A CASE STUDY OF TRANSPORT SERVICES FOR PHYSICALLY DISABLED CITIZENS IN THE CITY OF CAPE TOWN

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Date: 14 August 2018

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ABSTRACT

Access to transport is a fundamental human right for citizens in any country, and this includes people with physical disabilities. Globally, this right is enshrined in policies and legislative documents of various countries. Developed countries have made enormous strides for inclusion of people with disabilities in their social policies, planning and expansion of transport services. In South Africa, despite a multitude of policies and legislation, there has been limited research conducted on the experiences of physically disabled citizens and their right to accessible transport. The political ethics of care was used as a framework to analyse the experiences of people with physical disabilities in relation to the Dial-A-Ride special transport policy service available in the City of Cape Town. The main aim of the study was to gain an in-depth understanding of the accessible transport service programme, subsidised by the City of Cape Town by exploring the perspectives of both service users and service providers; documenting how the special transport needs of the physically disabled service users as care receivers are catered for by care givers or special transport service providers. This study addressed the research question: "What are the expectations, experiences, and needs of physically disabled transport service users in relation to the special transport service provided by the City of Cape Town?" Due to the explorative, descriptive and contextual nature the study adopted a qualitative case study research design.

The data for the study was gathered using multiple data collection methods: conducting focus group sessions, semi-structured one-on-one interviews, as well as documentary analysis. All interviews were conducted in English and were audio recorded with the consent of the participants and were transcribed. In analysing the data, the researcher employed both qualitative thematic and qualitative content analysis. The study used a purposive sample that comprised a total of nineteen participants: two focus groups of thirteen registered users on the

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Dial-A-Ride special transport service, taken from the population of registered clients that were people with physical disabilities, from Cape Town Association for the Physically Disabled, and six employees from the Dial-A-Ride special transport service within the City of Cape Town for the semi-structured interviews. The findings generated five major themes and fifteen sub-themes that were analytically discussed according to the five phases of care and corresponding ethical elements embedded in the political ethics of care which resulted in several policy related recommendations for improvements to the Dial-A-Ride special transport service. A key policy recommendation recognise that All spheres of government (both National Government, Provincial Government, and the City of Cape Town) including Dial-A-Ride as the commissioned service provider, could be more attentive to the transport needs of the Dial-A-Ride service-users. As a policy maker at local level, the City of Cape Town should take more responsibility for meeting the rapidly changing and growing demand for special transport needs of people with physical disabilities.
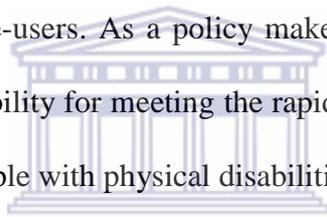
Ethics considerations were adhered to in this research study.

Key words: People with disabilities, People with physical disabilities, Dial–A-Ride, Special transport service, Special needs passengers

LIST OF ACRONYMS

AEI   Access Exchange International

CTAPD   Cape Town Association for the Physically Disabled

CoCT   City of Cape Town

DTPW   Department of Transport and Public Works

DAR   Dial-A-Ride

DREDF   Disability Rights Education and Defense Fund

EOC   Ethics of Care

ECMT   European Conference of Ministers of Transport

IDP   Integrated Development Plan

ITP   Integrated Transport Plan

PWD   People with disabilities

UNDP   United Nations Development Programme

WPRPWD   White Paper on the Rights of People with Disabilities

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1. Introduction

According to the Constitution of the Republic of South Africa (1996:4),

"Disability is the loss or elimination of opportunities to take part in the life of the community equitably with others that is encountered by persons having physical, sensory, psychological, developmental, learning, neurological or other impairments, which may be permanent, temporary or episodic in nature, thereby causing activity limitations and participation restriction with the mainstream society. These barriers may be due to economic, physical, social, attitudinal and/or cultural factors."

In light of the above mentioned barriers, people with disabilities (PWD) are often marginalised and experience discrimination, stereotypes, isolation, prejudice and stigma imposed upon them from members of society (Department of Welfare, 1997). These limitations and restrictions impact on the rights of PWD to access employment and basic services such as education, health and transport (Department of Welfare, 1997; Quinn & Degener, 2002a; Coleridge, 2005).

The Bill of Rights in the South African Constitution (1996:6) however, advocates for equality amongst all citizens. It asserts that there should be no discrimination against any person irrespective of 'race', 'gender', 'social origin', and 'disability'. This right to non-discrimination was given effect, for instance, in the South African White Paper on National Transport Policy, 1996 which recognises the constitutional rights of PWD to have accessible transport (Department of Transport, 1996). According to Roberts and Babinard (2005), lack

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of accessible transport has the ability to exclude people with disabilities from necessary basic services and social contact.

Access to transport is a fundamental human right for citizens in any country, and this includes PWD. Globally, this right is enshrined in legislative documents of various countries such as Canada, United Kingdom and the United States of America (Ling Suen & Mitchell, 2003). These countries, as well as Mexico, Brazil and Sweden have made enormous strides for inclusion of PWD into the transport sphere (Rickert, 2003; European Conference of Ministers of Transport (ECMT), 2004; Access Exchange International (AEI), 2011, 2015). For instance, accessible public bus services and accessible vans that collect and drop people from and to various points are common modes of transport for PWD in these countries.

African countries such as Tanzania, Ethiopia and South Africa also have accessible buses available to make provision for the transport needs of PWD (Olawole, 2012; Voukas & Palmer, 2012). However, in the rest of Africa this mode of transport, particularly in South Africa, is not as extensive compared to developed countries.

In South Africa, the Dial-A-Ride (DAR) special transport service, as subsidised by the City of Cape Town (CoCT), was introduced during May 1998 twenty years ago, for people with physical disabilities, following a public demand. People with physical disabilities have to register to use the system and bookings can be made in advance (Hugo, Stanbury & Gooch, 2000). Additionally, users are collected and dropped off at the closest kerbside, from where the booked trip was scheduled. The service is available on a daily basis, but only operational from 05:00 until 22:00. The availability of the service, however, is based on four factors: which routes are available, the demand for a specific route, the availability of space for a specific route and lastly, the time requested by the user (https://www.capetown.gov.za/en/Transport/_Pages/AboutDialaRide.aspx). Given that the

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service programme has been in existence for close to twenty years, the purpose of the study, was to develop an in depth social work understanding of the experiences of people with physical disabilities and to determine their needs in relation to the DAR special transport service.

1.1   Problem Statement

By late 2011, approximately 6 700 service users in Cape Town were registered on the DAR special transport service data base, of which 84% had a physical disability. Only a small proportion of the registered users actually received the service, with an estimated 257 (3.8%) regular riders and 131 (1.9%) occasional riders being served in 2011. During 2012 it was recorded by the CoCT that the DAR fleet consisted of 30 vehicles, but that calls for registration to use the service are advertised periodically (AEI, 2012). This implied that the number of people with physical disabilities to be registered had the potential to increase, whilst the fleet remained the same. Thus, the demand for the DAR special transport service were expected to increase and this would ultimately impact on how the service was provided and how service users would experience the transport service.

Given the above scenario, it was important to research if and how the DAR special transport service programme is meeting the needs of PWD. From conducting a review of the literature, the researcher found limited research about the experiences of DAR service users. Literature and studies that were accessed on DAR mainly focused on providing a description of the service (Hugo, Stanbury & Gooch, 2000; Venter & Mokonyama, 2001) with no analyses. In addition, Venter and Mokonyama (2001) provided an account of the cost effectiveness of running DAR. By studying the special needs transport system in South Africa, Venter and Mashiri (2005) further found that the DAR special transport service was popular and that the subsequent demand for the service exceeded the supply. The results of this study contrasted with a another study by Venter, Savill, Rickert, Bogopane, Venkatesh, Camba, Mulikita, Khaula, Stone and Maunder (2002) who conducted comparative research involving participants with disabilities from five different developing countries that included South

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Africa. The purpose of this effort was to gain a comparative understanding of their experiences with regards to mobility and accessibility. However, the collective voices of people with physical disabilities utilising the DAR special transport service still appeared to be silent. The findings of this collective project still signalled that there is an on-going need for further and deeper study to understand the transportation needs of physically disabled service users in the CoCT in the context of the current policies and the availability of the DAR special transport service.

The researcher is a social work practitioner working in the field of disability at an organization called Cape Town Association for the Physically Disabled (CTAPD) for the past thirteen years. The idea for this study originally stems from the researcher's practice interaction with people with physical disabilities that have had first-hand experiences with the existing transport system. Through professional services rendered, the researcher had access to the feelings and frustrations articulated by people with physical disabilities either in using the DAR special transport service or not being able to access the service. The study therefore seeks to contribute to a broader body of social work knowledge by exploring the expectations and experiences of people with physical disabilities, classified as special needs passengers. The research study was done in the Western Cape Province, within the parameters of the CoCT.

1.2. Aim / Research Question

1.2.1 Aim

The aim of the study was to explore, describe and gain an in-depth understanding of current transportation needs of physically disabled service users in the City of Cape Town.

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1.2.2 Research Question

"What are the expectations, experiences and needs of physically disabled transport service users in relation to the special transport service provided by the City of Cape Town?"

1.2.3. Assumptions

The assumptions of this study were as follows:

1. Although a DAR special transport service exists in Cape Town for close to twenty years, the current needs of physically disabled service users that are rapidly changing are not fully addressed.

2. Despite growing demands for DAR services, no further registration of new service users on the database is permitted.

3. The Integrated Transport System is in operation, but the vision of the local transport policy for incorporating the special needs of people with physical disabilities is not fully implemented.

1.3. Research Objectives

The objectives of this study were to:

1.3.1 explore, describe and understand expectations and experiences of physically disabled service users in relation to the DAR special transport service.

1.3.2 explore, describe and understand the existing DAR special transport service provided by the CoCT.

1.3.3 explore, describe and understand the expectations and experiences of the DAR special transport service providers.

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1.3.4 provide recommendations that could improve the current DAR special transport service.

