few years (*it's been long*) which he uses as a financial safety net for unexpected expenses (*occasionally, i- i- if there is something, then I will sell some*) and to invest in the children's education (*for the children's school fees, yeah, that is what I use, usually I, I use to financially secure the children*), thus expanding the family's future resources.

The example shows that making good use of the DCF support (money for two goats) as a sustainable backup resource and investment was not unconditional. On the contrary, Mr N needed to supplement the DCF investment with his own resources. He had to develop a strategy to use the financial resources generated through the DCF, based on competencies and facilities. Most importantly, not only land and materials for a stable had to be available or affordable, but also

knowledge and skills in goat breeding and rearing, including trading skills for selling his goats. Additionally, self-confidence and a sense of self-efficacy were essential for Mr N. He also received an extra goat as a donation from someone within his social network (*and then one Mr [name] also bought one more for me*). At first glance, emphasising these complementary resources might seem trivial. However, further analysis will reveal how vital these components are for the positive impact of the DCF and what challenges could arise if they are not adequately considered.

Mr N used the DCF a second time. He accumulated savings and gradually built rooms for rent on his property.

> *so there is something else besides that, the government itself helped us, this thing [pointing to a two-room building] behind him [the interviewer], yeah, this thing behind him, we started it about, about eight to nine years ago, but the help is not frequent, so gradually then so when we did that thing, when I started that a little bit, when I gain, I gain one cedi, I save fifty pesewas, when I gain one cedi, then I save fifty pesewas. (Int. 14, Pos. 199)*

The construction progress was slow, depending on available savings and support. However, at some point, through the DCF, he managed to acquire all the materials for the roof at once.

> *I said they should give me iron sheets, then they gave me two packets, and they gave me some wood, so it seemed that though they gave those things to me, with especially the remaining work on the building, it looked like there was no help (Int. 14, Pos. 199)*

Due to a lack of expertise and a visual impairment, building the roof on his own seemed impossible (*it looked like there was no help*). However, he managed to find a potential tenant with the necessary skills, with whom he arranged to finalise the building.

> *he came to search for housing, at that time we hadn't, I hadn't made a lot of progress, this is where he wanted housing, then I said ah, I don't have an apartment here, the house is incomplete, I don't have an apartment, then he left […] then he said he would help me, you see, then he said he would help me so so so, he, he is a mason and also a roofing expert and, yeah, so he, he now said =he said he would do it, so he's been with me, he has stayed with me in this house, yeah so now he, it is through him that this thing, we have been able to complete everything but yeah. […] at the time I didn't have money and he contributed his manpower there is some debt, yeah, there is some unsettled debt between the mason and me, yeah (Int, Pos. 199, 205)*

It is crucial that he succeeds in tapping additional resources, specifically his own savings (*when I gain, I gain one cedi, I save fifty pesewas*) and, importantly, skilled support (*he is a mason and also a roofing expert*) to complement the resources of the DCF and ultimately realise their value. Using existing resources such as his land and the development of rental spaces, he positioned himself to engage in a resource exchange with his future tenant. This enabled him to leverage his knowledge, skills, and time to complete the premises by offering reduced rental costs in the future. This was a demanding task and, as noted above, requires the availability and effective combination of various internal and external resources.

Another successful example related to the start-up goal of the DCF concerns Ms E, a 36-year-old seamstress with mobility and physical impairment since the age of four. With support from the DCF, she opened a small shop where she provides sewing services and groceries.

> *Uh, for me they gave me some money, so my piece of land, then I- I was now going to acquire it so, I used it to pay for it, I added some more to it, I think they gave me about […] I want t- I think it was fifty, five yes. […] I added something, and I used it to pay for the land (Int. 5, Pos. 236-240)*

With financial support from the Disability Common Fund, she bought a small plot in a central square of her village, where she successfully set up her shop. Ms E's experience reaffirms the importance of complementary resources for making effective, sustainable use of the support provided by the DCF. These complementary resources included her own financial resources, social resources to support the establishment of the shop, specific skills (such as sewing), entrepreneurial ability, and physical and psychological resources like self-confidence and beliefs in her efficacy.

The research process revealed a variety of sustainable entrepreneurial activities, ranging from larger to smaller initiatives. For example, Mr J has been provided accommodation and 'conference facilities' in the house of a local environmental NGO, which is used for meetings by various local organisations and groups. He applied to the DCF for a photocopier that he is now marketing. The environment of the NGO house seems quite favourable for this venture.

> *recently, I appealed to them for something that could help me to like, uh, photocopy and so on, because I was trying to get it and I wasn't getting money to buy it, so they bought a used one for me which uh, I'm using here, which I put here to uh, be commercialising, yeah, these are the only help I would say I have received from uh, the assembly as well. (Int. 10, Pos. 103)*

Mr V received a fridge through the Common Fund nine years ago and is still using it to sell water.

> *ah, yes, I got something from it [DCF]. […] when I got it, by God's grace, in 2011 that was when I got something little. when I got it, I used it to buy fridge, the fridge too is there now. I use it to sell water small, small. (Int. 23, Pos. 154-156)*

The most common pattern of using items provided by the DCF is to start or maintain various types of petty trading, often as street vendors, as exemplified by Ms O:

> *the government came to give us something small, so when the government gave us something then we used it for some stuff gradually, so we are here, as you can see, mm. […] I still do some selling. (Int. 15, Pos. 52-56)*

A common support provided to persons with disabilities by the DCF is to supply them with fridges and ice boxes, with the expectation that they will sell cold water on the street, as the gatekeeper suggests for Ms A:

> *So we shall be calling, we shall be- when the money comes, we shall go to uh, disburse it and then use hers to buy something for her so that she will be uh, training a little, selling any- if she gets somewhere and puts the fridge and selling pure water, aha, she will get something, uh something uh for her daily bread (Int. 1, Pos. 145)*

Mr U determined that:

> *some are able to use the money to trade. To buy and sell, yeah that is the normal business in most communities, to buy and sell. So it helps them to establish. In a trade, in a vocation okay – those who are fortunate to get it. It impacts on their well-being yeah. (Int. 21, Pos. 94)*

The local social welfare officials interviewed also shared their insights and evaluations regarding the utilisation and expected effects of the DCF. They mainly described the overall impact of the DCF in very positive terms, as did Ms AC, the Social Welfare Director of one of the research districts:

> *Yes, I told you that it has improved their living standard because formally they were going to the road side, begging for alms but this time they are all into they are engaged in economic activities, they are selling, some are cobblers. We have given them tools and items that they would use for their cobbler aha some are also seamstress some are tailors. We are purchasing things for them to help them do their tailoring. Those who are seamstress we are giving them materials, machines, we give them industrial machines. We give them neating (? means?) machines that would help them do their seamstressing. Some are hairdressers we are helping them acquire their drier. Things that they need that is equipment that they need to do their hairdressing. We are purchasing them for them, to help them do their hairdressing very well so we will see that from the monitoring that we've been doing, we've seen that the fund has really helped them. Those who are selling there was a woman who is even saying that eh formally she was not getting money to buy food for the child but since the fund has come and she has used it in purchasing maize and she is selling kenkey. She now gets money and saves at least every day five cedis. So in a month she gets enough money to cater for the person with disability she is having. So in enough share I would say the fund is helping them, it is helping them well and they are also appreciating what the Government is doing for them as a person with disability. (Int. 32, Pos. 66)*

Ms AH, the Social Welfare Director of another district, reports similarly:

> *the impact is SOO GREAT! SO SO GREAT! Most of them as I earlier on stated were dependent on persons other persons but this is a startup capital, we provide deep freezers, we provide farm equipments, we provide=as any skill, any activity that one wants to engage in, the assembly provides the startup material ahaa so that ermm, they are able to engage=to be independent economically yes so it has changed people's lives from dependence to independence (Int. 37, Pos. 18)*

Mr AK, the disability desk officer of the same district, states:

> *Per our last monitoring, if I'll base on our last monitoring, about 85 per cent of the people who received during the last disbursement have made very good use of the=items that they received. Mhm, somebody – one of the beneficiaries at err […] who received funds, who received some cash, set up a provision store, not to big but just a normal that they are also managing with ahaa, we have other people who have used the money to engage in this food err, joint business and so they are cooking every day and selling to people so they also get food to eat every day that place eheh and many others (Int. 40, Pos. 47)*

Overall, social welfare officials expressed a rather positive assessment of the impact of the DCF. They based their assessment on both individual successful cases and, for one district, the results of quantitative monitoring of 85 per cent of fund users from the last disbursement, who are assumed to have made beneficial use of the items they received.

Examining the positive examples reported by DCF users, a key factor for success emerges: DCF support tends to be highly effective and sustainable when it aligns with recipients' preferences and is supplemented by additional resources, both internal and external. However, such complementary resources are not always available or accessible. In many of the examples shared during interviews, these resources could not be sufficiently mobilised or were simply unavailable or inaccessible.

CHALLENGES OF ENTREPRENEURIAL ACTIVITIES AS AN IMPLICIT PART OF THE DCF

Mr R, a local OPD representative, describes the entrepreneurial focus as the core concept behind the DCF:

> *Eh each person has a talent, each person is endowed with ermmm talent in the form of anything that you can do which you have interest and you want to do. They encourage you, with this funding to do it. If you want to trade by all =means, there would be some particular mmm side of trading you may be interested. Some of them may be interested in selling vegetables, some may be interested in selling kenkey. Something in which, even common ice water, common water people sell. So it – they want to empower you, encourage you to venture into profitable eh job. (Int. 18, Pos. 22)*

Obviously, he is aware of the underlying entrepreneurial assumptions behind the DCF concept and its implementation practice, such as the belief that everyone has a talent that can be turned into a business and the notion that anyone can be a retailer. Interview results suggest that this entrepreneurial hypothesis guiding the DCF might be questionable. The extent to which the DCF can be beneficial to a larger part of its target group largely depends on the availability of certain resources. The support provided is limited, and previous examples have already shown that successfully using these limited DCF provisions to generate income requires a skilled combination with other existing resources, hereafter referred to as 'complementary resources'. This is demonstrated by the following examples.

Ms B started a shop with support from the DCF, which provided her with a container to open her shop. When the container was there, she lacked resources to equip the facility and purchase items to sell. Therefore, she went for loans to equip her shop. The business did not go as expected, and she fell into debt. When the fridge broke down, she was forced to cease selling entirely.

> *it is thanks to the group for the disabled, they got this container, gave us a little money and we used it for this container, now, we don't get any stuff to sell in it, when we go for a loan to do that, it becomes a loss for us, so now, we have stopped taking the loan (Int. 2, Pos. 3)*

> *[…] we have stopped, when we sell, the money is inadequate, then we run at a loss, so we have stopped. […] provisions and drinks, drinks and other stuff […] even our fridge with which we work too, it is spoilt. […] Even if the fridge were working, we would have sold pure water, our fridge is also spoilt. […] Yeah, the shop used to give us money to buy food and eat, but right now, the shop is not running. (Int. 2, Pos. 6-20)*

For Ms B, support from the DCF resulted in a financial loss spiral, which she actively halted by completely closing the sale. She remains in debt and is heavily reliant on charitable provisions to secure her most basic needs.

> *So sometimes, when someone is passing by and sees me how, how I was at first, if I earn their pity, maybe they would give me some money, then I will use it to buy food to eat, I have no one. (Int. 2, Pos. 20)*

Ms D used to successfully sell bread as a street vendor. After an accident, she was unable to continue this due to a mobility impairment. In her neighbourhood, she began constructing a small shop facility using her own resources. The DCF provided her with wood for the roof and metal sheets, enabling her to finish the building.

this building, I did this, I myself, I took time, and constructed this building, and I decided to sell in it, so I would get something to buy food to eat, drinks and stuff, I would get something to buy food to eat, so I stood here, and took a photo, the building was not roofed, so it was there that I got these roofing sheets, and the wood, then I roofed it (Int. 4, Pos. 43)

She sold cooking utensils and was able to buy them using her own resources, then sold them again gradually. For some time now, sales have not been doing well.

now they don't buy <<claps>>, so if I could get a small fridge, you see I have disconnected all the lights, if I put it here, those tiny ice creams, I would put them inside, the kids, for five thousand [old cedis, equivalent of fifty pesewas], <<claps>> they will buy them. As for these ones [the cooking utensils], I fall asleep beside them, you see that I was asleep, you see that I was asleep, I would sleep here till the evening <<claps>> then I go home to sleep <<claps>>, they don't buy.

for about two months now, I have never sold goods worth a thousand [cedis], […] THEY DON'T BUY! […] If I had different goods to market here, mm- they don't buy, mhm. […] Some of the stuff are even at home, they don't buy. […] Those tiny ice creams, five five thousand, five five thousand […] They don't buy, they don't buy, no selling for me, <<claps>> they don't buy. […] Oh, they don't buy <<kisses teeth>> (Int. 4, Pos. 49-65)

Continuing the business with only cooking equipment did not seem viable to her. She appeared desperate and wanted to diversify her products to make the shop profitable. She hoped to receive support from the DCF again, such as a fridge to sell everyday items like cold drinks and ice cream.

I will trade, you hear, sir, that's all I worry about. When we went there [Municipal Welfare Department], they said uh, they would bring me something, didn't I tell you that I wanted a big fridge? […] I will put some ice cream and water in it, ten, ten pesewas, I will go to the factory to buy it, they say if you get it from there, they give it to you for two, two cedis, then I will sell it for three cedis, I will pay on the last day, but I will get some to buy food and eat. What will you be worried about? Something like this they don't buy (Int. 4, Pos. 415-417)

<<claps>> they don't buy, they are expensive, mm, they are expensive, nowadays, even when I come and sit here, <<claps>> nobody buys, but if children come back from school, we will gain money, so the ten, ten pesewas and twenty, twenty pesewas stuff, even if they are hidden in a corner, they buy , if I had a piece of wood and I wrote on it so you know there is ice cream here, won't they buy? They will buy. (Int. 4, Pos. 419)

She is convinced that the new business idea will help her escape her challenging business situation. She is relying heavily on the DCF. She definitely plans to abandon her original business model, as it has proven to be unsustainable for securing her income. For now, she supports her living with the support of her children.

Ms H, a 35-year-old single mother of three children with visual impairment also received a start-up grant by the DCF to start petty trading. Initially, sales went well.

when I started, I was selling corn dough, and cassava dough, and, uh, kokonte, and, uh, akple flour [corn flour used to make akple, a Ghanaian dish], mhm. […] at the junction, where we- where- whe-where we took her from, by the roadside there {aha}, yes. […] Oh, it was booming (4) it was booming, but nowadays, <<kisses teeth>>, today, uh, maize has become expensive, so it has made me take a little break, so when maize is abundant, then I will start, mm. (Int. 8, Pos. 53-60)

Mm, it is my mother, it is my mother who caters for me. (Int. 8, Pos. 68)

Due to a price increase, her goods became increasingly difficult to market, so she stopped trading them. As she is now without any income, she relies on her mother's support.

Mr I is a retired special school teacher who specialised in arts and craftsmanship. He applied for funding from the DCF to purchase raw materials for making and selling doormats, a skill he had taught at the special school. He reports that his business has not been able to establish itself sustainably after receiving start-up capital from the DCF three times.

> *Yes, the group, uh, it is the common fund that is able to support us a little. […] they have helped me about three times. […] they could give me money which I used - I could use for doormats, when they give me money, I can use it to buy yarn to make doormats, but now, as for now, it hasn't come, it hasn't come again (Int. 9, Pos. 108-125)*

Ms A, a former court clerk who lost her job due to a visual impairment, reflects on the importance of entrepreneurial knowledge and skills for the effective utilisation of the DCF from a potential user's perspective:

> *if you put goods on my head to go and sell, how many will I go along with, and who would I even know wants to buy some? How much would the person have given me and how much would I (Int. 1, Pos. 174)*

It becomes evident that she perceives the main aim of the DCF as encouraging her to start some form of street vending (*put goods on my head*) to recover her income. She indirectly suggests that this requires both physical readiness and a certain level of preparation and expertise concerning a proper business plan (what to sell, where to sell, how to approach customers, etc.) that she did not have or did not have access to.

Mr K lives with his wife and three daughters. Due to a physical impairment from early childhood, he has also been supported by DCF to open a drugstore.

> *initially they gave me, um, some money […] that's the only thing, something to have, yeah (Int. 11, Pos. 104)*

> *I think that was when I was es- establishing this [his pharmacy store], […]I, I went to the Pharmacy Council in [city], they had office, […] I prepared all my documents […] I did the renovations of this shop […] But now the money is finished, and that is why I am always holding it (Int. 11, Pos. 146-156)*

During the interview, it emerged that there were three other drugstores right next door to his own on the same street.

> *There is this uh, uh, keen competition here, very keen, because there are about FOUR um, within the vicinity […] and uh, that is bringing some shortcomings (Int. 11, Pos. 160-164)*

The competition appears to be stiff. As a result, the shop cannot operate profitably. He is therefore hoping for additional support from the DCF.

> *yes, and it, it has got to a time now, I'm so pressed that, I want some help. (Int. 11, Pos. 36)*

Mr K's situation illustrates the argument here. The extent of resources required in his case to realise the value of the DCF-support includes various complementary resources, such as knowledge, skills, own resources to renovate and equip the shop, sales talent to retain customers, etc. Mr K brings all these resources or mobilises them. Nonetheless, his business model ultimately seems to be failing due to the issue of location, as the competition there appears too tough. Seemingly, he had no consistent business plan considering this aspect. Once again, his case illustrates how demanding it is to make use of the DCF in a way that can have a sustainable effect. Mr K himself specifies this challenge concerning the DCF as follows:

> *I think the other day, I discussed uh, this with chairman [of the local organisation of persons with physical disabilities], I went to, uh, our meeting, the visually impaired, they have their meetings and we do our own meetings, yes, and um, I think, it seems everyone, uh, wants to become independent or =when I say that, I'm not saying maybe selfishness or anything of that sort but uh- I mean, we have to be united as a- an association, you see, helping each other, not by money, =but at least, by giving someone advice, uh, when you see that your friend is doing some uh, job and then you have uh, an advice or a better idea, you share it with the person, that's not- that's i- that isn't going on at the meetings, you see, rather, the discussions become on, um, how to get money, how to get money, but you see, getting money alone can't solve our problems for us, it is how to use the money, you get the money, how to use it, an uh, how to uh- (Int. 11, Pos. 174)*

Mr K emphasises another important point: He believes that the perspectives of users and local disability organisations on the DCF are very much focused on securing financial resources. Yet, for him, this is not sufficient to provide sustainable support for people with disabilities; it is only half the solution (*getting money alone can't solve our problems*). Against this background, he advocates for a stronger focus on how the secured resources can be used effectively and sustainably. His experience with an inadequate business plan highlights the broader question of the DCF's conceptual suitability as a social protection programme for people with disabilities.

The experiences of recipients presented here highlight the crucial role of complementary resources in ensuring the sustainable use of DCF resources for the benefit of the fund. The fund appears effective in supporting sustainable income generation when such complementary resources are available or can be mobilised. However, in their absence, the reported business ventures tend to fail in the short- to medium-term. Often, these essential complementary resources were not sufficiently accessible within the sample of this research. In this context, the organisation and their nature are of particular interest.

THE CRUCIAL ROLE OF COMPLEMENTARY RESOURCES

During the group discussion with local OPD representatives (Int. 31), participants elaborated on the DCF and the role of complementary resources.

> *Please I will like to add a little to what [name] said, if the government helps and it's not enough at home the family must add up. For instance, she has a container and it's empty, the family can help furnish it but it's not doing THAT. That's why I said the family should support so that the disabled can also survive and get even some money for their drugs, so parents or family members should support. (Int. 31, Pos. 91)*

The statement refers to the importance of social resources, particularly the family, as a crucial support system to complement the assistance offered by the DCF. The family unit is seen here as

a broad resource umbrella for financial resources or in-kind contributions, as well as physical support, certain skills, specialised knowledge, or access to additional social networks that may be required.

Other participants in the focus group saw reliance on the family as a supplementary resource framework as a problem:

> *I am really sad because a lot of us our families have neglected us. So if the government provides a container and our families are asked to support who will do that, = most of us have been neglected by our families, it really hurts a lot. I think the government must finish any form of support they want to offer and not rely on the families, that will really help us. (Int. 31, Pos. 94)*

> *So the support [referring to the DCF] comes but it's inadequate, the major area that we need the support most is from parents, parental support is very important which is LACKING. Relatives don't help and they will stigmatize you, so how will they support you financially. Where you have even benefitted from the DACF support the family will even MISUSE or SELL the item without your knowledge and tell you it has been stolen. So the first is the community, the communities must provide the needed support, the churches must support us and other benevolent associations or NGOs should all come and support us. So we can't rely on only the Metro or assembly to support everything, it comes though it's inadequate. (Int. 31, Pos. 96)*

To sum up the argument, findings suggest that the assumption of family resources being available is not guaranteed for the success of the DCF. The extent of accessible resources from both extended and nuclear families varies from case to case. The DCF system, as part of the public social protection system, seems to fail if complementary resources from families, but also from the local communities, civil society, and faith-based organisations, are not available (*we can't rely on the Metro*). The role these resources play in the individual resource arrangements of the interviewees is evidently crucial and will be discussed in greater detail later in the analysis (Chapter 7.2).

Other interviewees also emphasised the importance of supporting DCF beneficiaries throughout the process of utilising the fund's support. This appears to be necessary from developing a business idea to creating a business plan, and through to its realisation in practice.

> *The little I can say is that the government helps but it's inadequate and very LIMITED, because if you want to help for example a blind person and you ask her what she wants she will say I need a fridge to sell water and drinks. The moment you are given the fridge that's the END and not how you will get electricity to power the fridge. They will not do any feasibility studies to ascertain whether you really need the fridge or whether you can use it, and even how to buy the items and sell. After they give the fridge that's all, the government should add a little money to support your venture to make it complete. All they will give is maybe a fridge, a fufu pounding machine or maybe a container without anything in addition, at times an empty container not even roofed. Therefore, the assistance is incomplete and that really AFFECTS us (Int. 31, Pos. 92)*

It becomes apparent that the issue raised by the interviewee is not merely a lack of financial resources. Successfully implementing a business idea also requires entrepreneurial expertise. The availability of such know-how and tools, such as a credible business plan, appears to be implicit in the DCF concept, but is not necessarily accessible to beneficiaries or through their social networks.

The significance of complementary resources for sustainably managing the fund was also highlighted in interviews with local government officials responsible for the DCF through the Departments of Social Welfare. Mr AF, a local social welfare officer, states:

> *last, last year I think, errm, the monitoring team came around. Err, we went to, we went to errm errm, a member's place. Yes at […] errm actually, he requested for errm fufu, fufu machine. […] he was given the fufu machine. Err I think it's fufu machine. Yes. And when we went there, err what we saw was disgusting but – the machine was packed in his all, covered with clothes. And we asked him. What he told us was that, he's not having any place to errm, to fix the machine (Int. 35, Pos. 87-96)*

The DCF beneficiary had applied for a fufu pounding machine to start his own business. When representatives of the Social Welfare Department visited him as part of a monitoring mission, they realised that he had not even put the machine into operation (*what we saw was disgusting, but the machine was packed in his all, covered with clothes*). When asked about the reason for not using the machine, the beneficiary refers to a lack of complementary resources (*What he told us was that, he's not having any place to errm, to fix the machine*). The availability of further external and internal complementary resources, such as the procurement of additional necessary goods, the know-how to operate the machine, and the knowledge and skills to market the offer, etc., likewise appears to remain unresolved. Mr AF continues:

> *so it means we have to err get him a place, a kiosk or […] that he can fix the machine there. Err, but errm, that is not part of the programme. You can't request for fridge and later you tell us that, you don't have any place to put the fridge it's like, it's a support system that you are enjoying so at least, you can also get something, you see, get – you can get a place errm to put what you have requested. Because you requested for it yes. You were not on any duress. We didn't tell you to request for that. You requested for it. It's like, if you don't have a place to fix the machine then why should then request for the machine. (Int. 35, Pos. 87-96)*

The Social Welfare Officer considers beneficiaries responsible for providing essential supplementary resources. In his opinion, it is their fault if they request items they are unable to make use of. He states:

> *So errm, at times when they receive those things, even some of them sell it. Yes. Some of them sell it to errm, to get the money. Yes, not – forgetting that, maybe the refrigerator or the whatever that you requested for can put food, daily on your table. (Int. 35, Pos. 87-96)*

He therefore assumes that some beneficiaries simply do not understand the fund and do not appreciate its entrepreneurial value, or even deliberately misuse the fund to obtain financial resources. An alternative hypothesis could be that the conceptual approach of the fund does not necessarily match the actual living realities of all its addressees, especially concerning their actual resource arrangements. Yet, considerations to this end are not present in the assessments of the government officials surveyed.

MANAGEMENT CHALLENGES AND UNINTENDED EFFECTS OF THE DCF

In the process of applying for support from the DCF, assessing the needs of applicants is a crucial step. While local welfare offices are generally responsible for this process, the specific roles of the

involved actors do not appear to be clearly defined. Mr AF, a district welfare officer, states the following:

> *I: Do you do any assessment to determine whether I truly need that [referring to goods applied for through the DCF] or is it because I've put it inside the application that you provide it?*
>
> *P: you see, because they have the associations, the leaders of the associations do the assessment yes. So it is like, when they bring in the letters together with errm, I think the, the, is it the coordinating director or so. Or the procurement officer. After doing the selection and all that, they just give them the = things that they need there. So that it wouldn't be like errm, he was forced to request for that and he was – or he requested for that and he has been errm different thing. And when they bring in the requests, provided it can be errm errm afforded yes (Int. 35, Pos. 87-96)*

In his statement, it becomes evident that MR AF believes the responsibility for needs assessments lies with the OPDs, whom he assigns the task of supporting the Social Welfare Departments in managing the fund. This also indicates that he does not consider his department as accountable for failed grants like those described earlier, but rather the OPDs and the beneficiaries themselves. He argues that they were neither compelled to apply for the specific asset nor would they receive anything beyond what they requested. Regarding the processing of applications, he states that applications that are covered by the fund's resources are generally approved and are not further scrutinised for quality, consistency, and necessary requirements. This point is especially relevant concerning the application behaviour of the recipients, which will be discussed in more detail below.

On the importance of OPDs as supplementary resources, Mr AK, disability desk officer of a different district, states the following:

> *I think, support for local organisations that are, that have their activities – that have activities towards people with disabilities if those organisations are empowered, they would be able to err I think it will go a long way to help because the common fund from the government alone is not enough. and then because we do not have other supports coming, coming in regularly (Int. 40, Pos. 102)*

He emphasises the importance of strengthening local OPDs and enabling them to perform complementary tasks related to the DCF and beyond more effectively. In fact, a local OPD representative also believes that the responsibility for providing accompanying complementary resources lies with the OPDs themselves.

> *So the government supports little by little but we should also support ourselves, he will say he wants a machine but doesn't know what to do with it. Someone will go for a fridge knowing very well that he doesn't have electricity at home, so if you are choosing an item make sure you have good plans for it. Some people just pick an item because a friend picked same not knowing or having any plans for the item, so when they run into any difficulty then they sell it. So I will plead that we should support ourselves personally so that the little from the government will be an addition (Int. 31, Pos. 98)*

Another aspect arises from his statement. Not every application to the DCF is genuinely connected to an existing business idea. It is important to remember that developing sustainable ideas for a new business is not an easy task. Instead, people might feel pressured to come up with a business idea just to receive any support from the DCF. Initially, this might be about obtaining any form of support from the government (people just pick an item because a friend picked same not knowing

or having any plans for the item). Another statement points to one of the reasons behind seemingly random applications for in-kind support:

> *there are some like my brother said who are just GREEDY, they don't have need of a fridge or they don't have separate meters but just go for it because the fridge is what is available. All of us seated here are leaders at the various associations so we should guide our members on what they choose to support themselves before they go for it. Also we can look within our members and give it to the one who can really make use of it (Int. 31, Pos. 110)*

While the above statement attributes this kind of application behaviour to supposed greed on the part of individuals, another interviewee offers the following interpretation:

> *The district assemblies support has a little challenge, for instance someone writes that he or she wants a tricycle but will never get it because of the cost. Meanwhile all the people who wrote that they wanted fridges have received hence the individual is forced to choose a fridge because she knows that she will easily get it. That individual doesn't really have any plans for the fridge but because that is easily acquired she will go for it. So that's one of the reasons why in [city] majority of us go for the fridge even though he or she doesn't need it. (Int. 31, Pos. 104)*

Here, part of the underlying cause for the suboptimal use of the fund stems from the design of the DCF itself. Since the likelihood of receiving support is expected to depend on the types of items requested, potential beneficiaries may strategically adjust their application behaviour. This no longer corresponds to the strategic objective of the fund (creating sustainable income security) but is instead driven by the perceived probability of obtaining any form of support in a highly competitive environment characterised by scarce financial resources. This premise aligns with and partially explains the criticism raised by one interviewee mentioned earlier. Specifically, discussions within OPDs tend to focus predominantly on strategies for securing support from the DCF, with comparatively little emphasis on utilising this support effectively and sustainably to achieve the fund's intended purpose.

The following statements highlight the dilemma of allocating resources in a situation of resource scarcity and the lack of a legally regulated distribution mechanism. OPD representatives describe the distribution situation as follows:

> *So from what we are saying is that [city] is populated, in some areas they are able to provide tricycles to the beneficiaries. Just recently at [district], the GBU president was given a tricycle for his pig farm, some were given corn mills but in [city] alone we are running into several hundreds. So how can you give about 7,000 Cedis to one person = when you have about 300 to 400 people on the waiting list. So the support comes but it's inadequate, the major area that we need the support most is from parents, parental support is very important which is LACKING. (Int. 31, Pos. 96)*

Local government officials also describe the dilemma of scarce resources in relation to the number and demands of beneficiaries. Mr AE states:

> *when the monies come it is very small and looking at the number of letters that have come, you don't know where to start from. […] Even though, GOVERNMNET is doing well very very well but when maybe the percent [referring the the percentage of local budget earmarked for the DCF] is raised I think it would help those with disability. At times the money would come, for instance last time we were going to share seventy thousand. They requested a lot. The the letter the request I sent to budget for them to purchase the things it came that everything has reduced because such amount they can't*

> *purchase all. Though they can't purchase but it has come so I have to send it to them. They have requested for them so I have to send it to them that this is what they wanted to buy. So instead of twenty-seven fridges, we were able to purchase fifteen. (Int. 34, Pos. 114-118)*

His colleague from the same district explains:

> *once you write your request, there is no way your request errm would be denied […] you will always receive something but that might not – and to the person receiving it err – we errm, what he or she actually wants, yes. But still you will receive something (Int. 35, Pos. 154-156)*

It becomes evident that, in a situation of limited resources, applications requiring fewer resources might be preferred to approve as many applications as possible. Consequently, this seems to have created a reverse dynamic in which people's application behaviour is geared towards goods believed to be more likely to be approved. Recognising that this may not be sufficient in terms of the fund's effectiveness, hope is placed in complementary resources provided by the social environment, particularly families. However, as previously mentioned, these often do not seem to be available.

Taking a closer look, another apparent effect becomes noticeable. On one hand, the lack of resources results in an allocation that does not necessarily consider the actual needs of applicants. Goods may not be provided at all, can only be supplied partially, or are substituted by other items. For example, a group of farmers with hearing impairments who run a pineapple farm reports that they applied for financial support to buy seeds and fertiliser to expand their cooperative farm. They complain that the DCF wants to provide them with fridges and pure water to sell (Int. 17). This situation, on the other hand, prevents some entrepreneurial ideas from being successfully realised because some of the necessary equipment is unavailable or inaccessible. Mr T summarises this as follows:

> *Oh it the issue now is they have no choice. They have no choice with them they were thinking they could have bigger items or much more apart from the items they should have been given some support you know like physical cash to enable them use whatever they've been given. For example, somebody has been given a container. The container is not being roofed. You know so how does she get money to roof the container much more to buy the items to stuck it you see (Int. 20, Pos. 178)*

Conversely, this creates a reverse application pattern as outlined earlier. People tend to apply for items with a high chance of approval. In turn, this can result in a vicious cycle for the DCF. Individuals apply for items they cannot realistically use for entrepreneurial purposes (for example, a fridge without access to electricity). This hinders their ability to develop a sustainable income. Consequently, another support application is submitted to the Common Fund, again primarily based on the likelihood of approval for the requested items. As a result, people remain reliant on fragile resources, such as support from family or charity.

RELIABILITY AND FINANCIAL SITUATION OF THE DCF

Participants in the group discussion with local government officials discussed the need to increase the fund to ensure it operates sustainably as intended.

> *the money given to them sometimes is too low or small so if they can increase it a BIT, I think it will be good. So if you increase and they are okay they will be fine, but these small monies it goes a long way not serving any purpose. (Int. 42, Pos. 152)*

The reported unreliability of the fund might further worsen these effects. Respective statements regarding the experienced unreliability of the DCF were quite common during the interviews. Mr L reports:

> *Formerly, they were giving us, uh, small money from council, but, during this government, they stopped, they didn't give us anything again, so they told us to write application, any help they can give us, I wrote the application, about three years now, I haven't got anything. (Int. 12, Pos. 79)*

A local OPD representative confirms the problem of unreliability of the fund:

> *the Disability Common Fund is there, but it is not regular. This year, last year, even uh, the last quarter, the two quarters have not come, so this year nothing has come at all, we have written the letters, they are there, but uh, =it has- we have not- the money hasn't come {mm, I see} for us to disburse it, so that is what is happening, this one, it's a general problem in the whole country. I am the chairperson aha, for the Disability Common Fund, I mean I am representing the disabled, the, uh, uh, Disability Common Fund Committee, so all letters, the allocations that we make, I sign it yeah, but it is not regular at all (Int. 1, Pos. 145)*

This unreliability of the DCF also undermines OPDs' efforts to promote complementary resources for the targeted and effective utilisation of the fund. Earlier, it was mentioned that OPDs are mainly focused on securing funds for their members through the DCF, often overlooking the importance of meaningful use of these funds. Notwithstanding this, other interviewees mentioned that OPDs are eager to offer training for their members within the context of the DCF. A local GFD chairman describes the strategic approach adopted by local OPDs:

> *I am the district GFD chairman, we have our leaders present here but I thought they will allow us speak and then they will conclude the discussion but it seems they have said it all. At the various associations we teach different skill sets, so if a disabled person finishes her training she decides what she wants and the common fund is used to procure the item or equipment for the person. (Int. 31, Pos. 78-79)*

A local OPD member with a mental health condition in the same discussion reacts to his statement and shares her experience with this strategic approach:

> *we learnt tie and die, soap making and sewing, I learnt all that and now I sew. The madam I was learning from was not able to teach me because of my disability she was frustrating me and so I was not able to learn from her. But now if I sew a dress for you, you will realize that it's nice and you will be surprised I was the one who did it. The government promised us sewing machines and others, but we never received. But I persevered and got to the point where I wanted to get a container and do other things as well, I was promised by MEHSOG but I was not given and that affected me to the point that I was always thinking about my disability. I really got frustrated so when the government promises us, = it must ensure it gets to us. Because some of the people take the items and don't give it to the intended beneficiaries. (Int. 31, Pos. 89)*

She states that she underwent challenging training to acquire sewing skills to start a business, with support from the government (DCF) and the local branch of the Mental Health Society of Ghana (MEHSOG). According to her statement, both the local government and the OPD encouraged her to attend the training, recognising the potential to establish a sewing business. Their failure to fulfil this promise affects her emotionally and leaves her feeling deeply frustrated. Unlike the

previous cases, she actively acquired additional resources, but the DCF was not provided as expected.

Local government officials stressed the importance of professional skills training to improve the chances of people with disabilities earning their own income through the DCF and beyond.

> *They need the support of government so the society or government should come in to provide vocational or a place where they are given skills. At the end of the day they will acquire a skill and they will be able to develop -. So I don't agree with you they should be -, know what I don't have the skills. Maybe social welfare should try opening up vocational schools. (Int. 42, Pos. 176)*

Local government officials also touched on the issue of the fund's unreliability, though only sporadically, as reflected in the statements below. However, overall, government officials generally portray the fund's implementation as both successful and effective.

> *You see the money comes quarterly, but at times it delays. Do you understand it? In actual sense it should have been quarterly payment for us to enjoy the this thing. But at times coming from the ministry of finance or national this thing. So at times something would happen and it delays. When it delays they would pay but maybe they would add it to the next payment. […] So in terms of, for how long they pay you cannot say it is today or every time it is 15th NO. (Int. 34, Pos. 82-90)*

> *No you see the release of the fund is erratic, it doesn't come as expected and so you may be having the applications over there when we receive them. (Int. 36, Pos. 50)*

> *When we come to the release of the funds it's very erratic, IT doesn't come as expected. Two, when you look at the numbers of persons with disability vis a vis the amount released, it can't meet the needs of all the persons with disability. (Int. 42, Pos. 64)*

7.1.1.2 OPD Membership Requirements to Access the DCF

Local OPDs play a crucial role in facilitating access to the DCF, a point emphasised repeatedly in the preceding analysis. In many cases, beneficiaries see their local OPD as the main actor in the context of the DCF, overshadowing the local government, which provides the fund and holds ultimate responsibility for its management. This was evident in several statements during the interviews. Ms H, for example, when asked about her membership in a local OPD, states:

> *Oh, they help us in many ways, for instance, uh, since I went to GBU, they have helped me a lot, they have given me a fridge, and they have also given me money, and also with [name of local self-help group], they help me in many ways, they also send me money via my mobile phone, then I withdraw it, so they too, they are able to help me. (Int. 8, Pos. 168-170)*

The local government essentially provides the provisions she mentions. To her, however, the provision is primarily linked to 'her group' that organised the support on her behalf and manages the transfer and follow-up on behalf of the local government. Ms M, too, emphasises the crucial role of her local OPD when it comes to receiving any form of support:

> *Mm, this [referring to GBU], the organisation I go to. […] Oh as for the support, there are- there are many things about it which I like, if I hadn't joined this group, I wouldn't have gotten something small to be working with to cater for the children, so it makes me very happy (Int. 13, Pos. 90-96)*

Numerous interview statements suggest that local OPDs and self-help groups, rather than the local Departments of Social Welfare, act as the primary points of contact for people with disabilities seeking livelihood support. Awareness of the local government as the source of these resources seems to vary, with some interviewees failing to recognise the local government as a key player in the support provided through the DCF[175]. Ms H details the facilitating role of OPDs more comprehensively:

> *Yes, at that time <<kisses teeth>> I wasn't going any work, then […] I was just there, then when I started GBU [Ghana Blind Union, here the local branch] <<claps>> then I started selling. […] Um, when I started? And I got involved? When we used to go, the meeting, we attend monthly [local GBU meetings] so at a point in time, we had to indicate an amount of money which maybe you will use to trade or do something of that sort. So they made us write it, and they took it to the office, so when they took it to the office, then the people at the office later called to inform us that the money had arrived so we should come and take it, so we went and I took it. So they gave us a paper to take to the office, uh, bank, yeah, then we went to withdraw it (TN: the money), and I used it to start working. (Int. 8, Pos. 43-49)*

To her, it was the local OPD that enabled her to earn her own income (*when I started GBU <<claps>> then I started selling*). The activating role of OPD becomes especially clear in her wording when stating 'we had to indicate', 'they made us write it and they took it to the office'. The example illustrates how OPDs actively organise the run-up to the DCF. Other statements likewise refer to this active role of the OPDs, which are perceived as central by the beneficiaries. Mr J, for example, highlights the key role of his local OPD chairman (*through the instrumentalities of…*) when accessing the DCF:

> *recently, I appealed to them for something that could help me to like, uh, photocopy and so on, because I was trying to get it and I wasn't getting money to buy it, so they bought a used one for me which uh, I'm using here, which I put here to uh, be commercialising, yeah, these are the only help I would say I have received from uh, the assembly […] through the instrumentalities of Mr [name of local OPD representative], yeah. (Int. 10, Pos. 103-107)*

Mr K, as well, when asked how he accessed the DCF points to his local OPD:

> *Oh, initially they gave me, um, some money […] that's the only thing (?means?), something to have, yeah. […] Uh, we, we, we, we- yes, we have an association, yes, and uh, Mr [name of local OPD representative] is the chairman, and I happened to know him uh, by joining the association. […] Yes, so I'm a member of the association. (Int. 11, Pos. 104-110)*

He continues on the role of the local OPD representative:

> *P: Uh, he is our head, and uh, he's been meeting with the municipal assembly people, yeah, so he also gave us the information, he comes down to tell us whatever happens so […] Oh, being a good friend, when the- uh, the first time I met him, I approached, I approached him with my problem, yes, he was so good to come to me find my house and come to me.*
>
> *I: So you knew before, you knew each other before?*

[175] Nonetheless, some interviewees were fully aware that OPDs primarily serve to facilitate access to resources rather than directly providing support.

> *P: No, one thing is also that I was in a compound house, there was one woman, excuse me Mr [name of gatekeeper], who was visually impaired yes, used he is living so I shouldn't say he was, he's still a visually impaired person, and uh, he was coming to her. […] So, I also got to know that uh, oh, this man can help me […] so I had to CLING myself to him <<laughs>> (Int. 11, Pos. 124-135)*

The proactive role of the OPDs in the early stages of the DCF is evident here too. They bridge the gap between local government and citizens, establishing a link between the fund and potential beneficiaries through a form of proactive outreach. Instead of directing people to social welfare offices, they serve as facilitating agents for their members. Mr K humorously describes how central the OPD contact persons have become for gaining access to assistance from the DCF (*I had to CLING myself to him <<laughs>>*). This positions them as a bottleneck and charges their role with considerable power over their members.

In principle, it is possible to submit individual applications to the DCF without being a member of an OPD. During the interviews, it became apparent on several occasions that OPD representatives oppose this and are very eager to ensure that as many applicants as possible become members. Mr R, a local representative of a parent organisation of children with so-called intellectual disabilities, stated the following when asked how people can access the DCF:

> *Every municipality, every local place has you have to join the association […] DISABILITY ASSOCIATION, and they in they would (1) they will if you – when you are united and you are doing something it is easier than individual and each village or town in the country has municipal chief executive there. So your village has eh an assembly there and that is where you would receive that common fund. […] and you see when you want to access this and it is individual, it may be difficult. But if it's united if the people in any community has an association they go in the name of the association. (Int. 18, Pos. 24-28)*

He emphasises the aspect of processing between the individual and the assembly as a challenge (*it may be difficult*), which OPD members do not need to handle, although at the start of his statement, he stresses that membership is compulsory (*you have to join the association*). Mr T, a regional GFD representative, also argues in favour of a DCF application by local OPDs:

> *It is better when you have an association. If you go to the social welfare office alone it means when they pay the monitoring, when they pay the common fund from time to time you would go for assessment. And it is the kind of monitoring you would have to come and see how you are doing, faring with that money. And if you don't belong to association, how would they trace you? (Int. 18, Pos. 32)*

He approaches the issue from the perspective of the local administration rather than that of the beneficiaries. Indirectly, he suggests that effective management and monitoring of the fund are only feasible if the beneficiaries are members of OPDs. He therefore assumes that the local administration lacks the capacity to manage beneficiaries individually. This assumption is probably based on the actual experience that Social Welfare Departments are generally happy to accept the support of OPDs in preparing and processing applications. Mr F describes how OPDs are crucial in organising a seemingly fair implementation of the fund:

> *Well, the role of the disability association is that we have made sure that as many people as possible have access. As many DISABLED PERSONS as possible have access to the fund because we are there we are already networked. So as soon as the fund come oh we say okay this first ten people or let's say physically disabled persons have already benefited = so let us look at the next ten people on*

the list. Erm the visually impaired people we also have our members. So ten people have got you ten people you cannot access it again = now let's look at another ten people. So all that I'm saying is that people like even the MENTAL HEALTH SOCIETY now they are also benefitting now. People with INTELLECTUAL DISABILITY their parents are you know erm beneficiaries on behalf of this erm intellectual disabled children and they are using it to do something for them. So I will say erm the role of the associations has been very very very very effective. (Int. 20, Pos. 144)

Over the past years, local OPDs have become instrumental in implementing the fund. Through their structures and activities in facilitating the fund, they indeed compensate for resources that local governments lack when it comes to fund implementation. This has resulted in a situation where the DCF cannot be implemented without local OPDs. From the interviews, it became evident that local social welfare departments value this cooperation and prefer applications through the OPDs rather than individual applications to the fund. This is reflected, for example, in Mr V's statement:

disability common fund, how I heard about it is that the last time in was at home and someone from [city], a social welfare person from [city] said the government is registering people for the common fund, so I should go and register at social welfare. when I went they told me that I should go to a place where some of our people are having a meeting, I should go there and register. (Int. 23, Pos. 148-156)

Discussions with local government officials and field observations indicated that local authorities highly value the support of local OPDs, as they lack the necessary resources to implement the DCF effectively as intended. Ms AB, a local disability activist and head of a rehabilitation centre, describes the situation of local governments as follows:

you see, for them [local governments], they are doing their best, it's only that, the errm, the supports that they need, are not much forthcoming yes. Because let's say they have to travel to the hinterlands or the villages to look for err, those who are differently abled and then put them in the district so that they can be supporting them the the finances is not there, they – have a vehicle, how will they fuel it? you see, and to to get the people and even if err, somebody comes to the centre for a complaint or wants assistance from them = they are not well on their own whereby they can give all the support they needed. You see, and many many of their facilities are broken down so until they get err support whereby err the social welfare offices and everywhere is well equipped, and then – and especially their vehicles that can go into the hinterlands to bring out all those that need help that put on their on err err the roll – the pay of the government whereby they can also be – you can also get an assistance yes. Because one thing is that every district needs to present a number of disableds in the community yeah. But err if the person did not join the disability society, then that means they don't know that person. Because they cannot go into the err hinterland. So right now, if they are err well equipped and everything that they needs to work with is being provided, then that means, they can go everywhere, bring all those people on board and then let the government know the actual number that every district or municipal or that have in the country (Int. 30, Pos. 24)

Her reflection on the situation aligns closely with observations made during the research and the statements of local government officials above. Local governments seem to lack the capacity to manage the DCF effectively. They do not have enough resources to systematically identify and follow up with potential users for needs assessments, means testing, counselling, as well as for monitoring and evaluation. For example, social welfare departments lack vehicles to reach local communities. Welfare officers, who organise conversations using their private smartphones,

receive inadequate compensation. Furthermore, the manual registration and management of beneficiaries are hampered by a high number of repeated applications. To manage the DCF, local governments appear to rely heavily on close cooperation with local OPDs and their membership networks, particularly across the rural areas of the districts. For the local government, this means sharing decision-making power on selecting recipients and determining the form and extent of support, without sharing accountability for the effective use of DCF funds.

7.1.1.3 Accessibility Requirements and Conditionality

PHYSICAL AND SOCIO-CULTURAL RESOURCES REQUIRED TO USE THE DCF

During the interviews, government officials highlighted another issue concerning access to the DCF through OPDs. Applying for the fund via the Department of Social Welfare requires the applicant to attend in person first. Local government officials stressed the barriers associated with this during the group discussion:

> *I also think since most of them depend on the family to support them, for instance somebody wants to come to my office because of the challenge he will need somebody to support him, that's a big challenge to them. So it prevents them from accessing the institutions especially when it comes to addressing their grievances. So the main challenge I see over here is support from people to get to wherever they are supposed to be. Then the second one is about the law in place, it looks as if the structures or the buildings are not friendly for them to access these offices, so the structure is also a barrier for them over there. (Int. 42, Pos. 107)*

The government official specifically refers to physical barriers that make it difficult to contact the Department of Social Welfare in person. It becomes evident that social resources, such as family members or acquaintances, may be necessary to facilitate the visit. Another government official states:

> *let's say somebody wants to come here [District Department Social Welfare] the protocol the person may go through before accessing here. Most of them [persons with disabilities] are let's say poor, they are not well dressed, they can't go to public places by themselves, they need help, they can't really carry themselves that much few do. But most of them think very lowly of themselves, they have some form of inferiority complex. So I think it's institutional. (Int. 42, Pos. 105)*

The quote emphasises the financial resources needed to cover transportation costs and the requirement to have appropriate attire for appointments at the district assembly. It also indicates that a lack of intra-personal, psychological resources tied to a positive self-image can prevent people with disabilities from seeking public support.

Obviously, access to government support through the DCF can be quite conditional, as it depends on various internal and external resources. Access via OPDs can reduce this 'resource threshold'. The OPDs are relatively well developed in rural areas. They organise information and communication between potential recipients and local governments. However, government officials expressed concerns about information deficits among people with disabilities regarding support options. An official from a Department of Social Welfare referred to regular public information campaigns but gave the following statement:

I think going forward advocacy should be channelled at creating a better platform where information will be put there for everybody to access. (Int. 42, Pos. 150)

I think there should be intensive social education, because some of these people even don't know that they can access some assistance from a certain quarter. So I think all and sundry have to intensify our social education programmes towards persons with disabilities. Then we should also have integrated or coordinated efforts towards the delivery of services to persons with disabilities. (Int. 42, Pos. 141)

In the group discussion, representatives of Local Social Welfare pointed to social barriers that hinder information about and access to support for people with disabilities on a more fundamental level. When asked for reasons, information on support structures like the DCF does not get through to people with disabilities, a local government official states:

One I will say because of their disability some of them think they don't fit into able person's society. (Int. 42, Pos. 110)

Additionally, regarding the effects of stigmatisation and self-devaluation, another Government Official states:

I will start from where you ended, some of the parents feel shy having these kids around. So as they abandon them how do you think they will come to you for all these things, so they will not avail themselves for any information. They are aware of the information but because of that inferiority complex they will not even go there at all. (Int. 42, Pos. 119)

A third government official continues:

Coming back to these barriers I will talk about cultural barriers, even within the family set up people think disability carries along some bad omen. And having a child with disability is somehow a curse on you, that's what informs people to hide their children. Now when we come to the Akan society, it bars some groups of persons with disability from even getting to the traditional rulers. In fact, where I come from blind people are not expected to go to the palace, persons with albinism are not expected to go to the palace. So if his needs or challenges will be better met at the palace = and by tradition or customs by virtue of the fact that he is blind he is not expected to go to the palace. Our belief system and customs also deny these people access to our services (Int. 42, Pos. 122)

They emphasise cultural aspects that hinder people with disabilities from accessing the DCF. This pertains to the traditional social construction of disability in Akan societies and its impact on reciprocal resource relations, as discussed in Chapter 3 within the context of African communitarian societies. Indirectly, it refers to the marginalisation of people with disabilities from the community and its resource system. The three statements indirectly highlight how this socially constructed positioning becomes habitualised by people with disabilities themselves (*some of them think they don't fit into able person's society*), by their families (*the parents feel shy having these kids around*), and consequently by society at large. Additionally, they point to the symbolic power this dynamic holds within families (*They are aware of the information but because of that inferiority complex they will not even go there at all*) and in the wider community (e.g., blind people not expected to visit the palace, persons with albinism not expected to visit the palace).

They conclude that social norms from the traditional structure are ultimately also transferred and applied to the public social protection schemes. This is due to the deeply ingrained nature of these norms. This habitualisation of social norms resists change and hampers differentiation between the

two parallel systems: the traditional chieftaincy structure and the welfare-oriented state. This is particularly interesting given that, as extensively discussed in Chapter 2, these systems are based on different conceptions of social justice.

However, it can again be noted that OPDs can ease these access barriers by building and maintaining local networks. To some extent, they seem to be quite effective in their efforts to challenge habitualised symbolic power through awareness-raising campaigns and empowerment via group processes. They gain credibility by informing their members, their families, and local communities about disability rights and government support options, as well as by facilitating their access to public support schemes.

Social Welfare Officials also shared an example of a family that actively engaged with the local government. Mr AG, a District Social Welfare Director reports:

> *A certain man has a number of children, one of them a person with disability he was comfortable paying the school fees of the quote and unquote the able bodied children. But he was coming to social welfare for us to be paying the fees of the PERSON WITH DISABILITY. So master why this your = boy is here your boy is here he is also your boy. You pay these people's school fees but why don't you want to pay these people's school fees? You see discrimination. Say it's because he is a person with disability I think it should be the Government that it should be the responsibility of the Government. So you see this is all even within the family set up. These people are being discriminated against. (Int. 36, Pos. 83-85)*

This quote points to the ambivalences in understanding disability and private and statutory responsibility that appear to be characteristic of the emerging Ghanaian social protection system. In the eyes of the social welfare director, the father makes a discriminating difference between his children with and without impairments. For the welfare officer, the family does not appear to be in need because they pay school fees for their children without impairments. He seems to be angry that, only when it comes to the schooling of their child with an impairment, the family applies for statutory support. The government official appears to have acknowledged that the family and community do not perceive themselves as responsible for the education of a child with disabilities.[176] Instead, this responsibility is assigned to the state, which, by law, advocates for the inclusion of persons with disabilities. In contrast, traditional Afro-communitarian perspectives on disability reject this responsibility at both community and family levels. It could be argued that the roles of the traditional community and the state seem to be constructed in a contrasting arrangement. Hence, traditional concepts are not aligned with state structures and individual rights (and vice versa), but, at least in this case, the welfare state intervenes where traditional notions of reciprocity deny responsibility based on an ableist construction of community and an ontological exclusion of people with disabilities (see discussion in Chapters 2 and 3).

[176] The critical perspective of the government official also suggests an understanding of social protection mainly as a safety net for those in need. An alternative view would see family support as a compensatory measure grounded in the idea of equal opportunity. However, this does not appear to be relevant here either in terms of social protection benefits or regarding constructions of social justice within traditional Akan societies.

CHALLENGES REGARDING THE PRACTICAL OPPORTUNITIES TO MAKE USE OF THE DCF

In the interviews, the issue of stigmatisation is not only emphasised in relation to access but also influences the actual entrepreneurial opportunities for people with disabilities. A local welfare officer remarks in this regard:

> *It's TRUE, some of them learn trade and all that, but the question is do people patronise their services? Somebody might feel that this person is disabled and he or she cannot render the services that I need, so instead of going to the person they go to somebody who is able. And also, with the government one that you just said not to say that the social welfare isn't working but I feel that even if they are doing it it's not enough so they will still go back to the streets. (Int. 43, Pos. 42)*

Another government official adds:

> *I am talking about the services not being patronised by people, it all comes down to stigmatisation and discrimination. It's like that's the order of the day as you said it's part of their life now. If they want to step out and go to church and other public places, they have to get the courage and understand that I am going to be talked about, I am going to be laughed at and stuff like that. So I think it all comes to the discrimination and stigmatisation. (Int. 43, Pos. 43)*

This highlights another potential blind spot in the way the DCF is conceptualised concerning complementary resources. On one side, it suggests the need for internal psychological resources, such as a strong self-concept and personal coping strategies, to handle stigmatisation in daily life. On the other side, contacts with potential consumers for the DCF user's business may be very limited due to the socially constructed negative connotations of disability (*they go to somebody who is able*). Therefore, the dominant understanding of disability might constitute another key complementary resource that either positively or negatively impacts opportunities for action within the DCF context.

7.1.1.4 Accountability and Political Interference

Over the past years, local OPDs have secured their right to have a say in local fund committees, as recommended by the National Disability Council through the DCF Guidelines (see Chapter 4). Local OPD leaders further discussed the need for a strong role for OPDs in implementing the DCF. Mr C, an OPD representative, emphasises the importance of OPD advocacy regarding the fund over recent years.

> *this common fund is a good thing, it's to alleviate poverty and all that to support persons with disabilities, however, it is not without challenges. Um, some of the challenges is that sometimes, uh, some, some, some districts don't release the funds to the persons with disability as it, as they should, aha, and, and, and so, education has been going on, we have been engaging the policymakers that they should allow- and we have, we have reached a level where disability, some of the, some of the committees, persons with disability are also serving at the committees, so that you have a voice over there , but we are always- there are guidelines, the common, common, common, common fund guidelines for persons with disabilities, so we have encouraged the policymakers to comply with it, so that, the distribution will be fair to everybody, so people can get- have access to the fund, and, and, and support themselves and, and, and make a living out of it, yes, and they are also- have been advocating that the government should increase the percentage, aha, initially it was, is it two percent or something like that, but it has,*

it has been increased now, isn't it? […] Yeah, and so, what I am saying is that, what we need to change is that we want, the, the managers of the common fund to be fair, to be, to- so that whatever money is due to persons with disabilities is given to them, yeah, that's what we have been advocating for strongly, so that they don't, they don't cheat them in any way, because these are people who need support, and the government has given them support, so you don't have to sit on the, on the money anywhere, release it to them, so that they can have a- fair access to it, and use it for their li- living, yeah. (Int. 3, Pos. 69-76)

Mr C specifically highlights the achievements of OPDs, such as securing and increasing the DCF from two to three per cent of the DACF, ensuring OPDS have a voice in fund committees, and the proper use of funds according to the DCF guidelines, thereby holding fund managers accountable. In this context, Mr F points to another key aspect addressed by the strong involvement of OPDs, which is political interference in the fund.

You know usually based on party politi grounds political grounds. A lot of party supporters in the villages when it comes to the disbursement of the funds. I've been getting complains as the regional president of the federation from other districts that when it comes to the disbursement of the funding, they see that the assembly men have gone to the villages and brought on a lot of names of people they don't know. You understand? (Int. 20, Pos. 144)

Two, it has also made it a little bit impossible for the erm erm so called politicians to you know put in names of persons who are not disabled. You know usually based on party politi grounds political grounds. A lot of party supporters in the villages when it comes to the disbursement of the funds. I've been getting complains as the regional president of the federation from other districts that when it comes to the disbursement of the funding, they see that the assembly men have gone to the villages and brought on a lot of names of people they don't know. You understand? {Yes} But with the associations we are able to serve as a check. Now we say that if they are disabled people we are not against it benefitting from the common fund. But we want to see them and verify. So it has served as a form of check on the district assemblies in [name of city in Ghana]. We are very sad, I'm very sad to inform you that [name of city in Ghana] when the district assembly common fund was introduced, we were a signatory to the account and because we were signatory to the accounts, they could not borrow. (1) You see if you go to all the other districts it is erm (?means?) with complains from the various persons with disabilities they are associations that they went there to ask them about the money that they told them that the money has not hit their accounts. But importantly when I checked from THE NATIONAL DISTRICT ASSEMBLY COMMON FUND SECRETARIAT, they tell me the money is already there so indirectly it means the assembly has borrowed the money and they've used it for something else hoping that when they their portion of the common fund comes and they would reimburse (? means?). But because that time we were signatory to the account [name of city in Ghana] they could never borrow from the account-there was only once they attempted when they got there, the bankers asked them to a few years ago, the bankers asked them to come back for the (? means?) signatory who was the person with disability. So when they asked them they oh sorry oh they thought it was the education fund. Account they didn't know it was the persons with disability accounts that they had gone there to withdraw the money=so eventually they had to destroy the cheque. (Int. 20, Pos. 145-147)

Mr F describes the role of OPDs as a monitoring body as involving two aspects. First, it pertains to political actors leveraging their influence to include individuals on the beneficiary list who may not be eligible for the DCF or may not be competitive with other applicants if the fund's resources are insufficient to cover all applications. Second, it concerns the overall utilisation of funds within

the District Assembly Common Fund (DCAF) allocated for the DCF. OPDs have managed to secure a role as signatories to the account, which can help prevent the misappropriation of funds in the municipal budget. This account relates to one of the districts analysed here and is not a universal standard for managing the DCF across all districts. However, reports of irregularities concerning the DCF have been received from various districts. Mr AI, a local NGO director, reports:

> *so recently, the district assembly has this fund. There is a percentage of the District Assembly Common Fund for people with disabilities and err not too long ago, ermm they – the assembly was involved in corruption cases around this fund but I think that there has been some improvement (Int. 38, Pos. 46)*

Mr U, a disability activist from another district, states the following:

> *until you get an advocate, if you're disabled unless you have an advocate, who will speak for you to access the fund, you will never get it […] I'm telling you. Because most district assemblies, use the money for other – they misapply the money they misapply the money. So they make it difficult for the disabled to get. And then more importantly, it is not regular. It doesn't come regularly. So the time, we go, they'll tell you there's no money. Is not come. But the time it comes, they will use it to meet other expenses so, the need for strict enforcement (Int. 21, Pos. 88-90)*

On the role of OPDs, he continues:

> *For certain district assemblies where there are disability associations, very strong ones, they are able to force the District Assembly to spend the money on disabled people. But where there are err no disability friendly associations, the District Assembly use the money, misapply the money to other activities. So = on the whole, it is not very useful it is not very useful […] most people, a high percentage don't get it. (Int. 21, Pos. 92-95)*

It is not only the OPDs that indicate instances of political interference in the process of identifying eligible applicants. In informal conversations with social welfare officers, a significant level of political interference was also repeatedly criticised as a hindrance to the proper management of the fund through local social welfare departments. Ms AD, a former social welfare desk officer in one of the research districts, states the following:

> *When you get to the district assemblies, for personal erm interest some might add names. They know they are not disabled but because of the money they add their names to it so at the end of the day the money which is supposed to be for the disabled people would go to undisabled individual. So the Government thinks he is working but then the money ends up somewhere else. So there are Social Protection for them but at the grass root it's not working. (Int. 33, Pos. 50)*

By chance, one of the interviews uncovered this same issue. Mr Z, a small textile entrepreneur in his 50s, has a mild walking impairment. He was interviewed by the author at the edge of the DCF distribution event in one of the research districts. Mr Z was among the first to receive a handout that day, which in his case consisted of two sewing machines. When asked how he learned about the DCF and how he applied for his two sewing machines, he reports the following:

> *okay, of course I'm a NPP [New Patriotic Party, the then ruling party] serial caller, I used to call on a radio […] and my common name on radio is [name] […] all the – some – most media men*

> *know me very well, you see. so I was in the house when the MC [Municipal Chief Executive[177]] sent someone to come and register me at work in my shop, so they know me very well […] I'm a serial caller on radio {yeah} the MC knows me very well. They know my problem so this ermm worry – when when this was somewhere before, before last year {okay} err, he sent somebody to come and register me that err… […] so anytime the items come, he gives me. (Int. 27, Pos. 58-85)*

Mr Z is a member of the then-ruling New Patriotic Party (NPP). He acts as an 'NPP serial caller', meaning someone who frequently rings into radio programmes as a citizen to support the party. His case likely illustrates what both OPD representatives and social welfare officers complain about as political interference. He is neither an OPD member nor does he know the DCF, nor has he formally applied for support. However, due to his party affiliation and role as a serial caller, he has been included on the list of beneficiaries by order of the MCE, is informed shortly before the distribution event, and can collect items as one of the first beneficiaries without waiting. Indirectly, with regard to Mr Z, another aspect of political interference comes to light. He openly reports on his access to the fund through his party membership, his role as an NPP 'serial caller', and his acquaintance with the MCE. During the conversation, it became clear that he did not question this arrangement on moral grounds. On the contrary, he possibly considers it as legitimate compensation for his services to the party.[178]

These various dimensions of political interference highlight the importance of the OPD's role as a control mechanism to ensure the correct use and implementation of the DCF. Mr T, the regional OPD chairman, clarifies that this position will not be resigned:

> *I: Would the district assembly be eh able to implement the common fund without the associations of people with disabilities? […]*
>
> *P: Ah it would be a big problem. (1) And if they attempt to do that persons with disabilities would resist it with all our might and everything with our every form of agitation or protest (Int. 20, Pos. 199-206)*

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[177] The Municipal Chief Executive (MCE, short MC) is the political head of the district. He is not locally elected but appointed by the central government and thus a member of the then ruling party.

[178] Such a perspective coincides to some extent with the author's observations and perception of a DCF distribution event in one of the research districts, in particular with regard to the opening speech of the MCE. This was perceived and documented by the author as follows: The distribution of DCF goods takes place as an all-day event on a square in the city centre. The in-kind contributions are set up in the centre of the square and partially piled high (refrigerators, agricultural equipment, sacks of seeds, etc., with sheep and goats tied up in between). The seats for the recipients and guests (well over a hundred chairs) are arranged in a horseshoe shape in several rows around the goods. Due to the large number and height of the piled goods, the guests sitting opposite cannot see each other. The chairs are set up under large pavilions. The applicants sit to the side on white plastic chairs. Representatives of the local government and administration as well as traditional authorities take their seats on golden chairs with dark red cushions. These are placed behind a line of tables decorated with a large ribbon in national colours. The line of tables spatially separates their location from both the goods and the beneficiaries. The MCE opens the event with a seemingly harsh political speech in the interests of the ruling party. The MCE refers to all the things that the ruling party provides as gifts to people with disabilities today. This is then contrasted with a comparatively long list of things the MCE claims the predecessor National Democratic Congress (NDC) government failed to deliver. In a charity manner, the DCF items are labelled as NPP gifts to people with disabilities. From the author's perspective, individuals with disabilities participate in this event as supplicants, a notion reinforced by the symbolism of the described arrangement, the substance of the presentations, and the symbolic language used throughout the programme. The applicants are called one after the other, and the goods are issued individually. The event lasts from morning until late afternoon. Applicants who have received their goods often load them into taxis to have them transported to their villages. A mother with her 12-year-old son with a so-called intellectual disability waits almost seven hours to receive an envelope with cash. She applied for it to pay the school fees for the special school he attends.

However, there was also some criticism of fund-related processes within the OPDs. Mr AG, the Social Welfare Director in one of the research districts, discussed necessary adjustments in the handling of the Common Fund. In his district, as in other districts across Ghana, the DCF was initially managed in such a way that the local OPDs received a certain amount of money with the aim of allocating it to support members in need. He changed this procedure after assuming office. Regarding the cooperation of his department with local OPDs in managing the DCF, he stated the following:

> *Hmm (2) it's important [referring to the cooperation with OPDs] because in terms of organisation and monitoring and this thing they play a very vital role. But at times I am a little bit sceptic about this thing, personally over here. This part of our this thing I believe if you see that I am very serious organising people ORGANISING PEOPLE putting people together, in our organisation it may be because of my prequel, interest normally its financial because we since I am in the this thing automatically I am going to be among the executive and this. Let me tell you a story when I came here, these people GBU GHANA BLIND UNION when the money comes they will come they will eh they will come and in fact we. They will come and they will take part and you see they will be giving fifty cedis, fifty cedis to all the members and you see this thing the the leaders would be taking five hundred cedis each. In fact, one of them was, a very eh eh eh REGIONAL OFFICER. Regional officer of [Key Central Government Agency] you get eh you get paid every month huge pay. Your pay is not this thing. He holds masters in this thing so you see he is not a poor man. What why do you take five hundred cedis? Well that man who has nothing, over there he is not employed he gets fifty cedis and what is he going to do with the fifty cedis? (Int. 36, Pos. 56)*

The Welfare Director, Mr AG, suggests that OPD representatives' dedication to the Common Fund is driven by personal financial interests. He implies that organising people or bringing them together is often motivated by financial gain, especially since being part of the executive automatically makes one involved in this. He presumes that those in influential positions within OPDS, in relation to the fund, have a financial self-interest. His accusation is based on an incident involving a well-off OPD chairman who paid himself from the fund, at a rate significantly higher than what potential members in need might receive. He further states:

> *Well that is what they were doing, when I came I just came and there is change with it because others were doing it how I wanted it to be. But these people were in fact everybody needs the money so we have to share it so, but everybody needs the money why don't we share it equally but some of them. Secondly, let's look at the aim of the DISABILITY COMMON FUND. It is to, to assist in the initiative of this thing to get them, to make them financially independent. That it should be used as a start-up capital for this thing. So, either we buy you something to start your work with or we give you some money to to to be trading. But if I give you fifty cedis what are you going to. You can't do anything with it other than go and buy some fish, some plantains and cook and this thing and two days it might finish. Then you come back to your, your original this thing. We had to change it so that we give them something with which they can start some sort of trading activities or something with. (Int. 36, Pos. 56-69)*

In this case, the payment was halted and replaced with what the Welfare Office considered a fairer allocation, intended to produce a sustainable effect in accordance with the DCF Guidelines.

Thus, irregularities in the management of the DCF are examined from various perspectives and in relation to different actors and roles. It can be said that the DCF is regarded as very important by

all stakeholders, including from a financial point of view. At the same time, it becomes apparent that the fund's limited resources not only create challenges concerning distribution among recipients but also seem to need to withstand diverse interests from the fund's organisational environment. Issues of distributive justice within the fund, as well as structural concerns about securing funds and preventing corruption, emerge with the further development of the fund as a key social protection scheme for people with disabilities. In this context, stakeholders are calling for clearer structures and standardised regulations for managing the DCF.

The given situation challenges the local fund management committees with difficult tasks and raises questions about power structures and procedures for decision-making within these committees. This is especially significant because the committees are left to deal with these issues on their own without standardised regulations for such more detailed matters of distribution. The question arises whether this situation might overburden the local committees responsible. Equal sharing solutions seem to contribute at least to the dynamics of unsustainable DCF investments as described above. Against this context, some stakeholders are advocating for stronger and standardised regulation of these processes at a national level, as Mr T, a regional OPD chairman, suggests.

> *Erm I believe the erm (1) DISTRICT ASSEMBLY COMMON FUND for DISABLED PERSONS should also be made a flagship (? means?) you know social intervention programme. It should be made a statutory it should be given be a statutory programme with its policy. So that we won't go through this issue of erm whenever any newcomer found administrator comes she comes with her own instructions and ways of which he wants it to be disbursed or ways of which he wants it to it to be used. Do you understand? (Int. 20, Pos. 126)*

Using the term 'flagship programme', he specifically refers to the flagship social protection programme in Ghana, Livelihood Empowerment Against Poverty (LEAP). LEAP is overseen at the national level through an independent national policy. Local social authorities provide organisational support for the identification of eligible households and organise disbursements together with local banks. However, the procedures for needs assessment and approval, along with their implementation, were re-centralised a few years ago and are now managed at the national level. The background to this re-centralisation was also due to an apparent overburdening of local authority structures in managing this social assistance (see Chapter 2.4). Mr F believes that a similar 'flagship' role for the DCF could help resolve certain fund management issues.

7.1.1.5 Summary

Being aware of its limited resources, both beneficiaries and government officials interviewed consider the DCF a cornerstone of social protection for people with disabilities in Ghana. Its significance mainly stems from three key factors:

- its focus as a disability-targeted scheme,
- its administration by local governments through local budgets, and
- the active involvement of OPDs in the fund's implementation processes.

The entrepreneurial start-up function of the DCF can be regarded as its central element. It was also the primary focus of the interviewees and the main topic of discussion. The analysis contrasted successful examples with failed initiatives of using the scheme to support the livelihoods of people with disabilities. When examining inherent assumptions of the DCF regarding the necessary individual resources of people with disabilities (research questions 1 and 2), the interview data

suggest that the DCF's start-up logic tends to have a relatively successful and sustainable effect on beneficiaries' efforts to improve livelihoods, provided that specific additional resources are available to complement it. These include:

- **Economic resources:** financial means and savings, owning a house or land, or having direct access to these
- **Psychological resources:** self-confidence and a sense of self-efficacy, specific knowledge and skills needed to start and develop a particular business (initially described as entrepreneurial capacity), including a certain level of formal education
- **Physical resources:** stable physical and mental health, with specific requirements on body structures and functioning
- **Family:** reliable and unconditional family relationships that serve as a resource, acting as a proxy for financial and in-kind support, physical assistance, certain skills, specialised knowledge, or additional social networks that may be needed
- **Organisations of Persons with Disabilities (OPDs):** OPD membership as kind of key requirement to access information on public support opportunities and to get access to support from the DCF
- **Friends and local community:** offering skills, knowledge, practical help, and financial support
- **Public perception and understanding of dis/ability:** the social construction of disability influences resources in two ways: a) within the broader socio-cultural context in which the fund is established, and b) through the habitualisation of a socially determined positioning and the symbolic power this can exert in terms of self-concept and efficacy beliefs.

These resources seem crucial for leveraging the DCF in a way that sustainably supports stabilising and enhancing recipients' livelihoods. In this study, they are termed 'complementary resources'. It is argued that the design and implementation practices of the DCF more implicitly than explicitly assume that these resources are available to DCF recipients. They must either be part of the beneficiary's individual resource arrangements or easily accessible to them. In practice – as interview data have shown - such 'complementary resources', however, were not always available or accessible. In many of the reported examples, the mobilisation of complementary resources is limited or unsuccessful. When complementary resources are scarce or unavailable, business ideas reportedly fail in the short or medium term.

When DCF start-ups fail, in some cases, this can also negatively impact other efforts by persons with disabilities to establish a sustainable source of income. As illustrated by examples from the interviews, even existing resource arrangements can be seriously undermined. This can occur when complementary financial resources are secured through loans, and entrepreneurial failure leads to debt or destructive social protection strategies, such as disposing of crucial assets or delaying medical treatment to avoid costs. It can also harm social status and relational resources, reinforcing ableist perspectives on people with disabilities. In worst-case scenarios, this can trigger loss spirals that become difficult to reverse. Based on the findings, it can be assumed that professionals' assumptions about the individual resource arrangements of the target group, embedded in the design and implementation practices of the fund, may not frequently apply.

The findings also indicate that the demands on complementary resources are heightened, especially by the conditions of the fund's organisation and actual practices. The DCF seems to struggle with unreliability and a persistent shortage of funds. The fund appears significantly underfunded given its broad and ambitious objectives. Funds are often made available late, sometimes not at all or only partially. Fund Management Committees face the challenge of balancing 'fair distribution' (everyone gets something) and the effective use of resources in the interests of the fund (allocations are tailored in such a way that they can unfold sustainable effects).

Interviewees' statements suggest unintended side effects of the DCF practices, such as a strategic change in applicants' behaviour driven by the likelihood of approval for certain requested items. This contradicts the objectives of the DCF and might create a vicious cycle. People may apply for things they cannot use entrepreneurial ways, which prevents them from building sustainable income and leads to another support application. Consequently, individuals remain dependent on fragile resources, like family or charity support. The DCF thus constitutes a setting in which applicants struggle to receive any support at all. This takes place in a highly competitive application environment that is driven by a scarcity of financial resources. Given the potential inefficacy of the fund, hope is placed in complementary resources, both intra-personal belief in individual capacity to build something with what they have, and support from social networks like families and local communities. However, as outlined above, these are often not available.

Furthermore, it became evident that OPDs play a crucial role at all stages of the DCF provision process. Local OPDs and self-help groups, rather than the local Departments of Social Welfare, appear to be the main points of contact for people with disabilities seeking livelihood support. OPDs organise applications for the DCF through their members. They assume the role of facilitating agents, bridging the gap between local government and citizens, and establishing the link between the fund and potential beneficiaries through a proactive outreach structure. Consequently, OPDs seem to compensate for the resources that local governments lack in needs assessment and funding implementation. This has resulted in a situation where the DCF cannot be implemented without the support of local OPDs. Their assistance is highly valued by local government officials. They recognise that close cooperation with local OPDs and the utilisation of their membership networks, especially in rural districts, enable local governments to manage the DCF effectively.

The role of the OPDs as a supervisory body regarding the proper use of funds allocated for this purpose in the municipal budget, as well as the verification of eligibility for benefits, was discussed. OPDs have politically fought to secure this function. At the same time, their role is also subject to criticism. There is concern, for example, that they may become a bottleneck in users' access to public social assistance. Their involvement in needs assessment and decision-making regarding what a particular person should receive grants them significant power over their members and those who do not want to join OPDs. Furthermore, OPD leaders were suspected of misusing funds by a social welfare director. Members criticised OPDs for primarily focusing on securing funds for their members through the DCF, often neglecting the question of how these funds are used meaningfully, as discussed above. However, this was contrasted with the activities of individual OPDs, which provide skills training for their members to increase their entrepreneurial opportunities within the DCF framework. The concept of OPDs as a separate resource framework will be revisited later in the analysis.

7.1.2 Livelihoods Empowerment Against Poverty (LEAP)

Livelihood Empowerment Against Poverty (LEAP) is a targeted cash transfer scheme which includes provisions for 'orphaned and vulnerable children (OVC)'[179], 'extremely poor or vulnerable households with pregnant women and mothers with infants', persons with 'severe disabilities without productive capacity', and elderly persons 'aged 65 and above without any form of support'. With the LEAP programme, Ghana has a flagship social cash transfer programme which directly targets households with persons with 'severe disabilities without productive capacity' (Gov. of Ghana n.d.). For a detailed discussion of LEAP, see Chapter 4.3.1.

The implementation of LEAP is less recognised and discussed among local stakeholders compared to the DCF. In broader terms, mentions of LEAP during interviews were less frequent compared to the DCF. This may partly be due to limited local responsibility and might also indicate a lower relevance for local disability stakeholders. From a resource perspective, LEAP, like the Disability Common Fund (DCF), can be viewed as an intervention in the economic resource set-up of individuals and households. The following discusses how interviewees evaluate the potential effects LEAP support has on the individual resource arrangement of persons with disabilities and their households, also beyond economic aspects.

7.1.2.1 'Productive Capacity' – Exclusion Criterion or Key Prerequisite?

Positive effects of the programme were mainly reported by several local government officials interviewed. When asked about the effects of LEAP, Mr AG, a local social welfare director, reports:

> *!HUGE! impact […] My brother in fact had it not been personally, I didn't appreciate the value of money as I'm now doing when I came to work with LEAP. Because personally when I was before I came to if I'm holding say twenty cedis mmm twenty cedis is for but when you work with LEAP you would appreciate the value of even one cedi. Let me tell you a story I worked in the, I worked in the [district] it was then [name] district. We went to pay LEAP when we paid LEAP when we want to we made our first payment. The beneficiary didn't come and collect the money it was a caregiver who came to collect the money. And he said, oh I thank God I am going to buy some clothes with this money for this woman. Say oh this money is not for clothing oh it can't buy any cloth. It's for feeding and this thing so go and give. He said papa if I don't buy cloth for this woman- So I became interested and I said no you wait I would like to go and see this woman. MY BROTHER the cover cloth of this woman that was covering THIS WOMAN in fact you will not be able to hold it with your hand let alone to mob your floor with. And it was even used to cover a human being. Then I told the woman you exercise patience I would buy I would buy so I went home and took my own money and went to buy this thing one half piece of cloth and about four yards then I went to and I told my wife and she also gave some this thing to the woman. […] It was just sixty-four cedis. {Yh} For two months. That's why I say now I am appreciating the value of money because=if you some of us if you are given sixty-four cedis, lunch alone may even finish it. (Int. 36, Pos. 119-123)*

In this example, he emphasises that his perception of the payment amount and his understanding of being in need have changed within the context of LEAP. He highlights that LEAP supports households where essential needs, such as clothing, are not met. He also points to the vast

[179] OVC include children under 18 years of age who are single or double orphans, disabled, chronically ill or living in a household whose head is a child or is chronically ill, or whose parents' whereabouts are unknown.

differences in financial resources and daily expenses among people in Ghana, which makes the LEAP payment appear very small at first glance (*some of us, if you are given sixty-four cedis, lunch alone may even finish it*). Against this background, he attributes a positive effect to LEAP when it comes to addressing unmet basic needs, functioning as a basic protective safety net.

Other interviewees further indicate that beneficiaries also use LEAP to build up savings or invest it systematically, for example, in children's education. Mr AF, a social welfare officer, states that

> *when the money comes, they [LEAP recipients] take what they need and errm they leave the rest on the, the system [their individual LEAP bank account]. It's in their own account. So when they=the subsequent months also comes, they = use it for what they want to, others use it to pay for their wards school fees and all that (Int. 35, Pos. 8-9)*

Regarding the protective and preventive functions of social protection, LEAP can assist in building up financial resources to mitigate negative effects on an individual's resource system. Additionally, it allows for small but targeted investments in the extended individual resource system, such as in children's education and training, supporting the promotive aspect of social protection. Government officials highlighted this point during interviews, providing several illustrative examples. Local social welfare officials interviewed view the strategic use of LEAP as a vital investment in resource development, considering it crucial to the programme's success.

> *We have beneficiary households, where single beneficiary household receives 64 Cedis, if you are double you get 76, three is 88 and four and above is 106. Even though it's not enough a lot have used theirs judiciously. I have one case at [neighbourhood] where through the little money from LEAP he has been able to set himself up and even sent his child to learn a trade. And so even though it's not enough I think they use it wisely when it comes to [city] (Int. 42, Pos. 77)*

Mr AG shares an example of a successful investment in an income-generating activity:

> *And it is making a very huge impact, some of them I know somebody who started this charcoal business CHARCOAL he was when he paid he got the this thing he said as for this money, yes he just went and bought one bag of charcoal out of what he got. And now, he is now in the charcoal business. […] And he stared I think he bought half or one bag of it and now he is now so he is now able to send the children to school, to to to access health care when they they any of the this thing. And it is because of LEAP. (Int. 36, Pos. 123)*

The example points to the potential of cash transfers to have a lasting positive effect on individuals' resource arrangements, also in terms of the promotive and transformative functions of social protection mentioned earlier. During the interviews, it became apparent that the government officials involved see LEAP as a strategic way to invest financial resources. In this context, Ms AJ, a local social welfare director, introduces LEAP as follows:

> *it's a cash transfer money which is being given to the extremely poor people in the community. Yeah to minimise or eradicate – to minimise, because if I say to eradicate, we can't – that money can never eradicate but it can minimise that burden a little, so it comes bi-monthly. Every two months the money comes yeah to support them a little so we always encourage them, use it to do something because if you spend it, a day or two, it will get finished but if you if you manage to put it in your capital or invest in your work it will yield a lot of money to you and based on that, if we go to monitoring, we see them using it, others have poultry, farming, goats, they rear a lot, yeah. So let's assume, here if you want to sell one goat, it will cost more than 3 million. But here, the money that you take, you can't – it's very*

little, but if you just buy that goat and rear it, if you're selling it, you'll get huge money (Int. 39, Pos. 138)

Like others, she considers LEAP to be too low to serve as an income replacement. However, she recognises LEAP as a form of small investment capital. As a result, she and her team from the local social welfare department advise LEAP recipients on profitable, sustainable investments. Ms AJ shares the following success story in this context:

Yeah, the success story we have a lot. We have err physically challenged, one leg, I think one leg is cut off so when he started, we enrolled him on the LEAP programme for instance. He was not taking anything. He has been rejected by the family all because he always depend on them. And we told him no, you can do something so the money comes, we just bought goat, one goat, one fowl, for that person that little thing. So early in the morning, he goes to the farm, he brings foodstuff and rear and rear it. Give it to the animals nicely, continuously. Last two years, when we went, he has gotten 6 goats, 10 err chicken and fowls […] so the other day, we went to him and we said we want to buy one goat. He said it's 3 million. So ask yourself, 3 million, meanwhile when it started, he was just earning something little oh. But look at what he has used the money for, so that goat he said 3 – one is = one will cost you 3 million. Then I said that money if you buy – if you get it, what are you going to use it for? He said I'm going to enlarge my farm. So this one, in that community, he's the richest one yes he have everything (Int. 39, Pos. 150)

Similar to those discussed earlier on the DCF, she shares a success story of a LEAP beneficiary who invested a small cash transfer in an entrepreneurial way and successfully graduated from the programme by establishing a sustainable income source. These examples are often cited as role models, as in this case. Ms AJ continues:

[…] Always we call him, anytime we are going somewhere, we call him just to give testimony so that people will see that truly what we are saying is true, yeah. But some of them, if you give them, they will just spend it. (Int. 39, Pos. 150)

The statement conveys the message that, with the appropriate use and some guidance, anyone can generate a sustainable income through LEAP. Those who do not succeed, the statement implies, are simply not utilising the cash transfer correctly. It creates the impression that recipients who fail to establish a sustainable, stable income with LEAP are personally responsible for their failure to do so (*But some of them, if you give them, they will just spend it*). The word 'just' here implies a careless, even immature action, which is set in contrast to a successful entrepreneurial story. Ms AJ further elaborates:

So if we tell you physically challenged, he can work, he is using the money reproductively, very well and you being a you call yourself able and can do use it well. (Int. 39, Pos. 150)

Failure is attributed to the individual because, as the argument suggests, people perceive themselves as not being able. The welfare officer appears to assume that the extremely poor financial situation mainly results from a lack of belief in self-efficacy. Although it was obvious that complementary resources were required and were sufficiently available, this factor was not considered crucial for the success story.

By chance, this same beneficiary, Mr W, had been interviewed a few days earlier at the fringe of a LEAP cash-out in a rural community. Mr W is 42 years old, married, and has six children. He is an electric repairer. Some time ago, he intended to open his own shop, but he fell ill and lost one leg.

Because of the amputation, he walks with crutches. He repairs electronics on a small scale to support his family financially. Two years earlier, he was targeted by LEAP.

> *I joined the LEAP. It is LEAP that helps me small small every month government helps me with something small, small. […] they told me that government help orphans, those who widows and those who are disabled every month government helps small small and I went to write my name in my community [name] […] we were many, I was the only one they picked […] they came to [village] to do it. […] as for the LEAP, it helps us but my money is small. My money is only sixty four. When I am going in and out, it's ten Ghana Cedis, remaining with fifty Ghana cedis. It's not enough. […] the money they told us that we should not spend the money but you use it to work. So I use it to rear goat […] I rear goats. I started two years ago and now I have about six goats. […] that is the only thing I use it for; the money is not that enough. (Int. 24, Pos. 98-114)*

As introduced by Ms AJ, he uses the LEAP transfer to rear goats. However, he states that the LEAP transfer alone was not sufficient to start this. Buying a young female goat costs around GHC 400 in rural areas, compared to a bi-monthly LEAP transfer of GHC 64, reduced by transport costs to receive the money from a distant cash-out point. Therefore, he had to bring in additional resources. He received GHC 300 through the DCF, which he invested in the business, complemented by his own economic resources. Additionally, the family owns a house and land where he can keep the goats. The knowledge and skills for goat rearing were also accessible to him. Similar to the DCF, it is the complementarity of several internal and external resources that determines the successful use of this formal social cash transfer.

A similar case was reported by Mr V, a 41-year-old man with a physical impairment. He works in a shop and receives LEAP as well as entrepreneurial support from the DCF. When asked how he uses the LEAP cash transfer, Mr V states:

> *when I get the money, as I am working in someone's store, I use the money to buy different products and put it in the shop, sell it bit by bit to make some money. Through this I also make some profits on it, before whatever the shop-owner would give me then he would give me. (Int. 23, Pos. 140)*

Mr V is responsible for managing someone's shop and receives payment for this. When he obtains financial support through LEAP, he uses it to purchase items to sell in the shop on his own behalf. This allows him to supplement the salary he receives from the shop owner. Mr V also uses LEAP to invest in entrepreneurial activities. To do so, he utilises additional resources, including the shop's infrastructure where he works, as well as his entrepreneurial knowledge and skills that enable him to buy and sell successfully. He also received a fridge through the DCF, which he uses to sell water. Another example was also reported during a group interview:

> *I will say even just today, there's one person with disability at [place] who doubles as a focal person. Through the LEAP he has been able to set up something for himself even though he is a shoemaker. Formally his structure wasn't even in good position, but through the LEAP he has been able to build something small to WORK in. (Int. 42, Pos. 66)*

In any case, some level of 'productive capacity' seems essential for successful entrepreneurial investment. However, by definition, LEAP targets 'people with severe impairments' and 'without any productive capacity'. The classification of 'without any productive capacity' in the LEAP targeting instrument appears to be somewhat at the discretion of the targeting teams. A simultaneous allocation of LEAP and the DCF would, by definition, not be possible, at least when

considering the entrepreneurial focus of the DCF. In practice, however, this distinction is not always applied. Consequently, the use of LEAP for people with disabilities remains somewhat inconsistent. Individuals with disabilities who are 'unable to work' are a primary focus of LEAP support efforts. Nonetheless, both beneficiaries and social authorities see the assistance as insufficient to compensate for missing income and instead advocate for using the funds as an investment in entrepreneurial endeavours. Yet, this requires recipients to demonstrate 'productive capacity'.

It is worth noting that, for interviewees with disabilities, the overall importance of LEAP appears considerably lower compared to the DCF. A local social welfare official from the largest survey district highlights a small number of disabled individuals among LEAP users:

> *So for the impact persons with disability when it comes to LEAP they are not many, they are about ten if I am right. (Int. 42, Pos. 66)*

Although this would be below one per cent (based on LEAP figures shared orally by government officials in the margins of the interviews), a second district reported more than 10 per cent of users with disabilities under LEAP.[180] This gap may arise from differing interpretations of the programme's definition of 'severe forms of impairment without any productive capacity'. Various interviews suggest a general lack of clarity or information about the LEAP eligibility criteria regarding disability. For instance, Mr T, a regional OPD chairman, interprets eligibility not as a lack of 'capacity to work', but rather as the absence of employment at the time of eligibility assessment:

> *The Minister accepted in principle that all disabled persons who were unemployed, would be put on LEAP. Unfortunately, they came they have opened up THE LEAP and we find that most of the disabled persons who went to the various erm electoral areas to see the assembly men so that they would be brought on the LEAP have not been attended to. They are still out there. (Int. 20, Pos. 223)*

The interviews further showed that some participants did not explicitly recognise people with disabilities as a target group for LEAP, whereas the programme's emphasis on older persons was widely acknowledged.

7.1.2.2 Conditionalities and Effects on Resource Arrangements

Notwithstanding the comparatively lower number of users with disabilities, the conditionalities of LEAP can be attributed particular significance from a resource perspective. Access to basic healthcare through free registration in the NHIS and compliance with compulsory education for children in the household are mandatory for LEAP recipients. This is intended to sustainably stabilise household resource arrangements by promoting the development of internal resources (education/health) and partially mitigating external resource constraints (health expenditure). This is underscored by Mr AG, a local welfare director:

> *Now people are able to send their children to school. Because it is part of their conditionalities that when you you receive it all your children that household in beneficiary household should be in school. And they are in school, they are now accessing health care because the programme also registers them free for free on the NHIS. So the LEAP because of LEAP now people are going to hospital when*

[180] Despite several attempts during the data collection process to obtain written and comparable statistical data on LEAP users with disabilities, these efforts were ultimately unsuccessful.

they get sick. They are sending their children to school and they are they are I think I think their nutrition has improved. (Int. 36, Pos. 127)

Mr AK also highlights the importance of the LEAP conditionalities concerning education.

because of the LEAP, those kids get the opportunity to go to school because before you will be able to continue to benefit from the LEAP, that kid must be enrolled in school. So, because of that, it's now - most of the parents are sending their disabled children to school. Ahaa (Int. 40, Pos. 8-9)

Since school attendance is mandatory for children in LEAP beneficiary households, children with disabilities are enrolled in school who might otherwise have stayed at home. In this way, LEAP not only involves relatively low financial input but also represents an investment in internal resources (formal education), which can positively influence individual and household resource arrangements in the medium and long term.

From the perspective of local social authorities, Mr AK highlights another important aspect:

There is a community along – there's a community – okay a community in the municipality because some of the kids [children with disabilities], they were even kept in the room ahaa they did not allow them to go out […] for people to see them but when the LEAP came up and then we saw that situation and then we talked to them about it, now the kids, they allow them, they also move about freely on their own in the community. And then, because we talked to people about stigmatisation some of these cases of stigma too has come but it is through LEAP, through the LEAP programme, that is where we go for outreaches, we get the opportunity to talk about some of these things and because of the LEAP too, most of the kids with disability are now going to school now […] ahaa, they are now going to school […] yes the kids to school and some of them too invest in their petty business. Those who are doing this petty petty trade in selling provisions and other things. Sometimes they inject some of the money they get into it, ahaa. (Int. 40, Pos. 25-31)

Through the LEAP programme and the targeting of households living under conditions of poverty and with people with disabilities, among others, local social authorities gain the opportunity to access these families, who are usually the focus of their services. While outreach options are limited for local social welfare departments due to resource constraints, LEAP enables contact with residents, allowing for individual counselling and public education even in more rural areas of the district. They also utilise these outreach opportunities to raise public awareness about disability, aiming to shift perceptions, diminish discrimination, and encourage greater participation of individuals with disabilities within the community.

7.1.2.3 Potential Effects on Social Status

Another major aspect emphasised by interview partners is the potential effects of LEAP on the social status of users with disabilities within their social relations, such as households and immediate social environment. Ms AH, a local social welfare director, says the following:

It [referring to LEAP] is very important for persons with disabilities in [city] because, as I earlier on stated, people with multiple disability. You can have one person who is a physically challenged, who is blind, and has problems and this person is 24 hours dependent on the relative and because of their dependence on the relative, their relatives find it difficult, to also engage in income generating activities. Ahaa, and so when they have these stipends we encourage them to invest. {Invest as in what?} We have errm, poultry, we have rearing of livestock and all that will not take you away from the house

> *you will be in the house and you will be rearing these animals and and when occasions come, like Valentine's Day, like Easter, like Christmas, you sell them out and yet some money some also have farmlands that are on lease and so they engage in farming and petty trading and it helps err the family yes, as a whole. Because the disabled person is dependent on the family and when they have these stipends that they are turning it around to generate other incomes it helps the whole family (Int. 37, Pos. 47)*

She refers to the potential for investment in income-generating activities through LEAP, which allows those entitled to contribute to the overall well-being of the family. In her example, this is seen as a form of compensation for the event that income opportunities for family members are reduced due to potential care needs. In this way, LEAP is regarded here as a compensation within a family resource arrangement. Regarding the social status of a beneficiary within a household, the associated effect can also be viewed as preventing a loss of social status through compensation at the level of economic resources. Ms AH adds:

> *yes it affects the role in the household because, without the person with disability, the family couldn't have had the money and the money goes a long way to serve the whole family […] you understand and if they invest it, the benefit does not only go to the persons with disabilities but to the whole family let's say if they use it to rear livestock at the end of the day, even if they prepare a meal with the livestock the persons with disabilities is not the only person who is going to eat the meal, the whole family so whatever benefit that goes to the individual persons with disabilities, the whole family benefits yes (Int. 37, Pos. 49-62)*

From her perspective, LEAP allows a person with a disability to make an economic contribution to the household, regardless of how small that contribution is. This, combined with other resources (e.g., time, knowledge, skills, land), can be leveraged to build a sustainable investment that benefits all household members in the medium- to long-term. The aspect of social status is analysed as a separate resource category. At this point, it is important to note that social status increases here because the person can contribute economically to the household's overall resource arrangement through the LEAP cash transfer.

When asked about potential stigmatisation of LEAP users, Mr AG responded as follows:

> *As for LEAP you know the hmmm you are you know you we the blacks you know we want cheap things. Everybody wants, I went to I was in a certain district I went to do LEAP. […] We were targeting we went to do targeting and lo and behold the chief of the place came that I am the chief over here so if people are going to benefit enroll me. You see. […] So if the chief wants to be enrolled how do we stigmatise someone who is already on it. So as for that it doesn't carry any stigma. The beneficiaries are not discriminated against. […] They themselves even feel that they are privileged they they they are enjoying some privilege from the Government so as for that. Because when you go to this thing if it were if it were so they might. They may not come out to collect their benefits when we go out to we go to pay. But they come in fact chest out boldly to come and collect (Int. 36, Pos. 223-229)*

From his perspective, using social welfare provisions like LEAP is not seen as a form of stigmatisation but is instead regarded as a privilege.

Concerning the overall effect of LEAP, Mr AK, a local disability desk officer, concludes:

> *in the past, the past – sometime ago, most of them beg for alms, beg before they eat or they, they rely for support from benevolent err people, persons, organisations to support. Yeah, but now, because the*

government is also doing its best as far as social interventions are concerned we have some programmes that have that are around to assist them mhm, so a programme like the LEAP pays some bimonthly subsistence fee to these persons.

He appears to see LEAP as an advancement compared to earlier times when people with disabilities had hardly any opportunities to access regular formal support.

7.1.2.4 Critical Perspectives on the Targeting Process

In contrast to these reported effects of LEAP, there were also highly critical views regarding the programme. Mr U, a disability activist, researcher, and social policy consultant, stated the following:

yeah developing social protection system err. I think that the most – I'll start with the worst […] It's the LEAP programme. The LEAP is the most hopeless programme ever, it is waste of money, of resources and I think it needs to be it needs to be reorganised. (Int. 21, Pos. 28-32)

Being asked to elaborate on his critique further, he proceeds to say:

I think the criteria for selection. There's no – okay in Ghana here we don't have expert assesses to assess disability and then – which becomes the foundation for granted support or whatever the support may be. Here, is anybody being privileged to work in an office, given the chance to assess disability. (Int. 21, Pos. 34)

Mr U points to the unclear procedures concerning the targeting of people with disabilities, although without providing specifics. Nevertheless, his statement seems to reflect the previously mentioned inconsistencies between the designation of 'without any productive capacity' and the LEAP users with disabilities interviewed here. Regarding the access of persons with disabilities to LEAP, he further clarifies:

that is where the problem starts. We did a research and at [city] trying to look at parents with children with disabilities and trying to know whether they are on the LEAP and to our surprise, 90% of the interviewed don't benefit, benefit from the disability. And we talked to 120 households and out of the 120 households, only 10 benefitted from disability LEAP yes. And we inquired and we were told that before you qualify, you need to have a birth certificate and certain things which the disabled cannot afford to get […] and because they cannot get and have it, they don't qualify and we all know in Ghana, who are the poor. The categorisation of the poor at the bottom of the ladder is disabled people or disabled children. But they don't benefit. (Int. 21, Pos. 40-42)

Regarding the general qualification for LEAP, it is challenging to interpret the figures without knowing about the specific cases. By definition, having a household member with an impairment, even children, does not automatically qualify for LEAP. If the household's overall economic condition does not meet the eligibility criteria, any impairment-related needs must initially be financed by the household. In any event, even without LEAP, there is the possibility of free NHIS membership in the event of an impairment. However, this must be actively applied for by registering with the local social welfare departments. In this context, the quantitative research results mentioned by Mr U cannot be meaningfully interpreted.

An essential facet of accessing formal social protection lies in the second point raised by Mr U, which encompasses the implicit requirements for LEAP support. As noted earlier, access requires independent, proactive pre-registration at a specific time and place. This can be difficult, as in the

case of Ms X, mother to a 14-year-old son with a congenital hearing impairment, who is not enrolled in school. She cares for five children; the father has left the family. Ms U has not received any support from LEAP or the DCF. When asked about government support programmes, she says:

> *P: yes please, the last time there were some girls here from [city], they said they are from [city administration], they said people as such [referring to her son] should be sent there but it wasn't long before I also got ill and went for treatment*
>
> *I: okay, so did you look for them?*
>
> *P: I do not have money; I do not have money that is why (Int. 25, Pos. 105-107)*

The information that support might be available somewhere has reached her. However, access to it is conditional and requires additional resources such as knowledge, time, money, mobility, or support from others. This is why she has not registered her son for possible support. Mr U highlights additional implicit barriers to access, such as the requirement to have a birth certificate and/or a passport, which is not necessarily the case. Poorer populations in rural areas often lack these necessary documents, making LEAP registration even more difficult and creating further barriers. Usually, meeting these preconditions involves investing significant additional resources in travel to the district capital, obtaining documents, and so on.

In other cases, people had been in touch with social welfare staff, but neither had comprehensive information nor practical access to support. Mr UA reports:

> *P: people have come to write my name several times they came to write my name some took picture of me. When they come I sit down to have conversation with them as I am doing with you, but they don't come back.*
>
> *I: when they write your name they don't tell you why they wrote your name?*
>
> *P: they say that government wants to help. That is all they say to me, they don't say any other thing again.*
>
> *I: okay so you did not get any help from government or any group ever?*
>
> *P: no (Int. 22, Pos. 167-171)*

Some interviewees were simply not aware of the existence of LEAP. Some had never heard of it (Int. 26), others had only heard about LEAP on the radio (Int. 22), believed that LEAP could only be applied for from the age of 65 (Int. 1, 28), was not available for people with disabilities (Int. 18), or assumed that LEAP was not available in their district (Int. 28). Based on this, it can be inferred that insufficient general awareness of the programme, including its target groups, eligibility criteria, and objectives, contributes to exclusion errors.

7.1.2.5 Amount and Reliability of Transfer – 'not anything to write home with'

A frequently mentioned aspect was the amount of the LEAP cash transfer. This was widely perceived as being too low (Int. 21, 24, 30, 34, 36, 38, 42). Mr AE, a local social welfare officer, expresses it as follows:

> *the situation should be that a person with SEVERE not just disability. That's what you would be considered for LEAP. Because the money that would be given to you is not anything to write home with. One household or one beneficiary is taking sixty-four thousand sorry sixty-four cedis for two months. So if let's say I am disabled and working and earning maybe five hundred cedis a month or thousand cedis a month why should I enjoy this small amount? It can't do anything, do you understand me? {Yh} So when you see it, it would be so negligible for you. But someone who has no any support from anywhere eh and when he gets it, it's okay for that person because he cannot even get one cedi a day. (Int. 34, Pos. 76)*

Mr AE contextualises the payout amount by comparing it to a typical low monthly income range, which falls between 500 and 1000 GHS. He seeks to illustrate that the low amount is only relevant to very poor households with no income. These are the households targeted by the cash transfer. However, the question arises as to what effects the supposedly small amount can have on these households. When it comes to LEAP's main focus of empowering livelihoods, the analysis of the interview partners was critical, as expressed by Mr AI, director of a local CSO:

> *the amount involved is very minimal. I mean if you give err a family of four maybe GHC 100 every month, believe me, you have not done anything. That will not be able to take them out of poverty but, well, half a loaf is better than none. (Int. 38, Pos. 36)*

Given the modest payout, Mr AI questions LEAP's effectiveness in achieving its objectives. Mr U, a disability activist, researcher, and social policy consultant, adopts an even more critical stance:

> *you cannot alleviate poverty with 200gh a month for a family of 3 you cannot. So the concept LEAP itself, for me it's a problem you cannot alleviate poverty with that money* (Int. 21, Pos. 46)

He further clarifies the assumed effects of the perceived low amount per beneficiary:

> *okay. The question is that, to some families, at least they have little money to buy food, bread and butter for their daily subsistence basically, but the LEAP in Ghana is not transformational intervention. To LEAP, or to take, yes. For me, it is a waste of money. It's just, take this money and still be poor. Bandage. We call it bandage. Just to heal your wounds in poverty. But not to change your situation radically. No. (Int. 21, Pos. 48)*

According to him, LEAP is unable to fulfil its aspiration of empowerment and graduate out of poverty due to the low amounts the cash transfer offers. Referring to the core functions of social protection discussed above (protect, prevent, promote, transform), he emphasises that LEAP is merely able to contribute to the satisfaction of very basic needs (*at least they have little money to buy food, bread and butter for their daily subsistence*). He views any promotive or transformative effects of LEAP as unattainable.

While the above examples have illustrated the preventive effects of LEAP, such as the accumulation of savings for education or health-related expenses, no clear examples of its promotive or transformative effects were reported during the interviews. Even Mr W's supposedly successful goat rearing was viewed less optimistically by himself (*as for the LEAP, it helps us but my money is small […] the money is not enough*) compared to Ms AJ, the head of the social welfare office in charge (*So this one, in that community, he's the richest one yes he have everything*). After visits to the community in question and consultation with Mr W, the latter statement appears somewhat absurd to the author. Regarding Mr W's living conditions, the assessment of an improved living situation

may be applicable relative to other people with disabilities living in the area, but not to his community overall.

Given the focus of this study, it is important to note that effects beyond the protective function of social protection become evident only in interviews in which complementary resources were sufficiently accessible. This is illustrated by the examples mentioned earlier. Mr U indirectly discusses the role of complementary resources by stating:

> *before any money, cash transfer intervention can change your status. Then there needs to be a completing interventions for it to work […] anyone who qualifies to be on the LEAP, or the LEAP, should be enforced or be instructed to be enrolled on maybe livelihood programmes compulsorily. If you qualify to receive money from LEAP, oh LEAP, then you need to be enrolled in livelihood training programme. I think that can help a lot of the beneficiaries to come out of the situation (Int. 21, Pos. 48-50)*

He indicates a need for more comprehensive programmes that complement the cash transfer and, according to his suggestion, provide training to improve the individual's situation. Unfortunately, this is not specified further. It becomes apparent, however, that these measures are meant to focus on the person and their internal resources. By contrast, no attention appears to be given to the nature and accessibility of the individual's resource environment. From this narrow perspective, overcoming poverty is seen mainly as a matter of personal capacity, to be cultivated and empowered through the strategic allocation of external resources.

Regarding the LEAP volume, it also became evident that even local social authorities regard the amount as too small to serve a permanent protective role, such as in food security. In this context, they recommend saving and, if possible, investing the small transfers in entrepreneurial ventures (see the statement of Mr AG, above). Interviewees also pointed to a certain unreliability of the fund, as expressed by Mr AG, a local social welfare director:

> *The LEAP that we are paying, it's for is it September October or its November December twenty nineteen. But this is February twenty twenty they are now paying for that. (Int. 36, Pos. 215)*

The LEAP budget for the local welfare offices to organise the cash-out arrived two months later than expected. Mr AE, a local welfare officer, points to the same problem:

> *So in terms of, for how long they pay you cannot say it is today or every time it is 15th NO. […] For instance, 2017. Was it 2016 or 2017? 2017 we didn't pay LEAP. The whole year we didn't pay. […] I don't know what happened but we didn't pay. […] So at times it would delay, at times it would. (Int. 34, Pos. 84-91)*

This makes LEAP an unreliable resource for beneficiaries, which could particularly undermine its protective role as a safety net, a function often suggested as the programme's primary purpose.

7.1.2.6 Inclusion and Exclusion Errors

Several interviewees highlighted issues of inclusion and exclusion errors in the targeting process of LEAP. Exclusion errors occur when households or individuals who are eligible for social protection transfers are not included in the relevant programmes. Inclusion errors occur when non-eligible individuals are granted access to these transfers. In this context, a local government official states:

> *When we come to the LEAP programme we have this challenge the inclusion and exclusion errors. Some people who should have been included in the LEAP programme are excluded and for the reason I can't tell. And for the people who are not supposed to be on the programme are on the programme, so this inclusion and exclusion errors are challenges (Int. 42, Pos. 64)*

Both actual and perceived inclusion and exclusion errors seem to happen often enough to cause serious concerns. This topic also came up repeatedly in background discussions with local government officials, people with disabilities, and traditional authorities. The reasons behind this remain unclear here (*and for the reason I can't tell*).

Regarding people with disabilities as an explicit target group of LEAP, it can be presumed that the LEAP targeting criterion 'severely disabled' is either not clearly defined or is being interpreted inconsistently. During the group discussion, government officials mention the following:

> *I think the criteria for LEAP was persons with disability that are EXTREME and I don't know how they describe the extreme. So if you are not that severely disabled then you are not part. (Int. 42, Pos. 68)*

> *Unfortunately, with severely disabled they do not make a clear characterised definition for it, but we could assume that during the targeting and enrolment because LEAP is purposely for persons who will not be able to cater for themselves. We could assume that the criteria for persons who are severely disabled will be persons who are completely crippled. Physically disabled or intellectual difficulty, but if you have an amputee maybe somebody who has just lost one arm through an accident. It's assumed that this kind of person can work and earn a living, so this person will not necessarily be captured during the targeting because we are looking for people who will not be able to earn a living. (Int. 42, Pos. 81)*

It is argued that LEAP is intended for individuals who are unable to support themselves. Regarding disability, the programme specifies its target group as people with disabilities by including the criterion 'without any productive capacity'. It was previously mentioned that the LEAP users with disabilities interviewed during the study presumably might not meet this still somewhat vague criterion. While a precise definition of 'severe' would require further clarification, productive capacity was demonstrated through their involvement in entrepreneurial activities. In this context, reference has already been made to the conceptual gap in how LEAP is presented by local social welfare departments as a resource that people with disabilities should utilise as an entrepreneurial investment to establish a sustainable income.

Regarding the eligibility of LEAP, particularly in relation to disability, though not exclusively, there seems to be considerable uncertainty, as also expressed by Mr AG:

> *YES, it targets persons with disabilities but, in fact there is this clause PERSONS WITH SEVERE DISABILITY and how do we how do we determine the severity of someone's disability. And so in fact excluding a lot of people who who might have been beneficiaries (Int. 36, Pos. 95)*

Regarding people with disabilities, there seems to be a lack of transparency both among both the people concerned and local social authorities regarding when access to LEAP is possible and when it is not. Even in familiar cases for stakeholders, clarity is often absent, as the selection criteria are either ambiguous or seem inconsistent. This uncertainty tends to heighten debates about inclusion and exclusion errors as well as the overall quality of targeting. These issues particularly highlight

the competencies of Ghana's administrative levels, as reflected in the following statement by Mr AG:

> *Oh THE LEAP PROGRAMME yes THE LEAP PROGRAMME the only disadvantage would be this inclusion and exclusion errors. As for that, it it it is very very huge. You go to the community you see this person should have been on LEAP, but the system didn't pick that person it is a very big this thing. It all boils down to the fact that that is why I have been thinking if LEAP were to have been decentralised I think some of these things might have been might have been taken care of. (Int. 36, Pos. 213)*

Mr AG attributes the issue of targeting errors to the recentralisation of responsibility for the targeting process, as outlined earlier in the subchapter. He argues that this approach warrants reconsideration, raising the fundamental question of who is best positioned to identify those genuinely in need under the LEAP framework. From a resource-focused perspective of this study, the question would be who is more capable of understanding individual and household resource arrangements, i.e., local social services through their direct relationships with communities and households, or a standardised targeting tool that attempts to objectify need? The question of competence thus appears to be a delicate one, as other statements indicate:

> *IN FACT, we are not actually included during targeting, so with the criteria we might suggest somebody but they look at the level of disability which we don't have ANY influence in THAT. We can suggest, but they look at a lot of things which we don't have ANY influence in the selection of them. And unfortunately, we are not actually part of the targeting process. We just go in when they are done with targeting (Int. 42, Pos. 70)*

The fact that local authorities have no influence on the selection of LEAP beneficiaries is clearly highlighted and criticised. This suggests that issues of inclusion and exclusion errors, along with the vague targeting of people with disabilities, are considered to be embedded within the targeting mechanism itself and its implementing agency.

> *In fact, when LEAP started at FIRST, it wasn't ESOKO [private company commissioned for the targeting process] that was doing it. That was done by social welfare but people put politics into it. When it came first to [city] there was a lot of politics in it, some people said it was not true and that they were going to be used for rituals, lots of people didn't register. So I was even saying that there are some people who registered and enjoying the LEAP and they don't even need it. Because if you send your child to a very big school here, that you are paying about 1000 or 700 per term WHY should you enjoy LEAP. But there are people who are into the LEAP programme who are also paying such school fees, so I said to myself if I had the chance to drop some people these are the people I will drop. Because there are lots of people who need the money but they are not getting it. It's because of the wrong -, its inception started with it. (Int. 42, Pos. 75)*

Local social welfare stakeholders interviewed made it clear that they consider a more substantial involvement in targeting to be appropriate in order to reduce the number of inclusion and exclusion errors. Mr AE states:

> *You see social welfare we work with every community. Even we are even into the rural areas more than in the cities. So when we get there we have community leaders over there. We ask them to come out with people with sever disability, or people with abject poverty. So through them we get to know all*

these people. We visit them, interview them, and we know all these things. So the hinterlands we go there even more than the cities. (Int. 34, Pos. 80)

In his statement, he expresses the view that local social welfare actors are better positioned to assess the eligibility of target groups, as they are in regular dialogue with communities and potential beneficiaries. Against this background, local actors are calling for reform of the LEAP programme to devolve responsibility for the targeting process back to the MMDAs. On the other hand, the issue of clientelism is addressed, with the aim of being tackled by centralised, standardised targeting instruments and responsibilities. In this context, Mr U states:

Then the second issue comes off partisanship. Who benefits? The whichever government is in power, their people, their supporters are enrolled more on the programme against those who don't support the party and Ghana, we can easily know which party you belong. You see we can easily know. So the disabled in terms of social protection, social protection for who will get the benefit in Ghana? It is the government officials. It's not the victim disabled person (Int. 21, Pos. 34)

7.1.2.7 Summary

Overall, when it comes to assessing the impact of the LEAP-programme, interviewees attached less importance to it compared to the DCF. Three broader aspects were discussed by the interviewees, namely

- access to LEAP,
- the design of the programme with an emphasis on the amount of transfer, and
- the potential effects of the transfer on the resource arrangements of individuals with disabilities and their households.

Similar to the DCF, it became apparent that additional resources are required to enable LEAP beneficiaries to use the programme effectively in ways that sustainably improve their livelihoods. These 'complementary resources' encompass economic means, specific knowledge and skills, a positive self-concept and efficacy beliefs, a particular physical condition, and reliable social support from family, friends, and the local community. At the same time, aspects of resource conservation and gain were emphasised, particularly in health, education, and social status.

Regarding access to LEAP, it becomes evident that this can be highly conditional, even though targeting is partly outreach-based. Simply registering for means testing requires knowledge of the programme and how to access it, as well as time, financial resources, mobility, and sometimes support from others to participate in the testing and subsequent cash withdrawals at centralised locations. Additionally, there are further formal obstacles, such as the need for a passport or birth certificate, which is not always guaranteed. Applying for these documents presents additional accessibility challenges, especially for the LEAP target group, as it involves financial costs. Interviews showed that these barriers hinder the use of LEAP. Therefore, a specific set of resources appears essential for potential recipients to access LEAP successfully. However, the interviews indicate that these resources are not always easily available.

The positive effects of LEAP were predominantly reported by local government officials interviewed. These included its protective and preventive roles through helping to build financial resources to reduce negative external effects on the resource arrangement of LEAP users. On one hand, LEAP was seen as a targeted cash transfer for the poorest of the poor. The specifications of

'severe' and 'without any productive capacity' are especially important concerning people with disabilities in this context. Government officials note that LEAP contributions are so small that they can only serve as a safety net or income replacement for this particular target group, and even then, only to a limited degree. On the other hand, both beneficiaries and social authorities consider the cash transfer to be too small to serve as proper income compensation. This issue is worsened by some unreliability of LEAP cash transfers, which are sometimes delayed or not disbursed for long periods. Local social welfare officials, therefore, suggest using this transfer as savings and investment for entrepreneurial activities. However, this requires recipients with disabilities to demonstrate 'productive capacity'. It shifts the focus from solely protective to also include preventive and promotive goals.

Examples of persons with disabilities successfully using LEAP in this regard showed that these beneficiaries did not match the target group definition of persons with 'severe disability' and 'without any productive capacity'. Complementary resources actually enabled the examples of successful use of the cash transfer reported by interviewees. These included not only the 'productive capacity' in terms of knowledge, skills, a positive self-concept, and efficacy beliefs but also available financial resources, existing labour activity, ownership of property and land, and strong social relationships within family and community. It was these complementary resources that enabled successful utilisation in line with the promotive effects sought by the Government Officials. This suggests a conceptual gap in the implementation practices of LEAP concerning people with disabilities.