1.4. Orientation to Research Methodology

In this introductory Chapter One, the researcher provides the reader with a brief description of the research methodology. Rajasekar, Philominathan, and Chinnathambi (2013) defined research methodology as an orderly manner to unravel a problem and described methodology as a procedure used whereby knowledge is increased. An in-depth description of the research methodology is provided in Chapter Three.

1.4.1 Research Approach

The study adopted a qualitative case study research approach, because of its strength to explore and understand participants' experiences. Qualitative research is concerned with "exploring and understanding the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2014:4). This study therefore pursued to address the research question through collecting descriptive information from service users and staff of the DAR special transport service in order to gain an in-depth understanding of their experiences in relation to the transport needs of specifically the service users.

1.4.2 Social Constructionism

Leeds-Hurwitz (2009) postulated that social constructionism is based on assumptions that people build their perceptions of the world through experiences and that language plays a crucial role in people's construction of reality. From this perspective, the proposed research aimed to gain insight and understanding from participants, documenting how the needs of the physically disabled service users are catered for. In policy studies, social constructionism provides a critical analytical tool for the study of social problems as it assists to deconstruct troubling social conditions that may be misrepresented (Lister, 2010).

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Charmaz (2006) echoed that social constructionism notes that experiences, meaning and events are created by individuals hence people create realities they participate in. This assisted the researcher to understand how the service users and the special transport service construct, interpret and create their own and collective experiences (and meanings) regarding the transport policy system within the CoCT.

1.4.3 Research Design: Qualitative Case Study

According to Dul and Hak (2008), a case study is an explorative study in which one case or a small number of cases is selected in their real life situations. Data could be from multiple sources such as focus groups, interviews and / or document studies, gathered over a particular period of time (Baxter & Jack, 2008). Baxter and Jack (2008) cite Miles and Huberman (1994) who indicate that in qualitative research, case studies are areas of research that take place in a bounded system, within a context and a unit of study. The case study was therefore deemed appropriate to use as it allows for an in-depth investigation into the experiences of people with physical disabilities in relation to accessing the services of DAR, using multiple methods of data collection (Yin, 2009; Farquhar, 2012). In light of this, the case for this study is the transportation needs of physically disabled citizens and the boundaries of the case is the geographical service areas of the DAR transport service in the CoCT.

1.4.4 Research Setting and Study Population

The research setting can be defined as "the place where the data is collected" (Mbambo, 2009:39). In this study, data was collected at four sites within the geographic boundaries of the Cape Metropole: CTAPD, a non-governmental organisation (Lansdowne, Cape Town), DAR offices in the CoCT and at the DAR service provider company (Ottery, Cape Town).

A research population is defined as "an aggregate of all cases that conform to some designated set of criteria" (Blaikie, 2010:172). The population consisted of registered clients of CTAPD that used the DAR service and employees of the DAR special transport service of the CoCT.

1.4.5 Sampling for Qualitative Case Study

A sample is defined as "a small group of research participants or subset drawn from a wider population and from which a degree of generalization can be made" (Carey, 2013:46). Oppong (2013:203) defined sampling as "a process of selecting subjects to take part in a research investigation on the ground that they provide information considered relevant to the research problem". De Vos, Strydom, Fouche, and Delport (2011) argued that there are a variety of sampling methods, such as purposive, theoretical, volunteer and snowball sampling. This study adopted non-probability purposive *s*ampling, because the process enabled the researcher to choose the research participants intentionally due to "their suitability in advancing the purpose of the research", which is explorative and descriptive and targeting those participants and groups "who can shed most light on a case" (Rule & John, 2011:64).

Participants for the focus group discussions were selected based on the following three sampling criteria:

- Participants with a physical disability;
- Participants registered with and who relied on the availability of DAR;
- Participants who reside across the CoCT.

Participants for the semi structured interviews were selected based on the following sampling criteria:

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- Staff of the DAR special transport service employed for a period of six months.

The purposive sample consisted of a total of nineteen participants: thirteen people with physical disabilities who were registered users of the DAR special transport service, and six employees of the CoCT : two drivers, two operational staff and two managers of the DAR transport service.

1.4.6 Data Collection and Research Instrument

The study used three qualitative methods of data collection consistent with the case study research approach, namely focus groups, semi structured interviews and document study.

Participants for the two focus groups were selected based on similar characteristics, such as those using wheelchairs for mobility and non-wheelchair users (De Vos et al., 2011:360). Seven open-ended questions were discussed to elicit views on preferred modes of transport, experiences, needs, expectations and change or improvements.

The semi structured interviews, consisting of fifteen open-ended questions, were employed with staff members at the DAR special transport service. Interview schedules, used for both the semi structured interviews and focus group discussions, assisted the researcher in guiding the interviewing process.

The researcher secured and gathered documents from two organisations previously involved with the DAR special transport service. In addition, documents were also secured via the Internet and similar documents secured from DAR. A case file was assembled in which the documents were stored chronologically (Rule & John, 2011). The documents allowed the researcher to understand the origins, history and current policy status of the DAR special transport service for the CoCT. Additionally, the documents prompted significant questions of the case study which were pursued through the interviews.

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The focus group discussions and interviews were audio-taped and consent gained from all participants prior to the encounters. Immediately after conducting the focus groups and interviews, the researcher wrote out her impressions of what transpired during the discussions and the interviews. This process was followed by transcribing the data on a Microsoft Word Document, printing and filing it according to the date and times the focus groups and interviews were conducted. Back-up copies of all data collected were made and stored in a safe location.

1.4.7 Qualitative Data Analysis

Qualitative data analysis refers to making sense of "or understanding a phenomenon" (Bhattacherjee, 2012:113). This study used thematic analysis, defined as "a method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006:79). The study aimed to gain an in-depth understanding, by exploring the current transportation needs of physically disabled service users in the CoCT, using the 6 phases (familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, producing the report) in thematic analysis developed by Braun and Clarke (2006:79). In addition, the study used qualitative content analysis for the documents gathered. According to Bryman (2014), content analysis in documentary studies involves extracting themes in the documents being analysed. Furthermore, some themes were illustrated through key quotations from various documents such as annual reports, press releases, the internet and so forth. A comprehensive account of the data analysis process is provided in Chapter Three (See Section 3.8).

1.4.8 Triangulation

Rule and John (2011:109) referred to triangulation as a "process of using multiple sources and methods to support propositions or findings generated in a case study". Hence, the

researcher conducted focus groups, semi structured interviews and made use of study documents to ensure quality of the data sources of the case study.

1.4.9 Trustworthiness of the study

Creswell (2014) described qualitative data validation as a process to determine how accurate research findings are and can be done by employing several strategies. Lincoln and Guba (1985) on the other hand gave an alternative to validity; they postulated that qualitative research can make use of trustworthiness to ensure the accurateness of data collected.

Trustworthiness is defined as "demonstration that the evidence for the results reported is sound and when the argument based on the results is strong" (La Banca, 2010:1). In order to ensure trustworthiness in the study, the researcher firstly presented participants with transcripts of the interviews to check for accuracy and if any pertinent information was omitted. Creswell (2014) refers to this process as member checking. Secondly, the researcher engaged in peer debriefing with her supervisor and colleagues to obtain their views and opinions which helped with reflection and evaluating progress (Creswell, 2014). Lastly, the researcher engaged in crafting thick descriptions to communicate the results of the study (Creswell, 2014). A detailed description of trustworthiness is discussed in Chapter Three (See Section 3.9).

1.4.10 Reflexivity

Gerrish and Lacey (2006) cited in (Lambert, Jomeen & McSherry, 2010:322) define reflexivity as an important process, whereby the researcher should constantly reflect how his/her own morals and beliefs impact on how data are collected and analysed. The researcher was conscious of her role as a social worker employed at CTAPD. In addition, the researcher was familiar with and aware of the frustrations clients faced over the years in

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accessing the services of the DAR special transport service. These experiences enabled the researcher to have insight into the world of people with physical disabilities in relation to their transportation needs, but it also cautioned the researcher to remain reflective whilst conducting the research as these issues could impact on the findings. Reflexivity is discussed in more detail in Chapter Three (See Section 3.11).

1.5 Ethics Statement

The study adhered to the following ethics statement as described by De Vos et al. (2011):

- The researcher applied for ethical clearance from the University of the Western Cape's Ethics Committee and from CTAPD, from which participants were recruited.

- The research study was explained to all participants and that the research would not help them personally, but it was hopeful that the community might benefit through improved understanding of the challenges people with physical disabilities faces with accessing public transport.

- Informed consent letters were distributed to all participants. Participants were informed that their anonymity and confidentiality would be guaranteed, that participation would be voluntary and that each participant could withdraw from the study at any given stage of the process.

- Participants were aware of risks involved from partaking in the study and that referral to an appropriate social service practitioner would be arranged if the need arose after interviews/discussions.

1.6 Defining Key Concepts

The definition of the following key concepts has been identified as important for this study.

Persons with disabilities: According to the White Paper on the Rights of People with Disabilities, "persons with disabilities include those who have perceived actual physical, psychosocial, intellectual, neurological and / or sensory impairments which, as a result of various attitudinal, communication, physical and information barriers, are hindered in participating fully and effectively in society on an equal basis with others" (Department of Social Development, 2016:11). In this study, the researcher will make reference to people with disabilities instead of persons with disabilities although both can be used interchangeably.

People with physical disabilities: People with physical disabilities refers to people whose disability encompasses "damage to muscles, nerves, skin or bones that leads to difficulties in moving about, in performing activities of daily living (such as dressing, eating, cleaning)" (Disabled People South Africa, 2001:19).

Dial-A-Ride: "Dial-A-Ride is a public transport service for people with disabilities who, due to the nature of their disability, are physically unable to access the "universally accessible" mainstream public transport system" (Cardo, 2013:1).

Specialised transport services: "Specialised transport services refer to transport services that are specifically tailored to the needs of passengers with disabilities. Specialised transport services use vehicles that provide full access to wheelchair users through mechanical lifts or ramps, and differ from regular public transport in the way they are operated. They range from door-to-door services that exclusively serve disabled people to 'Service Routes' (which are scheduled bus services routed close to the origins and destinations of journeys by elderly and disabled people)" (United Nations Development Programme (UNDP), 2010: xv). In this study, Dial-A-Ride, a door-to-door service, is referred to in this defined context.