In terms of resource conservation and gain, it has been argued that LEAP enables targeted investments in the extended resource system of beneficiaries, such as the education and training of children, which supports a promotive function of the scheme. Corresponding effects are reported to be strengthened by beneficiaries' investments in the education of children and grandchildren. Similarly, access to free basic healthcare under LEAP can protect against the risk of overspending on healthcare (see discussion on NHIS below) and thus stabilise individual resource arrangements.

Furthermore, it has been argued that effects on social status can be important in terms of psychological and social resources. The findings indicate that LEAP allows users to contribute economically to their households, which can help prevent a loss of social status. This is achieved by compensating for constraints on resource accumulation, such as caregiving responsibilities that restrict family members' ability to earn an income. Additionally, LEAP enables beneficiaries to fulfil expected familial roles, such as making modest financial contributions to their children's education by paying school fees or providing necessary supplies. The aspect of social status will be examined separately as an independent resource dimension.

Finally, the issue of targeting errors is one of the most discussed topics among both interview partners with disabilities and interviewed government officials. The aspect of competence (national vs local) ultimately focused on the capacity to assess the actual resource situation of people with disabilities. It becomes apparent that the question of eligibility for LEAP seems to be poorly defined, especially in the case of people with disabilities. When it comes to LEAP's main focus of empowering the livelihoods of people with disabilities (among others), overall, a critical assessment from the interview partners prevails. LEAP is seen as barely able to contribute to satisfying very basic needs. Promotive or transformative effects of LEAP, on the other hand, are hardly perceived as achievable. Effects beyond the protective function of social protection become visible only in interviews where sufficient complementary resources are available. Ultimately, this highlights the

need for a more focused discussion on individual resource arrangements of people with disabilities in Ghana.

7.1.3 The National Health Insurance Scheme (NHIS)

The National Health Insurance Scheme's basic benefit package covers a variety of essential health services, including outpatient and inpatient care, maternity services, emergency treatment, selected oral and eye care, and medicines on the NHIS list (Gov. of Ghana, n.d.c). As introduced in Chapter 4.3, the NHIS is widely regarded as vital in reducing the financial burden of healthcare for people with and without disabilities. The scheme exempts people with disabilities and LEAP beneficiaries from all charges, including registration fees and premiums.

While an increasing number of persons with disabilities are benefiting from free NHIS enrolment supported by local governments, the service package does not cover specific expenses such as assistive devices or mental health medicines and does not align with provisions made by the Disability Act (see Ghana National Health Insurance Act 852; Ghana Disability Act 715; Ghana Federation of Disability Organisation, 2022). Nonetheless, during this study, statements on the NHIS were frequent, as both DCF and LEAP beneficiaries are usually registered with the NHIS. Interviewees perceived the NHIS as a key public social intervention in individual resource arrangements. Their perspectives on the scheme will be examined and discussed below.

7.1.3.1 Positive Effects on Health-Seeking Behaviour and Healthcare-Related Equality

Interviewees reported positive effects of enrolment in the NHIS, initially in terms of reduced costs for basic treatments (Int. 23, 24, 26, 37, 39, 41). In this context, the effects on the health-seeking behaviour of people with disabilities seem to be especially significant. When asked about malaria treatment, Mr W, a LEAP user with a physical impairment, reports:

> *oh, okay I go to the hospital. As part of the LEAP they do health insurance for us free […] so, I have health insurance that when I am not feeling well I take to the hospital at [town] (Int. 24, Pos. 144-146)*

Ms AH, a local social welfare director, explains:

> *You know – because most of them [people with disabilities] are dependent on people, when you, you you don't have the NHIS card and you access medical bills, you pay from consultation to drugs to every bits of services that is rendered but when you have the card you don't pay for consultation, you don't pay for certain drugs, you don't pay for a lot of things and so it goes to reduce totally, totally the cost of medical care and so most people who hitherto when they take ill, will stay in the house and err the worse happens now access medical care yes (Int. 37, Pos. 34)*

She expects a significant reduction in healthcare expenses, which positively influences the use of healthcare services by encouraging proactive health-seeking behaviour. This, in turn, is believed to prevent or reduce further health issues caused by delayed or missed treatment. When asked where people with disabilities receive healthcare when not enrolled in the NHIS, she adds:

> *they seek it at the public hospitals and that one is costly, both public and private is costly […] and so they decide to stay at home (Int. 37, Pos. 40-42)*

Mr AG, head of social welfare in a different district, shares a similar view:

> *yes for PERSONS WITH DISABILITY apart from, apart from the LEAP beneficiaries, persons with disabilities also are supposed to be registered for free. So they come here and we endorse their this thing [Certificate of cost exemption from the social welfare office] and they take it to the [NHIS] secretariat and they they they get their they get registered they get their this thing renewed for them for free. I know I know because of that, they now go to the hospital. They now go they go to the formal this thing for health this thing. Unlike previously when, this self-medication they just go to to buy this thing. They now seek professional this thing in health care because I know they go to school every they go to hospital a lot. (Int. 36, Pos. 145)*

The statements highlight that NHIS enrolment for persons with disabilities positively impacts the prevention of treatment delays or self-medication due to costs. From a resource perspective, the NHIS thereby contributes to the stabilisation of individual resource arrangements. On one hand, the scheme enables investment in health and helps prevent long-term health risks. On the other hand, it shields individuals from financial losses caused by health expenses. Both points will be elaborated on further below.

An example of avoiding financial loss through health expenses was shared by Mr W, a LEAP beneficiary with a physical impairment. When asked about the importance of health insurance, he states:

> *it is very, very IMPORTANT. It helped me even with my leg. when they were about to amputate my leg I was sleeping in [hospital] and they moved me to [hospital]. if you don't have national health insurance unless you pay a lot of money before they take care of you. I went to [hospital] for two and half months. […] it was heavy money I could not have paid, but the health insurance covered everything for me. The cost I took was sixteen Ghana Cedis which is only the cost of blood. so it really helped me. if not for that by then my mother and father were dead, I would not have anyone pay for me so health insurance. if someone says it is not good the person is lying. (Int. 24, Pos. 158-159)*

Mr W underwent major surgery following an accident, which was then followed by a lengthy hospital stay. According to his statements, he lacked the financial means to cover the treatment costs. It was his health insurance membership that ensured he received appropriate treatment. In this context, also Ms AL, a local disability desk officer, emphasises another positive effect of free NHIS enrolment for people with disabilities.

> *It [NHIS] helps them a lot because you don't need to carry money when you are going to the hospital. They are given drugs for free when they are diagnosed of any ailment. It makes it easier for them to go. You know when you are going somewhere, <<noise from background>> and there is no money there is some kind of fear. But if you are going and you know that everything has been sorted out. You are free to go […] They treat them like the normal patient coming there. Even we the normal patients, we also use NHIS so it's just basically like anybody any ordinary person going to the hospital (Int. 41, Pos. 112-114)*

Beyond a financial incentive that relieves worries and fears, thereby encouraging health-seeking behaviour, she emphasises the assumed equality of patients through the NHIS (*They treat them like the normal patient coming there*). She points out that NHIS coverage of treatment costs also fosters equal treatment for all patients, regardless of whether they have an impairment or not, and whether they pay for the NHIS or have enrolled for free.

Regarding potential positive effects on the health-seeking behaviour of people with disabilities, some interviewees expressed criticism, contrasting with the statements made by local social welfare officials above. Mr U, a disability activist, academic researcher, and social policy consultant, states:

> *it is, it is strange. You go to most hospitals, you don't see people with disabilities a lot. It's strange. So I think that people with disabilities self-medicate. I think it is something somebody can pick up, a research. Per my observation in various hospitals, you don't see them a lot yes. So maybe they self-medication. Maybe self-medication. They practice self-medication or they go to private hospitals. (Int. 21, Pos. 72)*

Ms AD, a statistics officer at a district hospital, concludes:

> *I think they are not many here and as a hospital we don't have much cases on disabled people here in [city]. They don't really come that much (Int. 33, Pos. 8)*

According to the quote, she does not appear to see any rise in the number of people with disabilities seeking health treatment at public hospitals. The next section will take a closer look at challenges interviewees reported when seeking health treatment.

7.1.3.2 Out-of-pocket payments

The example above of Mr W's cost coverage contrasts with Mr Z's experience. He worked in Korea during his younger years. After an infection, his leg was treated for an extended period, and he ultimately experienced a physical impairment. He reports the following:

> *you see, err, the only thing that helped me is that when – I was at Korea, I used to make business I used to import cars and other items so when I came, even of my year plus at the hospital, when I was coming – even when I came home, I was having my own private car, kia sportage. it came to a day that err I sold all, all my properties. I build my own house, I sold it, I=sold my car, my private car. I sold my other car, jobs looking for – I sold – I I became empty (Int. 27, Pos. 157)*

Mr Z reports an example of 'Catastrophic Health Expenditure'[181]. To cover the cost of treatment, he had to sell a substantial part of his belongings (*I build my own house, I sold it, I sold my car, my private car. I sold my other car, jobs looking for – I sold – I I became empty*). The economic resource base he had established, partly through his work abroad, was significantly diminished by the sudden burden of substantial healthcare expenses.

Ms A, a former court clerk who lost her position due to a visual impairment, reports similar:

> *Mm, hmm, when I am sick, borrowing, I go and borrow. If it becomes urgent, my child has nothing, so we tell someone we know that oh, we plead with them to give us something so, I take to the hospital then later, we would place it back where it belongs [meaning they would pay back the loan], so when occasionally someone gifts me something heavy, a little [referring to a big sum of money], then I go place it back at where it belongs. Also sometimes, when I used to work, I have lived the life before, so if I have something, then I sell it. (Int. 1, Pos. 154-155)*

[181] According to the WHO (n.d.), 'catastrophic health expenditure' *'occurs when the amount a household pays out of pocket exceeds a predefined share of its capacity to pay for health care. This may mean the household can no longer afford to meet other basic needs (for example, food, housing, water, electricity and fuel for cooking and heating) or cannot afford to meet basic needs without drawing on savings, selling assets or borrowing'.*

Although enrolled in the NHIS, she relies on borrowing from her son or community members or taking out loans to cover healthcare costs. When these resources are unavailable, or she cannot repay her debts, she sells her personal belongings to raise money. These examples highlight the risks of high out-of-pocket payments in healthcare. For people with disabilities, these risks are especially significant, as noted by numerous interviewees (Int. 1, 2, 4, 6, 8, 9, 10, 12, 14, 16, 20, 23, 30, 35, 36, 37, 42). The issues of access to and coverage under the NHIS benefit package for people with disabilities are particularly important in this context.

7.1.3.3 The NHIS Benefit Package

As mentioned earlier, the rights of people with disabilities to access public healthcare are not explicitly governed by legislation. The general provisions outlined by the Disability Act regarding free general and specialised medical care, rehabilitation, and assistive devices are not clearly specified in the National Health Insurance Act. In practice, this leads to significant uncertainties about the NHIS benefit package for persons with disabilities, which is also reflected in the interviews. When asked about the NHIS benefit package, Ms AH, a local social welfare director, states:

> *yes yes yes, when they they have access to all that, rehabilitation, everything. Everything that they err they need in medical care and the [region], we have orthopedic centre eheh and we have general medical care and so, for the orthopedic centre, they [NHIS] pay everything. (Int. 37, Pos. 35-36)*

According to her account, the NHIS fully covers all health and rehabilitation-related expenses. Mr. AG, the local social welfare director for another district, offers a similar perspective:

> *Mmm apart from some specialised laboratory test and those things. It [NHIS] covers some lab, it covers some eh eh=a good chunk of drugs. And like consultational this thing like as for that they are already covered. Aside so far as I know it is only the this thing medical mental health that it doesn't cover. (Int. 36, Pos. 155)*

Further, government officials reported not being aware of any limitations in the NHIS benefit package (e.g., Int. 41). This contrasts with numerous accounts of uncovered services and out-of-pocket payments reported by people with disabilities during the interviews.

> *It is not everything that you get for free oo, because at the hospital, there are many things that the insurance cannot cover, there are many things it can't cover […] The things, are many, there are many drugs that, you have to buy. (Int. 1, Pos. 159-162)*
>
> *PI. And uh, does the, uh, the card cover your costs at hospital?*
>
> *P: No, no, no. […] I pay money. […] I pay a lot of money.*
>
> *PI: Mm, but did it cover anything?*
>
> *P: No, no, no. (Int. 2, Pos. 146-156)*
>
> *It's only the basic uh, uh, treatments like malaria, even for malaria, when you go, the lab test and so on, you have to pay for, yeah, so it doesn't cover the greater part of uh, health uh, treatments, yeah. (Int. 10, Pos. 79-80)*

> *they just have the insurance but uh, it covers only small, small, small medicines, small small medicines, even if you go, you are- they will make operation, you have to pay for it, if they have to give you blood, you have to pay for it, thy will tell you the insurance can never cover. (Int. 12, Pos. 153)*

Interview partners with disabilities reported that, even though enrolled in NHIS, they usually encounter costs when seeking health treatment. Mr T, a local OPD representative, provides a more comprehensive picture of the situation:

> *No it [NHIS] does not cover all health needs of PERSONS WITH MENTAL PROBLEMS, MENTAL HEALTH PROBLEMS. Despite that we have passed THE MENTAL HEALTH BILL. THE MENTAL HEALTH LAW OF 2012. Still medications you know drugs for MENTAL HEALTH PATIENTS are not on the HEALTH INSURANCE SCHEME. So they have to buy. And they are quite expensive, PERSONS WITH EPILEPSY their drugs are quite expensive, it is not free. It's not on the HEALTH INSURANCE SCHEME. We have erm erm other forms of ailment. For example, certain surgeries are supposed to be free of charge for instance. But then you are rushed on emergency and you get amputated and you either detained in the hospital for you to pay your bill before you are discharged. But you have become physically disabled […] some of us we go for eye surgeries and we have to pay. You know eye medication some of them are not on THE NATIONAL HEALTH INSURANCE SCHEME. […] Assistive devices now ASSISTIVE DEVICES the only support we get is from THE DISTRICT ASSEMBLY COMMON FUND. Component of it we have the DIGITAL AND ASSISTIVE DEVICES COMPONENT which we use to support our persons in acquiring things like white canes. It was only last year we acquired, we acquired a few white canes. For our members though another foundation known as [name of Ghanaian charity organisation] also brought us a few. […] Medical care we've also been getting some support. But ASSISTIVE DEVICE like CALIPHERES. […] That is for the PHYSICALLY CHALLENGED. Artificial legs, erm wheelchairs and the rest all those ones the assembly has been. We are grateful and very happy that the ASSEMBLY is been able to provide that for those who are concerned.*

It becomes apparent that, for the interviewees, specific disability-related services and rehabilitation expenses are not covered by the NHIS. These expenses usually have to be paid from their own private resources. In some cases, as Mr T's statement suggests, such costs are covered by the Disability Common Fund (DCF). Concerning this, a local government official states:

> *Yes, I think because of the numbers, because they are they are many and because of they have their numbers you see issues, issues from them will be also huge. And the next after them is MENTAL HEALTH users yes, they are also they are also quite a number and and for them they have peculiar needs. Aside establishing them or bringing them to in fact they we are they always have to be on drugs which and their drugs in fact I don't know what the national, national level is doing but we are talking we have started from our own small way. Because their drugs are not covered by the NHIS. And these people are normally unemployed, they don't have jobs. They depend mostly on family members which I which what at times they become furth up with. So if we so anytime the this thing we consider them aside that apart from giving them some start-up capital this thing we also consider them we consider giving them some money to to to buy some of their drugs. (Int. 36, Pos. 42)*

Mr AG points to a seemingly common practice among local social welfare authorities of using the DCF to cover costs for individuals with mental health issues, such as psychiatric medications that the NHIS does not fund. He emphasises that people with mental health conditions often have

limited access to income from employment, and their external support networks are usually restricted to families, who may only provide minimal assistance at times. Challenges related to the DCF as a resource were discussed earlier. Mr AE, a local social welfare officer, details these issues concerning health-related reimbursements through the DCF:

> *What I am saying is that at times, the money we are giving them is support – not total thing. So when someone fall sick and the fund is not readily available where are you going to do? You have to seek for medical attention then you bring your receipt. To yes do you understand it so that you come with your receipt that I have spent so much on the this thing. We come and if we are able to give you all, we give you all. If we are able to give you part, we also give you part. (Int. 34, Pos. 40)*

The reimbursement of health-related expenses through the DCF can only cover limited costs in the event of a medical condition. The expenses must initially be paid out of pocket and can be reimbursed after medical treatment. However, there are no guarantees of reimbursement. Applicants do not know, if at all, when or to what extent their costs will be reimbursed. As mentioned above, the DCF also faces financial pressures and a chronic shortage of funding. A local government official describes the situation regarding health and rehabilitation costs as follows:

> *I will start by saying some of them when you come to financial or ASISTIVE DEVICES -. We have an amputee and he needs this prosthetics it's SO expensive. One needs around 5000 or 6000 Cedis to have the lower limb fixed. Now when it comes to the assemblies' disability common fund, I don't think the committee [DCF Committee] will spend that much on one person and the family may not be in a position to fund that. So this need is never met, assistive devices like like wheel chairs, unless a philanthropist or any donor organisation supplies it for free. Only FEW families are able to buy wheelchairs, so these assistive devices fine. Two, medical needs. When you come to a group like the mental health group, the NHIS does not cover drugs for the mental health users and it's very -, I think the manager is here. And in fact their drugs are very expensive and so most of their health needs are not met by virtue of the fact that they're not able to financially cater for it. So these are some of the unmet needs. (Int. 42, Pos. 124)*

Respective limitations of local Social Welfare Departments and the DCF in backing the NHIS for people with disabilities are confirmed by Mr AG, the social welfare director of another district:

> *YES, yes eh we normally get you see especially some surgery and this thing some of these persons with disability bring their bills and they are HUGE. And even they we cannot meet the this thing because if we are some of them if we want to meet them it means we are going to put all the money we are going to send all the money to one person or two people. So this thing because for this protest what do they call it artificial limbs and those things it is very expensive. To fix, to get to get this artificial limb fixed and this thing very expensive so if we think of= so in fact these people we just support them we give them some small support. Because if we are able to if we want to take the whole bill I think you will when the money comes we would spend it on only one or only two people. (Int. 36, Pos. 157-158)*

Existing public social health protection measures for people with disabilities, which include free NHIS and back-up support through the DCF, appear insufficient to address actual health-related needs. The DCF lacks the funds to cover substantial treatment costs. These costs are precisely what lead to catastrophic health expenditures, as previously outlined. Additionally, as the statement clarifies, expenses for assistive devices and medical needs can only be covered by the DCF to a very limited extent and without any reliability. In a situation where the financing of NHIS in general

faces significant challenges, Mr U points to another critical effect on the health protection of persons with disabilities:

> *P: free healthcare […] which today, is in crises. Because the government is not able to pay the service providers and as a result, most of them have withdrew their services err free medical care. Most of the government hospitals don't offer free medical […] they don't. Because the government owes them, one year arrears of payment […] so they are not ready to offer more of free services. So if you go to any hospital, on emergency and you show your health insurance card they will never mind you*
>
> *I: okay. How would it look like, if I would go, I mean for example, a person with any kind of impairment is enrolled free on the NHIS shows up at the hospital, what happens?*
>
> *P: ah it's straight. They will just take the card, you will sit down for two hours, either you keep on sitting and the time you'll realise, the doctor is gone, is closed […] and you're there […] yeah come back tomorrow <<laughing>> (Int. 21, Pos. 56-68)*

Due to refinancing difficulties faced by the NHIS, Mr U contends that even free basic treatment for NHIS members appears to be at risk, and that the likelihood of further increases in out-of-pocket payments is high. This is likely to exert pressure on the non-contributory admission and treatment processes for members. The findings indicate that free NHIS enrolment does not serve as a reliable mechanism for social health protection for people with disabilities.

SEMI- AND NON-FORMAL SOURCES TO SECURE HEALTH TREATMENT

The interviews suggest that people with disabilities need to seek additional financial support to access healthcare. The example of Ms A, who borrows money from family and friends, has already been introduced:

> *Mm, hmm, when I am sick, borrowing, I go and borrow. If it becomes urgent, my child has nothing, so we tell someone we know that oh, we plead with them to give us something so, I take to the hospital then later, we would place it back where it belongs [meaning they would pay back the loan] (Int. 1, Pos. 154)*

For her, the primary source of financial support for healthcare is her son. If he cannot help, they try to borrow money from acquaintances and, if possible, repay it later. It also becomes evident that this only applies to emergency situations (*If it becomes urgent […] we plead with them*). This indicates that health treatment needs are delayed or not addressed at all unless they are strictly urgent. Such delays are highly likely to be detrimental to her overall well-being (see section on health as a resource).

Furthermore, the specific church communities of the interviewees were explicitly mentioned in terms of possible financial support for healthcare. Mr D states:

> *Oh, when I am sick, when I am sick, sometimes, I tell the church, and if my children also get something, I take it to the hospital. (Int. 4, Pos. 348)*

At times, it seems that different sources are necessary to obtain the money needed for treatment. Ms D describes her church community as a reliable source of support for her healthcare:

> *Oh for the church I haven't gotten- if I am able to ask, they give to me, if I ask, the give to me. Even when the Covid hit, about four times they brought me money, they are able to give to me. […] Even*

this thing [pointing to her prothesis], if it becomes faulty, if I tell them about it, they can give me something, then I take it to OTC [Orthopedic Centre] to repair. (Int. 4, Pos. 321-323)

She even relies on this support to maintain her prosthesis and cover the associated costs at the Orthopaedic Centre. The NHIS has not played any role for her so far. Although she has applied for free access, she has not yet collected her card.

Also, regarding health expenditure for specific treatments outside the NHIS benefit package and public healthcare, the church was mentioned as an important funding source, for example, by Mr F:

Aahhn, the health insurance, yeah, okay, health insurance help, and then if it come as possible, the church members will send me to another <<background noise>> public set, public s- public s- uh, hospital. He use to send me to- I have been going private one too, public, uh, if I, I have some, some place to go, at [name of city], some church- some hospi- clinic there is called [name of clinic] , mm, I've been going there too, and then [name of clinic], uh, [name of city], I've been also going there, for that one it's a private one, the church member used to help me to go there for, for the for the treatment, so they're also there, mm. For that one, you can't use herbalist, uh, uh, health insurance, so you use your own money, your own pocket (Int. 6, Pos. 201)

Mr F has a visual impairment and occasionally requires specialised treatment, which is unavailable at district hospitals. Consequently, he must travel to either public or private hospitals equipped with eye units. This can be made possible through the support of people from his church. However, interviewees also described less encouraging experiences when attempting to access healthcare with the help of faith-based organisations. Ms A reports:

Yeah, for instance, recently I pleaded with [name of parish priest] to give me money to go to the hospital, I said I was sick, three weeks ago, almost one month, he told me I would hear from him, today is Monday […] So could you believe that his, if I were his sister, or even one of his friends, since Saturday, you don't know the situation in which I am, you said I would hear from you, today is Monday, nothing, so if it were deadly I would have been dead. […] A whole parish priest. (Int. 1, Pos. 128-132)

Having a serious health problem, she asked the pastor for financial support to receive treatment at the hospital. He said he would get in touch with her, but after several weeks, he has not done so and is not available to her. As a result, her health condition worsens, and she continues to postpone treatment because she lacks the financial resources to receive treatment at the hospital.

Faith-based communities appear important, but they remain a semi-formal and not necessarily reliable resource for safeguarding health treatment. Interviewees utilise faith-based communities as alternatives when formal social health protection via NHIS and traditional forms of protection via the family are unavailable or insufficient. In some cases, these communities do provide financial health protection, although without guarantees and with certain conditions. Faith-based communities will be revisited later as a resource in their own right.

7.1.3.4 Challenges of Registration and Re-Registration

Generally, the free registration of people with disabilities by local Social Welfare Departments over recent years is seen as a significant step towards improving public social health protection. Local

social welfare officials emphasised their efforts to increase NHIS enrolment of people with disabilities as part of their public services.

> *The Department of Social Welfare and Community Development offers advocacy and rehabilitation services to persons with disability. In facts the rehabilitation programme is a whole lot of -, common fund for persons with disability is part of it. We do skills training; at the moment the department of social welfare has a vocational training school at [place]. I think we have a number of persons with disabilities who have been enrolled into the school. We have oversight responsibility of persons with disabilities, organizations of persons with disabilities and activities of persons with disabilities in the metropolis. We also provide referral services to persons, to educational facilities, to health facilities and insurance. We facilitate their registration on to the NHIS, and a whole lot of things. (Int. 42, Pos. 191)*

Mr AK, a local disability desk officer, explains in more detail how his office supports the free enrolment of people with disabilities:

> *hmm, one thing with the health disability with the health insurance, whoever – we enrol them and renew it for them as well so – and they have an association they've been going. So they talk to them. Whoever doesn't have the health insurance, raise up your hand or come to social welfare but they normally come in group, so doing it is very diff easy because maybe they come in group. If they're 50, we register all of them and send it, then they bring it. For that one, they've been coming always they don't go there, they only bring their particulars, we do it for them, bring their cards, yeah […] so we go with them, maybe 50 of you, when will you be ready, meet me at the bank at 9 oh ei, at the health insurance office at 9 o'clock, they'll all come […] so if I sit down, if they start serving one or two people then I leave then I know they've started so then I can go they will not allow you to cheat them so what I normally do is, if I go to the health insurance, I tell you, these are my people. I need a particular person who will pay attention to them. But if you don't know and you're serving them then you bring mutual person to come, no, they'll not allow you eeii confusion. They'll create confusion so I give them one person. They say these people they're special so their madam too is special so give them special attention that is, that is – here too, they'll just tell you, [name of social welfare officer] people are special so pay special attention to them […] they'll do it for them nicely, then they'll go so for the health, if even I see you by the roadside, ah, do you have health insurance? No. why? Ahaa my mummy did not do it. Then come to our office tomorrow. Come with all these particulars so we enrol them […] the moment we see them, then we just come to our office tomorrow […] because it's their right […] so they need to enjoy it, yes (Int. 39, Pos. 260-276)*

From his statement, various aspects become apparent. First, there is a strong and systematic effort to enrol as many people with disabilities as possible (*whoever – we enrol them and renew it for them; if even I see you by the roadside, ah, do you have health insurance? No. why? Aha, my mummy did not do it. Then come to our office tomorrow*). Second, there is systematic cooperation with OPDs in preparing and processing the registration (*they have an association they've been going. So they talk to them. Whoever doesn't have the health insurance, raise up your hand or come to social welfare but they normally come in group*). Third, Social Welfare Offices act as mediators between applicants and local NHIS offices, accompanying applicants to ensure free registration and re-registration (*so we go with them*). Fourth, this systematic initiative is driven by the fact that the welfare officer sees it as their duty to realise the legal right of persons with disabilities to free admission to the NHIS (*it's their right […] so they need to enjoy it*). A social welfare officer from the third research district confirms this proactive and ongoing enrolment strategy by stating:

> *those who cannot are enrolled unto the National Health Insurance Programme, and so we always assist in renewing their err their expired err expired NHIS or we also help renew registrations and so they do not pay anything yes (Int. 40, Pos. 68)*

The social welfare director of the same district further emphasises the framing of this endeavour as the execution of legal requirements:

> *the government the law, ermm, specifies that we should register them on the NHIS and so my office, takes it upon ourselves and register them annually. (Int. 37, Pos. 16)*

Overall, it becomes evident that the roll-out of NHIS for people with disabilities appears to be of great relevance to local governments, especially considering the legal requirements. Also, Mr T, a regional OPD representative, draws a positive conclusion on this endeavour from the perspective of OPDs:

> *Oh with health one of the Government chief project is THE NATIONAL HEALTH INSURANCE SCHEME. So we've been able to advocate so that under the indigent clause all disabled persons are put on the NATIONAL HEALTH INSURANCE SCHEME. That is the first point. So any child right from the kindergarten level, that is the nursery level as soon as we identify you, we screen and identify and know you have one form of disability or the other, the first thing we ask your mother, parents or your guardian including the school authorities to do is to get you a HEALTH INSURANCE CARD. So that you can go for assessment, you can go for referrals, you can go for a lot of emm health diagnosis, drugs and other things. Without any cost. Now as we are growing, some of us are now working so we know we would be removed from the indigent clause of free HEALTH INSURANCE and be put on those who are paying from their SSNIT SOCIAL INSURANCE AND NATIONAL INSURANCE TRUST contribution. (Int. 20, Pos. 89)*

From his statement, it becomes evident that OPDs also adopt a strategic approach to the comprehensive admission of people with disabilities to the NHIS. Furthermore, he suggests that beneficiaries who have experienced the value of insurance coverage will remain enrolled and convinced even after graduating from fee exemptions. Despite this assumption and the strategic endeavours, there were quite a few people among the interviewees who were not enrolled in NHIS at the time of the interview for various reasons. The expiry of the membership card was a common problem. Membership must be renewed annually at a local NHIS office. This appears to be a significant barrier to maintaining permanent NHIS membership.

Ms X is a single mother of a 14-year-old son with a hearing impairment. When asked for the NHIS card, she says, '*no, he has the old one but it's expired*'. When asked the same questions, Mr Z states:

> *err, I was having it, before it expired, but if I go to the office, they will renew it for me. […] If okay – renewal is about 7 cedis or so, it's not a money (Int. 27, Pos. 165–171)*

He probably sees little benefit in maintaining his membership, even if he might not need to pay the very low contribution. He believes he will only rejoin when he genuinely requires the card for treatment. Mr N's experience indicates that this might not be an effective way to reduce health costs:

> *As for the one that I mentioned that recently something fell on my eye, when I went to the hospital, they said my insurance had expired, so immediately, I made, I made them change it, so when I went*

luckily the thing, they removed uh, they made the nurses remove the thing from my eye, yeah so they removed it from my eye but at that time my insurance had expired so they took money from me, yeah, so after renewing the insurance, I haven't been to the hospital again, mhm (Int. 14, Pos. 249)

He had a medical emergency that required hospital treatment. Since his NHIS card had expired, he had to cover the treatment costs out of pocket. A last-minute renewal to avoid the costs was not possible. Others, like Ms P, for example, were enrolled but lost the card:

No, no, I, I don't have it, no, I used to have one, it is lost. […] Uh, when it happened, I was going to the hospital and it was left in a car, I was removing something, then it fell in a car, and till date, so even when I fall sick, I can't go to the doctor (Int. 16, Pos. 73-89)

She appears unaware of the possibility of obtaining a new card at a local NHIS office. Instead, she believes she can no longer access public health facilities.

7.1.3.5 Summary

The section provides insight into the challenges faced by persons with disabilities when using the NHIS in its core function as a social protection resource in the event of a critical health condition. Overall, the NHIS as a social health protection scheme was attributed a comparatively high relevance by the interviewees. This is demonstrated not only by the scope but also by the depth and detail of their statements about the NHIS during the interviews.

When considering resource requirements for using the scheme to secure and improve livelihoods, access to ongoing health insurance is vital. The examples show that annual re-enrolment is a significant obstacle. Overcoming this obstacle needs various resources, including knowledge of the NHIS process, understanding the benefits of coverage, and the individual's ability to visit an NHIS office for re-enrolment or to engage their social network to facilitate this process. Local social welfare departments, working closely with local OPDs, make substantial efforts to get people with disabilities enrolled through local NHIS offices, based on their legal right to free basic health care. At the same time, the mandatory yearly renewal appears to be a significant obstacle to maintaining permanent NHIS membership. Ensuring continuous public health insurance coverage for people with disabilities therefore becomes a Sisyphean endeavour for local social welfare departments and OPDs. It can be assumed that these bodies lack the necessary resources to manage this challenge. This is at least suggested by interviewees' reports of out-of-pocket payments due to expired insurance cards. The extent to which relevant information about potential benefits is effectively communicated remains unclear. Likewise, it is uncertain whether this lack of communication might unintentionally have adverse effects on individual health-related agency.

In terms of resource conservation and gain, findings suggest that NHIS enrolment can contribute to preventing both a delay in health treatment and reducing self-medication on the grounds of incurring costs. Statements from interviewees suggest that free NHIS enrolment for persons with disabilities can positively influence health-seeking behaviour and shield them from critical financial loss due to health expenditure. It was also noted that coverage of treatment costs by the NHIS promotes equal treatment of all patients, including those with disabilities, since the issue of funding treatment is addressed equally for everyone. From a resource perspective, this can be seen as having a stabilising effect on the resource arrangements of persons with disabilities.

At the same time, a range of challenges is identified that could undermine these stabilising effects. Out-of-pocket payments are a primary concern. Additional payments for minor medical treatments, such as specific procedures or medications not fully covered by the NHIS benefit package, also arise. Interviews indicate notable uncertainties about this NHIS benefit package, particularly for people with disabilities. Although some government officials believe certain costs will be reimbursed, interviews with users reveal that specific expenses, such as psychiatric medication, rehabilitation measures, or assistive devices, are not covered by the scheme. Uncertainty about potential costs when seeking professional healthcare generally deters individuals from seeking help. This undermines the NHIS's reliability as an external, formal, rights-based resource within the individual resource arrangements of people with disabilities in Ghana. Reported refinancing difficulties of the NHIS pose a risk to free basic treatment for members and may lead to a rise in out-of-pocket payments, especially if the scheme's financing is threatened.

Payments for extensive treatments that are not covered, as has been shown, can lead to catastrophic health expenditure, i.e., significantly altering and damaging people's resource arrangements. People sometimes sell substantial parts of their property and are exposed to a high risk of poverty. To prevent this, interview data indicates that social networks within families, local communities, and faith-based organisations can play a central role in terms of complementary resources. However, these are often characterised by limited reliability and certain informal conditionalities, as the analysed examples illustrate. Further analysis will examine these resources more closely.

Significant differences become evident when comparing legal requirements for free healthcare access for persons with disabilities with the realities described by NHIS users interviewed. The NHIS did not cover impairment-related health and rehabilitation costs, especially based on the experiences shared. For people with disabilities, this greatly increases the risks of 'catastrophic health expenditure' or delaying necessary measures that can help prevent health deterioration, improve or maintain health, and increase opportunities for social participation.

Local social authorities have established routines to fill this gap by covering such health services and items through the Disability Common Fund. However, as detailed above, this cannot be considered a reliable resource due to irregular payments and insufficient financial capacity to meet the various demands placed on it. The retrospective cost reimbursement method falls short of its intended purpose when funds for urgent medical needs cannot be sourced from the patient's personal finances or social support network. As a result, the reimbursement of health-related expenses through the DCF offers little assurance as a reliable mechanism for social health protection.

In conclusion, existing public social health protection measures for people with disabilities, including free NHIS and back-up support through the DCF, do not appear to be sufficiently equipped to address health-related needs. The findings indicate that free NHIS enrolment alone does not serve as a reliable structure of social health protection for the individual resource arrangements of people with disabilities. Additionally, beneficiaries with disabilities rely on other types of resources, such as their own financial means or access to financial support via personal social networks of family, local community, and faith-based contacts. These actors often play a significant role in supplementing or even replacing formal social protection measures.

7.1.4 Conclusion on Public Social Protection Schemes

This chapter has explored the role of three public social protection schemes as part of the individual resources of people with disabilities: the Disability Common Fund (DCF), Livelihood Empowerment Against Poverty (LEAP), and the National Health Insurance Scheme (NHIS). These schemes are perceived as targeted interventions into the individual resource arrangements of their beneficiaries. The following provides a summary of the core findings from the first part of the analysis, organised around six hypotheses.

Overall, the schemes were found to have a positive impact on the livelihoods of people with disabilities when complemented by additional resources that are either available or accessible within the individual's resource arrangement. These resources, elaborated in detail, were defined as 'complementary resources'.

Hypothesis 1:

- **The social protection schemes under review depend on 'complementary resources' to attain sustainable improvements in the livelihoods of persons with disabilities.**

Interviewees placed significant emphasis on the Disability Common Fund (DCF) when it comes to the individual resource arrangements of people with disabilities. The core element of the scheme, the concept of an entrepreneurial start-up fund offering mostly in-kind support to establish small-scale businesses, seems to be based on the implicit assumption that, hypothetically, everyone possesses a talent that can be turned into a business. Findings indicate that successful and sustainable effects on the individual resource arrangements of DCF users are more likely when additional internal and external resources complement DCF contributions. These resources can include physical and psychological resources, such as specific functional abilities, knowledge, skills, interactional capacities, self-confidence, and personal economic assets. Moreover, they can include social resources coming from close and extended relationships within families, friendships, local communities, and faith-based groups. Socio-ecological resources, such as accessible public infrastructure, transportation, information, educational institutions, income opportunities, and societal perceptions of disability, are also integral. Furthermore, they involve relational resources within immediate social environments, as well as other formal and semi-formal social welfare services. Findings suggest that the mobilisation of these complementary resources is inherently built into the design and implementation practices of the scheme. However, the mobilisation of such 'complementary resources' by interviewees with disabilities was often limited or unsuccessful.

Hypothesis 2:

- **The DCF concept is characterised by a conceptual discrepancy. While the availability of complementary resources is embedded in the design and implementation practices of the fund, these resources are often not present within the individual resource arrangements of people with disabilities. Consequently, the DCF does not reflect the actual resource realities of its target group.**

Regarding the DCF, interviewees paid considerable attention to the role of the family, among other factors. The family system is implicitly viewed as a multiplier or resource pool for financial resources or in-kind contributions, as well as for physical support, certain skills, specific knowledge,

or other social networks that might be needed. This highlights the importance of a critical reflection on the same.

Furthermore, it has been demonstrated that the DCF could even harm individual resource arrangements, for example, when complementary financial resources are obtained through loans. There is a risk that entrepreneurial failure leads to debt or the adoption of destructive social protection strategies, such as disposing of vital assets or delaying medical treatment to avoid costs. Failure in DCF entrepreneurial activities can also harm social status and relational resources, reinforcing ableist views on people with disabilities. In worst-case scenarios, as argued, this can trigger loss spirals that become difficult to reverse.

Hypothesis 3:

- **The schemes' tacit assumption of complementary resources bears the risk of harming individual resource arrangements by causing the loss of material and immaterial assets, such as through debt, destructive protection strategies, and harm to social status.**

It became apparent that the need to bring in complementary resources is partly due to the insufficient financial resources of the DCF. With the aspiration of fairly distributing limited funds, applications are often only approved partially in the hope that the remaining part can be covered by the fund users' own resources. It has been shown that this is often not the case, and it negatively impacts the application behaviour of DCF users.

Interviewees attributed less importance to the Livelihood Empowerment Against Poverty (LEAP) cash transfer scheme compared to the DCF. However, the study suggests that LEAP provides a relevant financial intervention into the resource arrangements of numerous people with disabilities and their households, living under conditions the scheme defines as extreme poverty and vulnerability. It has been argued that access to the transfer can be highly preconditional, despite the targeting being partly outreach-based. Certain resources are necessary to access the transfer, such as specific knowledge, time, financial means, mobility, support from others, and possession of certain official documents. Findings suggest that these preconditions may prevent potential beneficiaries from accessing support through the scheme. Access issues are also likely to contribute to the relatively high rate of exclusion errors reported.

Findings suggest stabilising effects of the scheme on individuals with disabilities' resource arrangements, especially in contributing to household income. This support also appears to enable individuals fulfil expected roles within their families and communities, aiding in the preservation of a certain social status. Overall, the findings suggest that the interviewees' approaches to using the cash transfer to improve their livelihoods were primarily enabled by the availability of complementary resources. Given the small size of transfers and the limited reliability of their provision, local government officials encourage using LEAP transfers as a means of savings and investment for entrepreneurial activities. This somewhat contradicts the programme's focus on households with extremely low resources and individuals with 'severe disabilities' and 'without productive capacity'. For the cases studied, both productive capacity (such as knowledge, skills, self-concept) and personal resources (e.g., existing labour activity, ownership of property/land, sound social relationships in family/community) were essential in enabling the positive effects of the transfer.

Hypothesis 4:

- **The design and implementation practices of LEAP point to a conceptual inconsistency regarding beneficiaries with disabilities. While the scheme targets individuals with 'severe disabilities' and 'without productive capacity', its implementation partly relies on high expectations of functional capacity.**

The interviews revealed considerable challenges in both the conceptualisation and implementation of LEAP. Defining disability-related eligibility criteria and accurately assessing the resource situation of individuals with disabilities appear to pose substantial difficulties for the programme. These issues may contribute to the high rates of inclusion and exclusion errors associated with LEAP, as noted elsewhere. Regarding LEAP's primary aim of empowering the livelihoods of people with disabilities (among others), the scheme is perceived to struggle in meeting even the most basic needs. Promotive or transformative effects, on the other hand, are rarely observed to be within reach. Such effects only manifest when complementary resources are available to a considerable extent. In such cases, however, available resources may risk surpassing thresholds set by LEAP's means-testing criteria.

The National Health Insurance Scheme (NHIS) was assessed from the perspective of people with disabilities, particularly regarding its benefit package. Overall, it became apparent that the health insurance coverage reported by interviewees does not align with the provisions outlined in Ghanaian disability legislation. Impairment-specific needs for health and rehabilitation services and products were often not covered by NHIS. This generally results in significantly higher out-of-pocket expenses for people with disabilities compared to NHIS members without disabilities.

In terms of basic health services, findings suggest that the NHIS can prevent delays in health treatment and self-medication. From a resource perspective, this helps stabilise individual resource arrangements by investing in personal health and avoiding financial loss from health costs. Furthermore, it was argued that the NHIS's coverage of treatment costs also promotes equal treatment for all patients, including those with disabilities.

The findings, however, also highlight significant uncertainty regarding service coverage, which deters people with disabilities from seeking medical treatment due to fears of incurring costs. In some cases, NHIS members with disabilities reported high out-of-pocket payments when seeking healthcare, including instances of catastrophic health expenditure. Local social welfare departments established the practice of supporting the NHIS by covering the healthcare costs of people with disabilities through the DCF, via retroactive reimbursements of expenses or partial costs. It is argued that these public social health protection measures for people with disabilities, consisting of free NHIS and backup support through the DCF, do not seem sufficient to meet health-related needs. Consequently, people with disabilities tend to explore semi- and non-formal social resources to access healthcare. Faith-based communities are utilised as resources to supplement health expenditure, especially where both public protection measures and traditional forms of protection via the family are unavailable or insufficient. However, these are defined by a lack of guarantees and certain conditions (such as membership or assuming specific roles in the church). Ultimately, access to adequate healthcare for people with disabilities depends on the availability of existing or readily accessible financial resources within their social environment, such as family, friends, the local community, and the church. At the same time, it can be assumed that access to such resources may be particularly limited for people with disabilities compared to those without disabilities.

Hypothesis 5:

- **Free NHIS enrolment, even when supported by the DCF, semi-formal, and non-formal resources, does not constitute a reliable structure for social health protection for people with disabilities. This enfolds negative effects on the health-seeking behaviour of people with disabilities, such as delaying health treatment, which tends to harm their internal health resources.**

What conclusions can be drawn about the importance of these social protection instruments in the context of individual resource arrangements of people with disabilities? Considering the broader aims of social protection outlined earlier (protection, prevention, promotion, and transformation), the schemes seem to be characterised by limited reliability, insufficient coverage, conditional access, and heavy dependence on complementary resources to achieve their intended effects effectively. This indicates that, whether considered individually or collectively, they do not necessarily serve as stabilising factors within the resource arrangements of people with disabilities. Their capacity to compensate for problems arising from gaps in other resources appears limited.

The heavy reliance on complementary informal resources appears to significantly restrict the intended impact of poverty prevention, livelihood support, and transformation, especially for beneficiaries with disabilities. Limited financial resources and the unreliability of the schemes obviously challenge the effectiveness of social protection systems. It was observed that these schemes could even have negative effects on individual resource arrangements, particularly if essential complementary resources are financed through loans with high interest rates.

Hypothesis 6:

- **The conceptual designs, impact frameworks, and implementation practices of the three schemes are often based on taken-for-granted assumptions about a particular resource setup of beneficiaries that diverge from the individual resource arrangements of beneficiaries with disabilities.**

Given this divergence and the pivotal role of complementary resources in ensuring a positive impact of the schemes on beneficiaries' livelihoods, Part B of the evaluation focuses on the relevant complementary resources identified above in the context of individual resource arrangements.

7.2 Complementary Resources (Analysis PART B)

Part B of the analysis shifts focus to the personal resource arrangements of individuals with disabilities. It explores how the 'complementary resources' identified in Part A can be further detailed through the interviews, examines their role and significance within individual resource arrangements, and investigates how these resources interact. The analysis also considers how the assumptions and requirements of social protection schemes regarding certain complementary resources identified in Part A align with the perspectives of people with disabilities on these resources.

7.2.1 Civil Society Organisations (CSOs)

During the interviews, individuals with disabilities were invited to share experiences of challenges they could not overcome on their own and to identify those who or what provided them with

support. Some interviewees were members of both local self-help groups and the local branch of a larger OPD. While the latter were organised by specific types of impairments, the local self-help groups operated on a cross-impairment basis. Impairment-specific local branches of national OPDs are usually organised under the regional and local branches of the Ghana Federation of Disability Organisations (GFD). Typically, these local organisations apply for and receive some basic funding as part of the DCF to further develop their organisational structures, as confirmed by local government officials (e.g., Int. 34). The OPD-affiliated interviewees also included representatives of a parents organisation for children with so-called intellectual disabilities. Additionally, several civil society organisations were mentioned that do not fall under the definition of OPDs.

Local social welfare officials were asked to mention community organisations they knew that provide support to people with disabilities. Several respondents highlighted Organisations of People with Disabilities (OPDs) of various types and scales. These included local constituencies of OPDs with strong multi-level structures (e.g., local branch of the Ghana Blind Union) as well as local disability self-help groups operating within their respective districts or even smaller geographic areas.

7.2.1.1 Organisations of Persons with Disabilities (OPDs)

Interviewees mainly referred to OPDs in relation to accessing funding from the local Disability Common Fund (DCF) (as reflected by 25 out of 78 OPD-coded segments solely discussing DCF-related issues. This encompasses beneficiary identification, assistance with the application process, involvement in fund management, and monitoring of proper distribution by municipalities and utilisation by beneficiaries. The role and importance of OPDs in these processes have already been outlined in the analysis of formal social protection (Chapter 7.1). The next section examines the importance of OPDs in shaping the personal resource arrangements of people with disabilities beyond the scope of the DCF.

OPDs AS COMMUNICATION HUBS AND FACILITATORS

Interviewees pointed to the role of OPDs as important information hubs, with the regular meetings of these organisations notably functioning as key sources of information.

> *If, if on some occasions, you don't go for a meeting and maybe, uh, something comes up, y- you won't see it, you won't hear it, unless you attended the meeting, then you would hear it. (Int. 8, Pos. 174)*

This role of OPDs in disseminating information on support is emphasised by OPD representatives:

> *when you register with the department of social welfare then you are officially gazetted locally as a disabled person, but with the associations you are free to join or not to. But for the sake of networking and socialisation and getting some information and update on persons with disability it's good to register with an association, so you can benefit from a few available things. This includes information and other things that may help you to benefit from the equalisation of available opportunities. (Int. 31, Pos. 54)*

Access to information, such as details about government support and other types of aid, is considered essential for people with disabilities and their families. Besides registering directly with

local social welfare departments to join a local OPD for access to relevant information on available support options is perceived as equally important.

> *So the ermm, the government insisted on the persons with disability, either you join an association or you register with social welfare. So with these two ways, you get information about whatever programme, whatever programme, whatever benefit there is for you. (Int. 28, Pos. 34-35)*

OPD representatives place significant emphasis on ensuring that people with disabilities engage with local social welfare authorities through the OPDs as intermediaries. During the focus group discussion, a local government official addressed this practice and offered a critical perspective on the role of local OPD leaders in this context:

> *So I will look at the information barrier, because of their disability they feel reluctant to come to some of us [local social welfare officials]. They [people with disabilities] channel their grievances through their leaders and I don't think sometimes what they communicate to them is well communicated to us. And then they get back with false information making them not know anything about what to do about what they are facing. So the information barrier has really been the biggest problem when it comes to disability, they don't avail themselves to ask questions. (Int. 42, Pos. 108)*

The statement critically examines the role of OPDs and their local leaders as information hubs, noting that, in the interviewee's experience, they can become information bottlenecks. The interviewee even characterises this as an information barrier. As discussed in the previous chapter, this important position of OPD leaders regarding information and communication increases the OPD members' power to influence access to resources. Conversely, findings indicate that local OPD leaders play an essential role in facilitating access to information, communication, and support services that might otherwise remain unreachable. The previous chapter discussed the limited resources and outreach capabilities of local social administrations and their interest in cooperating with OPDs regarding eligibility decisions and individual needs assessments of recipients of government assistance.

OPD representatives reported that they engage in systematic member recruitment to facilitate targeted access to support services.

> *The least, in fact so far as [city] is concerned I will say mental health, because initially they didn't even know they were a disabled group. Now people with albinism are now coming onboard, survivors of BURNS are also coming but in the [city] we have not been able to mobilise persons with albinism and survivors of burns. We are now in the process of mobilising mental health users, so they don't have the numbers as the other disability groups. So they access the least of the assistance. (Int. 42, Pos. 91-92)*

The statement by this OPD representative further suggests that the size of the organisation may affect its capacity to facilitate access to support services (*they don't have the numbers as the other disability groups. So they access the least of the assistance*).

Yet the interviews also illustrate how individual access to support is facilitated by single OPD leaders, not solely through the DCF (see discussion in the previous chapter). For instance, Ms G, the mother of a son with a so-called intellectual disability, shares how the local GFD leader collaborates with her to organise her son's education.

> *So I took him to school, government school, he went there for a long time (but), it didn't benefit him […] so I went to see Mr [name of local GFD representative], then we went to Social Welfare to show them all our papers, and when we went to [name of city] Social Welfare, they gave us a letter to take to the special school in [name of city], mm. […] So later I I and Mr- I went to Mr [name of local GFD representative] and I decided that we would look for another school for him, so a friend of mine in [name of city] called me that there is one at, uh, [name of city], so I called Mr [name of local GFD representative]and informed him, that place is a rehab, so we decided to work on that, then he also asked someone, another person, he said his friend is also in [name of city], then he asked him and he said [name of city] also has one. (Int. 7, Pos. 109, 124-126)*

For her, the local OPD representative serves as the main contact for resolving school-related issues, arranging school transfers, communicating with authorities, and later helping with transitions to vocational training and employment at a rehabilitation centre. This example highlights the vital role that local OPD actors can play in facilitating access to essential services. Similar examples were noted by local representatives of the Burn Survival Foundation, which actively detects burn victims and offers access to medical treatment, among other kinds of support (Int. 31, Pos. 66).

In addition to the roles previously described, interviewees reported receiving support from OPDs across various domains. This includes providing basic necessities such as clothing (Int. 6), facilitating enrolment in the NHIS (Int. 31, pos. 47, 115), organising and funding specific treatments and surgeries (Int. 31, pos. 66, 135), supplying assistive devices such as wheelchairs (Int. 31, pos. 115), access to accessibility training, and offering financial support for guides assisting individuals with visual impairments (Int. 31, pos. 175, 118).

COLLECTIVE ACTION AGAINST ONTOLOGICAL DEGRADATION

Interviewees considered a key role of OPDs in public education to oppose a prevailing ontological devaluation of people with disabilities as a basis for discrimination. Mr C, a retired teacher and GFD and GBU activist, explains:

> *You know in Ghana, culturally the belief is that disability is, is, is, uh, is, is, is misfortune, is, is, uh, has come in as a result of punishment of some kind, culturally, that's the belief of Ghanaian- people in Ghana. They feel, once you are disabled or you, you are, you are person with disability, they don't give you that recognition, there's that high level of discrimination, they don't accept you, to be an- a full normal human being like any other person, they discriminate against you, they don't give you that respect, that dignity is, is, is, is, is not there, okay, sometimes they may not even call you for social activities like family meetings, et cetera, et cetera, because they don't give you- they don't have that respect for you, okay, sometimes they don't even come, some of them have misconception, that if they come closer to you, they'll be infected, so they will not come to- so there are so many theories about, and, and cultural beliefs about persons with disabilities in Ghana, aha, so that discrimination is there, unless of course you yourself improve to them, that's why we have been encouraging our people that prove to them that you are capable, uh able, you see, if, uh, if you are able to support your family, you support your family, but when they get to know that you can help them and support them, then they begin to come closer, they begin to come to you and they involve you. So it is also upon us to prove to the society that we can do it, aha, but they have those beliefs, those cultural beliefs, the misconceptions and perceptions, they have them about us, aha. (Int. 3, Pos. 15)*

The denial of human status (*they don't accept you, to be an- a full normal human being like any other person*), essentially the ontological exclusion of people with disabilities from the community of humans, can be viewed as a categorical exclusion from forms of human reciprocity, and therefore from all resource exchange processes within communities. While this aspect is thoroughly examined in Chapter 7.2.5, the role of OPDs in addressing this exclusion is especially significant in this context.

From the perspective presented, OPDs view themselves as key actors in (re-)shaping the dominant social construction of disability. Statements by OPD representatives suggest that this endeavour is not primarily about claiming rights or challenging dominant social constructions of community. Rather, it is about demonstrating the ability to fulfil a role that affirms one's belonging to the human community and participation in related resource exchange relationships (*prove to them that you are capable, uh able, you see, if, uh, if you are able to support your family, you support your family, but when they get to know that you can help them and support them, then they begin to come closer {mm}, they begin to come to you and they involve you*). From Mr C's perspective, OPDs must offer structural and systematic support for these 'proving' processes to facilitate access to social resources within contexts such as family, friends, neighbourhood, and church (see discussion on 'proving' and social resources in Chapter 7.2.5).

The interviews reveal that the activities of the OPDs go beyond supporting individuals with disabilities and their families; they also encompass the wider local communities. Mr AA, a local GFD and GBU representative, for example, states:

> *I know someone who was always indoors and died from his condition but when we go and talk to them, they are able to come out. some think their condition is a curse and so the family hides them and do not let them out and so this training and workshops we give to the family and others enlightens them – and so there are some, they do not even know it's possible to work and so we enlighten them and let them know they are capable of working to fend for themselves (Int. 28, Pos. 184)*

His statement indicates that the educational work addresses both opportunities for people with disabilities and a broader understanding of disability. He also emphasises the importance of empowering individuals to become self-reliant. The significance of raising awareness about disability was further highlighted during the Focus Group Discussions with OPD representatives:

> *at the villages they need a lot of awareness. We travelled to a village once and there were lots of disabled people there, but the elders didn't even know that there were associations supporting the disabled. So I think that our leaders should intensifying the education and awareness on persons living with disabilities and that will help a lot. (Int. 31, Pos. 64)*

SUPPORTING ENTREPRENEURIAL ACTIVITY

Access to employment opportunities is a critical concern for OPDs, as previously noted in relation to the use of the DCF. Besides state support and individual entrepreneurship, OPDs themselves also engage in entrepreneurial activities, as illustrated by the following example:

> *when you come to GBU we had chairs that we hire and we use the proceeds to support members but unfortunately it got burnt, but we are still searching for a new project to support members. A lot of the associations also have things they do to support the members internally and that really helps, thank you. (Int. 31, Pos. 106)*

Various approaches to collective employment initiatives by OPDs were discussed during the interviews. For example, a group of people with hearing impairments described the successful start of a pineapple farm on a piece of land that they had been given by a private individual (Int. 17). Similarly, local GFD groups operate shops in local markets and supply cleaning staff for public buildings (Int. 31, Pos. 87). Mr T, a regional OPD representative reports similar plans:

> *Then the planting for food and jobs it is my wish and my hope that we could convince the district assemblies to also to support the disabled organisations […] THE DISABLED PERSONS ORGANISATIONS to also to acquire a plot and also to start some form of farming. […] For example, if they could do pepper plantation, lettuce erm something which is not intensive you know and this one can give them employment. (Int. 20, Pos. 269-273)*

In the context of establishing employment initiatives and securing necessary investments, the potential for collaboration between local OPDs and those from the so-called Global North was also discussed. One example is a bakery run by people with disabilities, funded by a Finnish OPD, although challenges arose concerning ownership issues (Int. 31, Pos. 120).

Complementary to such entrepreneurial initiatives, the interviewed OPD representatives emphasise the importance of their role in training and preparing members for employment. Collective qualification efforts by OPDs, discussed in the previous chapter with reference to the DCF, underscore this commitment. Moreover, the personal development of members emerges as a core aspect of the OPDs' identity, as reflected in the statements of some representatives. Accordingly, a local OPD representative states:

> *as an association when we meet we help empower you economically. We encourage them and tell them to take up various roles, if you can do the laundry or wash we advise them to move from house to house doing people's laundry for some money. I encourage parents of the intellectually disabled children using myself as an example, I tell them to come and if it's washing that they can do I will pay them and recommend them to others. Such roles help boosts their confidence levels and any job that is looked down upon we can do it. All you need is to be confident and understand that you can do it, and that's what we teach them. So we usually invite some master craftsmen to come and teach them various trades and skills, so that they can also do something with their hands to fetch them something (Int. 31, Pos. 79).*

In the Focus Group Discussion with OPD representatives, the Ghanaian approach to the Rehabilitation Centre (see also Chapter 2.1) was highlighted as important for developing a Ghanaian model of service provision, although it requires reform. The OPDs specifically emphasised the need to adapt the training offered to better align with the current and future opportunities for income generation in Ghanaian society (Int. 31, Pos. 83 ff.).

CRITICAL PERSPECTIVES ON THE ROLE OF OPDs

Alongside the supportive aspects addressed in the context of OPDs, interviewees also expressed critical perspectives on the role of OPDs. For instance, Mr K, an ordinary OPD member, shared the following observations:

> *Um, I think, I think the other day, I discussed uh, this with chairman, I went to, uh, our meeting, the visually impaired, they have their meetings and we do our own meetings, yes, and um, I think, it seems everyone, uh, wants to become independent or =when I say that, I'm not saying maybe selfishness*

> *or anything of that sort but uh- I mean, we have to be united as a- an association, you see, helping each other, not by money, but at least, by giving someone advice, uh, when you see that your friend is doing some uh, job and then you have uh, an advice or a better idea, you share it with the person, that's not- that's i- that isn't going on at the meetings, you see, rather, the discussions become on, um, how to get money, how to get money, but you see, getting money alone can't solve our problems for us, it is how to use the money, you get the money, how to use it […] I wanted to see the chairman, yes, so that uh, we can have a meeting, both the visually impaired and then the disability this thing, so that uh, we put our heads together to see how we can help each other, yes, and this is uh, something on my mind, that I want to, yes. (Int. 11, Pos. 174-177)*

On the one hand, he criticises the self-segregation of local OPDs, especially along lines of impairment, and a lack of cooperation and mutual support for a wide range of challenges in the sense of a self-help group or peer counselling. He connects this observation to the groups' narrow focus on accessing supposedly scarce financial resources, for which the groups compete to a certain extent (*rather, the discussions become on, um, how to get money, how to get money*). He specifically criticises this focus for prioritising access to financial resources while overlooking a discussion on the sustainable investment of funds to improve the long-term living conditions of people with disabilities. The critical assessment of OPDs by Mr U, a disability activist, also reflects this emphasis, particularly at the national level of self-advocacy organisations. He states:

> *Most NGOs who are to work for the interest of the disabled, rather feed on the disabled. We go to [National OPD] they have an office at [place]. We go there, 4 by 4, big cars, air condition offices and just 100 kilometres, we have a = disabled shelter and so so so pathetic. The contrast of affluence working on behalf of disabled people and the disabled persons themselves, suffering. It's so bad. […] They ride at the back of disabled people, to make a living. For me, disability, the issues of disability have become political economy where people use them to get money, and use the money (Int. 21, Pos. 118-123)*

He comments on the distribution of funding within the OPDs and sharply criticises the national associations (*they feed on the disabled*). In his view, civil society organisations formed for and by people with disabilities have turned into a business model. His wording conveys a deep frustration with this situation (*They ride at the back of disabled people*). He further reports:

> *I think, in the rural areas, if we can have very few associations, they can do a lot, in terms of mobilizing support services for them. But they are very weak. It all comes with money and who will give them the money, even to set up a small office, and then make them operational. you see, I've worked with a couple of disabled associations and most of the money – I don't like to say this. Not until the disabled persons come to the mainstream of organizations to support their own, the abled ones will always use them to make a living (Int. 21, Pos. 124)*

He believes that a significant portion of financial resources not only remains concentrated within the umbrella organisations in the capital but also that disability-related organisations, including OPDs, often place individuals without disabilities in influential and paid roles, effectively benefiting from the organisations' income. The Focus Group Discussion with OPD representatives also raised concerns about the use of financial resources. It was noted, for instance, that state benefits intended for people with disabilities are not always fully passed on to the intended recipients by the OPDs (Int. 31, Pos. 89), and that members are sometimes frustrated by the organisations' 'empty promises' (Int. 31, Pos. 59).

Another criticism focused on the interactions among OPD members, emphasising that the disability community itself is not immune from discrimination, even within its own ranks. For instance, a representative from a parents organisation for children with so-called intellectual disabilities reported that they, too, face discrimination within the OPD community:

> *In fact, the disadvantages are a lot, when bringing a disabled child into the public they are ridiculed even in the disability fraternity. (Int. 31, Pos. 131)*

7.2.1.2 Other Civil Society Organisations (CSOs)

Interviewees also mentioned other civil society organisations that do not fit the above definition of OPDs. Additionally, a focus group discussion was conducted with representatives of such CSOs. Compared to OPDs, these CSOs played a much smaller role in the accounts given by interviewees. In all three districts, no prominent CSO was identified that works specifically with people with disabilities and is recognised by relevant stakeholders. One notable exception is an orthopaedic centre funded by a Dutch organisation that has provided orthopaedic care, rehabilitation, and assistive devices for many decades (Int. 11, 12). References to CSOs in the interviews primarily concern isolated initiatives. These include occasional support from international CSOs, such as donating wheelchairs to local Departments of Social Welfare for distribution to people with disabilities (Int. 31, 39). Others mentioned receiving assistive devices or training from unspecified CSOs that visited their area as part of targeted, short-term missions (Int. 13, 23).

Ongoing activities by CSOs supporting people with disabilities were mainly reported from one research district, the largest and most urbanised. This included a CSO from the health sector that organises 'screening, outreach, education and preventive medicine' for people with disabilities (Int. 43, Pos 17). Another CSO offers literacy programmes for children with learning difficulties (Int. 43, Pos. 18), as well as initiatives for qualification and support in the transition to income-generating activities (Int. 43, Pos. 18). Yet another organisation provides children with brittle bones with the opportunity for home schooling (Int. 43, Pos. 31). A further international organisation runs a centre for children with autism and their families (rehabilitation) in one of the research districts (Int. 36). Additionally, there are CSOs that support individual children with disabilities with school transport or access to specific medication.

Overall, the findings for the research districts do not indicate an extensive and coordinated CSO landscape, including or even targeting persons with disabilities. In one district, the Social Welfare Director was not aware of a single CSO in her area of responsibility that addressed persons with disabilities (Int. 37). Local government officials, however, highlighted the importance of CBR programmes, which were once supported by the government and funded by international donors. Although these programmes were discontinued long ago, officials believe they played a crucial role in supporting people with disabilities (Int. 36; see also the historical overview in Chapter 2.1).

Regarding the coordination of CSO activities, government officials also highlighted the challenge that, despite many CSOs registering to operate in the district, the initiatives they announce are often not carried out (Int. 40). A local government official further elaborated:

> *The NGOs have a lot of problems, they are not accessing funds these days, because of the middle income status Ghana is now enjoying. I don't know if it is good or bad, because NGOs write proposals upon proposals and didn't get anything. When you come to my office we have more than hundred NGOs but those who are able to renew their certificates are less than 30 this year. If you ask them*

they will tell you FUNDS are not coming. I have an NGO that has a very good proposal BUT no one is helping them. So if you rely on the NGOs these days you will not go anywhere. You must be very frank, when you meet them they will tell you their problems. So if they don't have the funds they cannot work and so because of funding they are not able to do their work well. (Int. 42, Pos. 142)

Although government officials in the focus group discussion recognised that CSOs occasionally step in to fill gaps in state responsibilities (Int. 42), the study found no evidence to suggest that this extends to meeting the needs and responsibilities of people with disabilities.

7.2.1.3 Conclusion on Civil Society Organisations

The subchapter examined the role of Civil Society Organisations (CSOs) in individual resource arrangements of people with disabilities. Findings were categorised based on the roles of Organisations or Persons with Disabilities (OPDs) and other CSOs that do not meet the above definition of OPDs. Key findings are summarised below, along with five concluding hypotheses.

Overall, it became evident that OPDs hold significantly greater importance to the interviewees than other CSOs, which were only occasionally relevant to the resource arrangements of people with disabilities. For the study regions, the findings do not suggest the existence of a comprehensive and coordinated CSO landscape that systematically addresses the resource arrangements of individuals with disabilities.

Hypothesis 7:

- **OPDs have central importance to the livelihoods of many people with disabilities, whereas local CSOs address their needs only intermittently.**

Interviewees reported various approaches to collective employment initiatives by OPDs that were not necessarily connected to any public support. The findings show that, in certain instances, OPDs systematically create employment opportunities for their members through their own entrepreneurial ventures or by facilitating job placements. Additionally, some OPDs provide targeted skills training to prepare their members for these roles.

Hypothesis 8:

- **OPDs provide a framework for collective entrepreneurial activities beyond public programmes.**

The findings point to a central role of OPDs in facilitating access to public services. This extends beyond social services to include health services, education, training, and income-generating opportunities. The key role of OPDs in mediating access to formal resources for livelihoods, education, training, and employment demonstrates a high level of trust in their representatives. This role involves a concentration of information, power, and responsibility among local OPD leaders, which is viewed both positively and critically by local social welfare departments. For individual resource arrangements of people with disabilities, local OPD leaders sometimes play a key role in the literal sense when it comes to access to public structures.

Hypothesis 9:

- **OPDs play a pivotal role in facilitating their members' access to state benefits. Their function as intermediaries between people with disabilities and, in particular, government structures, potentially creates a communication bottleneck.**

Interviewees pointed to a structural segregation of OPDs by type of impairment and to a strong focus on, and competition for, external funding among organisations. Criticism was directed at the narrowing of efforts towards short-term securing of funding and the neglect of collaboratively developing sustainable concepts to enhance the lives of people with disabilities. There was also criticism of the concentration of funds within umbrella organisations and management positions, which was seen to result in an inadequate distribution of resources to members who are genuinely in need.

Hypothesis 10:

- **A concentration of knowledge and networks within local OPDs leads to a consolidation of power, which inevitably results in conflicts over its distribution.**

Interviewees viewed a central task of OPDs in public education as opposing a dominant ontological degradation that serves as a basis for excluding people with disabilities from resource exchange processes within communities. The findings suggest that OPDs do not see their role as challenging the ontological construction of community and able-bodied normalcy that supposedly legitimises this exclusion. Rather, interviewees describe the task of OPDs in terms of 'proving' that individuals with disabilities can meet ableist criteria that enable inclusion. This is done by supporting members to demonstrate the ability to meet role expectations that affirm their belonging to the human community and participation in related resource exchange relationships. While the next chapter explores the importance of social constructs related to community and dis/ability, this section concentrates on the positioning of OPDS within these social constructs. From the perspective of an interviewed OPD representative, OPDs must provide structural and systematic support for these 'proving' processes to facilitate access to social resources within contexts such as family, friends, neighbourhood, and church. This reproduction of dominant ableist notions of community and dis/ability may also be evident in forms of ableism within the OPD community itself, such as impairment-related discrimination concerning so-called intellectual disability, which interviewees reported experiencing within their own ranks.

Hypothesis 11:

- **OPDs can themselves establish a framework that perpetuates the same dominant ableist ideas about dis/ability and community that form the basis for the exclusion of people with disabilities from resource networks in local communities.**

7.2.2 Social Resources

Social resources, as a superordinate category, encompass psychosocial and interpersonal resources akin to Bourdieu's concept of 'social capital' (see above). This covers personal contacts and relationships, experiences of social inclusion, belonging, and acceptance within (extended) networks such as kinship, friendship, neighbourhoods, self-help groups, socio-cultural groups, and workplaces. It concerns receiving support to cope with everyday life and special requirements, as well as participatory opportunities in the neighbourhood and socio-cultural environment. As part of the analysis, family, friends, neighbourhood communities, and faith-based communities were

found to be highly relevant elements of individual resource arrangements. Therefore, further focus on these components will be undertaken in the study of social resources.

7.2.2.1 Family

The code 'family' covers any issues related to families, meaning a group of two or more people connected by birth, marriage, or adoption. The code is divided into the concepts of the nuclear family and the extended family. The latter pertains to issues concerning the institution of the extended family in Ghana, including segments that address matters typically associated with it. In Ghana, as in other parts of Africa, the extended family includes not only parents and their children but also grandparents, uncles, aunts, nieces, nephews, and cousins, among others, to whom one has 'extensive reciprocal duties, obligations, and responsibilities' (Nukunya, 1992, p. 47). Traditionally, the extended family lives in the same compound with detached units for each nuclear family (ibid.). In contrast to the extended family, the nuclear family comprises parents and their children. As part of the above analysis of social protection schemes, the family was highlighted as a central resource to complement the support provided by formal social protection to make these effective. Family was framed as a multiplier or resource umbrella for financial resources or in-kind contributions as well as for physical support, certain skills, specific knowledge, or other social networks that may be required. Findings suggest that the assumptions inherent to the analysed social protection schemes regarding the availability of complementary resources in the context of the family may not apply to the reported daily living realities of people with disabilities. Against this background, family as a resource is analysed in more detail as part of this subchapter.

EXPECTATIONS AND INDIVIDUAL EXPERIENCES OF FAMILIAL SUPPORT

The analysis of social protection schemes showed that both local government officials and OPD representatives placed high importance on family support to complement social protection programmes. This is also evident from statements made during the focus group with OPDs.

> *Please I will like to add a little to what [name] said, if the government helps and it's not enough at home the family must add up. For instance, she has a container and it's empty, the family can help furnish it but it's not doing THAT. That's why I said the family should support so that the disabled can also survive and get even some money for their drugs, so parents or family members should support. (Int. 31, Pos. 91)*

The analyses thus far clearly indicate that demands placed on family support to complement government provision can only be realised in very few cases. Against this context, the potential causes for this will be examined in the following. Direct responses to the above statement made in the focus group reflect the lived experiences of interviewees with disabilities when it comes to familial support and point to the challenges associated with relying on family as a complementary resource.

> *I am really sad because a lot of us our families have neglected us. So if the government provides a container and our families are asked to support who will do that, = most of us have been neglected by our families, it really hurts a lot. I think the government must finish any form of support they want to offer and not rely on the families, that will really help us. (Int. 31, Pos. 94)*

Another OPD representative adds:

> *So the support comes but it's inadequate, the major area that we need the support most is from parents, parental support is very important which is LACKING. Relatives don't help and they will stigmatise you, so how will they support you financially. Where you have even benefitted from the DACF support the family will even MISUSE or SELL the item without your knowledge and tell you it has been stolen. (Int. 31, Pos. 96)*

The interviewees not only highlight a lack of support but also mention stigmatisation and instances of fraud. From a resource perspective, these issues involve harm or loss of psychological and economic resources, which are compounded by a reduction in social resources.

Although the lack of familial support was a prominent position in the focus group, it was not the only one, as indicated by the following statement:

> *A lot of families also support, like we the visually impaired our families act as our guides, maybe you have to go somewhere and your wife or child will guide you to the place that's also a form of support system from the family. (Int. 31, Pos. 118)*

The OPD representative emphasises the support provided by family members in day-to-day activities. A subsequent classification of earlier statements on family support by another OPD representative in the focus group sequence seems particularly noteworthy:

> *Personally, I don't have any problem with my family from childhood till date, because I am working now I have decided not to ask for certain things from them again. All of these are a result of how some people manage the support given to them by their families, if you are supported by family and you misapply it that's when you become a burden to them. But when you are supported and you manage it well they are encouraged to give you more, so I will encourage us to manage the little given to us by our families well. (Int. 31, Pos. 122)*

The statement is initially based on personal experiences and the participants' own interpretation of these. These are intended to contrast the earlier statements about the lack of family support made during the group discussion. The person describes how they have become independent through their own income and no longer need to ask the family for support. Implicitly, this assumes that every person always has the opportunity to earn income through labour. It also implies that whether this will be successful depends solely on the individual (All of these are a result of how some people manage the support given to them by their families). It is about making use of the existing, albeit limited, support from the family as an opportunity to demonstrate ability. 'Becoming a burden', in turn, is suggested as a consequence of personal failure, of not making proper use of or misusing 'the little given to us by our families'. Within this line of reasoning, failure to perform successfully is attributed to personal fault or otherness.

Conversely, this implies that when you manage these resources well, meaning to perform up to expectations, you receive more support in return. This describes the entrance into a gainful resource exchange relationship between a person and her*his family. The OPD representative aims to 'encourage' people with disabilities 'to manage the little we get well'. This implies that it is up to the individual to perform well in order to be accepted and thus gain access to the broader resource system of the family.

Access to the family resource system, one could argue, must be 'earned' through performance. Those who are unable to do this are assumed to be acting wrongly. The statement contains an ableist distinction from a disabled other who receives no family support due to inadequate use of

the support that was available. This is not contrasted with the communal being, however, but with the independent individual who is self-sufficient and, for this reason, qualifies as a recognised member of the family resource community. Access is determined by the duty and, therefore, the perceived ability to contribute to this resource system. From this perspective, family can be described as a conditional resource. This statement may also reflect the perspective of the OPDs, which are concerned with proving ability and convincing the non-disabled others of their ability to contribute to a collective resource arrangement. This act or 'proving' has been discussed above with regard to the concept of 'ontological passing', which may also be significant for gaining access to the family resource system.

Mr C is a head of family and a retired teacher with a visual impairment. He describes the ongoing difficulty of accessing resource systems, such as within the family, as a recurring pattern that affects all stages of life, including family life. He states:

> *you must prove to them [the family] that you can support them, because sometimes, the, the, the, the thing is that because you are disabled, you can't do anything for us. If they send you to school, work hard and go through the system, and become somebody, because the thinking is that, once you are disabled, even if we take you to school at all you can't do anything, there's no benefit, I mean you won't you won't get anything from it, so rather focus on the, the, the, the, the non-disabled children, rather than you because for them, they feel oh, once you can see, or they are not=they are not having any disability, they can go through the system, tomorrow they can come and look after me, but you, for, for, for person with disability, ah, what can you do for me? You can't even go to school, so there are so, so many doubts about your ability, so you have to prove to them that yeah, I can go to =secondary school, I can go to the university, I can work, if I'm working I can look after you, you can support your family, you must support your siblings, uh, you must also support your FRIENDS, okay. (Int. 3, Pos. 17)*

Regarding childhood and schooling, Mr C explains that parents are more inclined to invest in the education of children without disabilities. Crucially, he specifies the parents' driving motivation behind such a decision. A key rationale behind investing in children, he argues, is to ensure they can support their parents in old age, since most parents lack a formal pension. Essentially, this represents an intergenerational exchange of economic resources. Decisions about investing in children's education, i.e. the deployment of resources, are therefore made with the aim of realising the highest possible return in the future. In summary, investments are mainly directed towards children expected to yield the greatest benefit. People with disabilities are thereby often denied the ability to act in accordance with social expectations within these intergenerational resource exchanges. The role of an adult child as a caregiver for their parents is absent from the prevailing social narrative around disability. More broadly, it could be argued that people with disabilities are often fundamentally denied the chance to act according to collective expectations in resource exchange relationships. As a result, access to collective resource arrangements seems to be possible only through demonstrating above-average performance. This is what interviewees frequently refer to as 'proving'.

Mr C continues describing such obligation of 'proving ability' with regard to his personal experiences of claiming family roles such as husband and father:

> *you know, I, I, I, this is my third lady [referring to relationships with women] who, who I have married now, the first two, I, I, I had a problem, things were not agreed, because they say I'm visu- visually impaired, so they won't allow me to marry their daughters, but, this one, thanks be to god, the parents*

understood it, they, they prefer it, even, even there, there were some few challenges here and there, in those days, but he- she stood on her grounds. But eventually by God's grace, now, they [referring to former relationships] are rather envying her, because they see now, what they were thinking it's not. It's all about you, you too proving them wrong. Now they see, oh, what we were thinking in those days- it means the man can do it, because, they thought oh, ah, this woman, this man is visually impaired, our daughter is going to give birth to visually impaired children, two, our daughter is going to carry this=this man is going to be a burden to her, then she will carry him to the bathroom to wash him, do- doing his things for him, but they have seen that, can you even care for him, can he look after him, her? Is he, is he, is he capable to look after her? And all that, but by God's grace, they have now seen that no, what we were thinking is not like that, you see, so uh, now they have they have, they have appreciated it, the family I'm talking about, aha, and they are rather even envying her for, for making a good choice, if I may say that, so, so, so these are some of the things, these are some few experiences personally I can share with you. (Int. 3, Pos. 65-66)

Mr C describes his approach to marriage and starting a family as a process of demonstrating his ability to disprove the assumptions made by future family members about persons with disabilities. Twice, the mothers of his female partners did not consent to marriage. The third relationship resulted in marriage. Underlying these family assumptions is the belief that Mr C's capacity to meet certain social expectations associated with being married is limited. It is generally presumed that people with disabilities are unable to fulfil these expectations. If they attempt to do so, their ability is to be proven through performance.

Remarkably, Mr C describes in the interview how this needs to be done consistently and repeatedly at each stage of his life. By the time of his marriage, he had already completed his education and teacher training. He also discusses this process elsewhere in the context of 'proving ability'. However, this does not seem to help him gain recognition as a potential husband and family man. It cannot be claimed as symbolic capital. As a person with disability, it appears he is unable to earn the necessary trust from his future parents-in-law. His wife has to advocate for the marriage within her family (she stood on her grounds). The trust of her family must then be earned retroactively. His wife has essentially taken on a kind of mortgage; he is not only accountable to her parents but also to her. He must prove to others that she has made 'a good choice' and that others have missed this opportunity. Ultimately, this also involves an exchange of resources. The trust she places in him on behalf of her parents, one could argue, must be validated through proof. This obligation becomes explicit in his further statements:

Now, I, I have a wife, I have children, I must, I must, I should prove to my wife that I'm not, I'm not going to be a burden to you as a husband, you are not going to carry me to the, to the, excuse me to say, to the, to the washroom, I can walk to the washroom myself, I can wash my things, I can sweep my room, so you must do things to demonstrate to them, to, to, to demis- demystify that mis-misconception about you, as a person with disability, that you can do it, once you are given the training, you are given the opportunity, you can PERFORM, if you are at workplace, you must work and work hard, like your other colleagues, so that they know that after all, if you have the- that misconception, the, the, the, =that you can't work, oh, then you can work, aha, so that we, we, we =deal with the, the misconception about the society about us {mm}, so, we also have a, a huge responsibility to play as persons with disability, to prove to the society, to correct that impression about us. We have. (Int. 3, Pos. 17)

From an ableist perspective, the constant, felt obligation to perform can be seen as an ongoing effort to counteract ontological degradation by attempting ontological passing through overperformance in assumed social roles (such as being an excellent husband, father, brother, uncle, etc.). The key argument derived from this, within the framework of family as a resource, is that family may hardly serve as a protective space. Instead, family can be viewed as a conditional, sometimes even highly conditional, resource framework that must also be continuously (re-)activated through ableist notions of performance. When this does not occur, this resource framework is only marginally available, as discussed below.

BEING RELEVANT – FAMILY AS A LIMITED AND INSECURE RESOURCE

During the interviews, respondents were specifically asked about key reference persons in their daily lives. Both literature and statements from government officials in this sample frequently indicate that the familial network of people with disabilities tends to be limited to the nuclear family. However, the data collected does not clearly support this. The analysis suggests that while nuclear family members are indeed more often referenced, they are not necessarily the most important supporters or figures. Extended family members were also key reference persons for the interviewees. From a resource perspective, the main issue is not whether support comes from the extended family or remains within the nuclear family. Rather, the sample shows that support is generally limited to only a few or individual people, whether they are part of the nuclear or extended family. Regarding families as a resource umbrella, this essentially means that the family is significantly reduced in size and thus less capable as a platform for resource exchange. When social protection programmes depend on family support, it is important to recognise that such support usually involves only a small number of people who are often overwhelmed by daily demands.

Against this background, the question emerges as to what causes this restriction of familial ties. Mr U offers the following explanation:

> *In the rural setting, the family, key in in supporting disabled people. Without the family, they are lost in their daily experiences. Even in the rural areas, despite the fact that the family is a resource, a big one, we have cultural issues that also counterwork against the families, you see, for example in the rural areas where cultural beliefs are very high and strong. They believe that disability is a curse and as such, people shun the family. The mother inclusive or the parents to the worst point that, you can even experience divorce because your son is disabled you see, but in the nutshell, in the rural setting, the family is a key resource for disabled people (Int. 21, Pos. 6)*

He points to the power of cultural beliefs that associate disability with negative superstitious power. A family member with disability is therefore perceived as potentially damaging the social status of the family and its members. Consequently, both within the community and the family, people often try to distance themselves and avoid contact as much as possible. Family members aim to create a gap between themselves and the individual concerned to protect their personal and family social status, which is an important resource in its own right. Ms AB also describes this process of distancing in the context of disability:

> *as I'm talking to you, I'm also part of the disabled yeah you see, ermm the way we are not, errm, the way many families are not trying to bring disableds nearer to them, that is the big fright that we are we are experiencing because nowadays the moment err one is born or had a a disability one way or the other whether the person is grown before he acquired or got it at birth, you see, as – the moment that*

> *child is born with a dis disability, you see that many many people will start to go back, withdraw from the parent that had the this thing and even the men, many of the men just disown the children and then it – we are left on the mothers to take care of. You see, so this is the area where we are actually finding it very difficult because, when you are born disabled and then it happens that many people are not trying to come nearer you but just try – push themselves away from you, then how will you grow and then fit into the society in which you come from (Int. 30, Pos. 22)*

Her description indicates that, regardless of the phase of life in which an impairment occurs or the closeness of the relationship, the motivation to 'protect' the resource of individual status is likely to be stronger and to lead to social distancing among family members. Even the research sample shows that women who gave birth to a child with disability reported that the father left the family (Int. 25, 29, 38). This aligns with Ms AB's remark that 'men just disown the children'. Interviewees who acquired an impairment during their lifetime reported living separately from their former partners (Int. 1, 2, 5, 10, 13, 26). This urge to distance oneself can be intense, as Mr AI, a local CSO representative, recounts when asked about the experiences of people with different forms of impairments:

> *well I think that for ermm - it depends on the degree of your disability. There are people, even though they may have err some minor form of disability, so they are able to engage in society quite well, but we have some form of disability that are very severe, that you might find it difficult to even engage or integrate themselves into society. I know of a lady who gave birth to a child and I think for more than ten years now, the child has not been able to work [most likely meant in terms of body functions] and err she ermm - sometime back she requested for some, some support from our organisation. we were able to support her initially but we could not keep up to the demand so we discontinued the support and err, from her experience, when we interviewed her, she was quiet, very emotional and clear that she has received advice from families, from friends, to err, end the life of the child because the child is becoming increasingly a burden you know, for her. She is not able to marry, the husband left her and now because of this child, she is not able to get married again so you can see that, it affects not only er, the child but the immediate family and their broader engagement with society, ahaa so that is the way I see it (Int. 38, Pos. 22)*

He reports on how the mother of a child with a disability is being pushed by family and friends to kill her child. According to him, the child is already over ten years old and has apparently not yet developed in line with age-related expectations. The traditional practice of infanticide of children with disabilities was discussed in Chapter 3. Although the number of cases is declining, it cannot be assumed that this practice no longer remains relevant to families. The interviews and group discussions suggest that the pressure exerted by traditional assumptions on families of children with disabilities still appears to be high. Families hide their children, as reported by Mr AA, a local OPD representative, as well as Ms AD and Mr AE, both local government officials:

> *I know someone who was always indoors and died from his condition. but when we go and talk to them, they are able to come out. some think their condition is a curse and so the family hides them and do not let them out (Int. 28, Pos. 184)*

> *sometimes they lock them in the house all they do is open the door, give them food, give them water. No conversation or anything (Int. 33, Pos. 44)*

> *Because there are some people, because of their disability their parents have hidden them somewhere. […] They don't show them up. […] They feel shy some feel shy that they have given birth to the person. Some feel shy. (Int. 34, Pos. 122-128)*

Mr C highlights the psychological effects that cultural beliefs impose on parents and their relationships with their children, which motivates them to hide these from the public:

> *parents must be educated, and sensitised, then, the community, members of the community, because sometimes there are negative comments, uh, and the cultural beliefs, that, like we are saying, the, the cerebral palsy children, the belief is that they are from rivers, water and all that, those beliefs must be dealt with, they must be removed away so that- because, those beliefs go a long way to discourage par- uh, parents, and, and put a negative connotation on the children, give them psychological trauma and torture, okay, so all those things must be removed, (Int. 3, Pos. 55)*

It puts parents with disabilities in an emotional dilemma, torn between positive feelings for their child and strong rejection and ostracism from their immediate social environment, which is a key social resource in their personal resource arrangements. This is likely to have enormous effects on parents' psychological resources, which will be discussed separately.

Mr N, in his account of growing up with a visual impairment, gives an impression of how present and powerful traditional beliefs can be, even for children with disabilities:

> *I was there [at his parents' house where he grew up], until one day uh, the sibling born after the twins, came to pick me up saying we should leave, and regarding this departure, as to whether they were going to sell me or kill me, I had no idea. shoes, I didn't even have shoes on, I wasn't wearing shoes, a cloth, a piece of cloth is what I covered myself with and tied around my collar, then I boarded, he made me board a train at um, [city], and at that time, my sister, one of the twins, she and her husband had come to work here, yeah, she and her husband were working here, so he boarded a train with me to [city], and brought me to my sister, here, so when I, I came to meet my sister here, she was involved in petty trading, cigarettes and other small stuff (Int. 14, Pos. 21)*

He describes a situation where, as a child, he is suddenly taken from his parents' home by a sibling without being told what will happen to him. His account vividly shows how threatening the situation feels to him and how he fears for his life (*regarding this departure, as to whether they were going to sell me or kill me, I had no idea. shoes, I didn't even have shoes on. I wasn't wearing shoes, a cloth, a piece of cloth is what I covered myself with and tied around my collar, then I boarded, he made me board a train*). The massive psychological stress and lasting trauma caused by such an experience are almost unimaginable. The effects on psychological resources will be discussed separately below. Regarding family as a resource, in this case, it can be noted that the family is not a secure resource to him but a highly insecure, possibly even harmful one. As a child, he does not expect the family to offer protection from traditional beliefs and practices that threaten his well-being or even his survival. The family is seen here as a potential threat. Chapter 5 clarified that resources are only recognised as such if the individual considers them to be resources. Therefore, it can be assumed that families must not per se be regarded as positive or neutral resources. Family environments can also negatively affect the integrity and well-being of a person with disabilities. It appears this uncertainty may be deeply embedded in the consciousness of people with disabilities, even from childhood.

Beyond the aspect of cultural beliefs about disability, Ms AD discusses the issue of 'becoming relevant' for the family from an economic perspective.

> *Erm like I said it depends, you know you might be disabled and come from a rich family while they may be catering for you and everything. Erm you might also be neglected by your family because they are poor and you also become a burden to them, so you have to go to the street and be on your own. (Int. 33, Pos. 28)*

When asked what might make people relevant to their families, she continues:

> *Yes, erm when let's say when you are educated and then you become useful to the family and let's say the society as a whole then you become important. But if you are not, you add a burden to them yh. (Int. 33, Pos. 30)*

From her perspective, becoming relevant implies becoming useful to the family. She describes this 'usefulness' in terms of being educated, which is likely connected to both social status and economic income, contributing to the family's wellbeing. Therefore, beyond the desire to prevent the family from losing social status, there is also an economic reason for enabling social and financial gains for the family. Ms AD argues that the extent to which the family becomes a resource also depends on its economic status (*you might be disabled and come from a rich family while they may be catering for you*). It could be argued that when economic and social status is maintained at a relatively high level, the family's role as a relevant and dependable resource may also be greater. The term 'burden', often used in the context of social resources, implies a situation in which the exchange of resources between an individual and a social group is potentially expected to result in economic and/or social resource loss for the group. Respondents with disabilities also raised this issue several times during the interviews. For example, they highlighted the need for care and assistance that prevents family members from earning an income, thereby limiting resource acquisition. It was also discussed in terms of hindering future resource gain, such as when children have to stop their education because of financial constraints (Int. 11) or even work as day labourers to care for a family member (Int. 1). While this prevents resource loss in the short term, it also hampers resource gain through education in the long run (see discussion below). In contrast, some interviewees describe how they manage to bring resources into the family, for example, by taking on certain responsibilities or providing income through formal social protection to the family, e.g., supporting a daughter's charcoal business through the DCF and supporting subsistence farming (Int. 12), or using small incomes to fund their children's education (Int. 14).

In contrast to the conditional and insecure access to family resources mentioned earlier, other interviewees shared positive experiences. Some explicitly state that they do not face any form of rejection within the family because of their impairment (e.g. Int. 4, 5, 16), while others highlight the family as a key resource in their daily lives (e.g. Int. 4, 10, 11, 12, 31).

SUMMARY

Findings suggest that family support is often confined to individual members, regardless of whether the family is nuclear or extended. This suggests that family, as a complementary resource, is substantially diminished in size and therefore limited in its primary role as a platform for resource exchange. Although the interviewees' reflections on the family as a resource are varied, families frequently appear inadequate to serve as dependable complementary resources, particularly when access to familial support may be shaped by ableist expectations of performance and contribution.

Interviews revealed that familial support might depend on demonstrating ability or avoiding being perceived as a burden, framing disability within an ableist perspective. This creates a conditional

resource framework where persons with disabilities must 'prove' themselves to gain access to family resources. Consequently, family resources come under the influence of ableist conditionalities that regulate access to the world of ableist normalcy. The ongoing struggle to oppose ontological degradation, along with the pattern of proving and the concept of 'ontological passing' discussed earlier, also appears dominant in family contexts. Social distancing, driven by concerns over individual and family status as well as economic factors, further contributes to excluding persons with disabilities from family resource exchange relationships, especially in resource-limited families. Since social status is a key resource that governs individuals' and families' access to numerous community resources, the motivation to 'protect' this resource is likely quite strong. With regard to children with disabilities and their parents, it has been suggested how strong and even violent, both psychologically and physically, the effects of this motivation can become.

Undoubtedly, personal and emotional relationships can override this perspective and certainly do so in some cases. Nevertheless, based on the findings, it can be concluded that families rarely serve as a protective space for people with disabilities. Instead, they often function as a highly conditional resource framework, one that must be continually (re)validated through ableist performance. When this does not occur for whatever reason, family resources are available to only a very limited extent. Against this background, family can be considered inadequate to serve as a reliable complementary resource to formal social protection interventions.

7.2.2.2 Friends

The code 'friends' refers to segments that discuss friends and their role in the interviewees' lives. Friends are considered those people the interviewees identify as friends. Statements about the role of friends were not very common during the interviews. However, the statements that were made offer insights into how friendship functions as part of individual resource arrangements. Some interviewees highlight the importance of friends as a key social contact outside the family in everyday life (Int. 6, 14, 22, 23, 24). Friendships are described both in terms of support, such as financial help, food, or practical assistance, and in terms of emotional bonds and shared activities. Other interviewees mention a distancing from their friends following the onset of an impairment. Mr L, a former government worker who lost his job when he developed a visual impairment, states:

> *Eh, when you are- I, I suffered from my eye, my friends who used to come to me, they stop, now, as I can see small, if uh- they don't use to come to me (Int. 12, Pos. 155)*

When asked for the reason they ceased visiting him, he provides the following explanation:

> *Eh because, the place they go, I can't go with them, formerly, we all move together, we go to funeral, we go to uh, uh town, we, we travel to enjoy at some places but now when they come, I can't even do anything. So, they will tell you oh, we are going to come, we are going to come, then they go, at times they won't call you. When I ask of them they say oh, they are gone, they say oh for you, you can't uh, waste our time, when we are going, unless somebody hold you, if there is something we have to run, how can you run {mm}, so they will leave me, then go to where they go […] Uh, because uh, the place we used to go, I can't go with them […] So as I can't go with them, then I'm wasting their time. […] So when they come here, only one uh, uh, man, he's an elderly man, he used to come to me, and I used to go to him, apart from the, uh, the man, I got no friend, when we meet, we met, if we don't meet, then the- each and every one have to pass his own way. (Int. 12, Pos. 164-170)*

He says that his friends rarely visit him anymore. They seem to believe that usual group activities are no longer possible because of his impairment, or at least they pretend to think so. He does not question this assumption, but accepts their rejection as an explanation for himself (*I'm wasting their time*).[182] These joint activities might have been the core of the friendship if there was no other motivation for the friends to spend time together. An alternative interpretation might be that the friends' distancing is driven by a desire to maintain their own social status, as previously discussed in the context of the family. The argument about the joint activities and the rather harsh rejection (*waste our time*) could be used as a pretext. However, the interview and other interviews do not provide conclusive evidence for or against such an assumption. Traditional views on disability and its impact on social relationships are not explicitly mentioned in relation to friendship within the interviews.

Ms A likewise reports a decline in her relationship with friends following the onset of her visual impairment:

> *Mm, as for my friends, now none come to me anymore, however, one lady who is not- she is not my friend, but if I am at home and I am bored, I go and sit with her at the salon (Int. 1, Pos. 69)*

She states that her friends have distanced themselves, but she has been socialising at a hairdressing salon since her impairment began. Throughout the interview, it becomes clear how spending time in front of this hairdressing salon has become a crucial part of her daily life. Indirectly, she explains how this environment has become a key resource platform to her:

> *so when those who come and style their hair, they see my situation, when some of them are done with their hairstyle and are leaving, they say oh take five cedis use it to buy coke (TN: casual term people use when gifting out small amounts of money), so ahaa, but for my own family and friends, none of them visit me anymore (Int. 1, Pos. 18)*

This initially concerns financial support in the form of charity, which she receives from customers driven by their compassion for her situation. However, the salon environment also involves additional resource considerations:

> *Oh, when I go, maybe in the morning around nine or ten then I go there, if maybe I feel like urinating, the hairdresser herself assists me, when I buy food to eat, they would look after me, when I finish eating, they would wash the dish {okay}, they would make sure I wash my hands, they would give me water, yeah, if, if, I need to do anything, they are the ones I tell that I want to do this, before they, they help me. (Int. 1, Pos. 69)*

It becomes clear that the people around the salon support her in essential daily activities (toileting, personal hygiene, eating, etc.). Moreover, she highlights an emotional aspect to this social relationship:

> *It is, for me, when we go there, over there, when they switch on the television, I listen, though I can't see, but when I listen, I get some- if something is funny, we all laugh together, yeah, when I go there, if my hair gets dirty, they wash it for me, moreover, even aside the television, when we are many there, we*

[182] The phrasing of 'wasting time' in a resource context will be discussed regarding perceived effects of individual impairments on others in a subsequent section.

chat, we laugh, people pass by a lot so you always feel the presence of people. […] I laugh, we, we listen, I listen to the television, yeah (Int. 1, Pos. 91-93)

It becomes apparent that she is accepted as part of the social community surrounding the salon. The way she describes her relationship with the people might well be described as friendship. However, she makes it clear at the outset that the women are not her friends. When asked again later in the interview, she describes the relationship as follows:

We are, we are all from this town, we have like, uh, we are all from this town, we were born here so I know them, and they also know me. (Int. 1, Pos. 73)

The situation surrounding the hairdressing salon in a neighbourhood where the women grew up might foster a sense of place-based solidarity that encourages the women not to reject but to support her. At the same time, Ms A did not describe the relationship as 'friendship'. The setting that frames this social connection may be a key distinction. The salon is a public business environment where the reciprocity among those who meet there is primarily viewed as a business relationship. In this context, where social ties are not mainly based on kinship, personal, or emotional bonds, it appears possible to relate to Ms A positively. One hypothesis could be that by establishing a charitable framework, there is no risk of losing social status. On the contrary, a specific kind of reciprocity becomes possible, in which roles are clearly defined as those providing help and those in need. It might also be that, in this context, reciprocity cannot be considered friendship, as doing so would compromise this role distribution.

A relevant example of subconsciously predefined roles in a peer setting was also given by Mr C. He describes friendship and reciprocity between himself and his classmates during his school days.

For example, you go to secondary school […] your, your colleague students have textbooks, they have access, they go to the library, they read, you as a visually impaired student you have no textbooks in braille, you have to depend upon your friends, if they have the time, then you can- they can help you, if they don't have the time then you are there alone, THIS IS A HUGE BARRIER! {mm} HOW CAN YOU DO ACADEMIC WORK, WITHOUT BOOKS? Meanwhile you are writing the SAME EXAMS! {mm} And your teacher is not going, =going to say that, because you don't have textbooks, uh, they will- so let me give you, give you marks, free marks, {mm} !NO! […] For example, it's getting to the examination time, {mm} you need somebody to read for you, and maybe they are busy, they don't have the time for, for, for you, so, you may not even be able to read your textbooks and try to go and write your exams, these are some of the challenges we face when we are going through the- and I remember a friend of mine, now he's in, thanks be to God, he's in Canada now, he's also visually impaired, he, in his class, he became first, beat the other colleague {mm}, and the other colleague too is a friend of his, so because he beat his colleague, uh, his friend, then the friend said aha, you are blind, I've been supporting you, and now you beat me in examination, tomorrow I'm not going to do it, so he didn't, next time he didn't, he didn't help him with any reading at all, BECAUSE, he couldn't see why he should be supporting you, and you blind person, student rather should beat him in examination, so these are some of the challenges we face, uh, uh, during our, our, our secondary education. (Int. 3, Pos. 9-13)

Mr C discusses the relationship between classmates in terms of the support needed to overcome barriers for students with visual impairments in everyday school life. Drawing on a friend's experience, he illustrates how this support from classmates or school friends can be linked to certain conditions, which are rooted in an underlying understanding of reciprocal roles. Regarding

the earlier hypothesis about roles in such reciprocity, one could likewise argue that these roles are defined in a charitable manner, even if the relationship is labelled as friendship. From this viewpoint, the student with a visual impairment is seen as the person in need of support, while his friend or classmate is assigned the role of the helper. The moment the person seeking help performs more favourably in the exams than the person providing support, this understanding of individual roles becomes confused or even irrationally invalid. As the person seeking help moves out of the role of the needy, the role of the helper is deprived of its basis. The charitable model of reciprocity, therefore, no longer functions, whereas in true friendship both roles can be taken alternately by either side.

Mr C discusses this distinction between a charitable and a friendly construction of reciprocity elsewhere in the interview:

> *there are so, so many doubts about your ability, so you have to prove to them that yeah, I can go to secondary school, I can go to the university, I can work, if I'm working I can look after you, you can support your family, you must support your siblings, uh, you must also support your FRIENDS, okay (Int. 3, Pos. 17)*

His statement reveals that he views the ableist construction of social relationships discussed in earlier chapters as relevant to friendships as well. He links friendship to 'proving ability'. In his perspective, a friendly relationship is defined by similar conditionalities. This involves demonstrating the ability to support the other, that is, to engage in a reciprocal relationship characterised by a balanced exchange of resources. Without such proof, it could be argued that reciprocal relationships remain limited to a charitable interpretation of reciprocity. Unlike the restrictive conditions mentioned earlier regarding friendship as a resource, some interviewees also shared stories of individual friendships that did not demonstrate such restrictions or conditionalities (Int. 14, 22, 23).

SUMMARY

It has been argued that, similar to family relationships, maintaining a certain social status of a peer without impairment could motivate social distancing or the rejection of a relationship labelled as friendship. At the same time, relationships that resemble friendship are considered relevant but are not recognised as such, or this framing is explicitly rejected. The question then arises as to what fundamental concept of reciprocity these relationships are based on. Since no economic exchange can be observed, it seems reasonable to assume a social relationship where an exchange of resources in a charitable sense is possible (giving support and getting the opportunity to 'do good'). Crucially, such a relation is constructed outside of friendly or emotional relationships, thereby avoiding or sidestepping a supposed loss of resources or decline in social status. On the contrary, framing it as charitable allows the other party to gain resources, as the opportunity of ‚doing good' also includes the chance to enhance social status. This involves a certain allocation of roles between giver and receiver, which underpins the idea that an emotional or friendly relationship should not invalidate this arrangement.

The charity framing as an alternative to friendship can thus be seen as a reversal of a resource dynamic, shifting from a loss of social status to a gain. However, a person with an impairment is denied the opportunity to gain social status (being a friend) because they are assigned a fixed role as a recipient of assistance. In charitable reciprocity, the beneficiary's only option is to benefit from

other resources, as the initial example of the salon might illustrate. Leaving the support recipient role becomes impossible because it threatens the charitable exchange of resources and, consequently, the other person's resource gain (see the school example). Like other resources, access to friendships is described through 'proving ability' to participate as part of supposedly balanced resource exchange relationships. From this perspective, the struggle to access friendship as a resource could again be viewed as a negotiation about the boundaries of 'the normal', based on perceived ability.

7.2.2.3 Local Community

The code 'local community' refers to segments related to the local community, defined as a group of people interacting within the same geographical space (for example, an urban or peri-urban neighbourhood or a rural village). It describes a social unit larger than an extended family household that is (to some extent) organised around shared values and attributed to social cohesion within this shared location. Statements about the community occurred more frequently than those about friendship and offer valuable insights into the role of local communities as socio-spatial frameworks for resource exchange. These will be outlined in the following.

COMMUNITY AS A NORMATIVE SOCIO-SPATIAL FRAMEWORK

Most fundamentally, interviewees described community as a key socio-spatial framework where barriers take concrete shape and access to resources is enabled or disabled within concrete day-to-day interactions among people. Mr C articulates the meaning of community in a comprehensive way. While emphasising the importance of individuals with disabilities demonstrating their ability to perform towards the community, he was asked what expectations there are from the community. He responds as follows:

> *Yes, yes, yes, yes, yes, se I said it already that the, the, those are the barriers I talked about, so if the system, if, if you give me the respect I, I need the, the, the community, people in the community to res- give me due respect, I expect the people in community not to discriminate against me, I expect the people in the community to give me the equal opportunity, I expect the people in the community to, to, to, to, to give me to encourage me, I expect the people in the community to allow me to do what I want to do, they shouldn't put any barrier on me, so we need a lot of things from the community, and those are the social barriers, because those barriers which have been created and we are talking about, are created by the SOCIETY, by the people in the community. When we talk about the community or we are talking about society, we are talking about people living there, they are causing these problems for us, so we expect that they remove ALL those barriers, and they accept us, as, as, as human being as they are, so, we have our roles to play as persons with disabilities, then the society has its own role, and for that matter the people in the community also have a role to play, to support us, so we can move ahead, yeah. (Int. 3, Pos. 25)*

Mr C regards the community as a local, place-based segment of society where access to external resources is negotiated (*we need a lot of things from the community*). He suggests that community is the socio-spatial setting in which social constructions of disability unfold in the interaction of people, be it positive or negative (*barriers […] are created by the SOCIETY, by the people in the community. When we talk about the community or we are talking about society, we are talking about people living there, they are causing these problems for us*). To him, the local community forms the social framework that determines access to key resources. He therefore assigns the community a crucial gatekeeper role in accessing

resources (*the community also have a role to play, to support us, so we can move ahead*). The following statements illustrate how this role of the community might unfold its effects.

In other words, Mr C also describes the community as a space where social constructs of disability are reproduced, leading to exclusion from community resources. This point was also mentioned by Ms AB when asked what frightens people with disabilities:

> *You see, so this is the area where we are actually finding it very difficult because, when you are born disabled and then it happens that many people are not trying to come nearer you but just try – push themselves away from you, then how will you grow and then fit into the society in which you come from you see, but err if they show love, concern and then err try to pull that child or who err, that grow up nearer, that means everybody who is in that situation, there is somebody that I can go to to talk to. Other than that, you will see that, many a times, you are rejected and then always you find yourself in one corner as if you don't belong to the society yes that is the one thing that is actually bothering us. (Int. 30, Pos. 22-23)*

Ms AB highlights the exclusion of people with disabilities at the ontological level, meaning they are not considered part of the community or even fully regarded as human, as discussed earlier. In a community context, ontological exclusion has social consequences that create negative perceptions of disability, which then serve as barriers to communal interactions, such as social distancing. On the one hand, community expectations demand that people with disabilities adapt, as previously noted in terms of demonstrating their ability to contribute to the community's well-being (see also the resource-related discussion below). Ms AB implicitly questions how this requirement can be met when opportunities for social engagement, those that define the social space of the community, are fundamentally denied. She expresses concern that the demands made by communities regarding access to their resources can hardly be met by people with disabilities.

Mixed experiences shared by interview partners reflect this assumed situation. Ms E states:

> *Mm, uh, there are many people, who don't like disabled people, the same way, some people, when they see you, they show you love. […] Mm, for some of them, if you board a car and you go and sit beside them, the way they will behave is as if you are going to infect them with your disability or something like that, and there are others, they will- "oh how are you", "oh you are carrying something, I- let me take it and accompany you", oh me =I mean it seems they feel something for you. (Int. 5, Pos. 134-138)*

She explains how dominant conceptions of disability manifest in day-to-day community interactions, particularly through social affection and aversion. This is also de facto reflected in physical proximity (let me take it and accompany you) and distance (*they will behave as if you are going to infect them*). In the same vein, Ms G, mother to a 21-year-old son with a so-called intellectual disability, reports:

> *There are some people when he goes closer to them, they perceive him to be an ill person, so they sack him, there are also other people, who receive him nicely so wherever he goes and he is sacked, he doesn't go there again. (Int. 7, Pos. 150)*

Mr U emphasises the importance of dominant social ideas of disability in shaping people's experiences within their communities:

> *the neighbours, is give and take. you have a very good neighbour, very compassionate, and you can also have a worse neighbour, very repulsive. So the neighbours, it depends on the value system of the neighbour yes yes yes (Int. 21, Pos. 14)*

He emphasises that how people with disabilities are treated depends on the prevailing notion of disability. This, his statement implies, is part of each individual's value system. In other words, as reflected in the mixed experiences of the interviewees, this is not necessarily consistent within a community but is a diverse and constantly evolving social construct. This transition is evident in the statements of the interviewees, e.g., Ms P:

> *Now that we are in a time where there is more civilisation, because of civilisation, for instance Mr [local GFD representative] and co have said people are helping us a little, and we who- we are able to get something that enables me to go and buy some stuff for myself (Int. 16, Pos. 21)*

Ms P is in her 60s and has lived with a physical impairment since she was 15. Her statement indicates that she has noticed changes in the way people approach disability over time. Similarly, Ms AJ, a local social welfare officer, states:

> *the community they see them [people with disabilities] because is err they normally use this word 'yarefoɔ' in the Akan language, meaning they are sick, yeah, that's the perception they have but based on the education going on, a lot of them involved them, yeah. They don't feel isolated. (Int. 39, Pos. 28)*

She reflects perceived changes in how communities approach disability, driven by increased education on the subject. This is reflected in a shift in language used when referring to people with disabilities, who, in her experience, are now less frequently called 'yarefoɔ'[183].

Mr C, too, emphasises the importance of public education regarding dominant beliefs about disability:

> *parents themselves must also understand, parents must be educated, and sensitized, then, the community, members of the community, because sometimes there are negative comments, uh, and the cultural beliefs, that, like we are saying, the, the cerebral palsy children, the belief is that they are from rivers, water and all that, those beliefs must be dealt with {mm}, they must be removed (Int. 3, Pos. 55)*

From his perspective, it is these beliefs, reflecting dominant perceptions of disabilities, that significantly contribute to social barriers hindering access to communal resources for people with disabilities and that result in experiences of discrimination.

Ms D contextualises the experiences she has in her community accordingly:

> *those who do things we can't fathom do this, I always go [referring to social events of the community], morning, evening, I go, your leg is cut off, your hand is cut off, so you are not human, that is what it seems to them in this town, but as for me, I go. [...] Mm, as for the deaf, as for that, you are not a human being, no, no, no, ah, <<clicks tongue>> no. (Int. 4, Pos. 204-206)*

She assumes that within her community, a concept of disability prevails which does not regard people with disabilities as human beings (*you are not human, that is what it seems to them in this town*).

[183] The Twi term yarefoɔ means a sick person, literally 'one who is sick'. Yare means sickness or disease.

She clarifies that this will not prevent her from taking part in social gatherings. The concept of disability is more than just an assumption to her. Its effects on social interactions can be observed through practical experiences of discrimination she faces in her community. She reports:

> *When they see your condition, they don't mind you, 'we don't mind for you', over here, they don't ever mind you, even if someone is doing something bad to you, someone will join them in doing that to you, so for me, I don't listen to anyone, it's only my child that I know. (Int. 4, Pos. 161)*

> *Oh, as for this town Mr [name of translator], as we are living here, I say this all the time, that if not for the Ghana police, we would take poison and die, the police, and because of those who have a lot of wisdom, we are free. Right now someone can come and stand here, they will do very weird things, and for me, when I see who they are, I say wait and see, then they even wish to fly if they could, because of the police, if not for that, when we are walking, "disability, what are we using you for?" What we see are all negative, oh. (Int. 4, Pos. 166)*

She frequently experiences verbal harassment and insults from members of her community. Apparently, she attempts to ignore this using her internal psychological resources and focuses on her relationship with her children (*I don't listen to anyone, it's only my child that I know*). Elsewhere in the interview, she also states that she regularly calls the police for protection and to defend herself against hostility related to her impairment (*then they even wish to fly if they could; they run away for the fear of the police*). When asked about a particular situation, she describes the following:

> *at four o'clock [in the morning] I woke up and was going to use the toilet across the street [public toilet], […] and one small boy was there, immediately I finished and was about to take my shower at the bathroom, my tummy, as soon as he saw me, he said, excuse me to say, then you will defecate seventeen times, he was insulting me o, then I was leaving with him, this child insulted me so much and followed me to this place [her home] […], he is following you and raining insults on you (Int. 4, Pos. 215)*

It becomes apparent how prevalent assumptions about disability can have immediate effects that not only restrict access to external community resources but also pose an immediate threat to internal resources like physical and mental health. The following example of Mr N also demonstrates the significant impact of prevailing assumptions about disability on the governance of access to the community's resource system.

> *I farm with my visual impairment, I make an effort to go to the farm, already those I live with claim I am a wizard, yeah, I am a wizard because, they know very well that my eyes- those who have good eyesight cannot do some of the things that I do, so they say, many of them tell me that I am a wizard, and I don't know what a wizard is like […] The thing is <<claps>> in this life, you, if you go to them to seek help, they will insult you, but if you put in a some effort to make ends meet too, then they, they say that you are a wizard, you see […] they will not help you, but they, when you are doing it too, so they, they, they wonder, they cannot imagine how you are able to do it (Int. 14, Pos. 125-136)*

Mr N discusses the effects of people's assumptions about disability as a dilemma. The role as a recipient of support from the community is denied to him based on his impairment (*if you go to them to seek help, they will insult you*). However, the role of the community member, as someone who takes care of themselves and is able to contribute to the community's well-being, is also not recognised (*if you put in some effort to make ends meet too, then they say that you are a wizard*). This is relevant in two

respects. Firstly, one could argue that this reflects the concept of community discussed in Chapter 2, which excludes disability on an ontological level and thus makes membership in the community essentially impossible. On the other hand, ableist access strategies discussed earlier, i.e., 'proving ability', reach their limits at this point. Corresponding efforts by Mr N to meet assumed ableist norms of his community (*put in some effort to make ends meet too*) are seemingly rejected by calling him 'a wizard'. Accordingly, this role does not seem to be envisaged for a person with a visual impairment in the conception of community members. The attempt to adopt this position is rejected by referring back to certain traditional conceptions of disability, which associate disability with superhuman powers and phenomena. Overall, the social concept of community as a network of relationships where resources are exchanged seems to be of central importance for the study's research question. It could be argued that it is this relationship or resource network that most fundamentally defines the community, and that access of people with disabilities to this type of community might often be denied on an ontological basis. This perspective will be developed further below.

COMMUNITY AS A UNIT OF RESOURCE EXCHANGE

Statements from interviewees about the community in several cases reflect a perspective on the community as a framework for a somewhat balanced exchange of resources. Mr UA, when asked about his perception of himself in relation to others in the community, states:

> *there is no difference [between myself and other people in the community] because if I am in need of something and I go to them, they give me answer. At the same time, me too, sometimes if they are in need of something and I go to them and I am able to give them help. That is why I said that. (Int. 22, Pos. 210-212)*

The question of self-perception is addressed with a statement that explicitly refers to the resource exchange relations between him and members of the community. It can be assumed that this resource exchange relationship is crucial to him when it comes to recognising himself as part of the community in relation to other members. It is evident from his statement that he perceives no difference between himself and other community members (*there is no difference*). He supports this perceived equality by arguing (*That is why I said that*) that he both receives resources and is capable of providing resources himself, which he actually does (*if they are in need of something and I go to them and I am able to give them help*). From this perspective, it could be inferred that a sense of belonging to the community is particularly defined by whether one considers oneself able to engage in a balanced resource exchange with other members and whether this assessment is shared by other community members. The assumed basic rationale would be a 'feeling of being able' and 'being perceived as able' to exchange resources in a balanced manner. Difference would then be constructed through the interaction of internalised assumptions about one's own abilities, i.e., self-concept, and the perceptions of others regarding one's capacity to participate in balanced resource exchanges.

From this perspective, the following statement seems intriguing. When responding to the open question of what frightens him, Mr V also mentions resource exchange relationships between himself and others in the community. He states:

> *the things I think about that makes me afraid is that right now if they ask me for help, like something I should provide right now, I wouldn't be get be able to. that makes my heart to beat. again, I am not*

married. If someone's child is there and you send child on errands, often the person would not permit the child to go. if I think about all these it makes me afraid. (Int. 23, Pos. 75)

In response to the open question of what frightens him, Mr V explains his concern about not being able to respond to requests from the community for resource contributions (*if they ask me for help, like something I should provide right now*). This lack of reciprocity causes him a great deal of concern (*that makes my heart to beat*). As he continues, it becomes clear that his ability to contribute forms the basis for him to be supported by others in cases where he might require support, i.e. to receive resources from others. It becomes apparent that he is expressing his assumptions about the prerequisites for receiving support from the community. These consist of the ability to establish balanced resource exchange processes (giving and taking). He fears he will not be able to do so (*I wouldn't be get be able to*).