Special needs passengers: Special needs passengers denotes a specific group of people who require unique transportation which cannot be served effectively by the main modes of public transport (National Department of Transport, 1999).

1.7 Thesis Outline

This thesis comprises of five chapters.

Chapter One: Orientation to the study

Chapter One provided an introduction to the study which comprises of the problem statement, as well as the aim and objectives of the study. The chapter also provides a brief description of the research methodology that is further discussed in Chapter Three.

Chapter 2: Literature Review

Chapter Two is devoted to the review of literature, taking into account policies and legislation pertaining to transport for PWD, various modes of public transport in South Africa, as well as the prevalence of DAR services globally and in South Africa. This Chapter also provides a conceptual framework, the political ethics of care (EOC), for the study.

Chapter 3: Research Methodology

Chapter Three contains the methodological framework, research design, research setting, population, sample and sampling strategies, data collection, data analysis and data verification, reflexivity, as well as ethical considerations.

Chapter 4: Data analysis, findings and discussions

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Chapter Four presents an analysis of data that was collected and the discussion of findings. The chapter also presents the context of how transport evolved in the CoCT as well as the context of DAR.

Chapter 5: Summary, conclusions and recommendations

Chapter Five presents a summary of the main findings, conclusions and recommendations of the study.

The following chapter presents a review of selected literature for the study.

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CHAPTER 2

LITERATURE REVIEW

2. Introduction

This chapter presents selected literature that focuses on accessible transport for people with physical disabilities. An overview of perspectives by authors who reviewed the policies and legislation that give effect to the rights of PWD to access transport as a basic human right will be discussed. Various public modes of transport and their accessibility for people with physical disabilities to use them, as well as special transport services available for the use of people with physical disabilities are singled out for particular attention in this discussion. Lastly, to understand the context of the study, the political EOC as a conceptual framework that guided the study is deliberated on with specific reference to one of the objectives of the study which seeks to explore, describe and understand the existing DAR special transport system programme provided by the CoCT.

2.1 Policies and Legislation

One of the main resources that will enhance improvement for PWD is policy, legislation and its implementation with the necessary resources e.g. human resources, time and money to mention but a few. Policy is defined as "a high-level overall plan embracing the general goals and acceptable procedures especially of a governmental body (Merriam-Webster, 2018). Legislation on the other hand, is referred to as "the exercise of the power and function of making rules (such as laws) that have the force of authority by virtue of their promulgation by an official organ of a state or other organization" (Merriam-Webster, 2018).

Citizens of any country, including people living with disabilities, are entitled to accessible transport which is a fundamental human right of any citizen of a particular country. There is

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evidence in Article 9 of the United Nations Convention on the Rights of People with Disabilities, 2006, which enforces that PWD have equal access to transport and the physical environment (United Nations, 2006). Similarly, the Charter of Fundamental Rights of the European Union of 14 December 2007 recognises that PWD have the right to be independent in their environment, be integrated into communities and that measures are designed to give effect to this right (European Union, 2007).

Besides this, the Charter of Fundamental Social Rights in South African Development Community advocates for social integration of PWD by creating enabling environments which will include transport, mobility and accessibility pertaining to the work force. South Africa adopted this Charter during 2003 (South African Development Community, 2003). The White Paper for Social Welfare, 1997 in South Africa also advocates for the elimination of barriers in society which will enhance equal participation for all members of society "in all spheres of life" (Department of Welfare, 1997:12).

Different countries have their own legislation relating to transport for PWD. Canada, United Kingdom and the United States of America have implemented various legislative documents and policies that seek to promote accessible transport for persons living with disabilities (Ling Suen & Mitchell, 2003; Prince, 2010). These countries, as well as Mexico, Brazil and Sweden have made enormous strides for the inclusion of PWD into the transport sphere (ECMT, 2004; AEI, 2011; 2015).

In the following section of the study various policies and legislation will be explored that have been adopted in North America, Europe, South America and Africa. Policies and proclaimed legislation impress, for instance, upon authorities to improve the environment for PWD and to foster social inclusion. For the purposes of this study the United States of America, United Kingdom, Brazil and Mozambique have been selected to represent the

aforementioned continents respectively. This comparison of various countries will give insight into what development and progress have been made in the transport sphere for PWD. Furthermore, the section will also highlight South Africa's progress in terms of promoting inclusion of people with physical disabilities in the transport sector as compared to other countries' policies and legislation.

2.1.1 North American Legislation

In the United States of America, promotion of rights of people living with disabilities can be traced back to 1979 when Section 504 of the U.S. Rehabilitation Act of 1973 was implemented. The Act sought to promote accessibility and mobility of people living with a disability. This Act laid the foundation for other policies and legislation that ensued. The Americans with Disabilities Act of 1990, for instance, recognised accessible transport as a fundamental right as it aimed to eradicate any discrimination against PWD (Ling Suen & Mitchell, 2003; Prince, 2010; Ipingbemi, 2015). However, this Act was amended based on some shortcomings which resulted in the proclamation of the Americans with Disability Act Amendments Act of 2008 (Prince, 2010). For the past 18 years, this Act has made positive differences in the lives of those who have disabilities by ensuring access to buildings, transportation and employment. This is a significant stride, given that it is estimated that 56.7 million people in the United States of America live with a disability (United States Census Bureau, 2017).

2.1.2 European Legislation

The United Kingdom was the first country in Europe to pass legislation relating to disability, namely the Disability Discrimination Act 1995. This Act prohibits discrimination against PWD in the economic, educational, transport and welfare services spheres (Prince, 2010; Ipingbemi, 2015). Furthermore, the Act makes provision for PWD to enforce their

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constitutional rights by bringing the matter before a court, should a violation occur. The Equality Act 2010 superseded the Disability Discrimination Act 1995, and makes further provision for all modes of transport to be accessible to persons with disabilities in the United Kingdom (Prince, 2010). For instance, in London there are low floor buses with ramps and a space for one wheelchair to accommodate PWD's (Velho, 2018). These Acts are of paramount importance, given that it is estimated that there are 13, 9 million people living with disabilities in the United Kingdom (Department of Work and Pensions, 2018).

2.1.3 Latin/South American Legislation

Brazil has a population of 193 891 867 of which it is estimated that there are about 16 million people with special needs (Disabled World, 2016). Brazil has extensive legislation that makes provision for the rights of PWD. Law 7853 of October 1989 stipulated that any discrimination against PWD constitutes a criminal offence. The Law also specifically promotes the inclusion of PWD in building, education, health and workplace. In respect of the inclusion of PWD in the building sphere, this law gives effect to the elimination of obstacles in the built environment which hampers access to transport, buildings and parks (Disability Rights Education and Defense Fund (DREDF), 2012).

In addition, Law 10048 of November 2000 proclaimed that PWD will have reserved seats on public transport modes. Public transport vehicles were also mandated to be made accessible for PWD to access them (DREDF, 2012). The Inclusion of People with Disabilities Act (SCD 4/2015) was passed by the Brazilian Senate during June 2015. The Act makes provision for PWD to be more inclusive in society. The rights of PWD are more recognised by the government specifying absorption of PWD in housing, disabled parking bays, and that public taxis be made accessible amongst others (Global Alliance on Accessible Technologies and Environments, 2015).

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2.1.4 African Legislation

Information obtained from the African Disability Rights Yearbook (2013) indicates that according to data from Census 2007, Mozambique has a population of 20 366 795 of which 475 011 (2%) citizens reportedly live with a disability. The Constitution of Mozambique (1990) enforces the rights of PWD. Article 68 of the Constitution specify that all PWD enjoy the rights as stipulated which includes the right to life, to work, to education, to health and to participate in sport amongst others. Article 69 prohibits discrimination against PWD which is punishable by Law (DREDF, 2012)

The Mozambican Automobile Transport Regulation, Decree no. 11/2009 of 29 May 2009, instituted several rights for PWD. These are: the exemption of payment when using urban transport, seats will be reserved for PWD in urban transport and payment of a reduced rate in inter-urban transport (Venter et al., 2002; African Disability Rights Yearbook, 2013).

2.1.5 South African Legislation and Policy

In South Africa there are a number of policies and legislation that seek to promote the rights of people living with a disability. The Constitution and Bill of Rights (1996) note that no citizen should be discriminated against irrespective of disability, race, age, gender, religion and so forth. This right was given effect in the South African White Paper on National Transport Policy (1996) which gave recognition to the constitutional rights of PWD to have accessible transport (Department of Transport, 1996).

The aforementioned policy states that "the needs of special categories of passengers should be identified by the responsible transport authorities, especially at metropolitan and local level, and these should be addressed in their passenger transport plans" (Department of Transport, 1996:48). Henceforth, in the Western Cape, the White Paper on Provincial

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Transport Policy was adopted in 1997. An important principle of this policy asserts that "discriminatory practices against specific groups, such as women and disabled persons, must cease, and their special needs must be identified and addressed in all transport plans and programmes" (Department of Transport, 1997:5).

The Department of Welfare, in their White Paper for Social Welfare, 1997 committed themselves to liaise with relevant government departments for increased accessibility in transport services for PWD's (Department of Welfare, 1997). The importance of accessible transport is further stressed in the White Paper on an Integrated National Disability Strategy of 1997. This document notes that without an accessible public transport system, "people with disabilities will continue to remain largely 'invisible' and unable to contribute to, or benefit from, the services and commercial activities available to most of their fellow citizens" (Government of South Africa, 1997: 32).
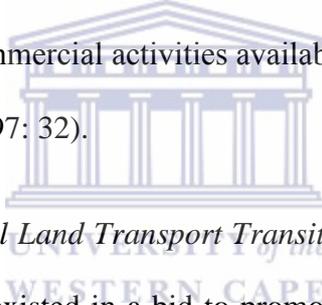
In light of the above, the *National Land Transport Transition Act 22 of 2000* was developed to address some challenges that existed in a bid to promote the rights of people living with disabilities. The *National Land Transport Transition Act 22 of 2000* advocated that public modes of transport should cater for the needs of PWD. This is in line with legislation that have been adopted by the United Kingdom, Brazil and Mozambique for instance where public modes of transport are accessible (Venter et al., 2002; Prince, 2010; DREDF, 2012). Nevertheless, South Africa still has a lot to do with regard to universal transport access, because most of the public modes of transport are still inaccessible and do not cater for the needs of people with physical disabilities.