It also becomes apparent that these balanced resource exchange processes are particularly relevant in the absence of familial relationships. Mr V points out that he is not married and has no children. His concern about limited opportunities to engage in balanced resource exchanges also stems from this situation. Conversely, relationships within nuclear families seem to override the need for this balance or diminish its importance.

Another insightful perspective on this assumed importance of balanced resource exchange relationships within the community is offered by Mr W's statement regarding his role in community work, namely voluntary work in the village. Mr W is the father of six children. He has a physical impairment and receives support through LEAP. He states:

because I am quite brave, when they [community members/villagers] are working I will be there with them the village I actually live is called [village]. […] I am someone who is brave, so when they are working and I don't take part I can organize boys to go and do it. (Int. 24, Pos. 25-27)

His statement suggests that he considers it an obligation to contribute to community work, in this case, weeding. Even if he says he cannot participate in weeding due to a physical impairment, he still attends the event. To ensure his contribution, he organises someone ('boys', who are most likely his sons) to contribute on his behalf. He thereby employs a kind of proxy agency[184] by influencing others who have the physical resources to act on his behalf to secure the outcomes he desires. Following the aforementioned perspective, this can be seen as a demonstration of the ability to engage in balanced resource exchange relationships within the community. He may use this to gain access to resource exchange opportunities. He creates the chance to do this through his personal mental resources (*I am quite brave*) and social resources (*I can organise boys*). The interview does not specify who is meant by boys. However, it is possible and plausible that he is referring to his sons or nephews, whom he can persuade to do the work on his behalf through his social status within the family.

The issue of resource relationships within the community was also discussed during the focus group with people with disabilities. One participant reports:

The last time after a meeting an able-bodied person asked me for 20 Cedis to sell water, so as a disabled the little you get if you use it well you will be respected. (Int. 31, Pos. 104)

[184] The concept of 'proxy agency' is employed by Bandura (2006, 2017) to describe situations in which individuals influence others who possess the resources, knowledge, and means to act on their behalf to achieve the outcomes they desire.

Being asked for help and being able to respond indicates recognition as a community member. Mr V's fear of not being able to support a request (see above) supports this idea. The assumption here is to demonstrate that one can engage in balanced resource exchange processes and serve them. It is believed this will secure access to the community's resource system.

SUMMARY

The findings emphasise two primary roles of the community in individual resource arrangements: as a socio-spatial framework and as a unit of resource exchange. Communities are characterised as groups of people sharing a geographical location and organised around common norms and values, which influence social cohesion and govern access to resources. It is argued that these norms and values include social constructions of disability that develop through interaction of people and govern access to community resources both positively and negatively. Interviewees highlighted the importance of community in facilitating resource exchange. Acting as a normative framework, communities not only appear to regulate the conditions of resource exchange but also particularly influence access to individual resource exchange relationships.

Experiences reflect ableist constructions of community, where individuals with disabilities may need to 'prove ability' to gain access. However, such efforts can be invalidated through ontological exclusions, undermining participation in resource exchanges. When looking at descriptions of these conditions and access from the perspective of the interviewees, it becomes apparent that these normative frameworks and the concepts of disability interacting with them are not homogeneous. The different experiences of the interviewees demonstrate that both community and disability are diverse and evolving social constructs.

The significance of community as a resource depends on how its members normatively interpret it within the social environment. Communities can function as insecure, conditional resource systems, requiring substantial internal physical and mental resources to access them. However, performative access strategies ('proving ability') can be invalidated, as findings indicate, especially when people with disabilities are excluded on an ontological level (e.g., the example of 'the wizard'). Denying access not only results in exclusion from community resources but can also impact internal mental well-being, leading to issues such as mental health problems, and influencing self-concept and beliefs about efficacy (see 6.2.5 and 6.2.6). When access to balanced exchanges fails, individuals may become dependent on charitable relationships, which lack equality and impose fixed roles, thus diverging from the ideal of reciprocal community resource exchange.

7.2.2.4 Local Faith-Based Communities

Based on the interviews, local 'faith-based communities'[185], often referred to simply as 'church' or 'mosque', play a key role in the lives of people in Ghana: '*everybody goes to church, you know*' (Int. 38), as one of the interviewees puts it. As part of this analysis, 'faith-based communities' refers to segments that relate to resource exchange and resource conservation in the context of such communities, regardless of which religious affiliation they may belong to.

[10] The term 'faith-based communities' is used as an umbrella expression for organisations and communities whose values are rooted in faith and beliefs.

A FRAMEWORK OF SEMI-FORMAL RESOURCE PROVISION

Faith-based communities are often considered semi-formal providers of social protection rooted in a charity approach (see Chapter 4). However, findings from the interviews only partially support this view. When asked about the role of faith-based communities in terms of livelihood protection in the context of disability, social workers, in particular, ascribe a key role to the various churches. Mr AK, a local disability desk officer, states:

> *Yeah the churches help a lot. The churches support people with disabilities a lot because of on occasions, they do support them with food items, with clothes, with clothing, ahaa, that is what the churches does. (Int. 40, Pos. 84)*

Ms AL, a local disability desk officer from another district, shares a similar perspective:

> *YH some play a major role. Some even provide accommodation for persons with disability. Maybe they help with arranging the church for church service, and they stay in the church during the periods that there is no church activity. So basically, they just live in the church. (Int. 41, Pos. 36)*

Based on their experience, local churches provide basic livelihood support to persons with disabilities. Mr AI, a leader of a local NGO, regards this as an essential duty of churches:

> *well, the church, err also has a mandate; to take care of people, to provide for people and some cases, I've come across churches supporting people with disabilities and err, so the church also has a critical role, because their errm they have a mass number they are people following. They also have resources and ermm, generally their work is also to a large extent around humanitarian work (Int. 38, Pos. 18)*

Mr AI supports the above statement that charitable work is a central mandate of faith-based communities (*generally, their work is also to a large extent around humanitarian work*). At the same time, his wording suggests that this is not necessarily true for all such communities (*generally; I've come across churches*). At the same time, he points to the potential role faith-based communities could play in supporting persons with disabilities (*church also has a critical role, because their errm they have a mass number they are people following. They also have resources*).

The experiences of interviewees with disabilities regarding this aspect differ from those of the social workers in that they do not primarily see 'their' churches as providers of semi-formal social protection, as indicated by the statement of Ms AB:

> *So some churches also do help depending on the disableds that are in their churches and ermm the type of err, assistance that they need that – and seeing that whether the church can help. But also so of them also do help but it also depends on that individual that they are helping maybe they have helped one or two people but because they do not show a positive action on the help that they gave, the later on feel reluctant to help others who may need their help yeah. Let's say err somebody comes and he needs err small money to sell or to do artificial leg or something and then the money is given, then later you find out that the person – the disabled did not actually utilise the money as he or she is supposed to do so when it happens that way, the churches err those who do help, withdraw a little bit so that err at least if they see somebody who is actually serious, that they do help but no with the – if they try one – one way or the other and they did not get the good results then they pull back (Int. 30, Pos. 12)*

Based on her experience, churches support people with disabilities on an individual basis rather than a collective approach. According to her, this support is linked to membership (*disableds that are in their churches*), related to specific individual occasions (*the type of err, assistance that they need*) and linked to certain expectations on the use of the support provided (*because they do not show a positive action on the help; they did not get the good results then they pull back*). The example she gives suggests a general mistrust by faith-based organisations towards people with disabilities, fearing they might 'misuse' the support by using it differently than stated or assumed (*the disabled did not actually utilise the money as he or she is supposed to do*). The experiences shared by interviewees with disabilities offer examples of this sporadic support. Mr I reports:

> *Okay, some of the friends, maybe from the church I attend, also support me a little sometimes. […] Oh, sometimes, my children's books [schoolbooks], the books that I tell them about, they are able to buy for me. […] As for the church, uh, I would say besides salvation, they support me, yes, the church, they support me that's why I can- I like it. (Int. 9, Pos. 132-140)*

His statement points to the personal relationships among church members, which seem to form the foundation of support (*some of the friends, maybe from the church I attend, also support me*). Moreover, it becomes evident that this support is limited and does not take place regularly (*a little sometimes*).

Mr T, a regional disability leader, describes the support of faith-based communities as follows:

> *The situation is erm – in my church setting they do help DISABLED PERSONS. Occasionally apart from spiritually empowering them. And giving them the needed you know spiritually for them to overcome their emotional and psychological tantrums. Occasionally they get some little stipends in church (Int. 20, Pos. 85)*

His statement indicates that his congregation primarily considers its task in providing 'spiritual support' to people with disabilities. Considering the congregation as a resource, it appears that other forms of resource allocation are not regarded as core tasks and are not offered regularly, only occasionally, in limited quantities (*some little stipends*), and limited to members (*in church*). Ms D also describes the support from members of her church:

> *Oh for the church I haven't gotten- if I am able to ask, they give to me, if I ask, they give to me. Even when the Covid hit, about four times they brought me money, they are able to give to me. (Int. 4, Pos. 321)*

> *on some occasions, when they are coming, someone is holding a bit of this, another is also holding a bit of that, then we come and put them here for me, I become happy, that is a sibling in flesh. (Int. 4, Pos. 337)*

Her statement suggests that she received support only if she was in a position to actively demand it (*if I am able to ask, they give to me*). When church members visit her, they bring her something (*someone is holding a bit of this, another is also holding a bit of that*). Both the frequency (*on some occasions*) and the type of support, according to her statement, are not determined by her but by the church members. Mr F describes support from his church in a somewhat similar way:

> *Oh, they are around me, they don't say anything, only, at times if I go to the church they give me- some people give me money, some people <<claps and laughs>>, only that we are on it, nobody- they don't tell me any- I don't did any bad thing so they like me, they also like me, but to choose me that this month, they will pay me this, this, no, no, no (Int. 6, Pos. 98)*

Although he was not asked about this, he initially emphasises that he does not experience any discrimination due to his impairment (*they don't say anything; nobody- they don't tell me any- I don't did any bad thing so they like me*). The experience that no one sees his impairment as a form of supernatural punishment for bad deeds does not seem to be something he takes for granted. Consequently, he concludes that the members of his church like him. This, one might argue, is, in his view, a fundamental basis for receiving any support, which by no means seems to be guaranteed. Some members of the church support him financially, which he is very happy about (<<*claps and laughs*>>). At the same time, like Ms D, it is evident that the nature and extent of this support are not determined by his needs and the articulation of these needs to the church members (*but to choose me that this month, they will pay me this, this, no, no, no*). Support is more likely to be determined by the assumptions of those providing it about Mr F's needs and their beliefs about what is appropriate in terms of a charitable exchange, that is, providing help and gaining the opportunity to do good, which may also enhance the individual status of the giver.

The view of faith-based communities as informal rather than systematic, seen as a framework offering sporadic, individual support, is also conveyed in a statement by Mr F, a local social welfare officer:

> *oh for the church, I don't think the church supports them [persons with disabilities] […] I don't think the church supports them […] but I don't know if individually, individually in their various churches because I've not heard any church supporting the disability but I think, within their various churches, do you get it? I think they get support (Int. 35, Pos. 132-136)*
>
> *the church, for the church, I have not heard any errm religious organisation helping errm the disability people but for me, I think individuals in their various churches, they do receive help (Int. 35, Pos. 160-161)*

He is unaware of any examples that depict faith-based communities as systematic providers of semi-formal support for people with disabilities. He suspects what the statements made by people with disabilities might imply. If support is given, it is likely on an individual basis.

The gatekeeper in one of the interviews shares the following general perception of the role of faith-based communities as a systematic provider of charity:

> *some time ago, I was going to see the churches so that uh, we set up something to be helping uh, our friends, who are homebound and cannot go anywhere, but the churches, the uh, pastors of the churches have become so money conscious, not even the Catholic Church who is FULL of uh, uh charity, nowadays they don't do it. There was one time I sent somebody to Reverend Father and we needed just uh transportation so that I could send the person to school, he couldn't get, mhm, so now, the churches do not help at all, they need money for whatever they want to do, always collecting this uh, offertory offertory but uh, they don't have. […] Eh, now the churches, all the churches are embarking on luxurious projects, yeah, almost all the churches are embarking on luxurious projects, their temples, widen it, uh, doing other things with the money, uh, I believe they also build offices and they will all like to move with uh, very nice vehicles, so uh, their spendings have become very wide, and uh, I think they contribute also to their head offices in Accra, so they have very little to do for charity {mm, I see}, mm, that's why it's a general problem in the community {I see} for all the churches, mm. (Int. 1, Pos. 127-135)*

Based on the forms of support discussed above, the following assumptions can be drawn. Support for interviewees with disabilities from faith-based communities is loosely structured by the respective faith group. However, from the experiences of interviewees, faith-based organisations as a community do not per se act as systematic providers of support for people with disabilities. The organisational framing by the organisation does not go hand in hand with any institutionalisation of support. Closer examination reveals that the support provided is primarily based on individual relationships between members of a faith-based community, forming the basis for resource exchanges. This support, as described by interviewees, is conditional; it depends on membership in the church, the concept of disability held by church members, and individual relationships within the church. It is also dependent on 'appropriate use', which is assessed not from the perspective of the recipient but based on the assumptions of the provider. Support is often not linked to the expressed needs but rather to the providers' assumptions. Additionally, it is irregular and inconsistent. Overall, most interviewees perceive support from faith-based communities as conditional, irregular, and unreliable. Faith-based communities do not appear to serve as general charitable providers of semi-formal social protection for persons with disabilities.

RE-/PRODUCTION OF DISABILITY PERCEPTIONS AND ITS PRACTICAL EFFECTS

Interviewees frequently highlighted the significant role of faith-based communities in shaping perceptions of disability, especially within the context of socially dominant values and norms. This can be attributed to the extensive reach and profound impact these communities exert on people's attitudes (*everybody goes to church, you know; church also has a critical role, because their errm they have a mass number they are people following*, Int. 38). A local CSO representative shares the following experience:

> *You know when a disabled person is selling gari you don't want to buy the gari because you think it will make you give birth to a disabled child one day. So, I think that the time has come for the pastors to PREACH, the Muslims too. I remember when the child and family welfare policy by the Institute of Local government and then in partnership with UNICEF, we were able to go to the mosque to speak to the people and also to the churches. So, I think that this is the time to empower them as we did through the institute of local government programme, we need to empower them now. (Int. 43, Pos. 48)*

He discusses common spiritual assumptions about disability and highlights the potential of religious communities and the influence and responsibility of their leaders, which could be harnessed for raising awareness about disability. He has already experienced positive results with this approach in other areas. The Disability Desks at the Local Social Welfare Departments also seem to recognise and utilise the potential of faith-based communities as partners in awareness campaigns and public education initiatives related to disability, as Mr AK, a disability desk officer, reports:

> *And then, another support the church does is that, they give us the opportunity to come and then, you know, sensitise the people with disabilities when they have, when they when they meet so when we tell them, probably we want to come around to err talk to persons talk to you about people with disabilities, they give the opportunity, we fix date and then we go and we go and sensitize them generally for everyone to know and understand. (Int. 40, Pos. 84)*

Another social welfare officer reports:

yeah this year, our main target is to go to churches and talk to them about disability. But with churches and mosques, we don't normally go there, market – we normally go to the community market centres. Ahaa but with church, that is what we plan doing this year […] because, we sat down and thought of it that, the other I went – when we were doing electoral commission about the district election, assembly election, eheh so we were told to go to churches and – so I observe one thing, one physically challenge, is like when he was climbing, people were just standing there looking at them. Then I said in local dialect, help him, do you get it? Before it's like the way they were behaving eheh, when they helped him = they just told him to sit at the other end so based on the way things were going, I said no, we need to do education on that, especially with the churches, yeah. That is why […] we thought of that this year we planned doing that. Whether being evening, Sundays, they should just spare us 5 minutes of their time then we do the education that […] it's very useful. It is very very useful. Because now, they involve the disabled, they see him as human. At first they see him as non-human, but now they see them like yeah, we keep telling them disability can happen to anyone at any point in time. So, you shouldn't discriminate among them whatever you think, if you want decision, involve them. So based on the education, they are now involving them, whatever they do, they include them. So the education is very good (Int. 39, Pos. 38-44)

Cooperation with religious communities is relatively new and, from the perspective of the Social Welfare Offices, a promising step towards transforming social constructions of disability (*At first they see him as non-human*). They provide a broad and, above all, powerful framework for this. At the same time, faith-based communities also create social spaces where dominant perceptions of disability and community unfold inclusive and exclusive effects. This is also evident in statements by interviewees with disabilities that refer to their roles within religious communities. Ms A reflects on her role in the church in earlier days.

Yeah, I heard that, as for my church attendance, I have- even the [Reverend] Fathers will testify about me, I was regular, in church, because I was a chorister, and even as a chorister you always, our church- because of church activities, because of the singing and other activities, and I was also a liturgical member, so first Monday evenings, we would meet and have Bible rehear- rehearsals {yes}, yeah, Tuesday we would go for liturgy meeting, Sunday, if it is your turn to read, you go and read. And we choristers also met four times, even sometimes, including uh, workshop, we would meet to learn songs among other things, we went for competitions and others at different places, and Marshalan was also a prayer group, it was a prayer group, uh, as for us, we prayed, we met once in a month, we prayed always, we always pray Hail Mary to intercede for us so for the Marshalans, we met once in a month. […] for the choir, it is a group that is on my heart because when I joined, I was very young, I hadn't yet given birth, and for the liturgy too when I started, I was in class FOUR, so they used to call me kaakyire [meaning last born child] (Int. 1, Pos. 34-36)

Her statement indicates a very active role in and a close emotional connection with that same church for most of her life (*I was in class FOUR*). When she experienced unexpected visual impairment in her early 30s, her role in the church changed.

As for church people, (2) <<kisses teeth>> the Fathers, our Fathers no, at times, uh, during the Covid time, they stopped, but after Covid or before Covid some time, (2) some time, it is not regular, when you are around, they can come on communion rounds, and, <<kisses teeth>> our church, I don't have, they are not very philanthropic, to be frank and honest, like the choir, I, I stayed in it long before, I was young, long before I even gave birth, since I became disabled three years, four months ago, they have come to see me just !TWICE!, and the Marshalans as well, (2) <<kisses teeth>>

> *occasionally, maybe once a year, then they come, in our church, the liturgy, it is not a group, it is a personal service that- it is not a group, yeah, it is not a group. This man, he is a member, but when he comes, when he comes to me, I will consider it as a liturgy member who has visited me. Our church is not good with visitation, at all. If you are not part of any society, then you are completely lost, mm. (Int. 1, Pos. 45)*

With the onset of her impairment, she had to cut back on her activities in church and now only attends services occasionally (*I go early and sit somewhere quietly*, Int. 1 Pos. 37), when she finds someone to guide her. She is surprised and disappointed by what she perceives as a loss of status. Church members and also close friends rarely visit her, despite her long-standing active membership (*I, I stayed in it long before, I was young, long before I even gave birth*). Obviously, the efforts she previously made, in terms of the resources she invested in church activities, are not being rewarded as she had expected.

From a resource perspective, it can be argued that resource exchange appears predominantly immediate, with little to no temporal lag. Furthermore, social status, sustained through continuous investment of personal resources, acts as a vital factor. The emergence of an impairment seems to diminish social status, regardless of previous resource investments. This decline undermines the basis for engaging in resource exchange relationships within faith-based communities, thereby restricting access to resources such as affection, recognition, and various forms of support. As a result, resource exchange becomes constrained to a charitable relationship with the characteristics outlined above.

Mr C indirectly alludes to this resource relationship by emphasising the importance of staying actively involved in the faith-based community.

> *Yes, that's why I was saying, it's a two-way affair, if you are a person with disability, you must open up, you must go to church. If you go to church, whatever role you need to play, play it over there, it's a way of proving to people that you can do it, again, let me give [name of friend and local GFD representative] example, he play, he's plays a lot of effective role in his church so as a person with disability, if you have a if there are, there are various groups in the church, men fellowship, women fellowship, blah blah blah blah blah, join any of them, if they are having meetings meet, help, join them, make your contributions, in terms of financial contribution or, or, or, or, or, or verbal contribution, whatever they are doing, to move, do it, any activity being done in the church, participate in it, okay, aha. The same in other social gatherings, if it is a wedding, activities, you must also participate in it, then the other way uh, around is that, the church must also allow you to do those things so that they don't also put impediment on your way, you want to join =choir, they say oh no, no, no, don't join, you want to do this, they say no, no, no, no, !NO! they should also allow you to join, if you want to join the choir and sing, you have a good voice to sing, join the choir and SING {mm}, you should be allowed to join the choir and sing. (Int. 3, Pos. 29)*

He describes the prerequisite for maintaining fairly balanced resource exchange relationships within religious communities as 'a two-way affair'. However, his analysis indicates that individuals with disabilities must demonstrate their ability to engage in such resource exchanges in accordance with certain standards. It can be inferred that this ability is not automatically acknowledged. Ultimately, he states that individuals with disabilities must prove this (*it's a way of proving to people that you can do it*). Access to the resource system within the religious community is contingent upon active contributions that demonstrate a certain ability. Thus, the responsibility for securing the

opportunity to participate in the resource exchange within the faith-based community falls on the individual with a disability (*proving to people that you can do it*). His perspective suggests that the responsibility is still ascribed to the individual with a disability, even if their participation is denied by other community members:

> *if they don't allow you, then there must be advocacy work here, okay, you have to insist that no, reverend minister, father, I can join, choirmaster, I can join the choir, I have a good voice, I can sing, allow me to join, you must educate them so that they'll allow you to join it, yes. (Int. 3, Pos. 31)*

He perceives it primarily as the responsibility of individuals with disabilities to advocate for their participation and to demonstrate their ability to engage in a balanced exchange of resources.

Mr T, a regional OPD chairman, offers another perspective on access to the resource exchange within faith-based communities:

> *Yes, yes I for one I am also a church member. I have been erm I belong to [name of church]. And I, I've been the chairman of the church harvest committee. The church harvest I have always chaired the church harvest. Erm but aside that erm because I am a little bit educated and I have erm a guest facility. Which means that I am just not an ordinary disabled person. At least I have some little erm funding on my own which I can to support the church. So they see me separately. In my church erm I have a seat in the front queue (?means?). If I don't come to church nobody would sit on that seat. (Int. 20, Pos. 75)*

He uses his own experience to illustrate that individuals with disabilities can not only participate in resource exchange relationships within religious communities but also assume specific status roles (*I've been the chairman of the church harvest committee*). In his further explanation, he makes it clear that the latter, however, is not possible without further ado, but in his view, it is made possible by possessing cognitive and economic resources (*because I am a little bit educated and I have erm a guest facility*). This may be based on his implicit assumption, one might argue, that these resources impact in terms of symbolic capital (degree holders and successful entrepreneurs) by demonstrating his ability to enter balanced resource exchange relationships. Furthermore, he highlights that he is able to financially support his faith-based community (*I have some little erm funding on my own which I can support the church*), which seems to be a crucial factor in determining his social status (*So they see me separately*). This, he concludes, sets him apart from other people with disabilities (*Which means that I am just not an ordinary disabled person*). He emphasises this perspective elsewhere in the interview:

> *But apart from me, who is a little bit highly educated a little bit endowed, we [people with disabilities] have we played carious roles in the church (Int. 20, Pos. 81)*

He suggests that certain social positions can also be attained by people with disabilities through internal resources such as education or ownership of economic capital, which in turn enable access to socially recognised roles. This experience possibly led him to conclude that it is possible to overcome the ontological exclusion of people with disabilities. He generalises his personal experience to all people with disabilities and implicitly attributes a possible failure to a poor performance by those seeking access. This reflects a highly individualistic and ableist conception of community in the context of disability. In this context, Mr T recounts an experience he had as a teacher:

> *So we play different roles, others are there as ushers most of us especially the blind persons are there they play the keyboards, they support the church choir. They are good singers you know they also play*

> *the drums. In the church so erm when I was a teacher at [name of city in Ghana] SCHOOL FOR THE DEAF, (? means?). We intentionally introduced music to the children so that those who were not academically good could improve upon their music musical talent {mhm}. Either as singers, or as drummers, as keyboardist, as guitarist. So that when they get out of school, and they do not even get any formal work or even informal work for themselves= on Sundays they can go to the church and play or perform there to make a livelihood for themselves. And it is on going. I have a lot of children I produced who were not able to make it to THE SENIOR HIGH SCHOOL. But they are still moving a. To play music for them and at the end of the day when they collect the collection. They also get a little stipend out of it. This is another form of living skill that is you know giving them you know their daily livelihood you know. (Int. 20, Pos. 81-82)*

This statement supports the assumption that access to the resources of the faith-based community can be realised mainly through the demonstration and contribution of individual abilities. Against this background, he explains the importance of fostering skills in children with disabilities that can indirectly contribute to securing livelihoods. The example of music-making illustrates how this creates access to a resource exchange process within the faith-based community. This contrasts with the exchange processes described earlier, as it involves the faith-based community acting collectively to provide resources, rather than exchanges taking place between individual community members.

The question arises as to the extent to which the ability to make music might create access to a resource exchange process that is different from a purely charitable exchange. For example, this could be the case if stakeholders view the resource exchange as balanced, where a particular service (music-making) based on a specific skill is exchanged for another resource (money/part of the collection). Alternatively, it could be suggested that receiving a portion of the collection is still considered a charitable exchange of resources. This would make the charitable relationship conditional, linking it to certain abilities and contributions, while the status of the recipient remains fixed as that of the needy (see above discussion). Therefore, it is unclear whether the described context represents an alternative to a charitable resource exchange relationship or a conditionality of the same. In any case, the faith-based community facilitates access to resources through social roles that signify entry into a resource exchange relationship. However, this access is not universal, but conditional, as it is linked to specific abilities.

FAITH-BASED COMMUNITIES AS A PLACE OF RESOURCE LOSS

Finally, religious communities can also have seriously harmful effects on the resource arrangements of people with disabilities. As part of the interviews, this was discussed in relation to the practices of certain faith-based communities in their treatment of people with so-called intellectual disabilities and people with certain mental health conditions. A local government social worker reports on finding a woman with a serious mental health condition who was supported by his local welfare department being chained by a nearby church community:

> *We went to a town I have forgotten the name of the church. From [place] to [place] there was this church (1) some were in chains and even quite recently the lady we know has a mental illness. She has about five children with a man and then this thing happened to her. […] So he [the husband] called that, he called that this lady has been chained and the church near [place] at the [place] so quickly I myself and my boss we went there. When we went there, and then the pastor wasn't there so we recommend that he should be released from the chain. […] So I even asked them, how can the chain*

> *help the person to – so we asked if he said when he is bathing the chain is still with her, when she is wearing the pant he would put the chain in the pant before he would. So by the time he finish the process the pant has already be soiled up with dirt. So we recommend that she should be released (1) we went there the next time, this lady was still in chains for about one month, three weeks or so. So we called the media and then report to the police. When he was arrested during the Christmas he was in remand for two weeks. (Int. 34, Pos. 144-149)*

The faith-based community enforces a severe and unlawful restriction on the individual freedom and physical integrity of the affected person. The faith-based institution does not appear to hold any official status as a rehabilitation centre or social service but is assumed to be what is frequently referred to as a 'prayer camp'. Prayer camps in Ghana are faith-based healing centres, usually affiliated with Pentecostal or charismatic churches, where individuals with disabilities or mental health conditions are taken for spiritual intervention through prayer and fasting. While they play a significant role in people's health-seeking practices, they are widely criticised for practices such as prolonged confinement, chaining, neglect, and denial of medical care, which raise serious human rights concerns (see e.g. Human Rights Watch, 2012).

The social worker's account offers an insightful view on the social power held by this and possibly other faith-based communities in Ghana. Despite chaining being a significant legal violation, the social worker and the director of the local social welfare office, who represents the state locally, seem unable to stop the chaining during their initial visit. They do not explicitly order its cessation but merely 'recommend' it (*we recommend that she should be released*). Only when the woman remains chained during their subsequent visit is further action taken. It is unclear why they first contacted the media before involving the police. This situation highlights the considerable influence religious communities can exert over individuals and, seemingly, even over state authorities. From this point of view, faith-based communities can also threaten the physical and mental well-being of people with disabilities.

SUMMARY

The findings highlight the pivotal role of faith-based communities in Ghana's social life and resource arrangements, including for people with disabilities. These communities, seen as semi-formal frameworks, operate outside official government social protection systems. While social workers highlight their role in supporting persons with disabilities, individuals' experiences reveal that actual assistance often relies on resource exchanges between members rather than institutionalised support. Such exchanges tend to be conditional, sporadic, and shaped by personal relationships and perceptions of charitable giving.[186] Thus, the nature and extent of the assistance provided are not primarily guided by the recipient's expressed needs but are instead influenced by the provider's assumptions about those needs, as well as their perceptions of what constitutes an appropriate charitable exchange. This charitable approach reflects the giver's moral duties, grounded in their faith and religious beliefs, and may be motivated by the expectation of blessings

[186] From a resource theory perspective, charitable contributions can be viewed as a form of resource exchange. Typically, this involves providing material or spiritual support, which is compensated by anticipated benefits to the giver's social status, roles, and self-concept, all shaped by moral obligations rooted in their faith and religious convictions. However, this exchange is not considered as balanced here, as previously noted, since the exchange value is dictated by the giver, while the recipients, constrained by their role as a needy recipient of welfare, have limited autonomy in how they utilise the received resources. The imbalance becomes most evident in the power dynamics governing the organisation of the resource exchange process.

or positive outcomes for the giver. From a resource exchange perspective, the frequency and scope of support would thus be influenced by the provider's perceived benefits to their social status, roles, and self-concept.

Faith-based communities seem to significantly co-shape social constructions of disability, sometimes reinforcing exclusionary practices. This is particularly evident in the observed restrictions on access to resource exchange processes within these communities after the onset of impairment. Disability frequently results in a loss of social status, restricting individuals' participation in resource exchanges and turning support into a charitable dynamic. Access to wider resource systems within these communities hinges on demonstrating abilities, perpetuating an ableist framework that shifts responsibility onto individuals and risks undermining psychological well-being. It was argued that when the prevailing belief holds that access is determined by ability and performance, failures are attributed to the individual, even when they stem from deeper ontological issues. This perspective risks destabilising personal resource arrangements, particularly by harming psychological well-being. Overall, support from faith-based communities was found to be rather conditional, irregular, and unreliable, with ableist practices creating barriers to equal access and personal resource stability.

7.2.2.5 Conclusion on Social Resources

The chapter on social resources explored the role of personal contacts and relationships in the individual resource arrangements of people with disabilities. Based on inductive coding of the data, these were considered within the contexts of family, friends, local communities, and faith-based communities. The analysis examines how resource exchange relationships between people with disabilities and others are created within these frameworks and under what conditions they operate.

The analysis of public social protection schemes in the previous chapter revealed high implicit and explicit expectations for social resources to complement formal provisions for users with disabilities, thus ensuring the programmes' sustainable effectiveness. Respective assumptions were found inherent in the provisional practices of both LEAP and the DCF. The analysis of social resources in this chapter suggests that the types of social resources considered can scarcely fulfil this complementary role. Key findings are summarised and contextualised through the following six hypotheses.

The phenomenon of social distancing in the context of disability was evident across all four social resources analysed: In the context of family, the debate over nuclear versus extended family structures appeared less relevant than the trend towards reducing relationships to a few or individual family members. Similar experiences of distancing were reported within friendships, neighbourhoods, and faith-based communities. All four resources serve as platforms for resource exchange for people with disabilities. These processes seem significantly restricted by social distancing.

Hypothesis 12:

- **Social resources reduce significantly after the onset of an impairment.**

It has been suggested that this distancing, rooted in dominant negative social constructions of disability (see Chapter 3), can be seen as a protective response to safeguard the resource arrangements of those who distance themselves. The argument posits that maintaining close social

ties with individuals with disabilities may threaten one's social status, a crucial resource for accessing external resources. Thus, distancing becomes a strategy for others to mitigate this risk. This can be viewed as the practical manifestation of the ontological construction of disability, positioning disability outside the social community and, consequently, beyond the resource exchange processes inherent to that community.

Hypothesis 13:

- **Social constructions of disability govern access to social resources.**

Conversely, the social resources examined here also offer frameworks within which social values and norms that govern access to resource exchange processes are produced, reproduced, and can evolve. This encompasses the social constructions of both disability and community. The findings suggest a shift in exclusionary norms, with reports not only of exclusion but also of contrasting or mixed experiences, expressed in statements such as 'it depends on the mindset of people'. Furthermore, the findings indicate that both community and disability are to be understood as diverse and evolving social constructs and, as normative concepts, are not homogenous even within social groups. In this context, the influential role of faith-based communities was highlighted, not merely as providers of social protection, but as powerful forces shaping the social construction of disability and broader societal values in Ghana.

Hypothesis 14:

- **Social resources are frameworks for the re-/production of dominant social constructions of disability.**

Beyond familial ties, examples were examined in which charitable reciprocity replaces relationships in realms such as friendship, neighbourhood, or faith-based communities. The reasoning suggests that charitable relationships avoid the risk of social status loss for one party; instead, they may boost the status of 'the benefactor' while assigning the other to the position of 'the needy'. In this resource exchange process, material or psychological support is typically given in return for anticipated improvements to the giver's social status, roles, and self-concept, all influenced by moral obligations rooted in prevailing norms. However, this exchange differs from other resource exchanges in that the value is determined solely by the giver, while the recipient, constrained by their role as the needy party, experiences a decline in social status and has little control over how they utilise the resources received. In this context, such charity-based resource exchanges are regarded as inherently unbalanced.

Hypothesis 15:

- **When reciprocity is not realised, charitable relationships offer a disadvantageous alternative for resource exchange.**

The analysis emphasised the notion of 'proving ability' as a key pattern for accessing social resources, serving as a means of countering ontological exclusion from community resource exchanges. This pattern is viewed as a performative access strategy, based on the notion that individuals with disabilities must demonstrate their ability to engage in balanced resource exchange

relationships. It is argued that this capacity is fundamentally denied at an ontological level by prevailing conceptions of both disability and community (as discussed in Chapters 2 and 3).[187]

According to the interviewees' descriptions, proving ability seems primarily achieved through overperforming roles, such as excelling as a student, spouse, parent, church member, or neighbour. This aligns with the concepts of 'ontological promotion' (Bourdieu) or 'passing as normal' (Goffman) discussed earlier. This pattern is suggested to manifest as a persistently felt obligation to perform, reflecting a continuous struggle to resist ontological degradation by attempting ontological promotion through the overperformance of assumed roles. Conversely, this performative access strategy of 'proving ability' can be rendered ineffective when individuals with disabilities are strictly excluded from the community on an ontological level. Such exclusion, as the findings show, can invalidate any efforts to conform to ableist constructions of communal reciprocity. Moreover, gaining access to social resource frameworks may demand a substantial investment of internal physical and psychological resources. Denial of access not only results in exclusion from social resources but can also deplete such internal resources.

Hypothesis 16:

- **'Proving ability' builds a key pattern in accessing social resources.**

In connection with the pattern of proving, social resources can become highly conditional and insecure. Following this ableist perspective, access to social resources must not only be established but must be continuously (re-)activated via ableist performance. When this does not happen, social resources seem only available to a limited extent. When these approaches are governed by performative norms rooted in dominant conceptions of disability and reciprocity within a given context, they become inherently uncertain and thus unreliable. Overall, the availability of resources within all four social resource frameworks discussed here is assumed to remain largely beyond the immediate control of individuals with disabilities.

Hypothesis 17:

- **Lack of reliability and high conditionality are characterising elements of social resources.**

Building on this, the next subchapter will take a closer look at conceptions of disability that became visible in the interviews.

7.2.3 Socio-Ecological Resources – Social Construction of Disability

Socio-ecological resources, as a superordinate category, refer to the quality of the living environment and the socio-ecological infrastructure (social, cultural, health, transport, information and communication, natural environment) as well as the availability and quality of opportunities to participate in various socio-functional systems such as education, labour market, or health (Schubert & Knecht, 2012, p. 22). During coding, the deductive code framework was gradually refined by developing a series of inductive subcodes. These include Assistive Services and Devices, Income Opportunities, Educational Institutions, Information and Communication Channels,

[187] As previously explored, disability and community are presented here as evolving constructs, with the findings also revealing alternative, less ableist interpretations. Nonetheless, the analysis suggests that the ableist conception discussed retains a certain degree of ontological dominance.

Physical Public Infrastructure, Social Construction of Disability, Objectified Societal Expectations, and Public Information/Knowledge/Education.

Further analysis and processing of the results showed that presenting these subcategories often proves challenging, as they display considerable overlap with previously examined perspectives on welfare state structures, social resources, and individual resources, all of which are closely interconnected within a socio-ecological framework. At the same time, the earlier analyses underscored the critical significance of the dominant public perception of disability. Accordingly, this perception was incorporated as a socio-ecological resource during the iterative progression of the coding process, guided by both deductive and inductive considerations.

Deductively, the theoretical section of this study has already examined the social construction of disability within the broader context of disability and social protection in Ghanaian society. Inductively, even during the initiating text work preceding the formal coding process, it became evident that interviewees often referenced the prevailing socio-cultural perceptions of disability when discussing access to various resources. This aspect has been touched upon repeatedly in the analyses of welfare state resources (Chapter 7.1), CSOs (Chapter 7.2.1), and social resources (Chapter 7.2.2), yet reference has been made to a separate in-depth examination. Therefore, this detailed analysis takes priority in the following discussion of socio-ecological resources. The analysis explores how constructions of disability are reflected in the interviewees' statements. Other inductive codes within this overarching category were not further elaborated for the reasons mentioned above.

The subcode 'social construction of disability' arose from numerous statements reflecting people's fundamental understanding of what disability is or describing effects that directly or indirectly suggest a specific perception of disability. The wide variety of statements classified within this context strongly supports a constructivist interpretation of the interview excerpts. Consequently, during the iterative coding and analysis process, the inductive code was renamed from Understanding of Disability to Social Construction. The importance of adopting a constructivist approach to disability has been discussed in Chapter 3. When contextualising the statements analysed within the interviews, two key patterns stand out. First, focus group discussions and interviews with government officials directly addressed how disability is understood. Second, many statements implicitly present a foundational understanding of disability, used as a basis for explaining its impact on the lives of individuals with disabilities. From the comprehensive set of coded text segments (133 in total), key themes were identified during the analysis. These central aspects are summarised and discussed below.

7.2.3.1 Ontic and Spiritual Constructions of Disability

As previously discussed, disability is understood to arise from the interaction between the individual and their environment, including the wider socio-cultural context. This view prompts questions about the social constructs of disability that influence the broader socio-cultural setting. In this context, Mr UA, a subsistence farmer with a physical impairment living in a remote settlement, remarks:

> *the area you live in shows that you are disabled, someone can refer to you as a mad person. (Int. 22, Pos. 7)*

He highlights the role of the environment, emphasising its importance by suggesting that it is the environment that determines one's disability. It becomes clear that he is not referring to the physical environment, but rather to the social environment and its influential part in shaping the attribution of disability. Mr UA further stresses the significance of the social environment in this context:

> *because those barriers which have been created and we are talking about, are created by the SOCIETY, by the people in the community. When we talk about the community or we are talking about society, we are talking about people living there, they are causing these problems for us (Int. 3, Pos. 25)*

The statements highlight how prevailing perceptions of disability in the social environment shape individuals' opportunities to participate in resource exchange processes. Traditionally, this perception is embedded in the institutions of Akan society and remains isolated from direct human intervention, as emphasised in a group discussion with government officials:

> *Now when we come to the Akan society, it bars some groups of persons with disability from even getting to the traditional rulers. In fact, where I come from blind people are not expected to go to the palace, persons with albinism are not expected to go to the palace. So, if his needs or challenges will be better met at the palace and by tradition or customs by virtue of the fact that he is blind he is not expected to go to the palace. Our belief system and customs also deny these people access to our services (Int. 42, Pos. 122)*

Many interviewees describe their perceptions of disability in terms of fundamental factors that influence opportunities and limitations in participation. For example, Ms UB illustrates this by stating:

> *many a times, you are rejected and then always you find yourself in one corner as if you don't belong to the society (Int. 30, Pos. 22)*
>
> *it's recently that people are trying to get closer and closer but err their [people with disabilities] way of living is not all that comfortable (Int. 30, Pos. 4)*

On one hand, she explains how a dominant understanding of disability negatively affects participation opportunities. Similar accounts of exclusion from community life were frequently echoed by other interviewees, ranging from subtle forms of marginalisation (as discussed in previous chapters) to more severe practices, such as children being confined to the house (Int. 34, 40, 42), and even instances where family and friends advised parents to kill a child with impairment (Int. 38, also Int. 3, 21). On the other hand, Ms UB also notes a change in these opportunities for participation, which might indicate a shift in prevailing perceptions of disability. Other interviewees share this observation:

> *Now that we are in a time where there is more civilisation, because of civilisation, for instance, Mr [local GFD representative] and co have said people are helping us a little (Int. 16, Pos. 21)*

A key element of understanding disability explored in the interviews appears closely connected to the ontological construction of personhood discussed in Chapter 2. In this context, interviewees used terms like 'wholeness' and 'completeness', highlighting the importance of ontic features ('nipadua,' 'sunsum,' and 'okra') outlined in Chapter 2. Traditionally, these are seen as essential components for the community to recognise an individual as 'fully human'. For several

interviewees, this aspect seems to be of central importance, as reflected in the following statements made during a focus group discussion with OPD representatives and individual interviews regarding the question of what constitutes disability:

> *Because the WHOLE is not functioning well then you term the person to be a disabled person (Int. 31, Pos. 33)*
>
> *they don't accept you, to be an- a full normal human being like any other person (Int. 3, Pos. 15)*
>
> *something has gone amiss (Int. 31, Pos. 61)*
>
> *your leg is cut off, your hand is cut off, so you are not human, that is what it seems to them in this town (Int. 4, Pos. 204)*
>
> *stigmatisation against them are a lot, because you are incomplete as a normal person in the society (Int. 31, Pos. 37)*

The notion of 'wholeness' also emerges in the context of the interviewees' self-perception. For instance, Mr F reflects on the time before he lost his sight, describing it as follows:

> *you see, I'm a- normally, I am a complete man, who attended school, completed school self-working at [company], I was there working for about two to three years (Int. 6, Pos. 13)*

He describes himself as a 'complete man', a feeling he continues to hold (*normally, I am a complete man*). In this context, he refers to supposed status passages of a socially standardised life course, such as education and employment, that have shaped this self-perception. His wording (*normally*), however, suggests that this sense of completeness might now be in doubt, possibly owing to the loss of certain ontic features that are identity-forming for him.

The absence of certain ontic features is explicitly identified as the basis for social exclusion from the community of 'normal individuals' (*because you are incomplete as a normal person*), including related processes of resource exchange. This view on disability is connected with a set of assumptions that reinforce and perpetuate marginalisation from social resources.

> *some of them have misconception, that if they come closer to you, they'll be infected, so they will not come to- so there are so many theories about, and, and cultural beliefs about persons with disabilities in Ghana, aha (Int. 3, Pos. 15)*
>
> *They believe that disability is a curse and as such, people shun the family. (Int. 21, Pos. 6)*
>
> *for some of them, if you board a car and you go and sit beside them, the way they will behave is as if you are going to infect them (Int. 5, Pos. 138)*
>
> *You know when a disabled person is selling gari you don't want to buy the gari because you think it will make you give birth to a disabled child one day. (Int. 43, Pos. 48)*
>
> *the perception, the belief is that, they, they, they are children from- you know, Ghanaians have the belief that they are children from water […] aha, the ri- the river, river children, that's how they des-describe them, aha, so, for them, they feel, sometimes, they would, they would even like to kill you al-altogether, to do away with you so that, because, you, you, you are, you are bad whatever to the family, so they want to do away with you (Int. 3, Pos. 49-51)*

The fundamental premise is that the construction of disability based on ontic features is seen as irreversible, especially regarding notions of bodily 'ontic completeness'. This view on disability contrasts with spiritual interpretations, as exemplified in Mr F's statement:

> *I went to [name of hospital] eye speciality, the, the, the, they test the eyes, they couldn't get the disease outright, they didn't get the, the, the disease, the co- complete disease, they didn't get it, means that it's a spiritual disease, this my, my eyes, eye trouble, it's a spiritual disease (Int. 6, Pos. 16)*

His perception of his visual impairment as a spiritual issue seems to stem from the lack of a medical diagnosis for his sudden loss of vision, despite undergoing professional medical treatment. Ms G also initially considers a spiritual explanation when her baby shows signs of impairment:

> *he was about six months old; he fell sick. […]. For the prayer camp, I took him to, it's because I thought it was spiritual, so I was taking it there so maybe, uh, the spiritual things, will leave him, but when I took it there, it helped a little but rather the hospital, is what helped A LOT, it made him able to walk (Int. 7, Pos. 101/135)*

She initially sought spiritual support at a prayer camp. Unlike in the case of Mr F, however, medical treatment shows effects (*it made him able to walk*), which ultimately leads to a different assessment. Ms A likewise characterises her visual impairment as a spiritual issue:

> *some of us, excuse me to say, that's not how God created us, it is not our life, or, say, say from our birth, it happened to us like an accident which occurred, accident, so while they are going to help, they should pray to God for us. Hey, there are some people, like me who is having this spiritual problem, it is befitting that God touches us, takes us out of this situation (Int. 1, Pos. 192)*

Ms A describes her impairment (loss of vision acquired in adulthood) as a personal spiritual problem that befell her unexpectedly, almost by chance. She believes it can be resolved by a higher power, as she assumes this condition was not part of her original creation (*that's not how God created us*).

These spiritual interpretations differ from the one previously described because they regard ontic features as potentially (re)changeable to their original state at birth into the world of the living. Responsibility for such change is ascribed to a higher authority, with the belief that influence, both individual and collective, can be exerted indirectly through active faith in this authority (*they should pray to God for us*). The distinction from the traditionally ontological view of disability lies in distinguishing between congenital impairments and those acquired later in life (*that's not how God created us*). This perspective, to some degree, excludes individuals with congenital impairments from this perceptual framework. This distinction is further emphasised by Mr U, who asserts:

> *If you were born disabled, there is a high high percentage chance or high probability that they may even kill. The parent will decide to get rid of you. For the fact that, they know that being disabled from birth is a huge huge challenge in terms of resources and most rural communities are poor in Ghana here. So it's – there's a big difference, being born disabled and acquiring disability in the course of your life stage (Int. 21, Pos. 20)*

In his statement, he connects the previously mentioned understanding of disability from birth to a rational assessment of a family's available resources to care for a child with specific impairments. This links the ontic feature construction of disability to a presumed framework of rational economic logic. From this view, one could argue that the traditional concept of congenital disability

reflects a particular response to the challenges faced by families. However, this response extends beyond the immediate realm of familial influence by invoking supernatural explanations, such as the belief that such children originate from another world, entered this one by accident, and must return to their 'rightful place'. These explanations ultimately serve to rationalise a cruel yet socially ingrained practice of infanticide.

For individuals who acquire an impairment later in life, interviewees referenced various spiritual explanatory models. A common thread among these models, as illustrated by the earlier example of Ms A, can be seen in the belief that acquired impairment can be improved or that it is possible to overcome it. This belief often becomes the central focus of spiritually motivated actions. Even more fundamental similarities can be observed in an explicit search for comprehensible interpretations of their particular situation. Mr T, a regional OPD representative, resumes this perspective as follows:

> *immediately they get disabled they will I mean apportion it to WITCHCRAFT, to curses, to taboos, to fetish spirits, to you know. They give it some spiritual connotation that does not make them to immediately look for medical erm attention or medical care. Or remedy, you will find them moving from one church to other some of them for example MENTALLY RETARDED people will be chained to trees, erm in the churches or the charismatic churches you find those churches you find those with epilepsy they are blaming the gods or they are blaming other people for having such a problem. So, the others would say it their mothers ate snail when they were pregnant or they cross the river on the day that erm they were having their menstrual cycle and they were not to cross the river on that particular day or they had gone to urinate at the place where there is a god or goddess. You know? So, they attribute this their disability to all this erm traditional erm believe system. (Int. 20, Pos. 14)*

It becomes evident once again that many socially rooted explanatory models, especially within the spiritual sphere, are common for understanding how impairments are acquired. These models appear particularly influential in situations where medical discourse is absent or where the onset of an impairment does not have a medically understandable explanation for the individual, as shown in the case of Mr F. Spiritual explanations tend to dominate in the absence of alternative frameworks within common everyday knowledge. This dominance can discourage people from exploring alternative explanatory models and, as a result, from seeking suitable support. Additionally, certain spiritual interpretations may encourage self-stigmatisation.

A significant factor contributing to the enduring dominance of spiritual explanatory models for the occurrence of impairments may lie in the influence of charismatic churches and their impact on people's everyday interpretive frameworks. This is emphasised by Mr AE, an employee of a local social welfare office, who notes:

> *They [religious groups] they even if the thing is, eh intentional or not intentional they would say SPIRITUAL, they would relate it [disability] to SPIRITUAL. But in SPIRITUARITY I can't understand that aspect. Do you understand it? So, so when how the churches see them because when if they want to explain, they explain through spiritual aspect, spiritual line even it is in the bible. (Int. 34, Pos. 138)*

The perspectives on disability discussed earlier emerged as central frameworks shaping people's understanding of disability, as highlighted by the interviewees. However, in practice, these frameworks appear in diverse variations and are often intertwined with other interpretations.

Although these perspectives frequently carry negative connotations, the interviews also reveal alternative fundamental assumptions about disability:

> *Mm, for some of them, if you board a car and you go and sit beside them, the way they will behave is as if you are going to infect them with your disability or something like that, and there are others, they will- "oh how are you", "oh you are carrying something, I- let me take it and accompany you", oh me I mean it seems they feel something for you (Int. 5, Pos. 138)*

> *So, the neighbours, it depends on the value system of the neighbour yes yes yes (Int. 21, Pos. 14)*

Interviewees emphasise that their experiences, including positive ones, differ significantly depending on how disability is understood and the value framework adopted by those they interact with (*it depends on the value system*). The statement further implies that conceptions of disability can vary at the individual level rather than be uniform across entire communities (*the value system of the neighbour*). Overall, however, findings indicate a dominant presence of disability constructions that frequently serve as an ontological basis for justifying the exclusion of people with disabilities from social processes of resource exchange. Mr J, a retired teacher with a physical impairment, highlights a deeply rooted societal entrenchment of these constructions:

> *a lot of education is needed, lot of education, uh from the social media, the, uh, opinion leaders and so on, yeah. From the basic school, they need to brainwash, uh, the citizens to know that disability is no curse, is nobody's uh, uh, cause, so uh, it's just by nature, it can happen to anybody, so they should look at us as one of them, yeah, the person might be physically disabled, but mentally, morally, spiritually, the person might be better, far far able than somebody who is physically able […] Yeah, they only look at uh, yeah, they only look at the physical appearance, they don't think of uh, the, uh, gift that is in the person, yeah, so once they see you disable, the stigmatisation is what is killing u (Int. 10, Pos. 121-123)*

His wording (*brainwash*) reflects how profoundly ingrained and dominant he perceives these constructs and their focus on notions of 'ontic completeness', along with the resulting sense of othering (*not being looked at as one of them*). His statement also highlights the notion that the absence of certain ontic features could be compensated by the stronger presence of other features (*the person might be physically disabled, but mentally, morally, spiritually, the person might be better, far far able than somebody who is physically able*), a compensation he believes is unfairly ignored. This emphasises the rigidity of this ontological construction of disability.

A potential distinction between the two understandings of disability may lie in how individuals with disabilities navigate their own assumptions and those of their social environment. As previously mentioned, interviewees describe spiritual constructions of disability as deviations from an original state of 'ontic completeness' (a spiritual problem) perceived as changeable or reversible, even if one's ability to directly influence this seems limited. In contrast, the construction of disability as an 'incompleteness of ontic features' is regarded as an unchangeable condition. Addressing this condition is not primarily marked by hope or efforts to alter ontic features. Nor is it mainly defined by attempts to fundamentally reshape the understanding of ability and community, whose dynamics contribute to exclusion along conceptions of assumed ability and disability. Rather, interviewees describe attempts to compensate for ontic features through certain social attributes. This concept of 'compensation' was previously discussed in the context of 'ability' and 'proving' to secure access to social resources. In the following, this will be revisited in light of its underlying understanding of disability.

The 'compensation' of supposedly missing ontic features by social features is evident, for example, in the frequently used formula 'disability is not inability', which is common in statements by OPD representatives and social welfare officers (e.g., Int. 18, 31, 32, 34, 39, 43). The practice of 'proving ability' by overperforming roles, as discussed in the previous chapter, can be seen as a response to the ontologically denied status as a human being and ultimately the capacity to engage in balanced resource exchange relationships within the community. It is assumed that this seemingly dominant ableist pattern of 'proving' is triggered by the dominant ontic construction of disability.

As discussed earlier, the epistemological grounding of the individual can be traced back to a normative assessment of the person's ability to contribute to the community's well-being. The ontic features serve as a proxy indicator for this 'ability to contribute', replacing a de facto assessment. It is generally assumed that meaningful contributions to the community become impossible when ontic characteristics are compromised. This principle transcends subjective human judgment within the realm of interpersonal interaction, instead establishing itself as an ontological reality, thereby gaining the status of an unquestionable metaphysical truth.

Chapter 2 introduced the discourse on moderate African communitarianism. This envisages a kind of new weighting of ontic and social features, allowing for the 'compensation' of impaired ontic features by social features. At this juncture, there is scope to challenge and potentially deconstruct the foundational ontological exclusion of people with disabilities. From this perspective, the previously discussed paradigm of 'proving' will be examined in conclusion here, focusing on its implications for the social construction of disability and the potential dynamics shaping this social construct.

It could be argued that the proposed option of compensating for ontic features through social features (co)produces the pattern of 'proving' that is frequently observed in the interviews. The importance of this pattern within the framework of the Disability Common Fund was previously discussed (see Chapter 7.1.1). Additionally, its potential role in harnessing social resources was emphasised (see Chapter 7.2.2). This pattern of 'proving the ability to contribute' is also evident in direct interview statements regarding the understanding of disability, for example, concerning expectations of contributing to society as a whole:

> *it doesn't mean she can't work, she is a lab tech and she graduated and offering her national service. So it means that if you are disabled you have something to do for society (Int. 31, Pos. 73)*

When asked about the understanding of disability, a participant in the focus group discussion with OPD representatives emphasised the importance of contributing to the common good (*having something to do for society*). From his perspective, this contribution seems to be assessed based on an individual's ability to assume socially accepted, age-appropriate roles throughout the life course (graduating, doing national service, having a regular job). A participant in the focus group discussion with CSOs notes in this context:

> *as Africans we have the perception that if someone is disabled then it's really difficult for them to bring out the best (Int. 43, Pos. 41)*

In his view, individuals with disabilities are often denied the ability to perform tasks up to a certain level of social expectations that may define an assumed ability to contribute to the well-being of a community or society. In Chapter 2, it has been argued that this assumed ability serves as the

gatekeeper to the journey toward achieving personhood, which is connected to accessing resource exchange processes with other members of a community.

The pattern described as 'proving ability' seems to be an effort to overcome this limitation by challenging the public perception of 'dis-ability' through demonstrated performance, thereby enabling access to the process of achieving personhood. In this context, Ms P, who received government support to sustain her petty trading business, shares the following experience:

> *I have discovered that when you sell, money, that's why I am also counted among humans, that's why I am happy (Int. 16, Pos. 47)*

Her statement can be interpreted as having a recognised role within the community, such as being a petty trader. This is connected to earning income, which means not depending on support from other community members. This performance aligns with the expectations of her social environment, as derived from her experience, and serves as a foundation for recognition as a human being, thereby overcoming the ontological exclusion inherent in the traditional conception of disability. This is in contrast to the dominant assumption that disability equates to a lack of ability to meet social expectations, as expressed by Mr U:

> *it simply like, not able to perform your daily function, other than being able, efficiently, effectively. Yeah then, which may put you at a disadvantage. That's how I'll describe disability. (Int. 21, Pos. 2)*

The social construction of disability, one might argue, acts here as a fundamental counter-narrative to an ableist conception of community. This ableist framework, rooted in assumptions about individual ability, not only controls access to social resources but also defines the boundaries of recognition as a human being. This pattern is assumed to manifest as a persistent sense of obligation to perform, reflecting a continuous struggle to resist ontological degradation by attempting ontological promotion through overperformance of assumed roles. This has already been discussed in Chapter 7.2.2, drawing on several interview excerpts. It was argued that for persons with disabilities, access to collective resources can only be achieved by demonstrating above-average performance. This is what interviewees often refer to as 'proving'. For example, Mr C summarises:

> *you must do things to demonstrate to them, to, to, to demis- demystify that mis- misconception about you, as a person with disability, that =you can do it, once you are given the training, you are given the opportunity, you can PERFORM, if you are at workplace, you must work and work hard, […] so that we, we, we deal with the, the misconception about the society about us, so, we also have a, a huge responsibility to play as persons with disability, to prove to the society, to correct that impression about us. We have. (Int. 3, Pos. 17)*

Conversely, the 'proving of ability' can be rendered ineffective when individuals with disabilities are strictly excluded from the community at an ontological level. Such exclusion, as the findings indicate, can undermine any efforts to meet perceived ableist expectations of the social environment. Mr M, a subsistence farmer with a visual impairment, provides a vivid example. He describes how the people in his village react to him as a farmer:

> *P. I farm with my visual impairment, I make an effort to go to the farm, already those I live with claim I am a wizard, yeah, I am a wizard because, they know very well that my eyes- those who have good eyesight cannot do some of the things that I do, so they say, many of them tell me that I am a wizard, and I don't know what a wizard is like.*

PI: Is it bec- because the people cannot imagine that you can do farming without sight?

I: Yeah, yeah, yes, they cannot imagine that someone who cannot see is able to farm, aha, so they believe that uh, he's a, a wizard

PI: Mm, and how do you react to such, to such things?

P: Ah, I <<chuckles>>, I have no response for them […] The thing is <<claps>> in this life, you, if you go to them to seek help, they will insult you, but if you put in a some effort to make ends meet too, then they, they say that you are a wizard {yeah}, you see

I: He said when you go, to beg from them, they will insult you, rebuke you, but when you are struggling to do it too, then they think that you have some uh, spirits behind you, yeah […] they will not help you, but they, when you are doing it too, so they, they, they wonder, they cannot imagine how you are able to do it (Int. 14, Pos. 126-136)

This example, previously discussed in the context of local communities as a normative socio-spatial framework (see Chapter 7.2.2), highlights a crucial aspect of how disability is socially constructed. It shows how the ontological exclusion of individuals with impairments from the category of 'human' can render efforts to align with ableist constructions of community through performance ineffective. In this context, visual impairment, perceived as a defect in an ontic feature, serves as a proxy indicator, manifesting on a supernatural level and thus seeming unchangeable. When practical experience (a blind man farming as effectively as someone with full sight) challenges the supernatural-based rule of ability versus inability, its validity is reaffirmed by attributing the perceived anomaly to a supernatural explanation (he must be a wizard). This reinterpretation helps to restore confidence in the underlying order, maintaining its perceived legitimacy to some extent.

7.2.3.2 Conclusion on Socio-Ecological Resources

In Chapter 7.1 on public social protection schemes, it was argued that the assessed schemes can only have positive effects on individual resource arrangements to the extent that they interact with additional resources that complement the contributions of these schemes. The subsequent analysis suggested that social constructions of disability play a vital role in shaping access to social resources. It emphasised how dominant conceptualisations of disability and community are shaped by the notion of 'proving ability' as a prerequisite for inclusion in the spheres of community and personhood, which are key frameworks for resource exchange that are essential to securing individual livelihoods. Building on this context, the prevailing perception of disability, as indicated in the interviews and implicitly positioned as a key resource, was examined in greater depth.

Traditionally, disability has been conceptualised as separate from both the community and the human condition (see Chapter 2). While this perception, as indicated by the interviews, retains a certain level of dominance, it is not all-encompassing. Interviewees shared diverse experiences, noting that social interactions more often depend on the individual mindset and attitudes of those they engage with. Statements point to an implied partial decline in the dominance of a concept of disability that denies any form of social belonging and existence as a human being based on deficient ontic features. This appears to create space for an understanding of disability that still aligns closely with the traditional concepts of community and the individual. What is meant is a shift in emphasis from ontic features to social features, as discussed in Chapter 2 within the context

of the philosophical discourse on African communitarianism, drawing on the work of Gyekye (2002) and Wiredu (1998).

This 'conceptual shift' creates opportunities for people with disabilities to take on social roles within the community. Social status is then based on a person's responsiveness and sensitivity to community needs, as well as their physical, intellectual, and moral achievements, and adherence to social norms, rather than the previously dominant ontic characteristics. Depending on the beliefs of an individual's social environment, this can provide people with disabilities access to social status that was once out of reach, a status recognised through their abilities. This transition, outlined in Chapter 2 as a shift from a traditional to a more moderate interpretation of African communitarianism, underpins the observed pattern of 'proving ability'. This shift results in two key effects, which are outlined in the following hypothesis.

Hypothesis 18:

- **Public perceptions of disability constitute a central resource within the individual resource arrangements of people with disabilities. This resource is inherently fragile, as it depends on ongoing validation or renegotiation in social interactions.**

Considering the understanding of disability as a resource introduces an element of unpredictability, as it must be continually revisited and renegotiated in each social interaction. The case of Mr M, the blind farmer accused of sorcery, exemplifies resistance to the aforementioned conceptual shift in the weighting of ontic and social features. From this perspective, the social environment denies him recognition in the desired, socially accepted role of a farmer, instead relegating him, according to the ontic feature model, to a position outside the social community and beyond the realm of being 'fully human'. Conversely, the understanding of disability can potentially become a positive resource that creates opportunities for people with disabilities, enabling access to resource exchange processes that were previously inaccessible under traditional conceptions of disability.

Hypothesis 19:

- **The dominant conceptual understanding of disability is shifting from an initial stance of ontological exclusion to a highly ableist conception of communal participation. This shift becomes evident through social (re-)negotiation processes that define the boundaries of who is considered 'able' and therefore 'fully human'.**

It shall be argued here that the symbolic institutionalisation of ontic feature norms is shifting towards norms based on ideal ability or performance that govern individuals' opportunities to participate in resource exchange processes within their social environments. What Campbell (2003) refers to as the 'Great Divide' (see Chapter 3), the formation of a general understanding of who is considered 'able', appears to be in actual transition, undergoing a process of social renegotiation. The recurring pattern of 'proving' and 'above-average performance', highlighted in numerous interview excerpts, can be interpreted as a mechanism for renegotiating the boundaries between valued community membership and a diminished state of being. From this perspective, the 'regimes of ableism' embedded within the concept of African communitarianism are being redefined (see discussion in Chapters 2 and 3). This process involves not only the renegotiation of boundaries but also the conditions for guaranteed access to the community's resource systems, a community defined by the perception of essential abilities.

Hypothesis 20:

- **Growing possibilities of 'passing as able' give rise to the described pattern of 'proving', which is likely to reinforce social exclusion for those 'not passing'.**

The aforementioned shift is what enables the possibility of 'passing as able' (in reference to Hughes (2015) discussion of 'passing as normal') to emerge in the first place. It can be assumed that through this process, not only the striving for ableist norms but also the demarcation of the constitutive other will inevitably be reinforced. As a result, a greater distance from everything associated with disability moves the distancing individual towards ability, which lies at the centre of communal existence. This is likely to underpin the pattern of proving and helps explain the emphasis on demonstrating above-average performance.

The findings suggest that the renegotiation of disability discussed here occurs within a reinterpretation of the concepts of community and personhood as traditionally understood, particularly with respect to their accessibility. The emphasis is on the individual's obligations towards the community, which are to be met by adhering to a shared understanding of 'essential abilities'. It was argued that the interviewees' representations and behaviour patterns mirror this understanding of disability.

Hypothesis 21:

- **While ontic oppression is replaced by ableist oppression, little attention is paid to the dimension of individual rights inherent to being, which underpins the concept of public social protection.**

The notion of access to community resources based on individual rights derived from humanity and citizenship played little to no role in the accounts of the interviewees. However, this understanding of individual entitlements forms the foundation of state-led social protection mechanisms, including the schemes previously described. This contrast warrants explicit emphasis. The observed shift in the understanding of disability does not appear to entail a fundamental transformation of traditional concepts of social justice. Rather, it occurs, if at all, within the framework of African communitarian logics and conceptions of social justice, which differ significantly from the principles underpinning state-driven social protection approaches.

7.2.4 Personal Economic Resources

As a superordinate category, personal economic resources encompass economic capital as a universally adaptable asset, which includes monetary wealth, income from work and employment, as well as ownership of land and property. Participants frequently mentioned financial resources, especially money, in relation to essential needs such as food security, clothing, shelter, and healthcare. Furthermore, the significance of property ownership as a resource, along with the interplay of salaried and self-employment, will also be examined.

7.2.4.1 Financial Means / Cash-Money

> *as for the help, it is all about money (Int. 7, Pos. 247)*

Statements from interviewees suggest that access to immediate financial resources is crucial to securing livelihoods. The interviewees discussed financial assets, especially in relation to meeting

basic needs such as food, clothing, or healthcare. Food security was a recurring topic, involving challenges from insufficient income to maintain an adequate diet to episodes of acute hunger. Ms A, for example, reports:

> *Currently, food is our biggest challenge, our finances too (Int. 1, Pos. 14)*
>
> *even some time too, on some occasions, when we wake up, and we have nothing to eat, it makes me sad that ah, if I had the strength, I would go to work, but because I have no strength, it has made <<kisses teeth>> me unable to get what I need, it has also made us hungry (Int. 1, Pos. 101)*
>
> *If nobody brings me food what will I do? […] Ah, if we are there till evening, then I take water, and bless it, that God should turn it to food, so when I finish blessing it and drink it, then I sleep. (Int. 1, Pos. 111-113)*

After losing her vision and her position as a court administrator, she and her son frequently experience hunger. Their food security relies on external donations, whose availability and quality are therefore inconsistent and uncertain.

Overall, the interviews show that the availability of money is often emphasised in discussions about food security, even when not directly prompted. For instance, when asked about what brings her happiness, Ms D responds, *'If I get money for food'* (Int. 4, Pos. 266). Several interviewees with disabilities, directly or indirectly, reported that a lack of personal income adversely affects their food security (Int. 1, 2, 4, 7, 8, 12, 14, 15, 16, 22, 26). In many cases, this results in reliance on food allowances or financial support from family members (Int. 1, 2, 12, 15, 16, 22), provided they are willing to provide such assistance. In this context, social welfare officials highlighted that families serve as a resource to a limited extent (Int. 41, Pos. 4), a finding also reflected in Chapter 7.2.2. If the family is unavailable, food security depends partly on friends and acquaintances (Int. 1, 4, 22) or handouts from the general population (Int. 2, 31, 41), which does not lead to increased food security.

Others rely on income from their subsistence farming to secure food supplies (Int. 14, 24). Social welfare officials occasionally mention churches as a source of support for food. However, as noted in the discussion on faith-based organisations, these do not constitute a reliable, consistent resource for meeting basic needs. Notably, none of the interviewees with disabilities mentioned churches in relation to food security.

In two instances, specific attention was drawn to the challenges of food security among children and young people with disabilities. A retired special school teacher with disabilities, who provides craft training to young people with disabilities, shared that those who seek his guidance are often primarily concerned with obtaining food or money for food (Int. 31, Pos. 83). In the context of public special schools, one interviewee noted that limited funding occasionally impacts the nutritional security of students (Int. 30, Pos. 90).

These findings indicate a strong link between financial resources and food security, a basic human need. This issue recurred in many interviews, highlighting the interviewees' vulnerability to food insecurity due to limited financial means.

Some interviewees referred to clothes in terms of basic needs. They mentioned receiving clothing donations from family members (Int. 12, Pos. 38; Int. 23, Pos. 53), OPDs (Int. 6, Pos. 290), or the

church (Int. 40, Pos. 84). In one case, a LEAP disbursement was used to buy clothing. A local Director of Social Welfare described the situation as follows:

> *We went to pay LEAP, when we paid LEAP when we want to we made our first payment. The beneficiary didn't come and collect the money, it was a caregiver who came to collect the money. And he said, oh I thank God I am going to buy some clothes with this money for this woman. Say oh this money is not for clothing oh it can't buy any cloth. It's for feeding and this thing so go and give. He said papa if I don't buy cloth for this woman- So I became interested and I said no you wait I would like to go and see this woman. MY BROTHER the cover cloth of this woman that was covering THIS WOMAN in fact you will not be able to hold it with your hand let alone to mob your floor with. And it was even used to cover a human being. Then I told the woman you exercise patience I would buy I would buy so I went home and took my own money and went to buy this thing one half piece of cloth and about four yards then I went to and I told my wife and she also gave some this thing to the woman. (Int. 36, Pos. 121)*

It becomes evident that some individuals with disabilities face situations where even their most basic needs, such as clothing, remain unmet due to a lack of economic resources, which results in dehumanising conditions. The statement from the social welfare director clearly associates this with a violation of human dignity.

Financial resources also frequently emerged as a key topic in discussions about healthcare costs. Insights into the opportunities and limitations of the NHIS are detailed in Chapter 7.1. The findings indicate that essential healthcare expenses often exceed what insurance covers, forcing individuals to use their own funds. Interviewees shared various strategies to tackle this issue, with Ms A's example being particularly notable:

> *when I am sick, borrowing, I go and borrow. If it becomes urgent, my child has nothing, so we tell someone we know that oh, we plead with them to give us something so, I take to the hospital then later, we would place it back where it belongs [meaning they would pay back the loan], so when occasionally someone gifts me something heavy, a little [referring to a bigger sum of money], then I go place it back at where it belongs. Also sometimes, when I used to work, I have lived the life before, so if I have something, then I sell it. (Int. 1, Pos. 154)*

When Ms A needs professional medical treatment, she depends on borrowing money from acquaintances. Repayments are irregular and depend on whether she receives support from others. She also mentions selling possessions she acquired during a time when she was financially stable before her impairment. Such sale of property can be considered a 'destructive coping response', as it further reduces her economic resources in the medium- to long-term. Mr Z describes an even more severe case of forced destructive coping:

> *you see, err, the only thing that helped me is that when – I was at Korea, I used to make business, I used to import cars and other items so when I came, even of my year plus at the hospital, when I was coming – even when I came home, I was having my own private car, kia sportage. it came to a day that err I sold all, all my properties. I build my own house, I sold it, I sold my car, my private car. I sold my other car, jobs looking for, I sold, I I became empty [2I: to, spend it on the health treatment] my leg I spend enough money on my leg but still you see (Int. 27, Pos. 157-159)*

He describes what the social health protection discourse terms 'catastrophic health expenditure' (see above). To cover his medical treatment after an accident, he sells most of his belongings, including his private house, ending up with low economic resources (*I became empty*).

The crucial role of healthcare expenses in the resource management strategies of people with disabilities has already been examined in relation to the NHIS (see Chapter 7.1.3). Here, the importance of privately funded healthcare costs is further highlighted when viewed within the context of personal economic resources. When economic resources are available, healthcare costs pose a significant risk of causing economic resource loss spirals. Conversely, in the absence of financial resources, it appears that essential healthcare is often completely forgone.

7.2.4.2 Land and Home

Secured housing was another aspect of economic resources that interviewees addressed. Homeownership was often emphasised as a source of security, especially in situations where a steady household income is not assured. This is particularly relevant, for example, in old age, when individuals may receive little or no pension (Int. 3, 6, 9), as Mr C expressed:

> *Currently I'm on pension and I'm here. Uh, by God's grace and through the effort of Mr [name of friend and local GFD representative], uh, I've acquired a land here and this is- place is my own uh, uh, uh, accommodation, it's not a rented premises. (Int. 3, Pos. 3)*

Land ownership was also highlighted as a key element of economic security. Beyond using land for personal agriculture, some interviewees leveraged their land by renting it to farmers, receiving either financial payments or in-kind returns such as shares of the harvest (Int. 12, 22, 24). Furthermore, interviewees used their land to develop living spaces, allowing them to earn rental income (Int. 3, 14).

The lack of homeownership was described as a critical issue. For some interviewees, owning a home seemed essential because it is their only way to secure stable accommodation, especially when financial resources and income opportunities are limited. For example, Mr J explains that he is burdened with substantial debt due to years of medical treatment related to a physical impairment. Additionally, he is financially supporting his mother. In the past, they lived in an apartment paid for by someone else, but now they must move out and cannot afford to buy or rent a new place (Int. 10, Pos. 53). They are currently staying temporarily in rooms provided by a CSO, with no permanent solution in sight.

When asked about his concerns, Mr V, a LEAP recipient with a physical impairment, expressed the following:

> *where I sleep, the house is not any comfortable for me. it belongs to someone, so if i get house that belongs to me, I will feel well. […] I am in a rented room, someone's house. […] that is one problem, its either that if I don't get money I would go and sleep under someone's shelter, maybe I would go and ask the person to please let me sleep under his her shed for a while, when I get money then I would go and rent. (Int. 23, Pos. 63, 86-88)*

He is deeply concerned about his housing situation due to the lack of a stable, reliable income. Without the means to pay his rent, he faces the threat of eviction and may have to rely on the generosity of others for temporary, free shelter. The constant risk of homelessness remains a persistent and unsettling reality. Mr W, another recipient of LEAP, lives with his wife in a house

owned by her family. He offers a critical perspective on the housing challenges, recognising that without the family home, their situation could have been far more precarious:

> *it would have been very !DIFFICULT! Unless I go for someone's house or someone who likes me allows me stay with him. maybe my siblings. you see, even siblings it would get to a time it would not feel like your own house ahaaa. so when that happens, unless I go and rent a house; but the money you use to rent the house is not even there, that is a big problem. (Int. 24, Pos. 75)*

Several interview partners lived in family property or with parents or other relatives (Int. 5, 8, 10, 13, 16, 22, 24).

The interviews suggest that owning land and a house is considered a highly valuable personal asset. This not only guarantees reliable access to secure housing but also provides a basis for generating financial resources, whether through agricultural activities or by leasing or renting out the property. In the absence of property ownership, housing, combined with the mostly insecure income of many interviewees, remains a highly vulnerable resource and reflects institutionalised precarity. In this context, interviewees discussed housing and opportunities for people with disabilities to acquire their own property as important aspects of social protection (Int. 5, Pos. 198; 8, Pos. 226; 10, Pos. 113; Int. 22, Pos. 222). A local social welfare officer also mentioned a case where a person with a disability was supported in securing housing (Int. 38, Pos. 26). Additionally, it was noted that some churches provide accommodation for people with disabilities (Int. 41, Pos. 35).

7.2.4.3 Employment and Business

Most interviewees with disabilities were not in formal employment at the time of the interview. Those who had acquired impairments later in life and were employed reported losing their jobs due to their condition (Int. 1, 10, 12) or abandoning self-employment because the working conditions and environment made it impossible to continue (Int. 4, 12). In one case, the mother of a son with a so-called intellectual disability describes the decline of her business after her husband had an accident:

> *There is nobody, just me, only me. His father too had an accident so he is hurt so, I don't get, I don't get support from anywhere so even the work I do, the store is not running, all the goods inside, I have sold to take care of him, so now <<kisses teeth>> me, what I will use to buy food and eat has become scarce, and his, his father too, mm. […] It is the work especially that I need and my money issues and a place he [her son] would stay. (Int. 7, Pos. 220, 247)*

Due to the necessary care work for her husband and son, she can only work limited hours at her shop by the roadside. As household income becomes increasingly scarce, she uses all the earnings from her shop to secure her family's livelihood. In a short-term destructive coping response, she stops replenishing stock for her shop, ultimately depleting her inventory until all products are sold out. The lack of income directly threatens the family's food security. Such destructive coping responses resulting from acute financial shortages have been observed several times, including in the context of the DCF (see Chapter 7.1).

Regarding employment, OPD representatives in a focus group discussion highlighted the critical importance of education, particularly vocational training, as a prerequisite for successful access to jobs (Int. 31). The significance of the Rehabilitation Centre model was also discussed in this context (see Chapter 1 for an explanation of its historical development and importance). Although the

approach remains valuable for the vocational training of people with disabilities, there is a recognised need to modernise the courses to meet the current demands and dynamics of the Ghanaian labour market (Int. 31, Pos. 83/87). Interestingly, the highly competitive nature of Ghana's formal labour market was not a prominent topic. On a positive note, the informal sector was acknowledged for providing numerous employment opportunities, which many individuals with disabilities actively pursue despite facing substantial access barriers (Int. 31, Pos. 87). In this context, OPDs stressed the importance of empowering their members by boosting their self-confidence to seek and access these opportunities proactively (Int. 31, Pos. 79). At the same time, OPD representatives also highlight significant barriers posed by employers:

> *Then the employers most employers do not want to employ disabled persons, especially the deaf persons because of the communication barrier. When they employ us it's either they employ you to pound fufu or to become a garden boy, or something menial when we are talking about equalisation of opportunities and social inclusiveness, employment is part. (Int. 31, Pos. 157)*

The statement highlights limited opportunities for formal employment, mainly restricted to a narrow range of simple jobs, along with substantial barriers to accessing higher-skilled roles, even with appropriate training. It also emphasises the lack of appropriate workplace accommodations needed to support the employment of people with disabilities (Int. 3, Pos. 9). Some interviewees also describe negative experiences, including cases of workplace violence, as illustrated by Ms S:

> *with the work I'm learning now, the madam I was with [her supervisor], slapped me because I laughed. Meanwhile, people were joking, and I found it funny. I told her I have that problem and so if he would hit me, she shouldn't hit my head […] she told me she will slap me properly and she added another slap (Int. 19, Pos. 99-109)*

The majority of interview partners with disabilities who were economically active were not formally employed but self-employed, either as petty traders selling along the road (Int. 13, 15, 16), operators of small shops or kiosks (Int. 2, 4, 5, 11, 23), or small-scale farmers (Int. 12, 14, 17, 22, 24, 26). Three interviewees with disabilities and a group of people with hearing impairments (Int. 14, 17, 24, 26) engaged in small-scale commercial crop farming as a source of income. Additionally, two of them supplemented their efforts by rearing goats initially provided through the DCF, now serving as a financial safety net (Int. 14, 24). Despite these efforts, farming alone proved insufficient to sustain their livelihoods. As Mr N puts it with regard to his cassava farming approach:

> *it is the cassava that I planted now, the cassava, you see that when you came, the woman [his wife] was selling the cassava outside, the cassava will be under the sun for a long time, they [the people in his neighbourhood] don't buy them, yeah, it will be under the sun like that (Int. 14, Pos. 117)*

Most informal or self-employed interviewees described their employment as insufficient and unreliable for securing their livelihoods. In most cases, they supplemented their income with support from family, friends, acquaintances, OPDs, faith-based organisations, or government assistance programmes such as LEAP and DCF. The potential and limitations of these programmes as resources for sustaining livelihoods were discussed in detail in Chapter 7.1. Regarding public cash transfers to people with disabilities, Ms AB states:

> *it is actually pays many people's debt that they owe. Because they are not working and they need all kinds of items or even food. So when they get this money, most of them pay their debtors with this*

money and then they go back to square one because it is not enough. but I will say, that one is better than nothing at all, ahaa (Int. 30, Pos. 34)

Her statement underscores the earlier findings that cash is a vital resource for meeting immediate basic needs. The absence of cash not only prevents individuals with disabilities from generating additional resources but also, in many cases, permanently weakens their ability to obtain the essential necessities for survival. Consequently, interview partners with disabilities in several instances remain reliant on others, as concluded by Ms AB:

so many many of them are living on benevolence of, of people, yeah. (Int. 30, Pos. 8)

7.2.4.4 Conclusion on Personal Economic Resources

Most interviewees with disabilities lack a secure and stable income. While access to vocational training and employment was highlighted as crucial, opportunities remain limited for individuals with disabilities. Even for those with training, the highly competitive nature of the job market creates significant barriers due to the prevailing understanding of disability. Economically active interviewees with disabilities were predominantly self-employed, engaging in petty trading, running small shops, or practising small-scale farming, often resulting in unstable incomes. To sustain their livelihoods, many continued to rely on the support and goodwill of others, which worsens the broader impacts of livelihood insecurity, as discussed in Chapter 7.2.2 on Social Resources.

Hypothesis 22:

- **Most interviewees with disabilities, despite being economically active, do not have sufficient and stable incomes.**

Interviewees often frame financial resources in the context of meeting essential daily needs, such as securing food, obtaining clothing, and accessing healthcare. Available financial resources are frequently used to satisfy immediate basic needs. To do this, individuals sometimes resort to 'destructive coping responses', which ultimately diminish their economic capital over the medium to long term. Healthcare expenses pose a significant risk of triggering spiralling losses of economic resources. In circumstances where economic resources are already limited or absent, basic needs are often unmet, meaning that health treatment is postponed and nutrition is so severely restricted that people are practically experiencing serious malnutrition.

Hypothesis 23:

- **Accessible financial resources are primarily directed towards meeting the most basic needs, sometimes through harmful coping strategies and the accumulation of debt.**

Ownership of house and land was identified as a key issue in securing livelihoods. On the one hand, obtaining shelter despite unstable incomes remains a crucial need. On the other hand, land serves as a foundation for generating income, whether in cash or in kind, such as by leasing farmland or developing rental properties. Consequently, some interviewees developed sustainable coping strategies, such as using DCF grants to build rental units and generate income. However, individual economic resources are often threatened by destructive coping responses when no alternatives exist.

Hypothesis 24:

- **Ownership of house and land is a critical basis for securing livelihoods and enabling resource gain.**

Regarding personal economic resources as complementary to public social transfers, as discussed in Chapter 7.1, it seems that in many cases these resources may not be available or accessible as assumed. Only in a few instances do individual financial resources have a lasting positive impact as a complementary resource. Conversely, as at least one account highlights, state transfers are sometimes used to address resource deficits, such as settling debts. The findings indicate that these debts are rarely incurred for investments that support sustainable livelihoods. Instead, they are often accumulated to meet basic needs such as food, clothing, and healthcare.

Hypothesis 25:

- **Private economic resources of recipients with disabilities do not serve as a reliable complement to public social protection transfers.**

7.2.5 Psychological Resources

Psychological resources, as a broad overarching category, encompass intrapersonal assets and characteristics that enable individuals to navigate internal and external challenges. These resources affect perception, cognition, motivation, emotion, and behaviour, shaping how people evaluate both everyday and unique life situations. They also influence the strategies individuals develop, coordinate, and employ to cope with life's demands. These resources serve as either supportive or hindering factors in the development and enhancement of personal competencies, which encompass knowledge, skills, and abilities, as well as in managing demands and achieving goals. They cover various cognitive, emotional, and social aspects. During coding, this category has been further divided into distinct cognitive and emotional resources. 'Cognitive resources' include aspects such as self-concept, efficacy beliefs, and education. 'Social roles' refer to holding recognised, identity-shaping roles. The concept of 'emotional resources' encompasses various aspects related to well-being, including the ability to enjoy, faith, hope, and confidence. These categories, elaborated inductively and clustered as part of the coding process, will be discussed in subsequent sections.

7.2.5.1 Self-Concept and Efficacy Beliefs

Self-concept and efficacy beliefs were merged by two former subcodes. Self-concept was coded for statements that reflect a person's view of themselves. This includes self-perception or self-image, understood as the way people perceive themselves in relation to others or as forms of self-assessment. Of particular interest were statements that provide information about the extent to which the self-concept is aligned with a person's own goals or values, or how it responds to external expectations and influences. Corresponding interview sections are analysed alongside those coded under efficacy beliefs. The code 'efficacy beliefs' was applied to sections indicating an interviewee's perception of their ability to actively influence events and developments in their life through personal actions, rather than being mainly driven by external environmental factors (external control beliefs).

One recurring theme across several interviews is the reflection on personal identity before and after acquiring an impairment, often expressed in terms of '*the way I was before, how I am now*' or '*the way I was first*' (e.g. Int. 4).

> *I tell you, I am very sad <<cries>>, because someone who used to have my business and feed myself, now unless someone gives me before I eat (Int. 2, Pos. 54)*

For instance, Ms B reflects on the transformation in her self-perception, particularly regarding her independence in securing her livelihood, as exemplified by food security. Additionally, her remarks can be seen as indicating a shift in her self-concept concerning her social status. She mentioned in another context that she had been highly successful as a trader, providing her with a comfortable livelihood. This is evident in her phrasing, such as '*someone who used to have my business'*, which conveys a change in how she views herself. She now perceives herself as someone unable to ensure her own food security (*now unless someone gives me before I eat*). Ms D is also very much concerned with this before-and-after perspective in relation to her self-concept:

> *there are times that, there are times that, you, when you wake up from sleep, you are sad, if you look at how you were at first, and today you are no more like that, you can become sad. (Int. 4, Pos. 260)*

Interviewees, in various ways, articulate changes in their self-image, either explicitly or implicitly, often framed as a sense of 'being different' and expressed through polarities. These include dualities such as being static/non-static (Int. 3, Pos. 13), successful/unsuccessful, productive/unproductive (Int. 2, Pos. 54; Int. 6, Pos. 175), complete/incomplete (Int. 6, Pos. 13; Int. 34, Pos. 112), healthy/ill (Int. Pos. 21), able/not able (Int. 23, Pos. 75; Int. 24, Pos. 25, 172), strong/weak (Int. 4, Pos. 413; Int. 24, Pos. 81).

Interviewees navigate and reconcile these ambivalent self-perceptions in various ways. As previously mentioned, many interviewees with disabilities report facing significant exclusion and devaluation in their daily social interactions, which likely shape their self-perception in different ways and degrees. Some interviewees see themselves as a 'burden' to those around them (e.g., Int. 5, Pos. 158; Int. 12, Pos. 168; Int. 24, Pos. 7). The sense of internalised exclusion and its effect on participation in resource exchange within the social environment is clearly reflected in the accounts shared by social welfare officials and CSO representatives, as shown in statements from the relevant focus groups:

> *most of them think very lowly of themselves (Int. 42, Pos. 105)*
>
> *they feel like they are not accepted by the society. They feel like we we, excuse me to say, we who see ourselves to be normal we see ourselves to be better than them. That is how they see it (Int. 41, Pos. 46)*
>
> *They think you look down upon them (Int. 41, Pos. 48)*
>
> *because of their disability some of them think they don't fit into able person's society (Int. 42, Pos. 110)*

A social welfare official points out that this self-perception stems not only from internalising everyday experiences of exclusion and discrimination but also from traditional, and as many interviewees noted, still prevalent social values and norms. These norms shape human identity and

reciprocity in ways that, ontologically, tend to exclude individuals with disabilities from participating in reciprocal relationships and related resource-exchange processes within society.

> *Our belief system and customs also deny these people access to our services (Int. 42, Pos. 122)*

As discussed in Chapter 7.2.3, some interviewees with disabilities consider themselves to have a spiritual issue that becomes part of their self-concept, which tends to reinforce self-degradation and self-exclusion. A way to resolve this is mainly situated outside their own beliefs in personal effectiveness. Ultimately, change is entrusted to a metaphysical authority.

The interviews also reveal various aspects of self-perception and beliefs about efficacy. While some participants describe a positive self-concept and robust self-efficacy, these occasionally coexist in ambivalent tension with negative self-perceptions expressed in other contexts (Int. 3, Pos 5; Int. 4, Pos. 378, Int. 6, Pos. 59; Int. 9, Pos. 66; Int. 11, Pos. 43; Int. 13, Pos. 156; Int. 24, Pos. 22, 33, 142). Positively described self-concepts were often, but not always, linked to recognised social roles.

7.2.5.2 Valued Social Roles

The subcode 'Valued Social Roles' was defined as holding recognised, identity-forming roles, public offices, or positions within family structures, professional contexts, or the wider social community. Notably, seemingly self-confident self-presentations in the interviews are more often closely connected to holding socially recognised roles in the interviewees' everyday social environment. For example, Mr C discusses his career in the education sector, highlighting his past and ongoing roles on numerous committees, including at the national level, as well as his active involvement in networks of high-ranking professionals within the field (Int. 3, Pos. 5). His professional career appears to play a crucial role in shaping both his self-image and self-presentation. Similarly, in other aspects of his life, he emphasises the importance of adopting socially recognised roles that align with societal expectations, which seem to be central to his self-concept. This encompasses meeting the expectations associated with roles such as head of family, husband, father, and church member, roles he believes individuals with disabilities should actively pursue and assert (Int. 3, Pos. 29, 65). For him, it is essentially about successfully meeting these expectations despite the contrary assumptions of his social environment. His emphasis lies on proving ability in line with societal expectations, which he regards as the foundation of a positive self-concept. In his case, these aspects are closely linked to education as an essential resource. His successful formal education, which he was able to pursue relatively soon after losing his sight, positively influenced his economic situation later on and helped him assume various social roles as expected.

Other interviewees similarly emphasise the importance of holding and maintaining valued social roles. For example, when asked about his involvement in public life within his village, Mr N remarks:

> *if he had the time, I would go and take all my cards and show to him [the interviewer] cards, groups, church, many groups that I am involved in, or church, or even the country, national groups, and uh, eh, eh, eh, groups, which are the groups for the disabled that we are part of, church groups, oh I […] There are so many cards, there are so many cards that I can take and show to you (Int. 14, Pos. 139-141)*

These memberships apparently hold great significance for him, especially in terms of their number, symbolising a sense of belonging that he perceives and demonstrates through his many

membership cards. The topic of assuming roles within religious communities appeared repeatedly (Int. 1, 2, 4, 9, 20). However, roles within the family such as head of household (Int. 14, 20), wife/husband (Int. 3, 10), mother/father (Int. 3, 9, 11, 13, 14, 26), grandmother/grandfather (Int. 4, 30), (adult) son (Int. 7, 10, 25), as well as various socio-functional roles like landlord (Int. 14), competent colleague at work (Int. 20), or traditional chief (Int. 20), were also discussed. During the focus group discussion with OPDs, a participant highlights the importance of these roles with the following statement:

> *I am the regional president [of an OPD] so forgive me if I'm speaking too much. Let's look at the POLITICAL aspect - I play a very important role in my community, I help with arbitration. Some of the complaints come on daily basis others we meet on weekly basis, there are some we meet quarterly. Some of us [persons with disabilities] also belong to political parties, we are involved in rallies and attending political party meetings, etc. So politically we are also very active, some of us are able to contest and WIN assembly seats and we are performing very well as assembly men. So we contribute not just within our communities but the whole district or metropolis. When it comes to the economic aspect a lot of us are working, especially the visually impaired they are more into the teaching profession. As we sit here all the GBU people here are all teachers. We also have people from GSPD who are clerical workers and some of them are working in the hospitals, some too working at the administration. So economically we are also the life line or bread winner for a lot of families, {mhm}. As I sit here I am a proprietor. I own a small guest facility and I have employed five people. So we have a lot to do some of us are farmers who even won the best farmer award. So on daily basis they go to their farms to work, some are also traders like master [name] he's one of the big time mobile money vendors, call cards, mobile money and whatever. You will find him in the heart of the city providing this business to the general public. So we are on all fronts of the economy, be it agriculture, be it industry or wherever we are there. On the religious front we are there, as we sit here we have two pastors in our midst so we are providing that service too. At least if you go to church on a Sunday you will be preached to by a disabled pastor encouraging us, so we solve spiritual problems. Socially too a lot has been said by aunt Joana, educationally too we are there. When it comes to games we are there we play soccer and the likes, when you go to the music industry too we are there, a lot of disabled persons are there. The reality show talented kids, second position was won by a blind. So in the social aspect too we are there. […] At home we are husbands and wives [laughter] and we are performing our roles and duties responsibly. There is a saying that if you marry a blind man you don't have a problem because there will be no challenger. [laughter] (Int. 31, Pos. 74-76).*

He observes a growing tendency for people with disabilities to assume socially valued roles across various areas of life. This reflects his perception of a broader societal shift towards greater inclusion, seen through their increasing engagement in such roles. This contrasts with earlier observations of exclusion from socially recognised roles and the rejection of such roles, as previously examined from a different angle in the context of access to social resources within the environment, including family, friends, neighbourhoods, and faith-based organisations. From the standpoint of socially recognised roles as intrapersonal and psychological resources, this is exemplified by Mr L., who, following the onset of impairment, experiences a partial loss of his roles as head of household, husband, father, and farmer. He is forced to return to his father's home, give up his farming activities, live apart from his wife, and entrust the upbringing of his children to others in part (Int. 12, pos. 57 ff.). Ms M expresses doubt about her ability to meet the expectations of her role as a mother. Yet, her self-view seems rooted in a positive fundamental belief in her capacity for social participation: 'If you go somewhere and carry yourself gracefully, then wherever

you go, you make friends' (Int. 13, Pos. 156). Ms D compares her past and present identities, linking her self-image to the loss of her socially recognised role as a trader. Nonetheless, her self-perception remains characterised by strong confidence in her abilities (Int. 4, Pos. 378) and resilience in the face of social exclusion, with a firm assertion: 'I will NEVER limit myself' (ibid., Pos. 196).

These ambivalences can be understood as fundamental to self-concepts and likely influence the daily negotiation of self-image in interactions with the social environment. Dominant social constructions of disability are especially significant in this context, as they are apt to shape access to social resources (see Chapter 5.2.2) and play a crucial role in the dynamics of gain and loss concerning the psychological resources under discussion. The assumption of recognised social roles holds considerable importance among interviewees with disabilities. Moreover, successfully adopting these roles seems to both originate from and reinforce their efficacy beliefs. Social welfare officials emphasised the importance of empowering people with disabilities to enhance their self-image and efficacy beliefs, while encouraging them to actively pursue socially recognised roles. At the same time, they focus on raising awareness among stakeholders about disability and the rights of persons with disabilities within the social structures that define these roles. As explored in earlier chapters from various perspectives, however, social participation is shaped more by the fulfilment of duties than by the assertion of rights.

In the realm of psychological resources, the interviews revealed a strong connection between efficacy beliefs, the adoption of social roles, and other intrapersonal resources. While the significance of economic resources is addressed in Chapter 5.2.4, education also emerged as particularly influential, warranting its categorisation as a distinct sub-code in the data analysis.

7.2.5.3 Education

The subcode education was defined as including formal and non-formal education, cultural capital in the sense of Bourdieu, knowledge for managing everyday and professional demands, and for understanding and reflecting on oneself and the environment. Interviewees emphasised education and training as essential prerequisites for achieving independent livelihoods and, therefore, as a foundation for accessing and developing other resources.

Mr T, a regional GFD representative, highlights the importance of education in helping individuals take on socially recognised roles, as previously discussed. Concerning his role and social status in his church, he states:

> *I for one I am also a church member. I have been erm I belong to [name of church]. And I, I've been the chairman of the church harvest committee. The church harvest I have always chaired the church harvest. Erm but aside that erm because I am a little bit educated and I have erm a guest facility. Which means that I am just not an ordinary disabled person. At least I have some little erm funding on my own which I can use to support the church. So they see me separately. In my church erm I have a seat in the front queue. If I don't come to church nobody would sit on that seat. (Int. 20, Pos. 75)*

His statement emphasises that access to social roles, exemplified here through the church, is closely linked to other resources. Beyond financial means, which allow him to meet expectations of economic contributions to the faith-based community, he highlights a seemingly crucial role in his educational achievement (*because I am a little bit educated*). In his view, this appears to be what elevated him to a prominent social position within his faith-based community (*they see me separately; I have a seat in the front queue. If I don't come to church nobody would sit on that seat*). Other interviewees similarly

emphasise the importance of formal education, as further illustrated by another OPD representative:

> *parents of disabled children must send their wards to school. If you educate such a child he will go far in life, maybe what a disabled person can do an able person can't do. […] So when we give birth to disabled children, we must give them an education to give them a brighter future. (31. FP1_FGD-PWD_2020-02-06 CC TWI ABENA, Pos. 81)*

Not surprisingly, school education was recognised as a vital foundation for achieving independent and sustainable livelihoods. Conversely, a social welfare official observed:

> *I think those who are not able to climb the educational ladder normally depend on families, friends and philanthropist. (Int. 42, Pos. 50)*

In this context, several interviewees shared experiences of dropping out of school, often triggered by the onset of impairment at various stages, from primary to higher education (Int. 3, 8, 10, 14, 15). Attending a special school is either discontinued due to high costs (Int. 7) or not pursued altogether (Int. 8). It was also noted that, for economic reasons, children with disabilities are not enrolled in school, unlike their siblings without impairment (Int. 25). The onset of a parent's impairment, combined with the resulting challenges in maintaining household income, can also lead to school dropouts. In such cases, education expenses may need to be cut, or children may be required to contribute to the household income once they reach a certain age. For example, Ms A recounts that her son left school to work as a day labourer after she lost her sight and her job, to secure their livelihood (Int. 1, Pos. 15). Against this background, some interviewees with disabilities, whose impairments were from birth or began in childhood, had no formal educational qualifications. Still, others achieved notable academic success, including pursuing higher education (Int. 3, Int. 11).

The importance of access to vocational education and training was also emphasised (whether formal or informal), especially for developing specific technical or entrepreneurial skills to secure income (Int. 7, 27). These included various types of craftsmanship as well as subsistence farming as a backup to safeguard livelihoods (Int. 5, 6, 14, 24). The training of entrepreneurial skills to start an independent small-scale business was discussed (Int. 10, 11, 42), particularly in the context of the DCF (see discussion in Chapter 7.1.1). Interviewees reported that for people with disabilities, finding a place to learn a vocation can be difficult (Int. 7). In this context, OPD representatives highlighted the need to facilitate access to vocational education and training, including in Rehabilitation Centres (Int. 28, 30, 31). Participants also pointed out persistent structural barriers in both school education and vocational training that hinder access and make learning more challenging for people with disabilities (Int. 3, Pos. 8 ff.; Int. 20, Pos. 18; Int. 38, Pos. 52).

Interviewees also emphasised the role of broad education in shaping societal perceptions of disability. A key element is the internalisation of specific constructs, leading to self-stigmatisation and self-exclusion from vital resources essential for securing livelihoods. Mr T describes the importance of this as follows:

> *So they attribute this their disability to all this erm traditional erm believe system. So because of that it naturally erm makes your everything your ability to move about or to do a lot of things a little bit restrained. But the important thing one have to know is there are two remedies to this situation. One, you have to look for proper medical care if it could be remedy for you. If not erm then the other*

> *alternative is to be educated. To look for EDUCATION. Because education is the key so without with medical care and education, erm with the proper diagnosis, referrals, and placement in the school system then you start that is the beginning of living a daily and meaningful independent life. So for those who are not educated, then they would be consigned to some kind of erm perpetual you know perpetual stigmatisation, servitude and imprisoned psychological mindset you know. They can't get out of it for them to perform, naturally in the system because they think the system is not accepting them and the system is fighting against them. (Int. 20, Pos. 14)*

His statement highlights the internalisation of ontic oppression, as discussed alongside dominant social constructions of disability in Chapter 7.2.3. This internalisation leads to self-stigmatisation, which is believed to significantly hinder the development of personal resources and the effective utilisation of environmental opportunities. For Mr M, education is the only way to address this mindset. The strong language he uses, referring to perpetual stigmatisation, servitude, and an imprisoned psychological mindset, underscores the importance he places on educating people with disabilities.

Two additional aspects of his statement, previously discussed in other contexts, seem especially relevant. First, the articulation of the objective: 'get out of it for them to perform, naturally in the system'. The phrasing suggests that the focus is not on individual freedom but on overcoming internalised ontological exclusion. This is achieved by meeting the expectations of the relevant social community for a 'complete human being' through performance, thereby transcending the status of disability and striving to 'pass as normal' (see Chapter 3 and Findings in Chapter 7.2.3). Second, social exclusion is presented as an individual perception held by people with disabilities (*they think the system is not accepting them and the system is fighting against them*), which, it is suggested, must be addressed and overcome on a personal psychological level. A statement from Mr AA, a local GFD and GBU representative from another district, suggests a similar perspective:

> *there are some [people with disabilities], they do not even know it's possible to work and so we enlighten them and let them know they are capable of working to fend for themselves (Int. 28, Pos. 184)*

However, the findings on external resources, particularly social resources (see Chapter 7.2.2), indicate quite strongly that people with disabilities often experience being 'not accepted' and 'fought against' in everyday social interactions, sometimes in a drastic and dehumanising manner. Considering this, the depiction could also be seen as exclusionary, reflecting an individualisation of responsibility for participation. This should be viewed with caution, as both Mr M and Mr AA also stress the importance of public information and education on disability elsewhere. Nonetheless, it is likely that both, drawing on their own lives marked by successful education, careers, and respected social positions, tend to generalise participation opportunities as being largely dependent on educational attainment. It is notable that, in their roles as so-called 'disability leaders', they implicitly set a normative standard through these beliefs, serving as role models. The OPD representatives' emphasis on education could thus be interpreted within the previously discussed framework of 'proving ability'. This perspective can also be applied to the following statements by interviewed representatives of the local social administration. Ms AD states:

> *when you are educated and then you become useful to the family and let's say the society as a whole then you become important. But if you are not, you add a burden to them (Int. 33, Pos. 30)*

The importance of education as a foundation for economic participation and the achievement of socially recognised roles can be viewed as a proxy indicator of an individual's societal worth,

differentiating between 'being useful' and 'being a burden' as a social being. The discussion of people with disabilities in socially recognised positions in the sense of role models, can be understood within this perspective. A local social welfare official states:

> *About three years ago there was a man working at GH TV he was visually impaired. He was reading just like any other person reading, and there was this lady too who was autistic. That lady has even developed a computer programme; do you know that lady? One time KSM interviewed her, she has some form of disability but has been able to go far than those with normal (Int. 42, Pos. 49)*

Formally educated individuals with disabilities who hold socially recognised positions are often highlighted as role models and leaders. The interviewee implicitly emphasises the idea of 'passing as normal' through exceptional performance (*she has some form of disability but has been able to go far than those with normal*), as discussed in Chapter 7.2.3. Ultimately, one could argue that this reinforces ableist notions of community and personhood while individualising access through the concept of 'passing as normal'. It not only emphasises possibilities but also creates concrete expectations of exceptional effort. In this context, education becomes a marker of successful 'proving', that is, of 'being able'.

7.2.5.4 Wellbeing and Ability to Enjoy

Interviewees discussed well-being and the ability to enjoy in connection to securing basic needs. For example, Ms D described feeling a sense of freedom and happiness on days when she does not have to worry about having enough to eat and when she is unbothered by the challenges posed by her amputated leg:

> *if I get money for food, and I am not sick, I am free […] There are some days that, as soon as I cannot stand up, I become sad but if not for that, I am always happy. (Int. 4, Pos. 266-268)*

Other interviewees emphasised enjoyment, particularly in the context of being in the company of others and feeling socially accepted (Int. 1, Pos. 91; Int. 4, Pos. 335; Int. 7, Pos. 155; Int. 12, Pos. 178, 188; Int. 27, Pos. 40). For example, Ms A describes her experience within the context of a hairdressing salon, where she spends much of her daily time:

> *It is, for me, when we go there [to the hair dressers salon], over there, when they switch on the television, I listen, though I can't see, but when I listen, I get some- if something is funny, we all laugh together, yeah, when I go there, if my hair gets dirty, they wash it for me, moreover, even aside the television, when we are many there, we chat, we laugh, people pass by a lot so you always feel the presence of people. (Int. 1, Pos. 91)*

She describes a situation where she clearly feels at ease, rooted in a sense of belonging to the women's social community around the salon, who seem to accept her as one of their own. For her, this acceptance is demonstrated through her involvement in conversations (*we chat, we laugh*) and the support she receives for tasks made difficult by her blindness (*if my hair gets dirty, they wash it for me*).

Ms D contrasts her experience within her church community with that of certain members of her family:

> *if I have a sibling who does not want me, and the church I attend, they are the ones that want me, then I have a sibling, I become happy, I like it. (Int. 4, Pos. 335)*

She feels happy in situations where she feels accepted as a person. Mr L also reports a similar feeling regarding his church community:

> *if we sing, they say we should dance, I will stand at the some place and then- one place and then dance, I can't go round in the, in the church, so they all know my trouble so anytime I go, they, they don't force me, they don't force me on anything (12. FP2_2021-10-30 Int 12 NW ENGLISH, Pos. 178)*

Regarding his family, he reports:

> *Sometimes when my children come to me, then we conver- we converse, and then I'm happy. (Int. 12, Pos. 188)*

In both contexts, he seems comfortable with his impairment, without needing to hide it. The interviews indicate a link between well-being, or the ability to experience joy, and a sense of social acceptance. Participants describe feeling joy in situations where they feel socially accepted.

7.2.5.5 Hope – Faith – Confidence

The concepts of Hope, Faith, and Confidence originate from statements that refer to both positive and negative future outlooks. These can be based on personal judgments of the current situation and past experiences. Hope, faith, or confidence can be seen as vital resources for overcoming difficulties and are connected to self-concept. While hope may reflect the (in)availability of essential resources to realise desired intentions, confidence (or optimism) is rather to be understood as an individual trait that is independent of resources. Faith involves entrusting one's evaluation to an external authority over which one has limited influence, such as trusting in God (*God has a plan for me that I cannot know, I rely on Him to bring good things for me*).

'Faith' appears as a central theme when analysing emotional resources, especially in relation to future-oriented outlooks. Some interviewees see limited or no personal agency in shaping their future, instead attributing it to their faith in God as a higher authority with a plan for their lives and a guiding role in their journey forward (e.g., Int. 1, Pos. 182; Int. 2, Pos. 90, 189; Int. 4, Pos. 262; Int. 5, Pos. 249; Int. 12, Pos. 193; Int. 13, Pos. 162; Int. 22, Pos. 85; Int. 26, Pos. 23).

Ms D frames the belief in entrusting the shaping of individual futures to a higher authority as a kind of fundamental principle:

> *everything, we- we commit into God's hands, then we live (Int. 4, Pos. 262)*

When asked about how their lives will look in the next five to ten years, some interviewees responded accordingly:

> *I have faith in God that, God will heal me (Int. 1, Pos. 182)*
>
> *Oh, I think by God's grace, I will make progress. (Int. 5, Pos. 249)*
>
> *I give thanks to the, the Lord, the Go- the God, because he knows what is in front of me (Int. 12, Pos. 193)*
>
> *Oh, God is able to do everything, so maybe by that time, God would have changed things for me, and everything would be fine. (Int. 13, Pos. 162-163)*

Ms B similarly emphasises at the outset that the course of her future is beyond her control:

> *as for this life, from today, from this time till ten years, it is God that I am looking up to. It is God that I am looking up to because me being human, I cannot tell what will happen in future (Int. 2, Pos. 189)*

However, her later comments show that she does have a vision of what the future could involve, especially regarding improving her livelihood:

> *but rather if now I get a helper to help us acquire a freezer and other few things to start this life with, and we use that to pay the loan, and there is happiness in my life, uh, then it will be well with me. The happiness that will be in my life is when I finish paying off the loan, and maybe I will get a freezer and some few things that I will sell{mm}, so when we sell, then my child will also be happy and she will take care of me with that (Int. 2, Pos. 189)*

This vision is connected to a business idea she believes she can realise, although its realisation is currently delayed by a lack of necessary items (*a freezer and other few things*). In this context, her outlook on the future hinges on the theoretical possibility of securing these items via an external grant. However, from her perspective, whether this materialises remains beyond her direct control.

Other interviewees similarly associated their future perspectives with the hope of mobilising their own resources or obtaining external support. In some cases, like Ms B, this hope was tied to anticipated assistance from the community or welfare benefits. In other instances, it involved faith in supernatural influences affecting their circumstances, as illustrated by Mr J:

> *Yeah, with my faith, I know no condition is permanent, so, once I am alive, I only pray that uh, at least my health should improve a bit, and uh, I can manage on my own to uh, do whatever I can to support myself as uh, as far as living is concerned, having my daily bread, that is my only this thing, consolation, yeah. (Int. 10, Pos. 33)*

He hopes for an improvement in his physical condition, allowing him to leverage his knowledge and skills to earn a livelihood with greater independence.

Overall, expressions of confidence, understood as core beliefs regardless of available resources, were less frequent in the interviewees' statements. An example of such confidence is found in the following remark by Mr K:

> *I don't think uh, anything saddens me in life, that uh, uh, I should moan, uh, uh, what's that thing, I brood over it or anything of that sort, no, nothing of that sort happens to me. It's only that uh, you see, when I get these uh, financial constraints, I became so disturbed […] yes, but not so sad, um but it always jeers me up, yes to go forward and then […] I know how to solve my problems (Int. 11, Pos. 98-102)*

Despite his ongoing financial difficulties and the lack of success with his DCF-supported business model, he stays confident in his ability to resolve his financial challenges on his own.

Aspects of confidence also surface at different points in Mr N's account of his life journey. His outlook on the future is similarly characterised by a strong sense of confidence, without dependence on a higher authority:

> *in five to ten years, I don't know if, it will get to a point where I can go nowhere, so at that time, at this time that, from this time till about five to ten years, if I am able to gain something from, especially this place, this place, it will help me so, that, that if, I, I call my child and they , they- I, I need*

something from my child and they don't give me, I know that oh, if I do this and that for someone now, I, I can help myself, without relying on anyone, mhm (Int. 14, Pos. 265)

In summary, the interviewees' narratives about their current circumstances and future prospects were mainly influenced by faith and hope. Conversely, expressions of confidence, understood as resource-independent assurance not tied to a supernatural authority or external support, were less common.

7.2.5.6 Conclusion on Psychological Resources

The chapter on psychological resources centred on the role of intrapersonal assets and characteristics that individuals employ to navigate internal and external challenges. From the deductive and inductive coding of the data, these were considered in terms of self-concept, efficacy beliefs, faith, hope, confidence, holding recognised social roles, education, well-being, and the capacity to enjoy. The analysis explores how interviewees with disabilities perceive and utilise psychological resources, the extent to which they recognise elements of these constructs as valuable resources, and how they are incorporated into daily resource conservation or exchange processes.

The earlier analysis of public social protection schemes not only revealed high expectations towards social resources to complement formal social protection provisions for users with disabilities but also towards psychological resources. The analyses of psychological resources in this chapter suggest that the types of psychological resources considered may not necessarily fulfil this complementary role.

In various ways, interviewees describe aspects of self-perception as diametrical deviations from individually assumed norms of 'being complete' or 'being able'. These can be seen as stemming from the internalisation of both everyday experiences of discrimination and exclusion, as well as from traditional and socially dominant values and norms (see Chapter 7.2.3). This internalisation likely influences the individual construction of self-concept and efficacy beliefs. Consequently, it may increase the exclusion of people with disabilities from social interactions and access to resource exchange processes. Even when positive self-concept and strong self-efficacy coexist in ambivalent tension with such negative self-perceptions, as expressed by some interviewees, these ambivalences are likely to influence daily negotiations of self-image during interactions with the social environment.

Given the demands outlined above, which the social protection programmes under consideration seem to place on users' self-concept and efficacy beliefs as complementary resources, it is crucial to critically assess what these findings reveal about the reasonableness of such expectations. The findings diverge from the implicit assumptions of DCF and LEAP, which implicitly tend to construct their users as proactive, self-assured, and autonomous entrepreneurs.

Hypothesis 26:

- **Interviewees with disabilities rarely express a positive self-concept, often framing their identity in polarities such as 'complete versus incomplete' and 'able versus unable'.**

Findings suggest that the assumption of recognised social roles within a person's relevant social environment, such as being a head of household, spouse, parent, grandparent, child, competent

colleague at work, farmer, trader, landlord, or part of the elders or traditional authority, plays a significant role in terms of psychological resources as a feature of a positive self-concept. Furthermore, these roles are likely to support or maintain access to the respective social resources in which they are embedded. Dominant social constructions of disability are particularly significant in this context, as they influence access to social roles (see Chapter 7.2.2). The possession of widely recognised social roles and the development or maintenance of a positive self-concept are mutually dependent and play a pivotal role in the dynamics of gain and loss concerning the psychological resources discussed.

The observation of a growing tendency for people with disabilities to assume socially recognised roles across all areas of life, as shared by OPD representatives, is contrasted by reported experiences of exclusion in family, friendship, neighbourhoods, and faith-based organisations. Preserving social roles after the onset of an impairment is particularly important in this context. This issue, previously discussed in Chapter 5.2.2 from the perspective of social resources, gains additional depth when viewed through the lens of psychological resources. Notably, interviewees often describe the loss of these roles as a profound disruption to their self-perception. The findings indicate that interviewees share perceptions of 'being different' alongside the loss of relevant social roles within family, friendships, neighbourhoods, or church following the onset of an impairment. The belief that these roles cannot be maintained due to impairment often becomes ingrained in their self-view and is reinforced by their experiences of discrimination in everyday social interactions. As argued in chapter 7.2.3, it is embedded within the ontological understanding of personhood and community, rendering it resistant to critical scrutiny.

Hypothesis 27:

- **The assumption and holding of recognised social roles form a key aspect in terms of stabilising psychological resources.**

The narratives of interviewees with disabilities about their current circumstances and prospects were predominantly shaped by faith. This can be understood in the context of faith's strong influence on an individual's life trajectory and the prominence of fatalistic worldviews as integral to commonly shared beliefs. This view extends to the very construction of impairment, as previously discussed. For people with disabilities, it is worth asking to what extent ongoing experiences of exclusion from social reciprocity and resource exchange processes in their environment lead them to externalise their agency over their lives onto metaphysical entities. This is especially relevant when their perceived lack of influence appears to manifest at an ontological level. Importantly, interviewees often attributed the ability to enact change in one's situation to factors beyond personal efficacy beliefs and individual control. In any case, fatalistic perspectives on one's situation are likely to diminish the importance of individual efficacy beliefs as an internal resource. This contrasts with the underlying framework of social protection schemes under consideration (e.g., DCF), which tend to portray their recipients as proactive agents with inherently strong efficacy beliefs.

Hypothesis 28:

- **The presumed importance of individual efficacy beliefs is significantly relativised when any future developments are ascribed to external and metaphysical instances.**

Formal education and educational qualifications, in particular, are considered highly relevant by interview partners to securing a livelihood for people with disabilities. The assumption is that education positively influences psychological resources, such as self-esteem and efficacy beliefs, and allows individuals to hold socially recognised roles and gain access to external resources. This position is not only shared by local welfare officials but, in particular, also by interviewees who have experienced these situations firsthand and speak as 'OPD representatives' or so-called 'disability leaders'. This aligns, in a sense, with the wider discourse on disability and leadership in Ghana, which frequently emphasises the importance of 'proving ability' through attaining leadership positions. By contrast, interviewees with disabilities report being denied access to or dropping out of formal education in direct connection with an impairment. This points to significant barriers faced by people with disabilities when trying to access and progress within formal educational institutions.

The portrayal of 'educated disability leaders' as role models implies that obtaining formal educational qualifications is universally accessible to all individuals with disabilities. This becomes particularly problematic when individual effort is highlighted as the primary prerequisite for such achievement. Leadership stories often focus on emphasising personal effort and exceeding expectations through internal strength against external obstacles, which ultimately enables individuals to attain these positions. This core narrative is reflected in the statements of several interviewees and should certainly be seen as more than merely a subjective experience.