It is noteworthy that all the countries mentioned above are signatories of the United Nations Convention on the Rights of Persons with Disabilities which was developed in 2006 and later ratified in 2010. These governments that became signatories therefore had obligations placed

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upon them to ensure that the rights of PWD are first and foremost promoted and protected. These signatories are therefore mandated, according to Article 31 of the United Nations Convention on the Rights of People with Disabilities, to ensure that new or improved policies are formulated and implemented to improve the lives of PWD (United Nations, 2006).

2.2 Transportation

Transportation or accessible transportation facilitates living independently, whereby citizens are able to access the necessary services and opportunities for health care, education, employment and social activities (Ling Suen & Mitchell, 2003; World Health Organisation, 2011). In South Africa, the White Paper on the Rights of People with Disabilities (WPRPWD) supports these tenets for a transport system that is not only accessible to all South Africans, but promotes safety and efficiency (Department of Social Development, 2016).

Henceforth, lack of accessible transport poses a major challenge in the lives of PWD, since many depend on transport to move from one location to another. Furthermore, without accessible transport, the mobility of PWD is limited, therefore excluding them from partaking in various activities such as education and employment (Tyler, 2002; Maunder, Venter, Rickert & Sentinella, 2004; Roberts & Babinard, 2005). Furthermore, a study conducted in Europe highlighted that transport acted as a barrier for inclusion of PWD (United Nations Development Programme (UNDP), 2010).

The following section of the thesis will therefore look at the accessibility of various modes of transport in South Africa and how it fares in terms of meeting the needs of people with physical disabilities..

2.2.1 Modes of transport in South Africa

There are three dominant modes in the public transport system in South Africa that involves the mobility of larger groups of citizens. This system comprises of the railway system, the bus industry and the minibus taxi industry (Walters, 2014; Maunder, Mashiri, Venter, Lakra, Bogopane-Zulu, Zukulu, Buiten & Boonzaaier, 2005). According to the 2013 National Household Travel Survey, of the 51 341 South African households surveyed, 68, 8% use the services of the minibus taxi, whilst 21, 1% use the bus and 9, 9% use the railway system on a daily basis (Statistics South Africa, 2014). Despite having these various modes of transport, the special transportation needs of people with physical disabilities are rarely catered for within these services, nor adequately studied or represented in national statistics. Research conducted by Maunder et al. (2004), which focused on improving access and mobility for PWD, found that most public transportation systems e.g. exclude people using wheelchairs for mobility.
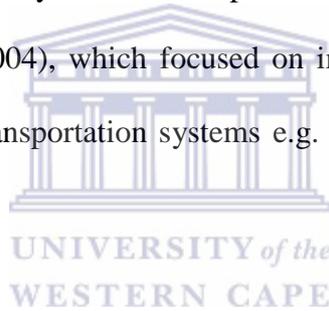
2.2.1.1 Taxis

Venter et al. (2002) argued that the minibus taxi in South Africa is the main public mode of transport as an estimated 60% of South Africans utilise this service. This is in tandem with the findings of the 2013 National Household Travel Survey alluded to earlier. In addition, the minibus taxi service, its infrastructure, as well as the routes and operating time schedules are informal and therefore not fixed.

According to the Integrated Public Transport Network (IPTN) Plan 2014, the minibus taxis in the CoCT are privately owned and are licensed to operate by the Provincial Regulatory Entity. The service, which is "on-demand, unscheduled and unsubsidised", operates on 1350 routes, determined by the user (City of Cape Town, 2014; City of Cape Town, 2016/17).

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Approximately 12 000 licensed minibus taxis are operating in the City which convey approximately 300 000 commuters annually (City of Cape Town, 2016/17).

Current minibus taxis are less regulated and are not required by law to conform to the principle of universal design, as they are privately owned (National Department of Transport, 2012). Venter et al. (2002) found that in South Africa, minibus-taxi drivers at times refused to render a transport service to people with physical disabilities. Lister and Dhunpath (2016:32) in a more recent study clarified the reason why taxis refuse to transport PWD. These authors argued that 'to maximise profits, taxi operators may ignore the elderly, women and children and people with disabilities. These groups are seen as a burden because they take longer to board, compromising the driver's ability to transport more able-bodied customers in order to improve their take-home pay (Lister & Dhunpath, 2016:32).

On the other hand, it is also purported that PWD are accommodated in some taxis but are exploited financially. Venter et al. (2002) and the National Department of Transport (2012) cite that PWD who are accommodated in taxis have to pay additional money for the space occupied by the wheelchair. Similarly, a study done in Mozambique found that people using wheelchairs pay double fare (Handicap International Mozambique, 2010). This in turn places an unnecessary economic burden on PWD who mostly survive on grants or are lowly paid.

Additionally, several media articles published in the CoCT reported that people using wheelchairs for mobility experience challenges in using the taxi as a public mode of transport. Such challenges include taxi operators who refuse to stop when the driver observes a person with a wheelchair. Hence, PWD are intimidated when shouted at for the time he/she takes to board the taxi with some passengers complaining that the wheelchair will dirty their clothes. Thus PWD have to pay double for the space the wheelchair occupies (Ground Up News, 2016; IOL News, 2013; Child, 2013). It is evident, from the above-mentioned, that

stereotypes and discriminatory practices are still visible in society towards PWD and their right to access transportation.

Venter, Bogopane, Rickert, Camba, Venkatesh, Mulikita, Maunder, Savill and Stone (2002a:2) noted in a case study that was conducted that PWD who use wheelchairs for mobility often use the minibus taxi as it is the most accessible mode of transport for it "provides better physical access than large buses because of their smaller size and ubiquitous presence".

2.2.1.2 Buses

The Golden Arrow Bus Services provides public transport to commuters in the CoCT and are available on scheduled time lines. Golden Arrow Bus Services is privately owned and contracted by the Provincial Government of the Western Cape: Department of Transport and Public Works. According to a survey done by Golden Arrow Bus Services during 2012, 5 313 passenger trips are made daily, with 245 000 passengers who make daily use of this service, on 997 designated routes (City of Cape Town, 2014).

The bus as a public mode of transport is not commonly utilised by people using wheelchairs for mobility. Reason being, the steps used to board Golden Arrow buses are a deterrent for people with physical disabilities, in particular those using wheelchairs. Venter et al. (2002) found in a study that passengers using wheelchairs, callipers, crutches and those passengers who have difficulty walking, were compromised to board these buses independently. Special reference in the study was made to the high entry steps, approximately 50 cm from the ground, found on South African Golden Arrow buses. This literature is further confirmed by the findings of the IPTN which stated that the 'buses that are operated by Golden Arrow Bus

Services are predominantly high-floor vehicles with steps that are not easily accessible to persons with disabilities' (City of Cape Town, 2014:23).

A further limitation in using Golden Arrow buses is that it is not fitted to accommodate a wheelchair, nor a person using a wheelchair. In addition, these buses have the absence of necessary fitted devices, such as proper hand rails which render them inaccessible for most people using wheelchairs (National Department of Transport, 2012).

A study conducted by Oxley and Gallon (1995) found that PWD would use bus services if:

• the bus steps are lowered,

• it is fitted with a lift or ramp to be able to accommodate a wheelchair,

• the bus can accommodate a wheelchair. .

The above universal access design features are not yet a reality on the Golden Arrow Bus Services as currently these buses do not adhere to the principle of universal design. Therefore, the buses are inaccessible and unsuitable for especially people using wheelchairs. However, in attempts to meet some requirement of accessibility, it is reported that Golden Arrow has purchased low entry buses which makes provision for reserved seating, grab handles, step heights and so forth (National Department of Transport, 2012).

The MyCiTi bus service in Cape Town, introduced during 2011, is the only accessible public transport system that adheres to universal design and therefore it caters for the needs of people with physical disabilities. This initiative is mainly funded by the National Department of Transport's Public Transport Infrastructure and Systems Grant, while the CoCT funds the balance. The MyCiTi bus service system was implemented as part of the CoCT's Integrated

Rapid Transport system, aiming to improve public transport by integrating it with other modes of transport (http:www.myciti.org.za/en/home/"/>).

The CoCT is implementing this service in four phases across the City. The system and its routes are expected to be completed within 20 years. The first phase was implemented during 2011 in and around areas, such as the Civic Centre station in Central Cape Town and Table View, Salt River railway station and the central city Atlantis, Dunoon and Joe Slovo Park, around the industrial area in Montague Gardens and Melkbosstrand. The second phase during 2013 extended to Mitchell's Plain and Khayelitsha areas. The third phase will focus on areas around Bellville, Delft and the rest of the northern suburbs, up to and including Stellenbosch. The fourth phase will target the Greater Helderberg area (http:www.myciti.org.za/en/home/"/>).

The MyCiTi service is tendered out to three operators for a period of twelve years. Golden Arrow Bus Services is one of the contracted partners in this agreement with the CoCT. The CoCT not only provides the buses, but "has full control over the extent of the services that the operators have to perform, and the fees for the services rendered are determined as per the operator-specific schedules and annexes that form part of the signed agreements" (City of Cape Town, 2015/16:186). The MyCiTi fleet consists of 105 buses with 18, 5 million passenger journeys undertaken during the financial year (City of Cape Town, 2015/16).

A media guide published by the CoCT during 2013 detailed how provisions are made for PWD within the MyCiTi service. The 18 meters buses have space available for two wheelchairs. In addition, the 12 meters and 9 meters buses can accommodate one wheelchair. Further accommodation for PWD, especially those using wheelchairs for mobility, is that these buses are fitted with a boarding bridge which facilitates easy level boarding (City of Cape Town, 2013a).

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The experiences of some PWD in using MyCiTi are accounted for in the following paragraphs cited from media reports:

Mr Anthony George, provincial secretary of Disabled People South Africa and a Tafelsig resident, said the MyCiTi buses are beneficial, despite the limited space available for the disabled. "The smaller buses have one section for a wheelchair and the bigger ones have two. We are in communication with Mr Herron as those who are physically disabled also need transport. As we know the Golden Arrow buses, taxis and trains are not accessible for people in wheelchairs

 (Plainsman, New MyCiTi route to Claremont unveiled, 6 April 2016).

The above account highlights that although the needs of PWD are accounted for with these buses which conform to the principle of universal design, as the researcher mentioned earlier, inclusion is not as widespread as intended. This is especially prominent as the public modes of transport are still predominantly inaccessible.

One wheelchair user from Mitchell's Plain remarked that he was not able to use public transport for five years and was happy that MyCiTi now enabled him to travel with ease and visit places like the V&A Waterfront

 (Cape Town Green Map, Mayor De Lille tries out MyCiTi N2 express service, 28 October 2014).

The experience of this user, as illustrated, shows how accessible transport facilitates inclusion of PWD.

A MyCiTi user, Patience reported that she was discriminated against by a MyCiTi bus driver and a law enforcement officer in Khayelitsha. "When I was

being assisted into the bus by a friend of mine, he told my friend and me that he doesn't take people with my condition in his bus. When I asked him what my condition is, he got out of the bus to call law enforcement to remove me from the bus as I had gotten out of my wheelchair and sat on the stairs of the bus. He told his friend to remove the wheelchair."

In response to the above concern, Brett Herron, Mayoral committee member for transport responded as follows: "When the MyCiTi bus service was introduced it was decided to purchase and operate 'high-floor buses' on the trunk route. The infrastructure and bus stations were designed to accommodate the high-floor buses for universal access and so have high-platform stations. We did this because we were following the national government's policy...and low-floor buses had engine challenges. Their engines are in the front and they make the buses very hot." Furthermore, "But because capacity was quickly reached, they decided to add a few high-floor buses from Phase One to help with the demand. They are not universally accessible form the side-walk. This passenger, from the information I received, was asked to wait for the next bus because we alternate the buses so that someone in a wheelchair can access the service. The vehicle operating companies are responsible for the conduct of drivers" (Cape Talk, High-floor MyCiTi buses exclude wheelchair-bound, 8 May 2017).

It is essential that platforms be made available for citizens to voice not only their concerns and challenges, but satisfaction with the services they receive from governmental stakeholders. Monitoring and evaluation practices pave the way for improvement of services, therefore enhancing the service experiences of citizens.

2.2.1.3 Trains

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The rail system, operated by the Passenger Rail Agency of South Africa, is regarded as 'the backbone of public transport in Cape Town' (City of Cape Town, 2016/17:88). The rail system at the time comprised of twenty three routes operating from Cape Town station, with 125 stations. According to Metrorail, 2017 an estimation of 72 train sets were operational in Cape Town during 2017. Metrorail, 2017 further revealed that about 454 000 passenger trips were made across the CoCT (City of Cape Town, 2016/17). This service is available on fixed and scheduled times (Maunder et al., 2005).

The rail system in South Africa is not fully accessible to all people with physical disabilities, especially those using wheelchairs for mobility. Studies by (Oxley & Gallon, 1995; Venter et al., 2002) found that trains posed a barrier as the platform and floor entrances of trains were not levelled, thus making it difficult for a wheelchair to board. Furthermore, (Venter et al., 2002; Litman, 2015) found that people with physical disabilities had difficulty manoeuvring their way around train stations, as the multitude of steps and stairs are barriers and therefore preventing access to using this mode of transport.

A media article published in the CoCT reported the inaccessible design of train stations due to the number of steps a person using a wheelchair for mobility, has to manoeuvre. Further experience reported on is the need for assistance to be carried up the stairs and boarding the train, which comes at a financial cost (Ground Up News, 2016).

An alternative media report published pointed out the danger associated with using the train, when a passenger using a wheelchair fell out of the chair whilst being assisted to board the train. The stairs furthermore are also barriers when moving from one platform to the next (IOL News, 2013).

By giving voice to the needs of people with physical disabilities, the above media reports highlight the inaccessible design of train stations in the CoCT.

The policies and legislation mentioned in Section 2.1.5 purported that the transport needs of PWD should be catered for in public modes of transport. Despite these policy provisions, very little has changed in the public transport domain since 1996. However, 22 years after the adoption of the White Paper on National Transport Policy of 1996, the pace at which this integration is developing is slow. For example, unlike United Kingdom, Brazil and Mozambique, current South African legislation does not compel public modes of transport to accommodate PWD, especially those who use wheelchairs for mobility. The laws of these mentioned countries make provision for reserved seating, for reduced payment of fares and also compel public modes of transport to be accessible. Instead, the most recent attempt to improve transport services for PWD as observed in extending the MyCiTi bus service seems to be done at the expense of broadening access in terms of all trains, buses and taxis. The MyCiTi bus services are still inadequate as it can only accommodate one or two wheelchairs at any one time.
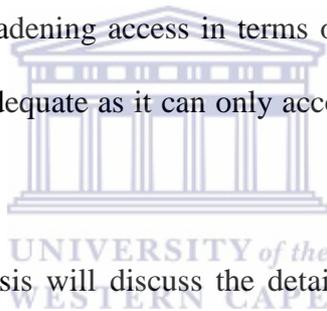
The following section of the thesis will discuss the detail and prevalence of door to door transport services.

2.3 Door-to-door transport services

The concept of door-to-door transport services, such as the DAR service in South Africa, is known by different names around the globe. These transport services are primarily used by PWD and those segments of society, like the elderly, who cannot make use of the mainstream public modes of transport (Paquette, Bellavance, Cordeau & Laporte, 2007; Stahl (1995) cited in World Health Organisation, 2011). The service is booked on demand and in advance by the users, whereby operators schedule the trips as booked for a particular day (Paquette et al., 2007; Stahl cited in World Health Organisation, 2011; Hall, 2011). It is imperative to note that with the door to door concept for PWD a number of people share the same bus/car to go

to various destinations. Additionally, the concept also makes provision for one to be picked up at a location of their choice (UNDP, 2010). Given these attributes the concept seems ideal in a bid to promote social inclusion of PWD. In addition, door to door services promotes independence of people with physical disabilities for the service allows passengers to travel with or without an assistant (Petersen, 2010).

The following section of the thesis will provide a brief overview of door-to-door services as researched internationally. The overview is vital in highlighting the characteristics of the special transport systems in other countries and to determine similarities and differences in South Africa's DAR special transport service.

2.3.1 Prevalence of door-to-door services internationally

A door-to-door service was started for PWD in Barcelona during 1978. They offered two services, namely the 'Routine' service and the 'Sporadic' service. The former provided services to work and training sites, using "accessible buses with a lift at the rear". The latter, using accessible taxis, provided services to clinics, hospitals and shopping centres (ECMT, 2006:98).

During 1998, Moscow implemented their "social taxis" to provide services to PWD. Registration is required in order to access the service. Bookings are made up to 12 hours in advance at a call centre. The call centre books approximately 1 000 trips per day. The "social taxi" can be booked for work, school and so forth and is available daily. Transport is provided using a variety of fleet, consisting of 300 sedans, buses and minivans in total. These are all accessible, some with equipped lifts. In addition, the "social taxi", which is a paid service, can also be booked for an emergency, up to four hours in advance (AEI, 2012).

In Brazil, Sao Paulo, the Atende and Ligado door-to-door services were respectively implemented during 1996 and subsequently during 2002. Services for both are free of charge (AEI, 2012). The Atende door-to-door service focuses on providing services to people with physical disabilities for cultural or leisurely activities. The fleet consists of 372 vehicles, all equipped with lifts. The Atende service is available on a daily basis (AEI, 2012). The Ligado door-to-door service, on the other hand, provides services to children and youth with disabilities for school-going purposes. The Ligado fleet consists of 106 vans and minibuses (AEI, 2012).

Door-to-door services are also offered in Istanbul, as part of their paratransit services which was implemented during 2007. Services are free of charge to approximately 6 000 registered users. The users have to call to secure a booking. Trips can mainly be scheduled for rehabilitation services, whereby 60 accessible vans or minibuses are used for transportation (AEI, 2012).

On demand, transport services for PWD are also available in Gothenburg, Sweden. This service, unlike the above, requires no bookings in advance. Registered users contact the call centre to make a booking and the service is available immediately. The call centre receives approximately six thousand calls per day. Small buses and taxis are used to provide the necessary transport to PWD (ECMT, 2004).

Door-to-door or on demand services have different features across the globe as illustrated in the previous discussion. However, what is common amongst these types of services is that registration is required to use the service, and a booking has to be made at a call centre. This booking is trip specific within the parameters of the service. It can be seen from the above descriptions that the mentioned countries made great strides in providing services for PWD in their transport systems and to facilitate access.

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2.3.2 Prevalence of door-to-door service in South Africa

DAR services are quite unique. Currently this special transport arrangement and programme is only available in Cape Town in South Africa (National Department of Transport, 2012). Globally DAR services are generally provided by relevant government authorities through contracting service providers. This is also the trend with the DAR service operating in the CoCT, South Africa. The current DAR service provider received the tender for a three (3) - year period from 1 December 2015 - 31 November 2018 (Department of Transport & Public Works (DTWP), 2017).

2.3.2.1 History of Dial-A-Ride

During 1998, two Non-Profit Organizations CTAPD and Cape Town Society for the Blind initiated a dialogue to engage the municipality of Cape Town for increased accessible transportation opportunities for PWD. These engagements proved to be successful and subsequently a one-year pilot DAR service programme was initiated with both national and provincial government giving financial support for this endeavour (AEI, 2012).