Such narratives can become particularly problematic for individuals who, like many interviewees, face disruptions in their educational journeys due to impairments, as they may attribute these setbacks to their internal resource setup. On one hand, this internal attribution undermines internal resources such as self-concept and efficacy beliefs. On the other hand, attributing failure to personal shortcomings, such as not having 'worked hard enough', reinforces ableist constructions of human value. Meanwhile, critical examination of environmental conditions and barriers to formal educational pathways is pushed into the background. In the ableist construction of community and personhood previously discussed, formal education risks becoming a proxy for societal value, a marker of 'passing as normal', which divides people into those who are 'useful' and those seen as a 'burden' in social contexts, part of the process of 'proving ability'.

Hypothesis 29:

- **The emphasis placed on formal education for people with disabilities risks elevating formal qualifications to a proxy indicator of a person's social value.**

Findings suggest a close link between the capacity to experience joy with a feeling of social acceptance. This was based on experiences of being included in certain settings through participation in conversations and not being rejected on account of impairment. According to the interviewees, these were also public settings where social status and individual roles did not require continuous renegotiation (being recognised and accepted without compromise). However, this experience in public settings was rarely mentioned in the interviews and was more often associated with private social spaces, such as the family or one-on-one relationships with close friends.

Hypothesis 30:

- **Access to social interactions and experiences of acceptance in respective settings forms a basis for experiencing well-being and the capacity to experience joy.**

7.2.6 Physical Resources

Physical resources, as a superordinate category, encompass aspects of a person's overall biophysical constitution and health. During the coding process, it has been divided into subcodes, namely 'temporary health conditions', 'body structures and functions', and 'individual mobility'.

7.2.6.1 Temporary Health Condition

Health condition here refers to the overall state of a person's body and mind, encompassing past or current physical and mental health, as well as any temporary illnesses. Viewing health as a resource, resource theory suggests that signs of illness serve as warning signals that not only health itself but also other resources might be dangerously weak (Hobfoll, 1998, p. 168). Interviewees discussed various aspects related to temporary health conditions. While some mentioned topics such as maintaining good health or temporary health issues caused by functional limitations, most sections in this category focused on three main areas: (a) health problems as the cause of long-term functional limitations, (b) the progression of an illness into a lasting functional impairment perceived as a 'spiritual problem', and (c) mental health risks. These aspects will be further elaborated below.

HEALTH CONDITION AS THE ORIGIN OF FUNCTIONAL LIMITATIONS

Several interviewees described the beginning of a functional limitation as a result of a health issue that is either not being medicated or not being treated adequately, as explained by Mr N:

> *Yes, my eyes, suddenly my eyes, my head, it seemed my head was aching, for a while, I had no helper to take me for check-up, my eyes, my eyes, my eyes, my eyes (TN: she complained about her eyes several times) then I lost my sight, now I can't see anything. (Int.15, Pos. 18)*

In several of these cases, the medical condition that led to an ongoing functional limitation was either not at all or not completely clear to the interviewees. Ms B, for example, describes the onset of her visual impairment as follows:

> *For my eye, I don't know what happened. One day when I woke up, my left eye, it couldn't see well, when I spoke about it, I was told to go to the hospital. So, when I went to the hospital, I went to the government hospital for so many years, the medication they gave me was the same thing they were always giving me. Anytime I went, I complained that my eye was still not seeing then, the r- right too, they told me it had also been affected, they then gave me medication to always apply on it, what I then realised was that my eyes, now, <<claps>> I couldn't see anything anymore. So one day, I and my, my child went, when we went, they told me that due to how my sight had become, I shouldn't come to the hospital concerning my sight again, unless I felt that something was wrong with my eyes, or they were hurting, and something like that, then I could come for drugs, so now, as for my eyes they have been pensioned at the hospital. (Int. 2, Pos. 50)*

As in similar cases, her account does not provide a clear medical explanation for how her initial health problem developed into complete blindness, despite this process occurring over a lengthy period and involving multiple consultations and ongoing treatment from a hospital's specialised

department. Other interviewees mention health conditions they believe are linked to the development of a functional limitation, as indicated by statements from Mr K and Mr I:

> *Um, you see, I was crippled, I was told by my father that at the age of three, uh, I became a cripple, and uh, by the uh, help of my father, I'm a hardworking, I mean, uh, I was able, yes, to walk, um, so I had the disability since […] Yes, a little child. […] You see, at that time, you know, we didn't know much about uh, these uh, scientific this thing, but I am thinking it might be polio. (Int. 11, Pos. 44-48)*

> *I was born in [village], but when I was about two years, then I got infected with measles, so they took me to the hospital and gave me an injection, later I couldn't stand up anymore. (Int. 13, Pos. 9)*

Still, others received adequate medical explanations for their condition but found the necessary medical support to prevent long-term functional limitations inaccessible, such as Mr Y or Ms A, who more recently lost their sight after initial eye-related health issues:

> *the thing is that, when we went to the hospital, (they made me aware that, my illness cannot be treated in the hospital (Int. 26, Pos. 412)*

> *So when we went to the hospital, they said uh, I could only have a surgery in either Europe or South Africa (Int. 1, Pos. 5)*

HEALTH ISSUES AND FUNCTIONAL LIMITATIONS AS SPIRITUAL PROBLEMS

Health issues, particularly in the context of the onset of functional limitations, were also attributed to 'spiritual problems' by the interviewees in this study (for details, see analysis on spiritual constructions of disability in chapter 7.2.3). While attributing causes to spiritual factors may discourage individuals from seeking or continuing medical treatment, these spiritual interpretations can also offer meaningful explanations and a sense of purpose for health problems and resulting functional impairments, especially when medical explanations are unavailable or treatments seem unattainable.

A personally coherent understanding of one's condition is essential, as illustrated by Ms A's account:

> *some of us, excuse me to say, that's not how God created us, it is not our life, or, say, say from our birth, it happened to us like an accident which occurred, accident, […] there are some people, like me who is having this spiritual problem, it is befitting that God touches us, takes us out of this situation […] (Int. 1, Pos. 192)*

She lost her sight three years ago and does not know the exact medical cause of her blindness. While she was told at the hospital that treatment could only be provided abroad, she, along with her son, concluded that it must be a 'spiritual problem':

> *So when we went to the hospital, they said uh, I could only have a surgery in either Europe or South Africa, but later we discovered that it wasn't a physical problem but rather, a spiritual one, hmm so it's been three years, four months now since I faced that incident, mhm {okay} that is the little I can say about the beginning of my disability. (Int. 1, Pos. 5)*

From Ms A's perspective, such a 'spiritual construction' of impairment might open up the construction of a presumably positive perspective. On one hand, it offers an alternative explanation

for the occurrence of a functional limitation, which either reinterprets an incomprehensible medical diagnosis or deliberately replaces it (*but later we discovered that it wasn't a physical problem but rather a spiritual on*e). On the other hand, from her perspective, this explanation suggests the possibility of a termination of the functional limitation by a supernatural entity (*it is befitting that God touches us, takes us out of this situation*). The fact that she was not born with a functional limitation (*that's not how God created us, it is not our life, or, say, say from our birth*) may support her belief that she was not meant to live with a visual impairment. Instead, she views it as an unforeseen development that can be reversed, for precisely this reason. By framing it as a 'spiritual problem', the seemingly permanent functional impairment is reframed as a potentially temporary condition, aligning it more closely with the nature of a temporary health issue.

While the decision is deferred to a supernatural authority, this does not mean she adopts a purely fatalistic view, nor does it necessarily negate her sense of agency. On the contrary, it might even broaden her perceived possibilities for action. This outlook comes from the belief that she can actively influence her situation through living as a devout Christian, prayer, and similar practices, which can even be reinforced by support from her immediate social environment and beyond:

> *I know that those who are helping too, will be well in many ways, so while they engage in physical helping, and spiritual one, as in prayers, they should intercede for our healing. If we are well, they will also be relieved (Int. 1, Pos. 192).*

She notably emphasises a strong motivation for others to do so (*they will also be relieved*). From a resource perspective, this addresses the presumed availability of external resources in the form of others who belong to a community of faith that provides spiritual support. Further, it points to the role of faith as a psychological resource, as discussed earlier.

This potential perception of the interviewee can therefore be seen as suggesting that this spiritual construction ultimately offers her more direct opportunities for influence than a straightforward medical explanation of her visual impairment. The latter presents individual options for action (surgery in either Europe or South Africa), which appear to be impossible to realise given Ms A's individual, particularly economic, resource situation. Applying this interpretation, the question arises as to what extent this spiritual construction of impairment might be understood as an act of maintaining agency, at least indirectly.

The example of Ms A can be complemented, for example, by the experience of Ms G, mother to a 21-year-old son with a so-called intellectual disability, who sought support at a prayer camp.

> *I thought it was spiritual, so I was taking him [her son] there [to a prayer camp] so maybe, uh, the spiritual things, will leave him, but when I took him there, it helped a little but rather the hospital, is what helped A LOT, it made him able to walk, talk, ahaa (Int. 7, Pos. 135).*

Regardless of her actual beliefs about the possible causes of her son's functional limitation, she decides for treatment at the hospital because it offers the ability to act and exert influence over her son's current situation (*rather the hospital, is what helped A LOT, it made him able to walk, talk, ahaa*). Ultimately, this is likely to foster a sense of agency that appears more promising compared to seeking support at a prayer camp based on a spiritual interpretation of his condition.

While the spiritual framing of functional limitations is explored in detail in Chapter 7.2.3, the examples provided here emphasise its importance for individual views on health and functional limitations. They demonstrate the motivation and personal reasoning that may support adopting a

spiritual interpretation of illness and impairment. Furthermore, the possible connection between this framing and the accessibility or comprehensibility of medical diagnoses and treatment options becomes evident.

MENTAL HEALTH RISKS

Many health-related interview sections deal with the effects of the current life situation on an individual's mental health condition. Several interviewees mention feelings of 'sadness'. The term 'sadness' appears independently in both English interviews and those translated into English. Additionally, it has been used (and thus introduced) by the interviewer himself as a general term to inquire about the occurrence of negative feelings on a general level. In the original Akan or Twi versions of the interviews, respondents use the terms 'awerɛhow' or 'awerɛhoɔ', which describe feelings of sorrow or sadness. The term is derived from the body part 'werɛ', meaning 'soul/heart'. 'Awerɛhoɔ' combines the prefix 'a' with 'werɛ' and 'ho(ɔ)', which means 'blows off' (Agyekum, 2020, p. 9). According to Agyekum (ibid.), this refers to a situation where '*the soul/heart becomes too light due to physical, mental, psychological or social pressures. The light heart is likened to a feather, a leaflet, cotton, kapok, or any light material that the slightest wind can easily blow away. Semantically, the person is "distressed," and this situation can lead to "depression" ('adwendwenentrasoɔ')*' (ibid.). Etymologically, this description demonstrates intersections with the previous framing of illness as warning signs that not only one's health but also other resources might be dangerously weakened.

Interestingly, this also alludes to a specific form of physical 'incompleteness'. Semantically, sadness describes the concern that a physical loss might occur. This results in a person no longer meeting the criteria for being 'fully human', which, in turn, carries the risk of restricting access to environmental (community) resources (see the discussion of individual and personhood in Akan ontological philosophy, as outlined in Chapter 2). Conversely, 'distress' in Akan also signifies a state where one becomes psychologically troubled when circumstances are not favourable. Recent research suggests that within Akan culture, individuals can experience heightened stress due to numerous and excessive demands from the extended family, or immediate social environment, that exceed their capabilities and resources (Agyekum, 2020, p. 8). Regarding reciprocity based on an individual duty to contribute, as discussed above, this reflects the fear of being unable to contribute up to the expectations of the relevant social environment.

The subject of 'sadness' was addressed in different contexts. A recurring theme was reflecting on the individual's current situation in the context of a comparison of 'the way I was before - the way I am now', as illustrated by Ms D:

> *Oh, for me, when I wake up and I get food to eat, and at night, sometimes, there are times that, there are times that, you, when you wake up from sleep, you are sad, if you look at how you were at first, and today you are no more like that, you can become sad. (Int. 4, Pos. 260)*

Several interviewees indirectly describe the beginning of impairment in their life course as a fundamental cut which gets linked to a loss of or restrained access to resources, from which the described 'sadness' may emerge. Ms B states:

> *Now as I sit here with this eye problem, I am uncomfortable, I am very very very uncomfortable, I always have sadness within. It is thanks to my children that, I mean, I, I am alive, if not for that, I would be dead. I tell you, I am very sad <<cries>> because someone who used to have my business and feed myself, now unless someone gives me before I eat. (Int. 2, Pos. 54)*

The statement refers to both a perceived loss of status (*someone who used to have my business*) and a loss of autonomy (*now unless someone gives me before I eat*), even in the context of core basic needs like nutrition. Regarding this dependency, her statement also indicates that social resources capable of supporting this strong dependency are limited to the nuclear family, specifically the children (*It is thanks to my children that, I mean, I, I am alive, if not for that, I would be dead*).[188] Both the semantics and the emotion accompanying the statement emphasise the intensity of experiencing this resource loss, which, in Ms B's case, has persisted for nine years and appears to manifest as a deterioration of health as a resource. Both aspects of status and social resources, such as family, were discussed earlier. These different types of resources display a significant interconnectedness, the dynamics of which were also analysed in a separate subchapter.

Others expressed feelings of 'sadness' or anxiety related to the loss of resources that enable them to contribute to family and community life, as well as their respective role expectations in the broader sense, as expressed by Mr V:

> *the things I think about that makes me afraid is that right now if they [the community] ask me for help, like something I should provide right now, I wouldn't be get be able to. that makes my heart to beat. again, I am not married. If someone's child is there and you send child on errands, often the person would not permit the child to go. if I think about all these it makes me afraid. (Int. 23, Pos. 75)*

His statement can be understood in terms of his concern and anxiety about not being able to meet the expectations imposed by his immediate social environment. Interestingly, he directly links this to his opportunities for demanding support from his social environment. He does not consider himself in a position to simply ask someone, in this case, a child from the neighbourhood, for help with errands. This may reflect his fundamental view of reciprocity within the community, which, as discussed in the theoretical part of this work, is traditionally characterised in Akan communities by the individual's contribution rather than an individual demand towards the community. It would then be the supposed exclusive effect of this form of reciprocity, described here as a trigger of fear and anxiety (*that makes my heart to beat / it makes me afraid*). Notably, reference is made here to the nuclear family in the sense of spouse and children (*I am not married*), which, according to the interpretation, are subject to a different understanding of reciprocity, but are not available as a 'social resource' for Mr V.

Mr W also associates the feeling of 'sadness' with the ability to contribute to the community. Before his physical impairment, he and his friends were involved in public works, such as 'weeding', in their community. This is no longer possible due to a functional limitation, which leads to feelings of sadness.

> *things that make me sad, first where I live now. and my friends, although I try my best, I cannot move to places like them. I used to weed with my friends but I can't weed now, I can't carry blocks, I can't carry anything, that makes me sad (?means?) that I am in a different situation. (Int. 24, Pos. 55)*

[188] An alternative interpretation could suggest that Ms B is expressing suicidal feelings and wants to emphasise that only the social and emotional bond with her children prevents her from pursuing those. After reflecting on the interview as a whole and the interview situation as such, however, the former interpretation was preferred by the author.

Ms M discusses feelings of sadness related to meeting societal expectations towards the role of a mother. She has two children and uses a wheelchair. She lives separately from her husband and must raise the children alone in a rented room within a rural compound house.

> *For instance, you have a child, you have two kids, and you don't have a helper to cater for them on your behalf, then they become a burden to you and you suffer because of them, if you could stand on your feet, you could make an e- effort to work and care for them, but you can't- because you cannot stand, you just sit there and when you think about your legs, you become sad, I become very sad. (Int. 13, Pos. 66)*

Another aspect linked to feelings of sadness was the experience of social isolation after the onset of an impairment. Ms A, a former court administrator aged 35, lost her employment following the onset of a visual impairment. She receives neither pension nor any formal social support from the government she worked for. Her friends have turned away, and family resources have become limited to occasional support from one son.

> *If I remember that this was not how I used to be, and, I was also someone who supported my siblings, I supported my siblings, if they told me their problems, and I had the means to help, immediately I would provide, and when I experienced this situation they have all abandoned me, and, we stay in a town, we all stay in this town, but because they don't come to see me, I feel like a stranger. If I remember the things, or the life that I, I was living at first, how I was independent but now things have turned out this way, I become sad all the time. (Int. 1, Pos. 101)*

On the one hand, Ms A directly discusses a loss of independence caused by the restrictions associated with visual impairment. On the other hand, she points to the deterioration of the presumed reciprocity within the nuclear family, leading to a lack of access to social resources necessary for basic needs, such as food security. She further states that:

> *Currently, food is our biggest challenge, our finances too, and because I have nobody to care for me constantly, my mother and father have passed away. I have no one by my side constantly, so he [her son] cannot go, he cannot come [he is not mobile], because if he leaves me, I have no one to care for me, so people give us gifts. when people give us money, then we use it to buy food to eat. (Int. 1, Pos. 14)*
>
> *If nobody brings me food what will I do? […] Ah, if we are there till evening, then I take water, and bless it, that God should turn it to food, so when I finish blessing it and drink it, then I sleep. […] Yeah, it happens often cos, if no one gives you money, if you don't have, you won't buy food, so when that happens- […] If that happens, and I'm thinking a lot, I fall sick often (Int. 1, Pos. 111-122)*
>
> *[…] when we wake up, and we have nothing to eat, it makes me sad that ah, if I had the strength, I would go to work, but because I have no strength, it has made <<kisses teeth>> me unable to get what I need, it has also made us hungry, it makes us sad. (Int. 1, Pos. 101)*

Her statements on food security highlight the fragility of her situation regarding economic resources. This points to a high level of physical and mental stress, which is likely to significantly harm her health, as she reflects: '*If that happens, and I'm thinking a lot, I fall sick often'*. This is probably made worse by her sense of responsibility for the situation (*because I have no strength*) and for its impact on her son's living conditions (*it has also made us hungry, it makes us sad; emphasis added*). From a resource perspective, she describes a further resource loss affecting her son, both in terms of his food security and his mental health, which she indirectly blames herself for. Elsewhere in the interview, she reports that her son has stopped his education (*a process of or investment in sustainable*

resource gain) and now works as a day labourer (*an insecure means of economic resource gain*) in an effort to secure their livelihood. This also indicates a dynamic of resource loss.

Another statement discussing 'sadness' in relation to fundamental needs, specifically housing, is made by Mr N, a 55-year-old subsistence farmer:

> *Mm, as for that, right now it seems that, um, uh, how do you say this, sometimes, what you want, you don't have, you see, what you want, you don't have, and as we said now, if I had sight, and I had strength, I could put more effort to get what I'm looking for but if someone, someone doesn't […], currently, currently, the house in which I stay now, it gets very cold, when it rains, you have to stand up, always this woman complains a lot, I, I, where- when it rains, she gathers everything at one place, you see, it's cold, it's very cold so with that, in that place, I don't have peace, when it's about to rain then my heart palpitates, yeah (Int. 14, Pos. 225)*

He describes his perception of a personal limitation and its effects, along with the example of his housing situation. The roof is leaking. He cannot repair it himself and, as he reports elsewhere, he does not have the means to afford new metal sheets. This leads to tension with his wife (*always this woman complains a lot*), who also struggles with the situation. He at least assumes that she expects him, in his role as 'head of household', to solve the issue. As he is unable to do so, this triggers enormous stress and pressure for him (*it's very cold so with that, in that place, I don't have peace, when it's about to rain then my heart palpitates*). The lack of prospect of a timely relief of these tensions also implies an ongoing mental strain that poses a risk to the resource of health.

In the focus group discussion with OPD representatives, the issue of livelihood protection is also discussed in relation to 'sadness' and is directly linked to the availability of social resources and the conditions of state welfare provision. A participant states:

> *I am really sad because a lot of us our families have neglected us. So if the government provides a container and our families are asked to support who will do that, = most of us have been neglected by our families, it really hurts a lot. I think the government must finish any form of support they want to offer and not rely on the families, that will really help us. (Int. 31, Pos. 94)*

The interviewee emphasises the mental strain caused by rejection from family (*I am really sad / it really hurts a lot*). Referring to the container, he alludes to a common form of support under the DCF. People are often given a retail unit (a container/kiosk) as start-up capital, as discussed earlier. The interviewee stresses that such approaches of partial support that need to be complemented by own resources, are not effective (*the government must finish any form of support they want to offer*) and therefore might increase mental stress if the corresponding expectations of the support schemes on complementary resources cannot be met.

Finally, 'sadness' was mentioned in the context of experiencing psychological and physical violence. Several interviewees described enduring undignified treatment, insults, and verbal abuse in daily life. Ms G, mother of a 21-year-old son with a so-called intellectual disability, shares the following:

> *Yes you- if for instance you see him [and you say], "go, go, go, go, you are ill, don't come close to us, don't come to our" - if you do that to him, when he comes home, he can come and tell me, "mum, when you sent me, someone said my, my hand is not normal, my, my, my hand is not normal, I shouldn't go there again, someone said I am ill, someone, someone ins-" if you insult him, if you insult him like that, it can be really HURTFUL to him, then he will cry. (Int. 7, Pos. 204)*

Ms S experiences psychological and physical violence at the workplace.

> *[…] so with my work – even with the work I'm learning now, the madam I was with, slapped me because I laughed. Meanwhile, people were joking and I found it funny. I told her I have that problem and so if he would hit me, she shouldn't hit my head […] she told me she will slap me properly and she added another slap (Int. 19, Pos. 99,109).*

Remarkably, the experience of physical violence as such does not appear to be a new or unusual one for Ms S. She is not outraged by the act of slapping itself, but simply reminds her supervisor to avoid slapping her head in future because of her impairment. Even for the supervisor, this form of violence seems normalised as a typical part of such a power dynamic.

Even though many of the interviewees reported feelings of 'sadness', especially in a before-and-after context regarding the onset of impairment, there were also contrasting statements. Mr N, for example, reflects on his situation relative to his peers within the local organisation for people with visual impairments. He finds relief in realising that others may be considerably worse off than himself:

> *[…] as for me uh, when I co- compare my uh, uh, referring to the disabled, I include all these people, precisely, precisely, the visually impaired, and even the speaking impaired are a bit different, and those unable to walk but have sight, but especially the visually impaired, as for the visually impaired, if I, if I compare my uh, group members with me uh, who have eye problems, you see, who have eye problems and I also compare that a little, I realise that oh, uh, uh, uh, uh, I find happiness in that, because you know that my colleagues, my colleagues, especially the visually impaired, some of them suffer very very very very much. (Int. 14, Pos. 219)*

Regarding feelings of release and happiness, many respondents referred to aspects of faith and religion, which have been discussed in the context of psychological resources in Chapter 7.2.5.

7.2.6.2 Individual Mobility

Mobility refers to any intra-personal aspects of the abilities or restrictions of movement associated with body structures and functions, as defined by the International Classification of Functioning, Disability and Health (ICF). This includes the dimensions of changing body position or location, transferring from one place to another, carrying, moving or manipulating objects, walking, running or climbing, and using various forms of transportation.

Interviewees also highlighted physical resources concerning restrictions on individual mobility. They expressed feeling confined to specific locations, usually their own homes and nearby areas (e.g., Int. 4, Pos. 124; Int. 6, Pos. 153; Int. 12, Pos. 34, Int. 13, Pos. 54; Int. 16, Pos. 21, Int. 22, Pos. 185). Ms P states in this regard:

> *Mm, what changed in my life was that, excuse me to say, if you, you are ill [she refers to her physical impairment], you don't go, you don't come, you don't really have a helper, so I was always sitting on the floor and, with regards to suffering, I have really endured a lot, till this present day in which I am. (Int. 16, Pos. 21)*

She described the onset of her impairment as deeply disrupting her mobility (*you don't go, you don't come; so I was always sitting on the floor*), a situation which cannot be compensated for due to a lack of external support (*you don't really have a helper*). She further points to the mental health-related risks

of the experience (*with regards to suffering, I have really endured a lot*), which, over time, have a detrimental impact on her other internal resources. Mr L also refers to this confinement to a specific place:

> *so I was all the time in the room, if I will go to any place at all, unless somebody hold me before he take me, I was going to hospital, going to uh, church prayers, then later on, they gave me some medicine to take aa, then now, now I can see small, ɛhɛɛ, so I am all the time in the house, mm, I am all the time in the house. (Int. 12, Pos. 34)*

Like Ms P, he emphasises his dependence on others to assist his mobility (*unless somebody hold me before he take me*). However, access to support appears limited (*I am constantly at home*). Other interviewees also mention the restricted availability of assistive devices that could enable more independent mobility without relying on social support (see also Chapter 7.1). The interviewees also highlight the lack of accessibility in public spaces and local public transport (e.g., Int. 30, Pos. 62, 88; Int. 31, Pos. 157; Int. 42, Pos. 107). Additionally, attention is drawn to the link with economic resources, especially when personal mobility becomes too costly for many due to reliance on private taxis (e.g., Int. 30, Pos. 50).

Interviewees often link their dependence on support for personal mobility to the fear of becoming a burden on those around them. Ms M, for example, comments in this regard:

> *Okay, uh, it is not every place I am able to go to, you see, sometimes, if they are in a hurry to leave, they don't have time for me (Int. 13, Pos. 54)*

Her statement indicates that support from her social environment is far from assured and depends more on the willingness and availability of others than on her own needs and desires. As discussed in the chapter on social resources, these resources, including assistance with personal mobility, remain outside the individual's direct control. Even when such social resources are supposedly available, they cannot be accessed or used in a self-determined way. Instead, seeking support is associated with concerns about being a burden on others and thereby damaging the relationships that make those people a social resource. It is suggested here that internalising this concern leads to individual withdrawal. This is reflected in the previously described experiences of feeling confined to a particular place. However, the fear of being viewed as a burden is not solely based on individuals' hypothetical assumptions about others' willingness to help with mobility. Interviewees also recount instances where this concern is explicitly communicated to them by people in their immediate social environment, as illustrated by Mr L:

> *the place they [his friends] go, I can't go with them, formerly, we all move together, we go to funeral, we go to uh, uh town, we, we travel to enjoy at some places but now when they come, I can't even do anything, so, they will tell you oh, we are going to come, we are going to come, then they go, at times they won't call you, when I ask of them they say oh, they are gone, they say oh for you, you can't uh, waste our time, when we are going, unless somebody hold you, if there is something we have to run, how can you run, so they will leave me, then go to where they go, so […] as I can't go with them, then I'm wasting their time. (Int. 12, Pos. 164-168)*

His friends, as he mentions elsewhere, visit him occasionally. However, unlike before his visual impairment, they no longer take him to activities together. They believe they need to support his mobility, which they see as a waste of time. He has apparently adopted this as his own conviction (*I can't go with them, then I'm wasting their time*).

Lastly, interview statements reveal another aspect of hesitation when it comes to seeking support from the social environment. Mr V, who has a physical impairment and uses a tricycle, shared the following during an interview conducted after he collected his LEAP transfer at a rural LEAP cash point:

> *how we [people with functional limitations] get here [to the LEAP cash point] is also a problem. if I am coming and I don't get anyone to push me here, then I get uncomfortable. […] the things I think about that makes me afraid is that right now if they ask me for help, like something I should provide right now, I wouldn't be get be able to. that makes my heart to beat. again, I am not married. If someone's child is there and you send child on errands, often the person would not permit the child to go. if I think about all these it makes me afraid. (Int. 23, Pos. 73-75)*

One interpretation of his statement is that it mirrors the social conditioning of seeking support within the socially recognised norms of reciprocity. His words highlight the importance of reciprocity, meaning that only those perceived as able to offer support to others are considered justified in expecting support in return. He feels unable to offer support to others in his social environment, which causes him significant distress (*that makes my heart beat faster*) and likely leads to a strong reluctance on his part to request the support he needs. This, in turn, restricts his mobility. Overall, the example can be linked to the earlier discussion on ableist dynamics in accessing social reciprocity.

7.2.6.3 Body Structures and Functions

'Body structures and functions' refers to the anatomical structure and physiological (including psychological) functions of the body as defined by the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001).[189] It is considered the last here, although this understanding of body structures and functions served as the starting point for this analysis in two ways. First, the concept of 'impairment', defined as a deviation from an assumed 'body norm' (see Chapter 3), serves as the basis or a key component for determining eligibility for public social protection schemes, which are the central focus of this study. Body structures and functions thus underpin a legal concept within a welfare framework, governing access to public social protection and support services that can serve as an external resource within an individual's overall resource arrangement. Second, the deviation of body structures and functions from an assumed 'body norm' underpins the social construction of 'dis/ability'. In this way, body structures and functions also govern the constitution of and access to resources, as demonstrated in the preceding analysis of various resource types drawn from the data.

For individuals categorised as 'disabled', societal norms surrounding capable bodies play a pivotal role, forming the basis for experiences of devaluation of their own bodies. The previous analysis examined how this devaluation and its effects manifest across various internal and external resource types, i.e., how these dynamics are institutionally embedded within different forms of resources. Within the framework of this thesis, body structures and functions hold a distinct status as a

[189] Body structures include the structure of the nervous system, the eye, ear and related structures, structures involved in voice and speech, structure of the cardiovascular, immunological and respiratory systems, structures related to the digestive, metabolic and endocrine systems, structure related to genitourinary and reproductive systems, structures related to movement, skin and related structures. Body function refers to mental functions, sensory functions and pain, voice and speech functions, functions of the cardiovascular, haematological, immunological and respiratory systems, functions of the digestive, metabolic, endocrine systems, genitourinary and reproductive functions, neuromusculoskeletal and movement-related functions, functions of the skin and related structures (WHO, 2001).

resource compared to other resource types. They serve as the foundational starting point of the analysis and have already been addressed in detail in the theoretical discussion (see Chapter 3). Considering body structures and functions as fundamental internal resources, the question arises as to how the interviewees perceive body structures and norms. As already discussed in Chapter 7.2.3, statements by interviewees with disabilities reveal perceptions of their bodies as 'incomplete', such as:

> *you are incomplete as a normal person in the society (Int. 31, Pos. 37)*
>
> *the WHOLE is not functioning well (Int. 31, Pos. 33).*

For example, Mr F, when referring to the period before his visual impairment, states: 'normally, I am a complete man' (Int. 6, Pos. 13), which indicates a perception of his body as 'incomplete'. Interviewees also perceive the notion of 'being incomplete' as a label imposed by their social environment. Accordingly, Ms D states:

> *your hand is cut off, so you are not human, that is what it seems to them in this town (4. FP2_2021-10-19 Int 4 NW TRANSLATED, Pos. 204)*
>
> *they don't give you that recognition, there's that high level of discrimination, they don't accept you, to be an- a full normal human being like any other person, they discriminate against you, they don't give you that respect, that dignity is, is, is, is, is not there. (3. FP2_2021-10-19 Int 3 NW ENGLISH, Pos. 15)*

Incompleteness, therefore, refers to the denial of a socially constructed status of being a complete person. The social environment actively reinforces this notion and seems to manifest as an internalised belief, shaping one's self-perception of the body. This denial is further exacerbated by the withholding of social privileges associated with the concept of 'human completeness', including the inherent dignity that underpins respectful social interactions. In everyday interactions, understood as processes of resource exchange, participation and access to various resources become increasingly constrained. The institutionalisation of these restrictions and exclusions has been analysed in previous sections concerning different resource types. Additionally, the ontological foundations of this construct of the 'incomplete human being', which facilitate the social reproduction and individual internalisation of this perception on a metaphysical level, have also been thoroughly examined (see Chapters 2, 3 and 7.2.3).

The preceding analysis of the interviews identified two distinct approaches to navigating the underlying social constructs of 'body norms' and 'human incompleteness'. One approach frames changes in body structures and functions as temporary 'spiritual problems' seen as conditions that can be reversed to restore the original state of 'bodily completeness'. However, the reversal is attributed to a metaphysical entity, thereby placing the outcome beyond individual control. Personal agency is limited to maintaining faith and hope that restoration will happen (see discussion in Chapters 7.2.6.1 and 7.2.3). The other approach involves 'proving ability' with the aim of 'passing as normal' (see above). In this context, the perception of incompleteness and the related assumptions of disability are challenged through performance, in which demonstrating ability partially relativises that perception (see discussion in Chapters 2, 3 and 7.2.3). As previously stated, neither approach challenges the social construction of the body norm that underpins the perception of 'human incompleteness'. Instead, both reinforce this construct by seeking to align the body with

an 'ideal' of 'completeness and ability'. As discussed elsewhere, the latter perspective sustains and strengthens dominant ableist structures of social reciprocity and prevailing ideas of social justice.

In conclusion, the interviewees perceive changes in their body structures and functions as a significant shift in their social status, marked by restricted access to resource exchange processes and a devaluation of their internal resources. These dynamics appeared in the previous analysis as abrupt disruptions in educational and professional careers, social roles within the family, faith-based communities, neighbourhoods, or longstanding friendships. They also were identified as risks to mental health or as transformative shifts in self-image and beliefs about self-efficacy. Such changes reflect a sudden reconfiguration of individual resource arrangements, the moment a person is ascribed a disability.

7.2.6.4 Conclusion on Physical Resources

The final chapter of the analysis examined physical resources, focusing on the role of an individual's general biophysical constitution and health status, including temporary health conditions, aspects of mobility (in relation to body structures and function), and body structures and functions as such. The earlier analysis of both LEAP and the DCF revealed high expectations towards various resource types to complement formal provisions to beneficiaries with disabilities. These include a specific biophysical constitution and health status, especially in terms of preconditions for entrepreneurial activity. The analyses of physical resources in this chapter point to aspects of social resources that might challenge these preconditions directly or indirectly, through the effects of physical resources on other resource types. The following concluding assumptions are derived from this analysis.

The findings indicate that the interpretation of a health condition, or of changes in body structures and functions, heavily relies on the information provided and on how well the causes are explained. When medical explanations are unavailable, alternative explanations rooted in traditional or spiritual conceptions of body norms and deviations tend to prevail. These can also foster a sense of indirect agency. The findings further highlight instances in which medical explanations, when comprehensible and seemingly more favourable, are preferred over spiritual interpretations and practices.

Hypothesis 31:

- **When individuals face the lack of a clear medical diagnosis for an illness or changes in body structures and functions, or when necessary treatments appear out of reach, spiritual explanations can offer not only alternative understandings but also a sense of indirect agency.**

Access to social resources is often blocked by exclusion mechanisms rooted in deviations from societal body norms. Meanwhile, internal resources are not typically bolstered to offset this exclusion; instead, they are often eroded through the internalisation of ascriptions of otherness and incompleteness. In some cases, traditional explanations of causality assign responsibility for changes in health conditions or bodily structures and functions to personal misconduct. Such dynamic risks create a self-reinforcing cycle of internal and external resource depletion, which becomes increasingly difficult to break.

Hypothesis 32:

- **Social exclusion based on deviations from a constructed body norm and its internalisation leads to increased mental health risks (sadness/awerɛhoɔ). This implies that external resources may become critically weakened. Additionally, it has the potential to trigger a cycle of resource loss by undermining internal resources, such as self-image and efficacy beliefs, thereby further complicating access to social resources.**

The perception of body structures and norms, as the final category considered, underpins the entire perspective on individuals with disabilities' personal resource arrangements. This aspect has been examined from multiple angles in the theoretical chapters of this work and in the preceding analysis of various resource types. The final examination of the perception of body structures and functions leads back to the very basic concept of the body's social construction. The findings suggest that deviations from socially constructed norms of body structure and function not only call into question the perceived completeness of the physical body but also evoke a sense of incompleteness as a human being. The findings indicate that this perception is dominant and internalised, shaping the self-perception of individuals both with and without disabilities, whether as the self or as the 'constitutive other'. The widespread internalisation of this perception effectively distances people with disabilities from the community of humanity, excluding them from norms of human reciprocity and related resource exchange processes. The effects are evident in the restrictions observed across various resource types in this analysis.

Hypothesis 33:

- **Deviations of body norms and function from a perceived dominant norm of the 'able body' result in a self-/perception of being incomplete as a human being. This concept of 'human incompleteness' serves as a foundation for significant disruptions to both internal and external resources, thereby restricting access to the resource exchange processes vital for securing livelihoods.**

7.3 Conclusion

Before engaging with the discussion of the findings, this conclusion synthesises the key findings in relation to the research questions of the empirical study. It offers a more abstract interpretation that extends beyond the previously stated hypotheses, which will be discussed further in Chapter 6.

Initially, the analysis focused on three social protection schemes that were found to be particularly relevant to interviewees with disabilities: the Disability Common Fund (DCF), Livelihood Empowerment Against Poverty (LEAP), and the National Health Insurance Scheme (NHIS). This part of the analysis specifically addressed research questions 1 and 2:

(1) What explicit and implicit assumptions about the 'individual resource arrangements' of recipients underpin the design and implementation practices of social protection programmes aimed at supporting people with disabilities?

(2) What explicit and implicit requirements do relevant social protection programmes impose on the 'individual resource arrangements' of recipients with disabilities?

The findings suggest that the schemes can enfold positive effects on individual resource arrangements to the extent they interact with specific resources, complementing the schemes' contributions. For both DCF and LEAP, not only the design but also the way the programmes are framed and implemented by local social welfare officials point to a considerable need for such 'complementary resources'. In the case of LEAP, these may even risk exceeding the thresholds set by the scheme's eligibility criteria. Both internal (such as specific knowledge, skills, physical condition, high efficacy beliefs, existing labour activity, ownership of property or land) and external resources (for example, strong social relationships within family or community, support from OPD, positive perceptions of disability in the social environment, accessible public spaces) were essential in sustainably enabling positive effects on the livelihoods of interviewees with disabilities. At the same time, individual case descriptions of users showed that these resources were often not sufficiently accessible. This observation led to the formation of the initial hypothesis that the programmes' assumptions about users' 'individual resource arrangements' do not match the actual resource realities faced by most of their target group with disabilities. Moreover, the findings highlight specific risks to 'individual resource arrangements', such as financial debt, the perpetuation of low social status, or further decline in social status, embedded within the programmes' conceptual designs and implementation practices.

Regarding the NHIS, findings indicate that the scheme helps prevent delays in health treatment and self-medication, thereby stabilising individual resource arrangements by investments in the individual health status and by preventing financial losses from health costs. However, a lack of coverage for impairment-specific needs in health and rehabilitation services tends to result in considerably higher out-of-pocket payments for people with disabilities as compared to NHIS members without disabilities. Opportunities for adequate health treatment for people with disabilities also depend on complementary resources, such as existing or immediately accessible financial resources within their social environment. If such complementary resources are unavailable, this is likely to have negative effects on health-seeking behaviour, including delays or cancellations of treatment and the destructive disposal of personal property to cover health expenses.

The analysis also explored the underlying concept of disability embedded in the design and implementation practices of the programmes. While disability, as a legal concept within a public welfare framework, forms the foundation of these programmes, particular focus was given to the social construction of disability and its potential influence on implementation practices and outcomes. The findings suggest that the DCF and, to some extent, LEAP, may serve as institutional frameworks that reinforce ableist practices within the context of traditional Akan notions of personhood and community. It was argued that, although these schemes promote participation by enabling access to socially recognised roles, they also reinforce exclusionary social structures by implicitly linking opportunities for participation to ableist-normative standards.

It has been argued that different social constructions of dis/ability shape the design and implementation of the schemes. The first reflects Western notions of normalcy, centred on the 'competent, able-bodied, independent individual'. The second is rooted in local conceptions of personhood, community, and normalcy, emphasising the 'competent, able-bodied communal being'. In this context, the social construction of disabilities was included in the further review as an external resource that, on the one hand, is embedded in the implementation practices of the

programmes themselves, and on the other hand, interacts with social protection benefits as a complementary resource.

The second part of the analysis examined those external and internal resource types that were identified as potential 'complementary resources', exploring their capacity to align with the explicit and implicit requirements embedded in the design and implementation practices of the three social protection schemes. This second part of the analysis aims to find answers to research questions 3 and 4:

(3) How do people with disabilities perceive their 'individual resource arrangements'?

(4) To what extent do 'individual resource arrangements' of persons with disabilities align with the explicit and implicit requirements embedded in the design and implementation practices of social protection programmes?

Hence, this section delved deeper into the various external and internal resources that emerged as significant in the analysis of social protection schemes and featured prominently in the interviewees' accounts.

External resources included civil society organisations, family, friends, social community/neighbourhood, faith-based communities, and the social construction of disability. While the findings suggest limited relevance of mainstream CSOs, OPDs were recognised as playing a key role in individual resource arrangements. For several interviewees, membership in their OPD provided access to public support programmes and income-generating activities, such as the three schemes under review. From a critical perspective, it was argued that the central role of OPDs results in a significant concentration of power within these organisations, which, as the findings reveal, gives rise to conflicts over resource distribution. The findings also suggest that OPDs may act as institutional frameworks for upholding ableist notions of individuality and community. This is evident in the strong focus on strategies for accessing other social resources (e.g., family, neighbourhood, church), in which individuals are encouraged to prove specific abilities beyond prevailing expectations.

Informal social resources, including family, friends, local community/neighbourhood, and faith-based communities, were found to decline significantly after the onset of an impairment. The findings suggest that access to these informal resources is often contingent upon the perceived ability of persons with disabilities to engage in equitable resource exchange, providing opportunities for others to benefit from the social relationship. It was further argued that such access frequently relies on being initiated and continually (re)affirmed through patterns of 'proving ability' (overperforming roles, such as excelling as a student, spouse, parent, church member, or neighbour). Referring to the concepts of 'ontological promotion' (Bourdieu) or 'passing as normal' (Goffman), it was argued that this pattern manifests as a persistently felt obligation to perform. It likely reflects a continuous struggle to resist ontological degradation. When access to social resources is governed by performative norms rooted in dominant notions of dis/ability and reciprocity within a specific context, it becomes inherently precarious, unreliable, and highly conditional. The availability of social resources across all four social frameworks discussed here is presumed to remain largely beyond the control of individuals with disabilities. As a result, it is argued that these social resources also function as institutions that reinforce and reproduce dominant social constructions of dis/ability.

A second relevant aspect of accessing social resources emerged from the findings, differing from the usual 'proving' access pattern. Instances were observed in which charitable reciprocity replaces prior relationships within spheres such as friendship, neighbourhood, or faith-based communities. It was argued that such charitable relationships might shield the other party from the risk of social status loss while relegating individuals with disabilities to the role of 'the needy'. In these resource exchange dynamics, individuals with disabilities receive support as dictated by the provider, who, in turn, gains social recognition as a charitable figure. As a result, these relationships were characterised as inherently unbalanced.

Regarding socio-ecological resources, public perceptions of disability constitute a central resource within the individual resource arrangements of people with disabilities. It is argued that this resource is inherently 'fragile' because it demands ongoing validation or renegotiation in social interactions, as the perception of others needs to be explored. Findings indicate that the conceptual understanding of disability is evolving from an initial stance of ontological exclusion towards a highly ableist conception of communal participation. This transformation is evident through social (re-)negotiation processes that delineate the boundaries of who is considered 'able' and thus 'fully human'. Increasing opportunities to 'pass as able' give rise to the described pattern of 'proving', which likely perpetuates social exclusion for those 'not passing'. Drawing on the theoretical approaches to disability discussed in Chapter 3, it is concluded that while forms of 'ontic oppression' might be replaced by forms of 'ableist oppression', insufficient attention is given to the dimension of individual rights inherent to existence, an aspect fundamental to the concept of public social protection.

As part of internal resources, the analysis examined personal economic, psychological, and physical resources. Findings indicate that most interviewees with disabilities, despite being economically active, lack sufficient and stable incomes. Accessible financial resources were mainly used to meet basic needs, sometimes through harmful coping strategies and debt accumulation. In this context, it was argued that private economic resources are unlikely to serve as a reliable complement to public social protection transfers. Overall, ownership of house and land was identified as a crucial foundation for securing livelihoods and enabling resource gain.

The findings indicate that, in terms of physical and psychological resources, interviewees with disabilities rarely display a positive self-concept or strong beliefs in their individual efficacy. It was argued that deviations of body norms and function from a perceived dominant norm of the 'able body' result in a self-/perception of being incomplete as a human being. This concept of 'human incompleteness' serves as a foundation for significant disruptions to both external and internal resources, thereby restricting access to the resource exchange processes vital to securing livelihoods. For example, many interviewees viewed their circumstances as beyond their control. The findings suggest that severe discrimination and social exclusion significantly increase mental health risks, potentially triggering a cycle of resource depletion. This cycle further weakens internal resources, such as self-image and belief in efficacy, making it more difficult to access social resources. Conversely, holding recognised social roles was identified as a key factor in stabilising psychological resources. Access to social interactions and feelings of acceptance in various settings provide the foundation for experiencing physical and mental well-being.

Although the interviews reveal some notable exceptions, the findings suggest that the 'individual resource arrangements' of the interviewed persons with disabilities are often characterised by scarce resources, insecure access to resources and vulnerability of internal resources. Regarding alignment

with the explicit and implicit demands for complementary resources embedded in the design and implementation practices of the social protection schemes studied, it was observed that the resource arrangements of potential users with disabilities are often unlikely to meet these requirements.

Chapter 8 – Discussion

This study examines the potential of Ghana's state social protection programmes to protect and support the livelihoods of individuals with disabilities. It asks for the significance of individual resource arrangements in the design of social protection programmes that explicitly target or include people with disabilities. As an exploratory study, it has a twofold objective. First, it seeks to gain insights into the assumptions about the individual resource arrangements of recipients that underlie the design and implementation practices of social protection programmes, as well as the specific demands these programmes place on the individual resource arrangements of recipients with disabilities (research questions 1 and 2). Second, the study seeks to explore how individuals with disabilities perceive their own 'individual resource arrangements' and the degree to which these perceptions align with the requirements embedded in the design and implementation practices of social protection programmes (research questions 3 and 4).

The research draws on resource theory perspectives to address its central questions, developing the concept of 'individual resource arrangements' as an analytical framework for the empirical study (see Chapter 5). By examining the social construction of these arrangements within the context of disability, this thesis aims to contribute to the discourse on social protection in the so-called Global South and international development cooperation. The empirical study aims to enrich the discourse, often dominated by technical and administrative perspectives, by examining social protection programmes from the perspective of their target groups. It views these programmes as interventions into individuals' resource arrangements, positioning these arrangements as a critical foundation for programme design. The resource-theoretical approach, it is argued, offers the nuanced perspective needed to understand and address the complexity of individual livelihoods. Simply put, the resource perspective views social situations and interactions as platforms where resources are exchanged. As introduced in Chapter 5, it seeks to gain insight into the rules governing access to opportunities for resource exchange and conservation, as well as the rules of the transaction processes themselves, extending beyond the confines of purely economic exchange. The following sections discuss key findings from the analysis in Chapter 7 through the lens of the resource theories outlined in Chapter 5. This is combined with an examination of findings against the concept of ableism introduced earlier in the thesis (see Chapter 3).

Generally, findings of this study on the limited effects of singular economic transfers correspond with assumptions of resource theory, arguing that the provision of economic resources is frequently not sufficient to successfully restore or sustain the protection of livelihoods (e.g. Knecht et al., 2014, p. 110; Antonovsky, 1997; Hobfoll, 1989). More so, if these do not provide a reliable contribution. The revealed challenges of the three schemes examined in this study largely align with the frequently discussed challenges of emerging public social protection schemes in low- and middle-income countries in addressing people with disabilities. As discussed in Chapter 4, these include ambiguities in targeting, eligibility and means-testing (inclusion/exclusion errors), accessibility of schemes and implementation processes (e.g. challenges in accessing LEAP, DCF, NHIS), disability-related (extra-) costs and lack of coverage for disability-specific items and services (e.g. NHIS benefit package and out-of-pocket payments), the relevance of benefits (individual needs vs. benefits in reach), insufficient volume and irregular provision of funds (DCF/LEAP), refinancing challenges (NHIS), and the adequacy of objectives (e.g. DCF, everyone being an entrepreneur). The analysis in Chapter 7 highlighted the presence and extent of these challenges

within the three programmes examined in Ghana. The following discussion, however, shifts focus to an exploration of the underlying logic and dynamics of resource conservation and exchange processes, which are assumed to offer more profound insights into the fundamental nature of these challenges.

Need for Complementary Resources vs. Scarce and Fragile Individual Resource Arrangements

The analysis presented in the previous chapter suggests that 'individual resource arrangements' of interviewed persons with disabilities are often marked by severe scarcity, instability, and vulnerability. Concerning the explicit and implicit demands for complementary resources inherent in the design and implementation practices of the social protection schemes examined (Hypothesis 1), it became evident that the resource arrangements of potential users with disabilities frequently fall short of meeting these requirements. At the same time, the findings suggest that the schemes often have positive effects on individual resource arrangements to the extent that they interact with specific resources, complementing the contributions of the schemes. Both internal (such as specific knowledge, skills, physical condition, high efficacy beliefs, existing labour activity, ownership of property/land) and external complementary resources (e.g., sound social relationships in family/community, support by OPD, positive perception of disability in the social environment, accessible public spaces) were crucial in sustainably enabling positive effects on the livelihoods of interviewees with disabilities. Individual descriptions of users highlighted that these resources were often insufficiently available. This observation gave rise to the initial hypothesis that the programmes' assumptions regarding users' resource arrangements are misaligned with the actual resource realities experienced by much of their target group with disabilities (Hypotheses 2 and 6). Moreover, the findings highlight specific risks associated with these resource arrangements, including financial indebtedness, the entrenchment of low social status, or further decline in social status, which appear to be embedded in the conceptual frameworks and implementation practices of the programmes (Hypothesis 3).

Building on the resource-theoretical perspectives outlined in Chapter 5, the empirical findings provide deeper insights into the factors shaping individual resource arrangements. A meaningful understanding of the dilemmas and contradictions inherent in the examined social protection programmes is possible only when situated within a broader societal framework that considers the practical accessibility of complementary resources. Central to this analysis is the social context, i.e. the embeddedness of processes of resource exchange and conservation with their specific logics and dynamics.

The two major resource systems outlined in the theoretical framework, intra-personal (internal) and environmental (external), are equally significant and mutually influence each other, yielding either beneficial or detrimental effects. As Schubert and Knecht (2012, p. 35) emphasise, the absence, scarcity, or inaccessibility of resources in one system directly impacts the accessibility and utilisation of resources in the other. The empirical study reveals numerous instances of interactions between different types of resources. Most fundamentally, these interactions become visible in the interplay between the dominant perception of disability as a socio-ecological resource, individual social status, and social resources such as family, friends, and local communities.

Social resources hold a central position in individual resource arrangements, as they can serve as a proxy for actual available resources or act as a multiplier for an individual's resources. Bourdieu (1992, pp. 64, 77) emphasises that the benefits derived from social resources, or social capital, are relatively higher the more one is exposed to social decline. Findings suggest that social resources reduce significantly after the onset of an impairment (Hypothesis 12). It has been argued that this is based on an associated drop in social status that is linked to the public perceptions of disability, which was found to be a central resource within the individual resource arrangements of people with disabilities. Bourdieu describes a social position as determined by the composition of one's resources, respectively capital, in relation to others. The aggregate of all possible social positions available for occupation at any given time or place within a society forms what he terms social space (Rehbein, 2016, pp. 248-249; Hardy, 2012, p. 229). Dominant social constructions of disability and their ontological manifestations have been discussed in Chapters 2 and 3. Broadly speaking, the onset of an impairment, which activates the effects of this social construction and ontological manifestations into an individual's resource arrangement, often precipitates a substantial decline in social status, fundamentally altering an individual's social position. The accessibility of certain social roles narrows considerably. This significantly limits access to essential resources and participation in resource exchange processes for individuals with disabilities. It limits access to those 'platforms' where various types of resources are exchanged. Consequently, it includes a high risk of further resource loss and hinders opportunities for resource acquisition.

This poses a challenge regarding the need for complementary resources, particularly within the design and implementation practices of social protection programmes. For individuals with disabilities, many anticipated resources and resource exchange opportunities appear out of reach compared to those available to individuals without disabilities, due to differences in social status. However, empirical findings suggest that the reviewed social protection schemes are grounded on assumptions about the existence of such resources and exchange opportunities. Therefore, understanding what specifically drives the construction of social status, access to resources, and resource-exchange relationships appears to be of crucial importance.

Satisfying Exchange Relationships and Principles of Acting

Foa & Foa (1976, 1993) in their 'Resource Theory of Social Exchange' introduce the concept of 'satisfying exchange relationships'. Satisfying exchange relationships involve resources that are similar to one another or closely related in the resource space. Hence, they come from the same or a circularly closely adjacent category or have the same or similar dimensionality of concreteness and particularism (see Chapter 5.1.2 for details on Foa & Foa's resource space model). Foa and Foa argue that people tend to enter exchanges involving closely allied resources rather than those with less related ones. The exchange follows a principle of equilibrium, meaning a perceived equivalence between what is given and what is received in terms of the nature of the resources.

Based on the findings of the empirical study, it was argued that access to informal social resources frequently depended on the perceived ability of persons with disabilities to engage in reciprocal resource exchanges. This became visible in two dimensions. On the one hand, interview partners expressed their fear of not being able to respond adequately when receiving practical support from neighbours, i.e., not being able to rebalance this by providing similar support in everyday life situations. As Mr V has put it:

> *the things I think about that makes me afraid is that right now if they [people in his local community] ask me for help, like something I should provide right now, I wouldn't be get be able to. that makes my heart to beat. (Int. 23, Pos. 75)*

This 'adequate response', and thus the capacity to engage in 'satisfying exchange relationships', can be seen as a cornerstone in shaping both community and personhood as the underlying social structure of resource-exchange processes.

On the other hand, findings point to the seemingly dominant pattern of 'proving ability' (Hypothesis 16). The analysis provided several examples of interview partners expressing a constant feeling of the need to prove their ability to contribute to the good of the family, neighbourhood and local community. From the angle of the concept of 'satisfying exchange relationships', this pattern of proving can be interpreted as a constant need to express the ability to enter into satisfying social exchange relationships, hence, to be a potential exchange partner for satisfying exchange. What institutionalises this pattern might be the fundamental denial of the ability to enter into balanced exchange relationships at an ontological level. As argued earlier, this denial is inscribed in the seemingly dominant construction of community and personhood.

Looking at local communities as indigenous social protection networks, with reference to Bourdieu (2002a, p. 286; 1992, p. 63), it can be stated that these provide their members with the backing of collectively owned capital, that is, the collective of resources in combination with the entitlement to credit in terms of receiving support when needed. This relational protection system is based on the perceived ability and accepted duty of each individual to support the other. Bourdieu argues that the profits that can be gained via social capital are not consciously pursued, but are the product of an ongoing institutionalisation exercise via institutionalisation rites, the ongoing production and reproduction of sustainable beneficial relations based on individual investment strategies that are consciously or unconsciously directed towards creating or maintaining these exchange relations (ibid., 1992, p. 65). This describes an ongoing relational activity in the form of exchange acts, through which mutual recognition is constantly reconfirmed. One needs to be considered an exchange partner based on one's capital. The higher and more symbolised the existing capital, the less relational work, in terms of actively participating in the institutionalisation exercise, is necessary to achieve returns from social capital. Conversely, the lower one's social status and symbolic capital, the greater the necessity and intensity of participation in the 'institutionalisation exercise'.

As a performative access strategy in the context of this 'institutionalisation exercise', the pattern of 'proving' aligns with the concepts of 'ontological promotion' (Bourdieu) or 'passing as normal' (Goffman), as discussed earlier. Viewed through the lens of 'satisfying exchange relationships', the act of passing can be understood as an effort to gain entry into the community of those deemed viable partners for meaningful exchanges. Demonstrating ability, in this context, functions as a bid for acceptance into this circle. From this perspective, ontological promotion occurs when such acceptance is institutionalised within a particular social configuration.

Findings of the empirical study highlight significant challenges in this process within the context of disability. Disability and community have been discussed as evolving constructs, with the findings revealing different constructions of those. This speaks to the assumption that dominant social constructions, even if ontologically manifested, can change over time, as discussed in Chapter 2.4, in line with Gyekye's concept of 'Moderate Communitarianism'. Nonetheless, the analysis

suggests that the ableist conception of community and a placement of persons with disabilities outside might hold a certain degree of ontological dominance.

As the findings indicate, social constructions of disability and community remain fluid and uncertain, even as they evolve. This implies that they must be continuously renegotiated in every social interaction, particularly in each new context of potential resource exchange. This ongoing need for renegotiation may shed light on the empirically observed phenomenon of a persistent obligation to exceed assumed expectations and norms. This can be regarded as seeking recognition as a suitable partner for meaningful exchange. More broadly, it may reflect an effort to transcend the perpetual 'application phase' by dismantling the foundations of ontological exclusion rooted in assumptions of an inability to engage in balanced resource exchange. Until this goal is achieved, the continuous negotiation of recognition necessitates a persistent sense of obligation to 'prove ability', manifesting in the observed pattern of constant self-validation.

Reciprocal services as a core element?

Another crucial aspect, already highlighted, deserves attention. Types of exchange are constrained by both participants' needs and the institutional setting in which the exchange takes place. Foa (1993, p. 5) emphasises that not all resources are exchanged under a free-market logic. Interpersonal transactions are governed by different rules, depending on the type of resource exchanged. Each institution appears to be characterised by specific exchange patterns that are driven by cultural determinants (ibid., p. 19). In this context, the exchange patterns characteristic of Ghanaian family and community settings, where the interviewees' potential resource exchanges are situated, are particularly significant. From a Bourdieuan perspective, this raises questions about the 'principles that unconsciously govern the practice of acting' within resource exchange dynamics, especially regarding specific types of resources in communal settings.