The service programme commenced with four accessible vehicles rendering services in two designated areas within the CoCT. CTAPD was tasked to administer the programme, whilst Golden Arrow was designated to provide the service. The service, which was supposed to run for one year, was extended by another year and thereafter another four years (AEI, 2012). However, National Government ceased to fund this programme after two years (AEI, 2012). Nevertheless, a media article in the Tatler reported that the DAR initiative was later taken over by the CoCT and formally introduced during October 2002 (Anonymous, 2003).

2.3.2.2 Criteria for the Dial-A-Ride service

http://etd.uwc.ac.za

DAR provides on-demand, or demand responsive transport to special needs passengers, similar like the countries referred to in Section 2.3.1, and is the first of its kind in South Africa (Venter & Mokonyama, 2001; AEI, 2012; City of Cape Town, 2017-2022a). The DAR special transport service is currently operated with 21 buses. Furthermore, the service is only provided to registered users; PWD who are unable to access the general public modes of transport services in the CoCT (Anonymous, 2003; Le Roux, 2008; DTPW, 2017).

2.3.2.3 Availability of Dial-A-Ride service

The DAR special transport service is available as from 05:00 − 22:00, with peak hours "between 6:00am and 6:30am; between noon and 1:30pm; and between 16:00 (4pm) and 17:00 (5pm)" (AEI, 2012:19; Anonymous, 2017). The availability of transport is based on which routes are available and the demand for a specific route, the availability of space for a specific route and lastly, the time requested by the DAR user. DAR users are collected and dropped off at the closest kerbside, from where the booking trip was scheduled (https://www.capetown.gov.za/en/Transport/Pages/AboutDialaRide.aspx).

2.3.2.4 Quality of Dial-A-Ride services

Paquette et al. (2007:1) notes that "managers of these (DAR) services have been concerned with costs as opposed to quality of services because they have to operate within tight budgets". Venter and Mokonyama (2001) did a comparative study of the DAR special transport service in Cape Town and the then Sakuma bus service in Durban. They found that 'these (DAR) services provide high levels of service quality, but at considerable cost' (Venter & Mokonyama, 2001:3; ECMT, 2004). Enormous expenses and logistical difficulties are incurred in the operation of the DAR special transport service (National Department of Transport, 2012). As such, during 2011, an estimated 20 million rand expenses, equally

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shared between Provincial Government and the CoCT, were incurred for providing the DAR special transport service (National Department of Transport, 2012).

More current figures show that for the 2016/17 financial year, a R10 million rand transfer payment was effected to the CoCT "to sustain the movement of people in the public transport system with a focus on persons with special needs" (DTPW, 2017:136). Insofar this lack of increase, it is questionable whether the service, since its inauguration within the CoCT, has not been in need of more resource allocation to improve the quality of the service, since it is only allowed to operate annually within a restricted budget of 20 million rand.

Other sources of literature accessed, focussed on providing statistics on how many people used the services, as well as how many trips are made on a daily, monthly or annual basis. The DTPW in its Annual Performance Plan 2014/2015 commented that the DAR special transport service provided transport to about 360 passengers on a daily basis (DTPW, 2014). Contrary, during 2013, a media statement released by the CoCT reported that on average, 296 passengers were transported on a daily basis (CoCT, 2013b). Giannini and Vasari (2011) however reported that the DAR special transport service provided transport to about 450 passengers a day. On a monthly basis, the DAR special transport service caters for 7 700 registered users (DTPW, 2017). It is evident from these various sources that there is no consensus on the number of trips which are done by the DAR special transport service.

The DTPW in their Annual Report 2016/2017 informed that, according to information obtained from the CoCT, 6 000 passengers were registered to use the service (DTPW, 2017). Contrary to this, in a media article, an official of the Western Cape Network on Disability reported that 6 500 passengers were registered on DAR. In addition, opinion was expressed that as a service, DAR does not have the coping mechanisms to expand the service and was therefore declared insufficient to meet this transport need (West Cape News, 2011).

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AEI (2012:20) reported that by 2011, of the 6 700 passengers registered on DAR, "about 84% have a physical disability, 7% visual, 5% "mental and intellectual," and the remaining 4% are registered on the basis of age and that 72% of those registered make use of a wheelchair for mobility. Furthermore, the CoCT can only provide in the transport needs of about 4% of its users on DAR." Venter and Mokonyama (2001:3) found that despite the popularity of DAR, the "demand far outstrips supply''.

Since the availability of the DAR special transport service is very limited, the demand indicates a need to improve the mainstream public transport system to satisfy the growing needs of passengers with special needs (DTPW, 2014). Earlier research conducted also concluded that the DAR special transport service is limited in that it only caters for those PWD who qualify to use the service (Venter & Mokonyama, 2001). This indirectly could be interpreted that the DAR special transport service is not able to meet the demands of its users. Hence, given these trends and observations in the literature there was a need to explore how the DAR special transport service as a programme is actually performing in meeting the current needs of PWD.

2.3.2.5 Challenges of DAR

AEI (2012) discussed several challenges experienced by DAR during 2011. These challenges related to the quality of service rendered and included 'operator no shows' where a significant number of clients did not turn up for the service. Reports also surfaced of problems experienced in accessing the operators when calls were made for bookings. Following this, some policy interventions by the CoCT included a monitoring programme to address not only this problem, but also the call centre as well as how vehicles are scheduled. The DAR special transport service users however have had the option of calling the existing complaints telephone line at the CoCT's Transport Information Centre.

Lister and Dhunpath (2016) highlighted the following service issues when they studied the DAR service which was previously run in the Durban e-Thekwini district. The authors found that no monitoring systems were in place to obtain feedback from PWD about the quality of the service that was rendered. Furthermore, no feedback was received from the service providers in instances where service users submitted complaints.

Some members of the DAR special transport service have also shared their challenges and experiences in using this transport service in various other media publications. These concerns are mentioned in extracts from media reports that follow:

> Members of the forum complained that the service was very booked up and Cape Town's other public transport services were mostly inaccessible, a situation not set to change for several years. By 10:30am all rides [for the next week] are fully booked and sometimes bookings were sometimes missed. Some commuters had even lost their jobs due to the lack of reliability of DAR (Ground Up News, 2017).

> Dial-A-Ride users voiced their concerns about the service in a protest march during April 2016. Amongst the issues raised was the need for additional buses, the elimination of the seven day in advance booking system, and the need for consultation with PWD with regard to changes in DAR? It is felt that the current booking system is not working effectively (Ground Up News, 2016).

> To book, users had to put up with Dial-a-Ride's toll-free number being almost permanently engaged. They often had to wait 10 minutes for an operator to take their call, as only two lines were provided by the municipality (IOL News, 2006).

"Due to the current operational model, the Dial-a-Ride service has a limited capacity to serve the needs of current and future users and we want to explore other options available to us," (IOL News, 22 September 2014)

Demand far exceeds supply and Ikapa says bookings are subject to availability. The service makes no provision for short-term or emergency transportation needs (IOL News, 2006).

2.4. Care Ethics as Theoretical Frame

Tronto (2013:46) one of the main advocates for public ethics to advance democratic care argues:

"to envision a society as caring is to envision a society engaged in the daily and extraordinary activities of meeting people's needs. To envision a society as democratic and caring is to envision a society whose account of justice balances how the burdens and joys of caring are equalised so as to leave every citizen with as much freedom as possible. Such a vision requires that citizens see clearly how they care with others, that is, how they think about responsibility for care".

Many care ethicists, especially those drawing on the EOC's philosophical and moral underpinnings as well as Tronto's ideas, led a powerful debate on care as a public value in democratic contexts (Gilligan, 1982; Sevenhuijsen, 1998; Finkelstein, 1998). Further empirical research and scholarly debates amongst feminists led to further developments of ideas and applications and analyses using empirical ethics to research and study public policies and its effects on vulnerable groups such as the aged, poor women and disabled persons (Brandsen, 2006; Minnaar-McDonald, 2014; Olthuis, Kohlen & Heier, 2014). Many of these policy-related studies were undertaken in the context of globalisation and the

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ascendance of neoliberal policies, with budget cutbacks in social expenditure and changing welfare and social policies in western and non-western countries. This is especially true during the last few decades of the 21st Century (Razavi, 2007).

Stensota (2010) argues that the more recent focus on what she termed 'public sector ethics' that emerged in public policy discourses is regarded as a reaction against New Public Management Trends and are intimately associated with neoliberal policy management styles of implementation. She contends that there are still raging debates on how the character of such public ethics should best be described. Hence, scholars deliberate 'whether a generalised public ethics exists at all, and if so, whether it is possible to agree on its content' (Stensota, 2010:295).

By tracing the EOC ideas to the original contributions of feminists like Gilligan (1982) who wrote on gender and moral development, as a reaction to Kohlberg's gender neutral study on moral dilemmas, Stensota (2010) re-emphasised the argument that the care ethics perspective challenges traditional scientific boundaries and binary thinking between private – public and political and non-political and serves as a lens through which inequalities in society based on class, gender, and ethnicity can be critically assessed .

Hence, by using care as a lens to filter data on transport needs of PWD in this study, the idea was to see how an analysis using care ethics will do justice to deepen policy understandings by practitioners and advocates for meeting the needs of vulnerable groups, such as the disabled users of the DAR special transport services.

Some years before Stensota's (2010) study, Brandsen (2006) following Tronto (1993), defined a public EOC as a moral value that seeks to assure good care to all members of society. A public ethic is to view care as a central moral value in the public realm, alongside values of equality and liberty, and by grounding it in a political context. She expounded on

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the ideas of Tronto (1993; 2005), who also argued that a political context is needed to support the EOC; otherwise care remains private and gendered (Minnaar-McDonald, 2014). The idea of care as a public (or political) value was elaborated on further in terms of implications for long-term care of vulnerable groups, such as aged people which are normally considered as privatised care.

Brandsen (2006) identified four yardsticks for how public institutions or organizations could apply public (EOC) which is further discussed in a dissertation by Minnaar-McDonald (2014) arguing for a political EOC to be applied to policy sectors servicing vulnerable groups of women in a social development policy context.