The theoretical framework on the social construction of personhood and community, combined with practical insights from the interviews, highlights the role of a specific form of reciprocity, often centred on tangible support through actions such as mutual practical assistance. In line with Foa & Foa's framework, this involves the exchange of identical resources or those characterised by similar particularity and concreteness, which they define as 'services'. These are 'activities on the body or belongings of a person which often constitute labor for another' (Foa, 1993, p. 15). The example above refers to Mr V, who is worried about being asked for 'services' in his local community that he cannot provide. This may also prevent him from actively requesting support from the community. To a certain extent, the concern is that he will not be able to create a balance in terms of 'satisfying exchange relationships'. Even beyond the exchange, as highlighted in Chapter 2, social reciprocity in communitarian settings is primarily focused on a habitual sense of duty towards the community, rather than on claims made towards the community. His fear may therefore relate primarily to the violation of this duty, which essentially makes him a full member of the community, and only subsequently to the impact that noncompliance with this duty might have on receiving support from the community and on the balancing of support.

The significance of duty towards the community may become visible in the context of community work. Exemplified through weeding as a service to the community, this was explored in Chapter 5, for example, in the case of Mr W. He appears to place considerable value on this 'service', expressing regret that an impairment now prevents him from participating in community work

alongside his friends. From a resource-exchange perspective, this example can be viewed along at least two dimensions. On the one hand, the individual's contribution is not made to a single person, but to the collective of the community, which is balanced by other services provided by members to that same community. Secondly, service to the community, as an act of belonging, as a demonstration of the ability to contribute to the community and thus the fundamental ability for balanced exchange.[190]

This perspective could be supported by the significance Mr W continues to place on this activity, even though he no longer sees himself in a position to actively participate in it. Initially, the assumption was that the importance of the activity lay in the shared activity with friends, since he initially thematised public weeding in this context. As the interview progresses, he not only mentions how much he struggles with not being able to participate actively but also that he only sends 'the boys', presumably his sons, to do this on his behalf. Yet, he still attends the activity in person. This could indicate the second dimension, namely that the act of public weeding is for him a constitutive component of membership in the community, which he maintains through 'proxy agency' (see Chapter 7). This proxy agency is then rooted in his social role and status as a father, which he utilises here indirectly for a resource-exchange process. This may assist in securing his social status as a community member and in maintaining or expanding access to resource exchange processes. Summarising the line of argument, 'services' as a resource in the context under study can thus form a constitutive element in the resource arrangements by being directly linked to the role as a community member and social status. This connection stems from the socio-cultural context in which the corresponding resources are exchanged, especially if the main pattern of reciprocity in African communitarian societies is regarded as based on the obligation to support the community and its members through 'services' rather than on any entitlement to receive support from other community members.

'Services', in Foa & Foa's 'Resource Theory of Social Exchange', define a resource category characterised by relatively high particularism and concreteness. More 'particular' resources, such as 'services', which establish highly particularistic contact, are, according to Foa & Foa, associated with closer social ties and the exercise of social control. The examples above suggest that the feelings and behaviours demonstrated by Mr V and Mr W reflect an internalisation of social control, deeply embedded within the social constructs of mutual service in communitarian settings. Foa (1993, p. 25) argues that exchanging particularistic resources promotes a sense of belonging. This perspective aligns with Mr W's apparent strong motivation to contribute to community services, even indirectly through his sons, supporting Foa's theoretical assumptions. Conversely, a decline in the exchange of particularistic resources reduces the sense of belonging. This dynamic, extensively explored in Chapter 7, was especially noticeable among interviewees who had acquired impairments over the course of their lives.

The importance of 'services' in shaping the social fabric of a community arguably plays a pivotal role in determining the social status of its members. This process subtly yet powerfully facilitates inclusion or exclusion and can also manifest as an internalised emotional state. According to Foa

[1] Undoubtedly, a third dimension to consider is viewing the activity as an economic act in a narrower sense. The interview with Mr W does not clarify whether he and his friends occasionally received material benefits for their involvement, or whether his sons are now accessing such benefits. Such arrangements would not be unusual. However, Mr W emphasises the act of weeding almost exclusively in the context of his relationship with his friends and his broader social environment, highlighting how this influences his participation. In light of this, the above interpretation was given particular emphasis.

& Foa, particularistic resources and contacts hold greater significance in 'traditional cultures' with less institutional specialisation, as the exchange of particularistic resources is employed to a higher number of institutions as compared to what Foa & Foa term 'modern societies'. Essentially, for the livelihood contexts of some interviewees, it can be argued that key livelihood goods are exchanged in a particularistic manner, meaning exchange processes characterised by close social ties. However, as previously argued, these may be governed by the notion of 'satisfying exchange', while the social construction of disability tends to exclude people with disabilities from the community of those able to engage in satisfying exchange relationships. The concluding argument suggests that this specific social construct considerably increases livelihood risks for people with disabilities in Ghana.

Bourdieu (1992, p. 66) stresses that the ongoing balanced exchange confirms the boundaries for exchange relations. Using the French term 'mésalliance' to describe the risk posed to a group by a relationship that is not keeping up with the group's status, when it alters boundaries of what are considered legitimate changes and thus threatens the identity of the group. In light of the perspective presented here, which views local communities as social protection networks and emphasises the importance of 'satisfying exchange relationships' as a constitutive element, 'mésalliance' captures the perceived risk of diminishing the group's protective capacity through a reduction in its 'collective capital'. The pattern of 'proving ability' can be understood as an effort to challenge this assumption within the context of disability and to position oneself as a 'belle alliance'.

Public social protection instruments, in turn, can play a vital role in safeguarding livelihoods by extracting these social configurations, i.e., by shifting access to essential resources from particularistic exchange relationships to universalistic ones. In the context described, this transition involves a shift from a framework of individual obligations towards the local community to a framework of individual rights guaranteed by the state, thereby eliminating the need for particularistic reciprocity. As discussed in Chapter 4 on indigenous protection systems, transitioning needs to state social protection schemes can reduce dependence on patronage-based relationships, which are often structurally unequal and insecure. Public social protection holds the potential to distribute resources more equitably, guided by principles of need, rights, and citizenship, without requiring individual reciprocation.

Here, it becomes more visible what is essentially at stake in the context of disability and social protection by focusing on the constitutive elements of state and indigenous social protection frameworks in a Ghanaian setting. Indigenous social protection is rooted in a social construction of community, which is assumed to be founded on the duty of providing 'services' to others. Access is determined by actual or perceived needs related to the capacity to contribute meaningfully through exchange relationships. Conversely, state social protection is based on individual rights (and duties). Access is governed by citizenship status, without the need to balance received support. The particularity of the resource presupposes inclusion in the relevant setting. However, this is often not the case for people with disabilities. The former protection framework thus differs from the latter, especially in its ableist underpinnings, an aspect that will be revisited later. For now, it is crucial to recognise that a social protection framework driven by particularistic resource exchange and rooted in ableist constructs significantly increases livelihood risks for individuals with disabilities.

Social Configurations and Operative Dynamics – 'Proving Ability' as Social Practice?

Turner (2012, p. 162 f.) argues that the flow of resources in interpersonal exchange is heavily constrained by the location of individuals within sociocultural formations that have their own operative dynamics. Building on Foa and Foa's concept of 'satisfying exchange relationships' and the notion of 'services' as a 'particularistic resource', an initial exploration of operative dynamics through the lens of resource theory was undertaken. It was posited that mutual 'services', as defined by Foa and Foa, can be interpreted as a fundamental component of reciprocity within local social community contexts, shaping both social reciprocity and individual status. In this context, the pattern of 'proving ability' (Hypothesis 16) was previously discussed, understood as a persistent need to demonstrate the capacity to engage in mutually satisfying social exchange relationships.

The elements of local communities, seen as social configurations within a broader socio-cultural formation[191], and their operational dynamics, which underpin this pattern as a presumed access strategy for resource exchange relationships, shall be discussed in more detail.[192] Drawing on Bourdieu's concept of field, local communities can be viewed as a 'configuration of objective relations between positions' (Bourdieu, in Wacquant, 1989, p. 39; see Chapter 5.1.4). According to Bourdieu, an individual's position is determined by the distribution of capital and the relation to other positions (domination, subordination, homology). As previously discussed, the attribution of disability often results in a loss of social status, potentially positioning individuals with disabilities outside the conventional frameworks of community and personhood, effectively relegating them to the periphery of a social configuration.

With reference to the 'Menkiti-Gyekye Debate' (see Chapter 2.4), it was previously argued that this ontological grounding of the social position of people with disabilities becomes the subject of social negotiation processes through a reassessment of the relationship between ontic and social features. Traditionally, individuals with disabilities were excluded from social positions within the social configuration due to perceived 'defective ontic features'. However, Gyekye's concept of 'Moderate African Communitarianism' redefines these dynamics, making social positions accessible by shifting the foundation of community and personhood more towards 'social features'. From this perspective, the individual's contribution to the community's welfare becomes a dominant scale. This 'contribution' was discussed above with reference to Foa & Foa's concept of 'services'.

In theory, access to social positions and, consequently, participation in the resource exchange processes of local communities, is therefore conceivable. This has been previously explored through Goffman's notion of 'passing as normal' and Bourdieu's concept of 'ontological promotion'. However, two conditions must be met. First, these social positions must be actively

[191] A social configuration typically describes the dynamic, relationally defined arrangement of actors within a specific context, whereas a socio-cultural formation encompasses the broader social and cultural characteristics of a society as a whole. In this sense, a socio-cultural formation provides the overarching framework and the 'rules of the game' (dominant norms, values and practices that characterise a social system) within which individual social configurations emerge and operate. In the current context, this could involve examining communitarian societies at large and the specific roles played by local communities as social configurations within them.

[192] From the perspective of Bourdieu, local communities can be described as institutionalised social capital relations (social resources relations), taking the form of exchange relations, both material and symbolic, which in turn sustain social capital. These provide security to the group in the form of a kind of 'credential', which entitles its members to credit. However, as discussed along the community concept in African communitarian societies, membership remains conditioned by the perceived ability to address the duty to contribute to the well-being of the community.

negotiated within the context of capital distribution. Second, the actors within a social configuration involved in this negotiation must share or acknowledge the theoretical possibility of such access. When community, personhood, and disability are understood as evolving social constructs, the fundamental question of recognition inherently becomes part of this negotiation process, or even a gatekeeper to it. The analysis suggested, using the example of Mr N, among others (*if you go to them to seek help, they will insult you […] if you put in some effort to make ends meet too, then they say that you are a wizard, Int. 14, Pos. 125-136*), that the theoretical attainability of social positions can also be categorically denied.

The empirically described pattern of 'proving' can be looked at as 'social practice' in the context of this negotiation process. Social practice refers to what actors do, think, and feel, guided by their habitus, within the logics and constraints of a particular field (see Chapter 2.4). It results from the dynamic interaction between an individual's habitus and the social field in which they operate. From this perspective, the pattern of 'proving' is guided by the habitus of the actors within the logics and constraints of the community as a social configuration and Ghanaian society as a socio-cultural formation. The latter has been discussed extensively in Chapter 2.

Bourdieu frames social practice as determined by social struggles in which actors pursue strategies to maintain or improve their social position or the best possible position in a social configuration, which in turn is determined by the distribution of capital (Bourdieu, in Wacquant, 1989, p. 40). Capital, in its most basic meaning, can be everything that actually exists and enables possibilities of the improvement of one's social position (Fröhlich & Rehbein, 2009, p. 134f). The perceived capacity to enter into balanced resource relationships and thus the assumed ability to contribute to the good of the community through 'services' can thus be seen as the capital at stake to assume a social position within the community. As discussed earlier, this capacity is based on various types of resources within individual resource arrangements. The social position then allows for participation in the community's resource exchange processes and provides the foundation for resource gain and protection against resource loss. The findings of the empirical study highlight the significance of this resource within the framework of Bourdieu's concept of capital, as it is both shaped by the dynamics of social configuration and actively (re)produces them.[193]

Bourdieu further posits that, at the same time, actors attempt to modify the rules to best reflect what they have at their disposal (Bourdieu, in Wacquant, 1989, p. 40). The higher the position of a stakeholder, the greater their influence on shaping rules, stakes, and the distribution of gains (Rehbein, 2016, p. 110f). Bourdieu underscores that social practices can both reproduce existing social structures and contribute to their transformation. Regarding the practice of 'proving', both outcomes can be argued for. From a perspective of changing rules, this pattern of proving can be interpreted as an effort to redefine access criteria, prioritising social attributes in determining access to social positions or compensating for perceived 'deficient ontic features' by emphasising social factors.

This would be much in line with Gyekye's concept of a Moderate African Communitarianism. 'Overperformance' could then be interpreted as an attempt to change the rules that define community as a social configuration. Changing the weighting of ontic and social features in the

[193] The findings presented in Chapter 5 also suggest that other resources such as property, membership and recognised roles in organisations, or education as cultural capital in embodied, objectified, and/or institutionalised state are relevant and serve as symbolic capital of distinction in the context of social positioning.

social construction of community and personhood might create opportunities for people with disabilities to hold social positions within this configuration, thereby challenging the ontologically manifested exclusion of people with disabilities from the local community's resources and resource-exchange processes. However, at the same time, the social practice of proving might reinforce an existing element of the social construction of community, which is predicated on specific abilities as prerequisites for inclusion and is therefore inherently inclined to perpetuate ableist exclusions. This aspect will be examined in more detail later.

Agency vs. Heteronomy: Externalisation of Efficacy as Social Practice?

The discussion now turns to the role of habitual dispositions in shaping social practice. As previously noted, the negotiation of social positions is preceded by the recognition, both by the individual with impairments and by other actors, of its theoretical possibility. In this context, habitus serves as a fundamental framework underpinning potential social practices. If the habitus is conceived as a system of enduring, acquired patterns of thought, perception, and action that guide individuals' behaviour in social contexts, then the cognitive dispositions it encompasses, concerning disability, community, and personhood, are of central significance. As previously discussed, these are not static but evolve as dynamic constructs, i.e., they vary based on the actors involved in a social interaction. This implies that these dispositions must be individually explored within the social interactions of people with disabilities and are crucial to the efficacy of 'proving' as a social practice. Variations in cognitive dispositions are evident in the interviews, as reflected in statements by individuals with disabilities about their experiences of social reciprocity in their communities, such as 'it depends on the mindset of people'. These social dispositions concerning community, personhood, and disability are especially important for individuals with disabilities themselves. It can be argued that 'proving' as a social practice inherently assumes a shift in cognitive dispositions towards disability, community, and personhood, perspectives that must have been internalised as patterns of thought, perception, and action by acting persons themselves.

This aspect emerged in the interviews with individuals with disabilities, particularly in relation to psychological resources. Interviewees expressed various facets of self-perception, framing them as diametric deviations from supposedly prevailing norms of 'being complete' or 'being able' (Hypothesis 26). These dispositions can be seen as arising from habitualised constructs of disability, framed as counter-concepts to dominant ontological ideals of 'ontic completeness' and 'social ability', which are assumed as foundational to notions of community and personhood. These constructs are likely reinforced by experiences of losing social roles within family, friendship, neighbourhood, and faith-based groups following the onset of impairment, coupled with exclusion from resource exchange processes that promote the internalisation of diminished social status. Such habitual preconditions provide little basis for the emergence of agency-based social practices, such as 'proving', which facilitate the active negotiation of social positions within a community's social structure. In the empirical study, the denial of personal agency was identified as the opposite of the practice of 'proving' and can therefore also be regarded as a 'social practice' in this context.

Such social practice, it is assumed, involves a profound relativisation of one's own agency by attributing all future developments to external or metaphysical entities (Hypothesis 28). By adopting this approach, a bipolar spectrum of observed social practices can be conceptualised,

ranging from agency to heteronomy[194]. The interviewees' accounts frequently included elements that could be situated at various points along this spectrum, reflecting the ambiguity of social positions and opportunities within the context of disability (*it depends on the mindset of people*).

Importantly, neither of these practices, whether demonstrating ability or framing alterations in body structures and functions as temporary spiritual problems, challenges the socially constructed body norm that underlies perceptions of human incompleteness. Rather, both reinforce this construct by striving to align the body with an imagined ideal of completeness and ability.

A Need for Habitual Change as a Conceptual Gap?

Social practices in the sphere of heteronomy can be regarded as both resulting from and reproducing elements of social structure, which are anchored in the ontological exclusion of persons with disabilities from community and personhood, as outlined in Chapter 2. Equally importantly, they stand in contrast to the underlying framework and implementation practices of social protection schemes such as the DCF and partly LEAP (Hypothesis 6), which tend to assume beneficiaries as proactive agents with strong efficacy beliefs. This suggests that the reviewed social protection programmes impose specific cognitive dispositions on their users and other actors within social configurations, which, according to empirical findings, are often unmet. They tend to make social practices in the sphere of agency a condition for the functionality of the schemes. This means that the design of DCF and LEAP incorporates assumptions about habitual dispositions and structural logics that may frequently diverge from the actual realities of 'social configurations' of their beneficiaries.

Awareness of this conceptual gap is perhaps reflected in public education campaigns aimed at reshaping perceptions of disability and promoting the rights of persons with disabilities, which both self-advocates and local social welfare officials emphasised as highly significant during the interviews. From a theoretical perspective, this poses two challenges. If the effectiveness of social protection programmes, i.e. the closing of this conceptual gap, presupposes a habitual change in large sections of the population, it must be assumed that this can only take place slowly.

It has been discussed that the exclusion of people with disabilities at an ontological level has a constitutive function for the concept of community and personhood by serving as 'the other', constituting a 'community of the abled' (see Chapter 2). This is likely to produce social practices that exclude persons with disabilities from resources and resource exchange relationships of local communities. Practical manifestations of these social practices in the study's context were illustrated by existing research outlined in Chapters 2 to 4 and by the personal experiences of interviewees with disabilities detailed in Chapter 7. Bourdieu stresses that the habitus organises action in a way that tends to reproduce the conditions under which such patterns of action emerged. This is the reproduction of conditions that are defined by the exclusion of people with

[194] In the present context, heteronomy is understood as conceptually approximating the opposite of agency. The distinction lies in the respective source of individual circumstances and action. Heteronomy (Greek heteros = other, foreign; nomos = law, rule) refers to external determination, meaning that the rules or principles shaping a person's living conditions and behaviour originate outside the individual and are not influenced by their own capacity to act. For the given context, this externalisation of power over individual circumstances includes metaphysical spheres. Agency, on the other hand, describes an individual's ability to act independently and to make choices that affect their own circumstances. It entails the power of self-determination and actively shaping one's life conditions.

disabilities from the reciprocity of local social communities. This persistence of habitus is what Bourdieu (1987, p. 117) captures as 'hysteresis'.

He emphasises that social configurations emerge from struggles and are constantly evolving. Analysis must therefore grasp the historical development and dynamics of these struggles to understand the actors' practices. If disability is now seen as a constitutive element of community and personhood in the sense of a 'community of the abled', then a shift in cognitive dispositions concerning disability might imply a certain risk of crisis for the collective habitus of traditional communities. Put more drastically, the inclusion of people with disabilities could contribute to the erosion of traditional social structures. This means that it is about the erosion of the objective structure, the social conditions under which the dominant communal habitus emerged. Following this line of thought, cognitive dispositions that contribute to the exclusion of people with disabilities could be understood as resistance to the destruction of their conditions of origin and thus to a destabilisation of their self-concept. Accordingly, Bourdieu (ibid.) assumes that habitual conditions remain constant over long periods of time, even when the environment or the field responsible for the habitus has changed over time.

The introduction and expansion of public social protection structures, the growth of organisational structures for self-representation, and the strengthening of the rights of people with disabilities (including the right to public social protection) can all be seen as characteristics of a changing environment. However, this does not imply that habitual changes are progressing at the same pace. This is particularly unlikely when such habitus underpins traditional social protection systems, like the concept of community, which, as demonstrated in Chapter 4, remains the primary framework for safeguarding and promoting livelihoods for the vast majority of the population. A distinct dilemma arises from the fact that this also pertains to individuals whose exclusion or limited access is embedded within the social construct of community, i.e. persons with disabilities.

Changing Cognitive Dispositions: From Ontic to Ableist Exclusion?

This speaks to the second challenge mentioned above. Assuming that cognitive dispositions towards disability continue to evolve, it becomes equally important to consider the direction of this transformation. It was previously argued that the conceptualisation of disability is evolving from an initial framework of ontological exclusion to a profoundly ableist interpretation of community participation. Moreover, this change is evident in social (re-)negotiation processes that delineate the boundaries of who qualifies as 'able' and, consequently, 'fully human' (Hypothesis 19). The described pattern of 'proving ability' was interpreted as an approach towards growing possibilities of 'passing as able' in this context (Hypothesis 20). This dynamic can be described as a shift in access norms for resource exchange relationships within local communities, from relying on ontic features to emphasising performance abilities. The latter thus becomes more important in governing access to communal reciprocity as a vital aspect of indigenous forms of social protection.

In reference to Campbell's (2003) concept of the 'Great Divide' (see Chapter 2.2), it shall be argued that the formation of a general understanding of who is deemed 'able' is in actual transition. In this process of social renegotiation, the social practice of proving can be interpreted as an active approach towards renegotiating the boundaries between valued community membership and a diminished state of being. This approach is based on individual physical and psychological

resources as a basis for the social production of 'corporeal normative practice' (Wolbring, 2008, p. 253) or a 'corporeal standard' (Campbell, 2008, p. 44) in terms of physical and mental abilities. Remaining in this perspective, the 'regimes of ableism' (Buchner et al., 2015) embedded within the concept of African communitarianism are being redefined (see discussion in Chapter 3). This process involves not only renegotiating boundaries but also establishing conditions for guaranteed access to the community's resource systems, a community defined by the perception of essential abilities. The pattern of proving, beyond striving to demonstrate these essential abilities, will inevitably further enforce the demarcation of the constitutive other. It becomes a practice of distinction. This dynamic is likely to further exclude those unable to meet these essential abilities from indigenous forms of social protection. In Link's (1999) terms, this process entails a renegotiation of the social consensus surrounding the 'frontiers of the normal,' which, in turn, align with the boundaries of indigenous social protection systems. Building on the argument outlined above, the shift in cognitive dispositions concerning disability does not signal a move towards recognising human diversity but rather reinforces the ableist dimensions embedded in traditional conceptions of community and personhood.

As previously noted, this ableist momentum is also reflected in the implementation practices of the DCF and LEAP schemes, as well as in the way OPDs conceive of their own roles. Findings of the empirical study suggest that OPDs do not see their role in challenging the ontological construction of community and able-bodied normalcy that is supposed to legitimise exclusion. Rather, interviewees describe the task of OPDs in terms of 'proving' that individuals with disabilities can meet ableist criteria that enable inclusion. This is done by supporting members in demonstrating the ability to meet role expectations that affirm their belonging to the human community and participation in the associated resource-exchange relationships. OPDs can themselves create a framework for perpetuating prevailing conceptualisations of disability and community (Hypothesis 11). This likely also constitutes the primary focus of public education campaigns aimed at encouraging habitual change in attitudes towards disability.

One could argue that ableist exclusion mechanisms are increasingly overlaying those based on ontic characteristics, thereby reshaping the access boundaries of indigenous social protection systems. From this perspective, the observed shift in the understanding of disability does not appear to entail a fundamental transformation of traditional concepts of social justice. Rather, it occurs within the framework of African communitarian logics and conceptions of social justice, which differ markedly from the principles underpinning state-driven approaches to social protection (see discussion in Chapters 2 and 4).

The findings suggest that the renegotiation of disability described here occurs within the context of a reinterpretation of the concepts of community and personhood as traditionally understood, particularly regarding accessibility. The focus here is on the obligations of the individual towards the community, which are to be fulfilled by complying with a shared understanding of 'essential abilities'. It was argued that the interviewees' representations and behaviour patterns reflect this understanding of disability (Hypothesis 21). The notion of access to community resources based on individual rights derived from humanity and citizenship played little role in the accounts of the interviewees. However, this understanding of individual entitlements serves as the cornerstone of state-led social protection mechanisms, including the schemes previously described. This contrast warrants explicit emphasis.

Conditions for a Successful Conservation of Resources

Building on the findings and interpretations outlined above, a final look will now be taken at the conditions for the conservation of resources. Hobfoll, in his Conservation of Resources (COR) Theory (see Chapter 5.1.3), places high significance on the social environment and the stabilised embeddedness of people therein. To him, stability and safety within the family, neighbourhood, and community are a precondition for his concept of 'resource caravans' and for what he terms trajectories of safe caravan passageways. The latter describes a steady sustain and increase of individual resource arrangements throughout the lives of individuals.

The study's findings suggest that, in many respects, involvement in resource-rich social constellations is seldom reflected in the interviewees' lived experiences. Drawing on the findings and theoretical frameworks of Foa & Foa, as well as Bourdieu, it was argued that the onset of an impairment is frequently accompanied by a decline in social status, which significantly affects the stability and reliability of social relationships. While access to 'resource-rich environments', in Hobfoll's sense, cannot be entirely ruled out, it remains highly uncertain and precarious. At the same time, COR suggests that individual pathways are most powerfully influenced by resources that are either present or absent, based on the environmental context, rather than by individual-level variables (Doane et al., 2012, p. 304).

The aspect of reliability was already evident in the analysis and in the previous discussion regarding different resource types. The fundamental significance of social status as a cornerstone for the stability and reliability of resource access and exchange processes was thoroughly demonstrated.[195] Based on the findings, it has been argued that within the evolving social constructions of community, personhood, and disability, social status becomes a subject of ongoing negotiation, requiring continual redefinition in social interactions (Hypothesis 18). Findings of the empirical study also highlight a lack of reliability and a high degree of conditionality as defining features of social resources. This applies to key social networks, including family, friends, neighbourhoods, local communities, and faith-based organisations (Hypothesis 17). Moreover, similar uncertainties were observed in relation to internal resources, both economic (Hypotheses 22–25) and psychological (Hypotheses 26, 28).

The social protection programmes under review primarily aim to stabilise economic resources, based on the belief that doing so will help secure and reinforce individuals' overall resource arrangements. However, the study's findings also show that these schemes are, at times, experienced as insecure and unreliable sources of support. They tend to be characterised by limited reliability, insufficiency, conditional access, and a firm reliance on complementary resources (Hypothesis 6), which, in turn, are often determined by a lack of safety and reliance. From a COR

[195] As outlined in Chapter 5.1.3, Hobfoll differentiates between primary resources (basic needs), secondary resources (social embeddedness and agency), and tertiary resources (symbolically associated with survival and enabling access to secondary resources). While this taxonomy effectively illustrates the interconnection between various resource categories, its hierarchical structure may be misleading. The findings of this study, as well as the preceding discussion, underscore the central role of social status as a foundational determinant of access to all forms of resources. Particularly in the context of disability and local communities shaped by Afro-communitarian social configurations, this work argues for positioning social status at the core of any resource taxonomy. This is especially pertinent given that social status emerges as a key prerequisite for securing and enhancing livelihoods in the context under investigation, ultimately enabling the fulfilment of even the most basic needs.

perspective, the social protection schemes under review, to enfold stabilising effects, presuppose the existence of 'safe caravan passageways', stable pathways for resource accumulation and exchange, that often seem to be missing in contexts of disability.

Pointing to the class bias of passageways, Hobfoll (2011, p. 131) posits that inheritance is the principal mechanism by which caravan passageways are created and preserved, and that family-related transfers, in terms of economic resources, socialisation, and networking (inter vivos), facilitate advancement and prevent crises at critical junctures. Undoubtedly, this is especially true in societies with high levels of social inequality and weak social protection systems. On the one hand, interviews provided examples where this became visible, for instance, in terms of pursuing further formal education after the onset of an impairment. Other interviews, however, suggest that the dominant social construction of disabilities may hinder such family-related transfers across classes.

In Hobfoll's terms, the onset of an impairment can be understood as triggering a loss of safety and reliability across multiple resource domains, thereby significantly undermining the foundation for resource conservation and gain processes central to his concept of resource caravans. As a fundamental dynamic, COR Corollary 1 suggests that individuals with fewer resources are more vulnerable to resource loss and less capable of gaining resources compared to those with higher resources, which is a basic driver of resource inequality. The described unsafety and unreliability of individual resource arrangements of people with disabilities, therefore, increase the risk of loss spirals for people with disabilities and decrease the likelihood of positive resource caravans. Due to COR (Doane et al., 2012, p. 302), the more stability external resources provide, the less investment is needed to sustain them. On the contrary, the more unreliable a resource arrangement is, the more significant is the investment of resources needed to avert exponential loss, i.e. loss spirals. It can therefore be assumed that persons with disabilities more frequently find themselves in situations where limited individual resource arrangements are confronted with disproportionately high demands for individual resource investment in securing livelihood protection. In the context of African communitarian philosophy, it is primarily the extended family and local community that build the starting point and framework of such caravans. People with disabilities, based on the findings, hardly find themselves placed in what Hobfoll terms a 'trajectory of a safe caravan passageway' within which their resource pool continues to be sustained and grow. On the contrary, they face a significant risk of experiencing loss spirals from the moment a disability is ascribed.

By ontologically situating disability outside the core structures of social reciprocity, society not only embeds heightened livelihood risks for persons with disabilities into its very fabric but also systematically denies them access to collective mechanisms of livelihood protection. The formal social protection schemes reviewed seem not fully equipped to cross such dynamics, as long as they do not become a reliable and comprehensive resource that is independent of complementary resources that are organised within these exclusive structures of social reciprocity.

Loss Spirals

It has been argued before that the status of disability significantly alters resource passageways. From environmental conditions that support, foster, enrich, and protect the resources of individuals to environmental conditions that 'detract, undermine, obstruct, or impoverish people's resource

reservoir' (Hobfoll, 2011, p. 129). This dynamic became particularly evident in the analysis presented in Chapter 7, where interviews vividly illustrated the loss spirals described by Hobfoll. For instance, Ms A (Int. 1) recounted how, within a relatively short period following the onset of a visual impairment, she lost her position as a court clerk, and her social ties within her circle of friends and church community eroded. Her son was forced to abandon his education to support the household as a day labourer. Ultimately, their situation deteriorated to the point where even basic food security could no longer be ensured.

> *Currently, food is our biggest challenge. […] If nobody brings me food what will I do? […] Ah, if we are there till evening, then I take water, and bless it, that God should turn it to food, so when I finish blessing it and drink it, then I sleep. (Int. 1, Pos. 14, 111-113)*

In Ms A's case, the reciprocal interplay among different types of resources also became evident, particularly regarding intrapersonal resources, as explored in the context of psychological well-being and mental health (Hypotheses 26, 32, 33). Her access to healthcare increasingly depends on financial loans from a now significantly diminished social network. To cover medical expenses and repay debts, she is compelled to sell possessions acquired in earlier times, further depleting her already limited economic resources. Accordingly, COR suggests that loss cycles do not occur additively but rather in a complex, multiplicative manner (Doane, 2012, p. 303; Schumm et al., 2005, 2006), which is likely to accelerate and even exponentialize loss processes. In Ms A's case, another dimension explored within the framework of COR theory becomes evident. To secure basic needs, particularly food security for himself and his mother, her son abandons his educational pursuits and takes up work as a day labourer. COR theory emphasises that loss spirals can persist throughout the life course, affecting entire families and communities. These dynamics can severely constrain key resilience resources and hinder the development of new resource reservoirs, such as educational investments, which might otherwise yield long-term benefits and future gains. In several cases (Int. 3, 8, 10, 14, 15), school dropout at various educational stages following the onset of an impairment highlighted a shift in life 'passageways' and a significant restriction in the possibilities for maintaining 'safe resource caravans.'

The dynamics of loss spirals emerged in other interviews as well, for example, concerning catastrophic health expenditures. Mr Z, for instance, recounts experiencing a systematic loss spiral, especially in terms of economic resources, triggered by an impairment and escalating healthcare costs.

> *I was at Korea, I used to make business I used to import cars and other items so when I came, even of my year plus at the hospital, when I was coming – even when I came home, I was having my own private car, kia sportage. it came to a day that err I sold all, all my properties. I build my own house, I sold it, I=sold my car, my private car. I sold my other car, jobs looking for – I sold – I I became empty*

In an attempt to manage healthcare costs and the absence of income, he gradually resorts to selling all his possessions, a form of destructive coping that ultimately leaves him with few economic resources (*I became empty*).

A similar trajectory of loss seems evident in the case of Mr J (Int. 10), who, following the onset of a physical impairment, is repeatedly forced to interrupt and ultimately abandon his professional career and further training as a teacher. The resulting loss of income, coupled with shifting social resources, leads to the loss of his accommodation. This situation also affects his mother, for whom

he feels a deep sense of responsibility and who, in his role as a son, expects him to provide for her basic needs. His inability to meet these role expectations becomes a significant source of psychological stress.

In situations where social and economic resources become scarce, basic needs often go unmet, i.e. health treatment is deferred, and nutrition is so severely restricted that people are practically experiencing serious malnutrition. This results in further loss of physical and psychological resources. The cyclical dynamic described by COR, where initial losses precipitate further losses, and loss cycles tend to be more pronounced and rapid than gain cycles, particularly for individuals with limited resources, was vividly reflected in cases from the empirical study. Situations in which basic livelihood assets, such as food and housing, became insecure were sometimes reached with alarming speed.

Averting Loss and Realising Gain

In light of these loss spirals, the pressing question that emerges is which factors support the conservation of resources and which conditions enable resource gain amid ongoing depletion. Doane et al. (2012, p. 303) emphasise that gains are often challenging to initiate, and gain cycles are particularly unlikely in the face of such loss. Due to COR, initiating a gain cycle requires a significant investment of resources from the individual, their family, the community, and the broader social ecosystem. The analysis reveals that these social resources are often either unavailable or accessible only to a limited extent. In principle, public social protection systems are intended to fill this gap. However, the schemes under review appear to facilitate resource gain primarily when individuals are able to draw on complementary resources. This raises the critical question of which complementary resources are accessible under what conditions, particularly in light of the social positions associated with disability, as discussed above. What contributes to resource conservation, and what enfolds stabilising effects on individual resource arrangements in contexts of disability?

One factor deemed very important for securing livelihoods and enabling resource gain, based on the study results, was the ownership of house and land as a critical basis (Hypothesis 24). In some interviewees' resource arrangements, it seemed to be one of the very few stable elements that COR assumes are key to enabling positive passageways. At its core, this initially concerns the securing of basic housing needs, independent of reciprocal ties within a given social configuration. In cases where housing was insecure, interview participants faced significant threats to their psychological resources (e.g., Int. 10). In several instances, access to housing was contingent upon the support of family members.

However, land ownership also served as a foundation for interview participants to develop resource-gain strategies aimed at securing and enhancing their livelihoods, especially in the context of DCF and LEAP. The pursuit of home and land ownership was actively undertaken as a means of expressing autonomy. Hobfoll argues that in situations of loss, minimal resource gains can become critical components of resilience, as they may elicit individual cognitive and emotional resources, such as hopefulness and positive expectancy/optimism, thereby serving to reinforce individual efforts. Secured housing and land ownership might form an important basis for this, as they represent a secure element in otherwise insecure individual resource arrangements and provide a foundation for more autonomous action. In some cases, land ownership was actively pursued,

also via DCF provisions (e.g., Int. 5). This is particularly linked to the reduction of social dependencies within the respective social configuration, relationships that, as previously discussed, are often experienced as unreliable or insecure resources.

Where social resources within the family or community were stable and reliable, they played a crucial role in stabilising individual resource arrangements. As highlighted in Chapter 7, such support networks were often limited to a few or even a single key individual. Nevertheless, these functioned as vital proxy resources, either facilitating access to a broader array of resource types or helping to stabilise them. From a social protection perspective, the potential loss of such pivotal individuals represents a significant vulnerability and warrants critical attention.

Another notable aspect was the transformation of social relations into charitable ones. As outlined in Chapter 7, such relationships are marked by pronounced power asymmetries and carry implications of 'symbolic violence'[196]. These asymmetries are also pertinent to the issue of reliability in resource relationships. The inherent power imbalance in such charitable exchanges is often accompanied by a corresponding asymmetry in reliability, both in terms of the continuity and the character of resource flows. On one side of the relationship lies a disproportionate concentration of decision-making power, including control over whether to initiate the exchange, its duration, and, as discussed in Chapter 7, the nature of the resources exchanged. On the other hand, individuals often have little to no agency in determining when the exchange begins or ends and have only limited influence over the type and extent of resources they receive. While such exchange relationships may offer a stabilising effect in terms of the resources provided, they cannot be regarded as stable components of individual resource arrangements, given the uncertainty surrounding their duration, type, and scope for one party. This issue becomes particularly critical when access to fundamental needs, such as food (e.g., in the case of Ms A) or housing (e.g., in the case of Mr J), is mediated through charitable exchange relationships.

Holding socially recognised roles and responsibilities within the family, community, or faith-based settings can be understood as important stabilising elements. Interviewees described the loss of such roles not only as a depletion of external resources but also as a threat to their self-concept and sense of self-efficacy, highlighting the significance of these roles for their social positioning within the community (Hypothesis 27). In this context, education and formal qualifications, understood as forms of symbolic capital, were frequently mentioned (e.g., Mr C). More broadly, education also emerged as a foundational element in shaping individuals' beliefs in their own efficacy.

Such stabilising elements in individual resource arrangements, it will be argued here, form the basis for what COR describes in terms of bold action, i.e. engage in proactive, risk-taking, or assertive behaviours. Building on the countervailing social practices outlined above in the context of agency versus heteronomy, it can be argued that proactive coping strategies tend to be adopted when individual resource arrangements contain sufficiently stabilising elements. COR posits that those

[196] Such charitable exchange relationships can be understood as forms of symbolic violence (Bourdieu, 2002b, p. 33ff) in terms of representing subtle, often unconscious, and seemingly legitimate modes of domination. The act of giving, precisely because it is framed as disinterested generosity, obscures the underlying asymmetry of power. Both the giver and the recipient may misrecognise this dynamic, perceiving it as natural or as an expression of goodwill. The recipient's gratitude, in turn, reinforces the giver's symbolic capital and legitimises their authority. Moreover, the giver's generosity is frequently contingent upon the recipient's dependency, thereby reproducing and stabilising existing social hierarchies.

who lack resources are likely to adopt rather defensive self-protective modes of coping to preserve an already diminished state of self, focusing on what there is to lose rather than what there is to gain (Hobfoll, 1998, p. 83, 171; 2011, p. 131). Such modes became evident in the interviews and were previously discussed in the context of 'heteronomy' and the externalisation of one's fate to higher powers. The findings suggest that these strategies can have a stabilising effect, as they may offer a framework for making sense of one's situation, foster hope for future change, and even convey a sense of agency, manifested in the belief that one can act through faith and prayer (Hypothesis 31).

Hobfoll (1998, p. 77) points to the significance of cultural capital in the context of active coping and points to a class bias. In this context, the role of formal education as symbolic cultural capital was found to be strongly emphasised by OPD leaders in the context of 'proving ability', though frequently based on experience of their own education-favouring passageways (Hypothesis 29). From this angle, one can also assume a class bias in approaches to dealing with resource loss that intertwines with ableist dynamics and becomes visible in debates such as disability and leadership.

Finally, it became evident that accessing and effectively utilising the social protection schemes reviewed seemingly requires a certain degree of 'bold action' based on what has been defined as complementary resources as part of this work. Such engagement is essential not only to initiate access but also to sustain processes of resource conservation and accumulation, in line with the principles of COR theory. However, 'bold action', even though a proactive coping approach, is not a guarantee for positive coping. Even proactive strategies can be or become destructive and lead to further loss. Respective examples were even found in the context of the DCF. When investments in entrepreneurial activities fail and result in substantial debt, even public social protection measures can become part of destructive coping and further loss of economic, social, and psychosocial resources (Hypothesis 3).

Overall, the study suggests that the individual resource arrangements of persons with disabilities often risk stabilising, following significant loss spirals, at a level where even the most basic needs are met only through highly fragile constellations. These must be upheld continuously through considerable effort and are often accompanied by substantial psychological strain.

Chapter 9 – Concluding Reflections and Outlook

This thesis has explored the potential of public social protection programmes in Ghana to safeguard the livelihoods of people with disabilities against risk and situations of scarcity of basic resources, such as food and housing. The focus was on three distinct programmes: the Disability Common Fund (DCF), the Livelihood Empowerment Against Poverty (LEAP) cash transfer scheme, and the National Health Insurance Scheme (NHIS). The study's particular interest was not in the immediate impact of these schemes on individual livelihoods, but in the underlying dynamics of their designs and implementation practices, and how these determine the real utilisation opportunities of their outputs in the context of their social embeddedness.

Insights were gained at various levels. These were presented particularly in the hypotheses in Chapter 7 and formed the basis for the discussion in Chapter 8. The guiding questions of the empirical study conducted – how implicit assumptions about the 'individual resource arrangements' of users underpin the designs and implementation practices, and how these align with the perspectives of people with disabilities on their resource arrangements – have been answered and discussed accordingly. In this final chapter, the thesis reflects on its approach in relation to overarching questions, assumptions, and findings.

The exploration of global social protection discourse highlights the critical importance of indigenous social protection systems alongside state-led mechanisms, particularly in the Ghanaian context. As the review of the discourse suggests, the significance of systematically integrating state and indigenous social protection structures is perceived differently by various stakeholders. Despite the continued predominance of indigenous social protection systems in safeguarding livelihoods across the African continent, their role remains largely overlooked by stakeholders from the Global North, who dominate the international social protection discourse. The examination of the three Ghanaian programmes, DCF, LEAP and NHIS, as part of the empirical study, indicates that these are highly dependent on complementary indigenous social protection structures in terms of realising intended effects. It has been argued that a wholesale replacement of indigenous social protection functions by state-led schemes is neither realistic nor advisable. Along with African social protection scholars, it was argued that a more systematic integration of formal and indigenous structures appears reasonable.

In light of the evident predominance of indigenous social protection structures in so-called Global South contexts, which are rooted in the availability of individual resources, this thesis conceptualised state social protection schemes as interventions into 'individual resource arrangements'. Drawing on resource theory, the concept of 'individual resource arrangements' was introduced as an analytical framework. From this perspective, the study critically examined the relationship between state and indigenous social protection structures and processes in the context of disability in Ghana.

It was argued that public social protection approaches, such as those implemented in Ghana, are fundamentally shaped by Western individualistic conceptions of social reciprocity and justice. These approaches are grounded in the notion of individual rights and frame the community primarily as a collection of individuals. In contrast, the study outlined that indigenous social protection in African communitarian societies such as Ghana is rooted in conceptions of social justice that emerge from fundamentally different understandings of community and personhood.

Here, the community is conceived as a metaphysical entity, condensed into the principle 'I am because we are', in which social reciprocity and justice are primarily anchored in the individual's duties and responsibilities towards the community.

The theoretical approach to disability in this study was primarily informed by discourses within Global Disability Studies, with particular emphasis on the concept of ableism. From this perspective, the analysis sought to examine the social constructions of disability through the constitutive frameworks that define and produce disability as a form of deviation in the Ghanaian context. Within the context of indigenous social protection structures, the study thus examined those factors that exclude people with disabilities from social reciprocity embedded in traditional conceptions of community. To this end, it explored how the social protection function of the conventional community is constructed within Afro-communitarian settings, i.e., traditional Akan communities.

Even though community, personhood, and disability were viewed as evolving social constructs, existing evidence and the findings of the empirical study suggest that the ableist conception of community and the placement of persons with disabilities outside it hold a certain degree of ontological dominance. Against this backdrop, the question arose as to what explanatory insights the applied resource theories offer regarding this finding. Drawing on the theoretical construct of 'satisfying exchange relationships', it was argued that the perceived ability to fulfil the communal duty of mutual support constitutes a core criterion from which persons with disabilities are excluded. From a social policy perspective, in these collective resource arrangements, entitlements beyond a person's assumed market benefit, if these are not enough to meet basic needs and enable participation in social life, are not valid for persons with disabilities. They are not included in the system's momentum of solidarity, which, as discussed earlier, is built on duties toward the community as a whole, rather than on reciprocal acts and dimensions of justice between individuals. The exclusion of people with disability, as discussed, is ontologically anchored through specific ontic features ('nipadua', 'sunsum', and 'okra'), which are regarded as essential preconditions for being recognised as fully human and for attaining full membership within the community. From a Bordieuan perspective, it was then argued that the protective function of the traditional community is that it provides its members with the backing of collectively owned capital, which is a collective of resources in combination with the entitlement to credit, allowing for support to be received when needed. This relational protection system is based on the perceived ability and accepted duty of each individual to support the other.

The respective benefits that can be gained through social capital are not consciously pursued, but are the product of an ongoing institutionalisation exercise via institutionalisation rites, the continuing production and reproduction of sustainable, beneficial relations based on individual resource investment strategies that are consciously or unconsciously directed towards creating or maintaining these exchange relations. It was emphasised that persons with disabilities are excluded from this 'institutionalisation exercise' at an ontological level, as they are positioned outside the community of humans due to 'defective ontic features'. As a result, they are not even regarded as eligible participants in this form of reciprocity. Against this background, the community as a framework for indigenous social protection was discussed as a 'community of the able-bodied'. Concerning the evolving notion of community, it was argued that the observed pattern of 'proving', understood as a social practice, does not signify a transformation in the social construction of

community towards the acceptance of human diversity. Instead, it reflects an ongoing renegotiation of the ableist boundaries that define this 'community of the able-bodied'.

The systematic exclusion of people with disabilities forms a constitutive practice for the preservation of the concept of community and personhood underlying this social configuration, which requires disability as a 'constitutive other'. From a practical and economic perspective, one could assume that an ableist norm is inscribed in this regulation of access to the social protection system, which becomes a corporal standard for the community through the ontic features described. This corporal norm functions as an assumed stabilisation of capital and entitlement and is thus intended to keep the protection mechanism stable in the sense of an assumed duty-needs balance.

Drawing on Bourdieu's concepts of habitus and hysteresis, Chapter 8 illustrates how the exclusion of people with disabilities is both reproduced and institutionalised. From this perspective, an implicit logic of justification becomes apparent. At a practical level, the inclusion of people with disabilities may be tacitly perceived as a threat to the 'duty-needs balance', and thus to the community's function as a stabilising social protection structure. At a more fundamental level, inclusion can be looked at in terms of an integration of the 'constitutive other', an act that would, in theory, undermine the very foundation upon which this particular construction of community rests. Against this background, cognitive dispositions that contribute to the exclusion of people with disabilities can be understood as resistance to the destruction of their conditions of origin and thus as resistance to a destabilisation of their self-concept.

What does this then entail with regard to the above-mentioned need to integrate indigenous and state social protection structures in the context of disability? It is assumed that neither system alone can fulfil the requirements of livelihood protection. This was particularly evident in the findings on the three programmes examined in Ghana. When discourses on state-led social protection and indigenous forms of social protection evolve in isolation from one another, there is an increasing risk of parallel and disconnected structures of livelihood protection emerging. These parallel systems are not specific to the field of social protection. Instead, they reflect the duality of state and traditional authorities, a dynamic explored in Chapter 2 with reference to Taylor (2013) and Mamdani (1996). In principle, public social protection measures are intended to secure and restore resources on the basis of individual rights, particularly when these are scarce for whatever reason. The programmes examined are also designed in this way, and they do so in different ways and to varying extents. Yet, within the duality of state and traditional structures, they might also operate as an exclusive mechanism that reinforces the traditional system of social reciprocity. This perspective merits brief consideration.

Since livelihood protection of persons with disabilities does not align with the concepts of social justice that underpin indigenous social protection systems, there might be a form of exclusion in the sense of a welcomed shift of this social community task to state protection systems. To exaggerate, one could say that the exercise of the right to social protection as a citizen with disability is then also a consequence of a systematic exclusion from indigenous protection structures. Inclusion in state social protection schemes would also be a consequence of systematic exclusion from what Mamdani (2001, p. 654) describes as the construct of 'customary as the authentic tradition of Africa' based on customary rights/duties in addition to civic rights (see discussion in Chapter 2).

Social protection in the context of disability is a two-fold factor: on the one hand, it represents a significant step towards exercising the fundamental human right to social protection, which is closely aligned with the concept of human dignity and the ability to exercise other human rights, as outlined in Chapter 2. On the other hand, it is linked to a comprehensive form of exclusion from the dominant traditional societal structures of social reciprocity that govern the daily lives of the majority, including those of the interviewees. The widespread availability of disability grants in African communitarian societies with otherwise few social protection structures could also be viewed from this perspective. The paradox of social protection in Ghana in the context of disability may lie particularly in this duality of inclusion and exclusion.

As previously argued, the inclusion of people with disabilities in indigenous social protection structures not only challenges the underlying notions of social justice within the same but may also unsettle their constitutive foundations. At the same time, a societal debate on the inclusion of people with disabilities within evolving concepts of community and personhood is becoming increasingly inescapable. Such a debate inevitably raises more fundamental questions about the social construction of community itself, potentially questioning some of its fundamental pillars. Through the lens of the concept of 'discursive justice' discussed in Chapter 2, it can be argued that a growing challenge to the dominant justificatory frameworks that underpin the exclusion of persons with disabilities from communal forms of reciprocity is taking shape. Against this backdrop, one might ask whether state social protection structures are not so much complementary to, but rather a substitute for, a more inclusive reconfiguration of indigenous protection systems in Ghana. Such a substitution would effectively hinder progress towards discursive justice by circumventing a fundamental engagement with the question of disability within the context of indigenous social protection and communal reciprocity as such. In doing so, it would also mitigate a perceived threat these reflections pose to the self-understanding of such structures as part of a 'community of the abled'.

Specifically, the question of individual rights within the context of community in African communitarian societies, as discussed in Chapter 2 with reference to the 'Menkiti-Gyekye communitarian debate' and the contributions of Matolino, Imafidon, and others, would, in relation to disability and the right to social protection, no longer arise within the framework of indigenous structures. Instead, it is displaced into the domain of individual rights and thereby relegated to the responsibility of the state. It is precisely the parallelism between state and traditional structures, as described by Mamdani, that facilitates the outsourcing of these fundamental ethical questions surrounding disability from broader societal discourse. At least in this dimension, social protection then becomes, to put it somewhat exaggeratedly, not so much a tool for fostering social inclusion, but rather a mechanism that reinforces a parallel sphere of social exclusion from 'the customary'. The customary sphere, however, is not only frequently celebrated as 'the authentic tradition of Africa' but, as findings from the empirical study suggest, also continues to significantly shape the everyday realities of people with disabilities.

These dynamics are likely to hinder meaningful change in the actual opportunities available to people with disabilities to participate in resource exchange processes. As the empirical findings suggest, they also limit the potential of state social protection programmes, insofar as the benefits provided cannot readily be leveraged to strengthen livelihood structures through participation in such resource-exchange processes. State-run social protection schemes rely on complementary resources that are intricately embedded within traditional social protection structures. When these

resources remain inaccessible to people with disabilities, state social protection schemes risk becoming inadequate and unreliable interventions within the context of individual resource arrangements, offering little prospect for their sustainable stabilisation. Not only disability but also social protection becomes segregated from mainstream society, with limited potential for driving transformative effects. This underscores the need for a critical reassessment of the design and implementation practices of disability-related social protection schemes, starting from the social structures, processes, and practices in which these schemes are embedded. As far as African communitarian philosophy comprises 'the African understanding of being or reality, of its structure, of what is and what is not, and of how each being is responsible for, and obtained to, ensure, sustain, and maximize communal harmony, order, equilibrium, and wellbeing of all other beings' (Imafidon, 2021, p. 49), its concepts of individual, community, personhood, solidarity, and justice must serve as a starting point for discussing design and implementation of public social protection. By doing so, they can become more responsive to questions of general access to the social space where resource distribution within communities is negotiated.

The necessary integrated discourse on social protection in the context of disability is obstructed on two levels. First, actors within the global social protection discourse largely overlook the imperative to meaningfully integrate state and indigenous protection structures in both the design and implementation of programmes. This is compounded by a lack of awareness regarding the actual possibilities for mobilising diverse resources when it comes to disability. Secondly, there seems to be an evasion of discourse on indigenous social protection in relation to disability. As outlined in Chapter 4, it is striking that within the expanding discourse on indigenous social protection and traditional communitarian notions of community and personhood, particularly within the growing Ubuntu discourse, the issue of disability remains largely marginalised. This stands in contrast to the discourse on state-led social protection and disability in the so-called Global South, which continues to gain momentum. The parallelism between state and traditional structures, as argued, creates the conditions for an 'evasive manoeuvre', which bypasses a necessary societal confrontation with issues of disability in the context of social protection and beyond. When Taylor (2013) argues that the divide between 'modern' and 'traditional' society constitutes one of the most profound unresolved contradictions in much of post-colonial Africa, the issue of disability and social protection might vividly illustrate how this duality can shape and reinforce dynamics of inclusion and exclusion.

What avenues might be pursued to address this more fundamental challenge? A critical debate would require greater sensitivity among those involved in shaping state social protection systems to the pivotal role of indigenous protection structures and the need for genuine complementarity, especially in the context of disability. This calls, in particular, for a sharper focus on implementation practices and user dynamics of social protection schemes in the context of disability. To date, there is not only a notable absence of evaluations addressing these dimensions within the programmes studied, but also a scarcity of respective scientific research. As argued in this thesis, resource theory-based approaches might provide a valuable framework for advancing such analyses. Furthermore, critical engagement with the relationship between social protection and coloniality remains scarce, offering fertile ground for further inquiry (see, e.g., Roelen et al., 2025).

Finally, there remains the question of how disability can be more profoundly integrated into the discourse on indigenous social protection. Therefore, an interweaving of discourses from critical global disability studies and African communitarianism, particularly regarding the much-debated

concept of Ubuntu, appears promising. Against the backdrop of the 'Gyekye-Mbiti communitarian debate', furthered by Matolino's perspectives on individual uniqueness, dignity, and rights discussed in Chapter 2, it becomes evident that even within African philosophy, there is no single, monolithic view on personhood. Buju (2001) discusses the ability of communitarian societies to engage critically and further develop normative frameworks and ancestral traditions, using concrete examples such as recent developments in the conceptualisation of individual freedom for couples and female circumcision. This raises questions about opportunities for a broader discourse on revising the role of impairment in attaining personhood, beyond the previously discussed shift from ontic to ableist demarcations of inclusion and exclusion from communal reciprocity.

A critical engagement with normative frameworks and ancestral tradition in the context of community and dis/ability would be desirable. Drawing on the perspective of Walzer (1985) outlined in Chapter 2, such critical engagement and perspectives of more disability-inclusive ideas of social justice must relate to concepts and categories already present in the historical and social contexts of societies, even though they might be hidden. From such an interpretive moral-philosophical perspective, new moral concepts for engaging with disability and social reciprocity cannot be externally imposed but must evolve from within existing moral frameworks. In this context, the growing professional discourse among African scholars (e.g., Matolino, 2018; Imafidon, 2020, 2021) may serve as a starting point for a wider public discourse. Socially constructed concepts and beliefs around disability are never static frameworks but rather assumptions and attitudes that are most frequently and increasingly in transition around the globe (Groce, 1999).

Against this background, working towards a culture and arenas of discourse that enable locally grounded debates on dis/ability and community can be seen as a central task in advancing disability-responsive social protection. Such spaces may allow for the emergence of disruptive voices advocating change from within prevailing understandings of reciprocity and community. They may also generate a resonant space for subsequent engagement with the question of individual rights. After all, as Reich (2013, p. 19) argues, solidarity must rest on a legally enforceable foundation, since mutual overreach is an ever-present feature of social life, across societies. In terms of 'deconstruction', this would mean a critical examination of what is predominant in the social construction of dis/ability: dominant ontological understanding of individual and community, dominant social protection paradigms, and their functions in maintaining prevailing norm(alitie)s as well as their processes of constitution and institutionalisation. For endeavours towards livelihood protection and promotion in contexts of disability, in the first place, it is then not about replacing but opening dominant thinking from within, both in the public and indigenous social protection discourse.

For this thesis, the point of departure was a critical reflection on the design and implementation practices of public social protection frameworks, considered against the lived experiences of Mr N (and many others):

> *The thing is <<claps>> in this life, you, if you go to them to seek help, they will insult you, but if you put in a some effort to make ends meet too, then they, they say that you are a wizard, you see (Int. 14, Pos. 133)*

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Lars Wissenbach examines public social protection programmes in Ghana and their implications for the livelihoods of persons with disabilities. Drawing on qualitative interviews with programme users, disability advocates, and social welfare practitioners, the study explores the explicit and implicit assumptions about beneficiaries' individual resource arrangements that shape programme design and implementation practices. It analyses the demands these assumptions place on recipients and assesses the extent to which they align with beneficiaries' lived realities and perspectives. The book offers valuable insights into contemporary debates on disability and the development of social protection systems in Ghana and other countries of the so-called Global South. By integrating historical perspectives and contemporary philosophical debates on African conceptions of community, personhood, reciprocity, and social justice with resource theories and empirical evidence, the author develops a nuanced framework for understanding the relationship between public and indigenous social protection. Based on the experiences and perspectives of beneficiaries with disabilities, the study offers new insights into the complementarity of state and indigenous social protection structures and their significance for inclusive development.

ISBN 978-3-96182-239-3

Universität Siegen