By adopting the public EOC, the first yardstick assumes that care, or lack of it is expressed in social and institutional contexts; and if one wants to acknowledge and reflect care as a central concern of human life, such policy infrastructure (ideas, structures and institutions) and (policy) must be challenged and changed. According to Brandsen (2006) and Minnaar-McDonald (2014), policies that are studied using public ethics will proceed with a public discussion of needs; and they will be based on the life experiences and perceptions of those who give and receive care. Tronto's (1993) questions about what counts as a need, and whose needs are catered for, are significant to avoid elitist interpretations of need; to be mindful of those without money or power. Policy developments must thus include the ideas of those whose lives are affected (Brandsen (2006) cited in Minnaar-McDonald, 2014).

Secondly, policies claiming a public ethic will allow for a contextual and interactive approach to caregiving and receiving care. Those closest to the practice of care – interacting as caregivers and those receiving care – must thus be able to work together to find the kinds of care that they both value most. Another example of this type of value is if funding cycles for care services were to follow stringent, summative evaluations of care, based on assessments

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completed by caregivers and receivers of care; and in the context of a democratic discussion of needs. Brandsen (2006) argues for more flexible policies and programmes, so that good care can flourish.

A third benchmark or yardstick suggests that policies flowing from a public EOC will affirm a social conception of self; one that strengthens relationships within and between individuals. This aspect must be carefully examined; and should question whether the policy stigmatises and further divides people by their neediness. Brandsen (2006) further argues that policies affirming a good social conception of self would also carefully consider how public and organisational policies shape and define the problem of care. A public ethic further needs collective responsibility to protect the welfare of vulnerable groups, including those who do the work of care; and this responsibility should be evident in how we intervene with caregivers and receivers of care. Such a public ethic, however, needs structural change to deliver a stronger public or governmental presence; and to ensure a comprehensive range of social, economic, work-related, and medical services to support, and not exploit, work done with care.

Brandsen's fourth benchmark suggests that a public EOC must be grounded in a liberal, democratic, pluralistic society and be connected to a theory of justice. There is the recognition that all human beings need care at various points of their lives. This moves the discussion about care out of the marketplace; away from the commodification of needs where only those that can afford to pay, have access; and out of means-tested, residual, welfare programmes, where those with care needs are stigmatized (Brandsen, 2006). The discussion of public ethics should be moved to the public arena, where open dialogue can take place about existing needs for care; and how to best allocate resources to ensure just care.

To this end Stensota (2010) later developed the argument further by adding that the special merit of public ethics is that it makes human (inter)dependence, care and relations between people a central question for dialogue with the State and the status quo. Hence, one should consider how the EOC can contribute to politics and discussions about policy content (Sevenhuijsen, 1998; Tronto, 2013; Minnaar-Mcdonald, 2014).

2.4.1 Democratic Care and the Political Ethics of Care Phases

Joan Tronto, a US based feminist political theorist introduced the idea of care as a political concept, an alternative lens to analyse societal values attached to policies. The notion of care that she explains is defined as

"a species of activity that includes everything we do to maintain, contain, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment" (Tronto & Fischer, 1990:103).

Against this background, Tronto (1993:118) posits that an EOC relates to a

"... moral disposition and a set of moral sensibilities, issues and practices that arise from taking seriously the fact that care as a value is a central aspect of human existence ..."

An empirical study of long term care applied this lens and referred to 'care' as a 'process' citing Tronto's (1993) four interconnected phases of care, namely 1) caring about, 2) taking care of 3) care-giving and 4) care-receiving. The author further posits that related to each of these phases are four ethical qualities guiding care practices. These four ethical qualities are 1) attentiveness, 2) responsibility, 3) competence and 4) responsiveness (Brandsen, 2006). Sevenhuijsen (1998) cited in Tronto (2013:35) argued that an additional quality of care is needed in a democratic society; plurality, communication, trust and respect..

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2.4.1.1 Phase One: Caring About / Attentiveness

Brandsen (2006:206) asserts that "caring about" recognises that caring is essential and notes that a need exists. This is supported by Tronto (1993) who adds that after the identification of a need, an assessment should be done to ensure that the identified need must be met. Caring about further requires the need to engage on a socio-political level whereby one questions issues or needs, in this case, transport needs of PWD.

The moral obligation attached to caring about is attentiveness. Attentiveness relates to our ability to be aware of the needs of others that are prevalent in our societies (Brandsen, 2006). However, if, as a society we are inattentive to the needs of others, we would be failing in our moral duty (Tronto, 1993).

2.4.1.2 Phase Two: Taking care of / Responsibility

Taking care of is the second phase of care. Taking care of involves reacting to a need that has been identified (Brandsen, 2006). Tronto (1993) elaborates further on this and suggests that one needs to ascertain what actions will be engaged in to address these needs. This refers to the moral obligation of responsibility attached to taking care of. Responsibility allows us to give an account of our actions or lack of actions through continuous monitoring and evaluation practices. Responsibility hence allows us to explore the role of the CoCT as state and local government in addressing the transport needs of PWD.

2.4.1.3 Phase Three: Care-giving / Competence

According to Tronto (1993), the third phase of caring is care-giving and involves the actual work done by the relevant role players to satisfy the needs identified. Those needing the care will be in direct contact with those giving the care. The moral obligation attached to care-giving is competence. One's intention to provide the care and even taking responsibility for

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the care which does not result in providing the actual care, accounts for unmet care needs. Brandsen (2006) postulated that demonstration of care requires that those performing the acts of care must do so competently.

2.4.1.4 Phase Four: Care-receiving / Responsiveness

The fourth phase of caring is care-receiving. This involves the response of those who have received the actual care. Care-receiving is integral for understanding that the care needs have been fulfilled. The moral obligation attached to care-receiving is responsiveness. Those needing care are often in a vulnerable position as there is a reliance on the carer to have their needs met. This results in unequal power relationships. Those in power and/or policy makers often fail to consult with the vulnerable about issues affecting them. Responsiveness therefore requires giving consideration to expressions of those receiving care and therefore being attentive (Tronto, 1993).
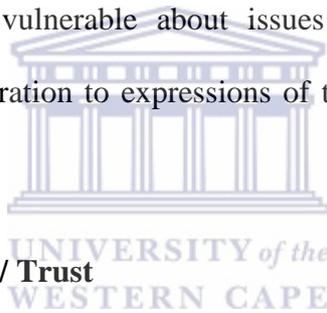
2.4.1.5 Phase Five: Caring with / Trust

Tronto (2010; 2013) has recently added a fifth and final phase to her complex caring process, arguing for the need to think about care 'democratically'. This she argues is a more particular kind of care and is an added fifth phase. Here the values of trust and solidarity are important and come into play which seems very relevant for a brief discussion.

In the pursuance of building a 'caring democracy' as Tronto (2013) describes, the author argues that caring with requires that caring needs and the ways in which they are met be consistent with democratic commitments to justice, equality and freedom for all. Drawing on Sevenhuijsen (1998), she explains that there is a need for an additional set of qualities that are necessary for 'caring' in a democratic society. "They include first making care a priority, so

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that one has a commitment to handle the moral complexities of 'dependency, vulnerability and otherness' in order to make life liveable and worth living" (Tronto, 2013:35).

Therefore care requires commitments to plurality communication, trust and respect which are qualities that will make it possible for people to take collective responsibilities, and to think of citizens as both receivers and givers of care. For this reason Tronto (2013) added the ingredients or values of the fifth phase (plurality, communication, trust, and respect, solidarity – caring with) arguing that we need to think seriously about the nature of caring needs and society.

2.4.1.6 Framework for assessing care as process

Tronto (2013; 1993) has developed questions for consideration relating to the elements of care. Her initial framework has been adapted by Minnaar-McDonald (2014). The framework outlined below assisted this study further to assess how adequate 'care' in relation to the caregiver- care receiver dynamic were provided; and how the local context of care, as well as resources required for caring for the special transport needs unfolded. The questions that were considered are listed in the **Table 1**:

FRAMEWORK FOR ASSESSING CARE

Attentiveness	What care is necessary?
	What types of care now exists?
	How adequate are they?
	Who gets to articulate the nature of needs and to say what and
	How problems should be cared about?

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Responsibilities	Who should be responsible for meeting the needs for care that exists? How can and should such responsibility be fixed?
Competence:	Who are actually the caregivers? How well can they do their work? What resources do caregivers need in order to care completely?
Responsiveness:	How do care receivers respond to the care that they are given? How well does the care process as it exists meet their needs?
Plurality, Communication, Trust, Respect	How do care givers and care receivers care with each other? How do they commit to acknowledge a plurality of options or possibilities for care; need for dialogue and communication, trusting and respect for each other?

Table 1 Source: (Adapted) Tronto (2013) Caring Democracy & Minnaar-McDonald (2014) Work, Women and Welfare

The political EOC was thus selected for the potential that it may serve as a useful framework to study the local context of transport for people with physical disabilities in the CoCT. Hence as explained, the study examined the empirical evidence on the implementation of special transport services through qualitative data gathered in the CoCT on DAR as it

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implicated users and service providers, with the aim of exploring, analysing and gaining an in-depth understanding of current transportation needs of physically disabled service users in the CoCT.

2.5 Conclusion

This chapter discussed the literature that was considered relevant to the study to develop a deeper contextual social work policy and practice understanding of special transport needs and services for physically disabled citizens. The researcher contextualised the relevance of the care ethics as a theoretical perspective, in particular the political ethics of care as a policy analysis lens. Furthermore, the researcher focussed on the construction of caring as an interactive, dialogical and democratic process between care givers and care receivers. In Chapter Three the researcher will discuss the research methodology and approach which was employed to implement the research project.

CHAPTER 3

RESEARCH METHODOLOGY

3. Introduction

This chapter describes the research methodology and case study design that was used to investigate the topic of transport services for PWD. The discussion provides an overview of the research process and describes the main research question, the aim, objectives and the assumptions. There are also references to the qualitative research approach, population and sampling - how participants were selected for the study - as well as the type of instruments used to collect data. The steps that were followed for analysis and verification of data as well as trustworthiness and ethical considerations are also discussed.

3.1 Aim and Objectives of the study

As discussed in Chapter One, the main question that was to be answered in the study was: "What are the expectations, experiences, and needs of physically disabled transport service users in relation to the special transport service provided by the City of Cape Town?"; while the aim of the study was to explore, describe and gain an in-depth understanding of current transportation needs of physically disabled service users in the CoCT. The four main objectives formulated for the case study were to:

1. explore, describe and understand expectations and experiences of physically disabled service users in relation to the DAR special transport service;

2. explore, describe and understand the existing DAR special transport service programme provided by the CoCT;

3. explore, describe and understand the expectations and experiences of the DAR special transport service provider;

4. provide recommendations that could improve the current DAR special transport services.

3.2 Methodological Approach

Rajasekar et al. (2013) defines research methodology as an orderly manner to unravel a problem and described methodology as procedures used whereby knowledge is increased. There are three research approaches widely used in the research arena, namely qualitative, quantitative and mixed methods methodology. Creswell (2014:4) defines qualitative research as "*an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem*".

Some advantages of qualitative research is that participants have the liberty to decide what are relevant to them and they are able to contextualise their experiences. The disadvantages in employing this research methodology is that data analysis is time consuming and the findings cannot be generalized (Flick, 2015).

Quantitative research, on the other hand, is best defined as "an approach for testing objective theories by examining the relationship among variables" (Creswell, 2014:4). One of the advantages of this research approach is its ability to study a large population group in a short space of time, whereby the "results have a high degree of generalizability" (Flick, 2015:12). A disadvantage of this particular research approach is that the aspects of the study might not be particularly relevant to the participants (Flick, 2015).

Mixed methods research is defined as "an approach to inquiry involving collecting both quantitative and qualitative data" (Creswell, 2014:4). The advantages of using a mixed method approach is that it "provides more comprehensive evidence for studying a research

problem" and it builds on the disadvantages identified in qualitative and quantitative research approaches (De Vos et al., 2011:436). The disadvantages posed by this particular research approach are that both the collection of data and the analysing of qualitative and quantitative data in one study are pervasive and time- consuming (Creswell, 2014).

Given the exploratory nature of the research question and aim to develop deeper understanding, qualitative research has been selected as the most suitable approach to employ, as little has been documented about whether the DAR special transport service is meeting the growing needs of physically disabled citizens in the CoCT.

In addition, a qualitative research approach is preferred because of the following four reasons:

- The qualitative researcher is directly involved with participants, hence data is collected in the field;

- The point of departure for qualitative research is engagement in conversations and getting accounts of people's experiences. (Mcleod, 2011). In addition, qualitative research conditions embrace a 'commitment to perceiving the world from the point of view of the participant" (Brynard, Hanekom & Brynard, 2014:39);

- The qualitative researcher is concerned with interpreting and describing the actions of the participants (Brynard, Hanekom & Brynard, 2014).

- The qualitative researcher is key (as a research instrument) in collecting data and therefore the most common methods for collecting qualitative data are focus groups and interviews, as a qualitative researcher is interested in 'exploring issues of meaning' and to gain an understanding of participants by engaging in talk with them and to listen to their experiences (Forrester, 2010: 60).

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Qualitative research therefore aims to understand the socially constructed world of participants (Mcleod, 2011). Participants therefore shared their experiences, data was collected and the meanings were subsequently analysed.

3.3 Research Design

According to Leedy (1997), research design is a plan for study which provides a comprehensive framework for collecting data. Durrheim and Painter (2004) view research design as a strategic framework of action that serves as a bridge between research execution and research questions. McMillan and Schumacher (2001) posit that research design is a plan that details how one will select research participants and describe the data collection process in a bid to answer the research question. From these definitions, it can be noted that a research design is a plan which details an overall framework for data collection to be used in a research to come to sound conclusions pertaining a particular research problem.

In applied human sciences, qualitative researchers have a vast variety of research designs to choose from. According to De Vos et al. (2011) and Creswell (2007), the most frequently research designs used in qualitative research are narrative biography, ethnography, phenomenology, grounded theory and case study. From amongst these, a case study research design was found to be the most suitable to use and hence was applied in the study.

3.3.1 Case Study

Case study as a research method is valued in fields such as education, business, law, health psychology and social work. Its roots lie in the traditions of sociology and anthropology (Merriam, 1998; Yin 2009).

According to Mcleod (2011:9), 'case study involves investigating an entity within its natural context'. Dul and Hak (2008) on the other hand views a case study as a study in which one

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case or a small number of cases are selected in their real life situations and data gathered from them can be qualitatively analysed. Yin (2009:18) supports these statements by noting that a case study is valuable in that it "investigates a contemporary phenomenon in depth and within its real-life context".

Case study research seeks to draw upon the knowledge and experiences of its subject matter, as in this case of people with physical disabilities. It is therefore deemed appropriate for the study in light of the aim of the research study. A case study furthermore allows for an in-depth investigation into the experiences of people with physical disabilities in relation to accessing the services of the DAR special transport service, using multiple methods of data collection (Yin 2009; Farquhar, 2012). Data sources such as the focus groups, semi-structured interviews and documents used in the study served to strengthen the findings of the research.

There are a number of case studies which are single instrumental, multiple and intrinsic (Yin, 2009; Rule & John, 2011). This study adopted the single instrumental case study design as a research strategy. Stake (1995) cited in Creswell (2007:74), viewed single case study as a process where "the researcher focuses on an issue or concern, and then selects one bounded case to illustrate this issue." A case can be an individual, organization or a programme. In light of this, the research study sought to gain a deeper understanding of the issue of the transportation needs of physically disabled citizens. The boundaries of the case were the CoCT's DAR special transport service programme in the Cape Metropole. The case study research design used was able to provide an account and description of participants' experiences and the context which they form part of (Terre Blanche, Durrheim & Painter, 2006).

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3.4 Research Setting

According to Mbambo (2009: 39) the research setting can be defined as "the place where the data is collected". In this study, data was collected within the CoCT. As a social worker employed at CTAPD, an organisation within the CoCT, the researcher used this as a base from which to recruit participants residing in the service areas of CTAPD within the CoCT. These areas included the Southern Suburbs, Gugulethu, Nyanga, Athlone, Bonteheuwel / Manenberg, Mitchell's Plain, Khayelitsha, Du Noon, Philippi, Samora Machel, Langa and Cape Town.

CTAPD is a non-governmental organisation that renders social developmental services to people with physical disabilities and their families and had an interesting historical journey with the initiation of the DAR special transport service as reported on in Chapter Two. Current social services are rendered by social workers who employ a person-centred approach to interact with clients. Clients are visited in their particular communities in which they reside. The aim of these visits is to assess the needs of clients, according to the service objectives of CTAPD. These objectives focus on physical care, basic needs, health, education, employment, social integration, general empowerment and networking. For many clients, access to transport, which is a basic need, is a serious challenge. Transport is important for work purposes, for travelling to school, to attend hospital appointments, to attend meetings, to engage in sport and recreational activities and so forth.

The DAR service provider is also situated within the CoCT and renders a transport service to clients from the Association. The researcher was familiar with the locality of these resources and hence the chosen setting.

3.5 Study Population

According to Brynard, Hanekom and Brynard (2014), the population of a study refers to a group of people with definite characteristics, whom will be used in a research study to gain knowledge. Similarly, Blaikie (2010:172) defines population as "an aggregate of all cases that conform to some designated set of criteria". De Vos et al. (2005:193) alternatively cite Seaberg (1988) who defines population "as the total set from which the individuals or units of the study are chosen". The population of this study therefore comprised of

- People with physical disabilities who are registered clients of CTAPD, as well as registered service users of the DAR service provider ;

- Staff members of the DAR programme from the CoCT;

- Staff members of the DAR tender agency.

3.6 Sampling

Sampling is defined as "a process of selecting subjects to take part in a research investigation on the ground that they provide information considered relevant to the research problem" (Oppong, 2013:203). A sample on the other hand is a smaller group, selected from the wider population, for inclusion in the research study (Brynard, Hanekom & Brynard, 2014).

3.6.1 Sampling Procedure

De Vos et al. (2011) argued that there are a variety of sampling methods, such as purposive, theoretical, volunteer and snowball sampling. This study adopted a non-probability purposive sampling technique for selecting people with physical disabilities to participate. Purposive sampling was chosen because the process enabled the researcher to choose the

research participants intentionally, due to "their suitability in advancing the purpose of the research" and targeting those "who can shed most light on a case" (Rule & John, 2011:64).

3.6.1.1 DAR service users

Hence, the researcher purposefully recruited and chose participants with the assistance of social work practitioners at CTAPD. The sampling criteria used in the study was to choose

• participants who were both registered clients of CTAPD and service users of the DAR special transport service

• participants with various forms of physical disabilities, such as quadriplegia, paraplegia, spina bifida and so forth.

The reason for this selection was that their vast experiences in using the DAR special transport service would offer rich data towards fulfilling the aim and research question of this study. The participants were all invited telephonically and /or via e-mail.
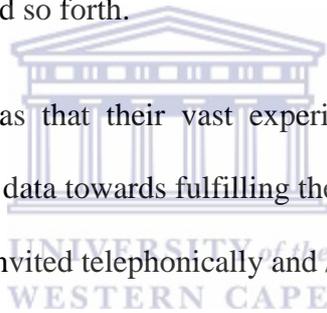
A sample of sixteen people with physical disabilities initially agreed to participate in the focus group discussions. Three participants however withdrew from the study due to personal reasons, with the result that the two focus group participants combined, comprised of thirteen participants.

3.6.1.2 DAR staff members

Purposive sampling was also employed in selecting six staff members from the DAR special transport service programme; two drivers, two operational staff members and two managers. The criteria for selection were those staff members who were employed for at least six months. They were all invited either telephonically and / or via email.

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The total sample including both DAR service users and staff (service providers) therefore comprised of nineteen participants.

3.7 Data Collection

Creswell (2007: 118) referred to "data collection as a series of interrelated activities aimed at gathering good information to answer emerging research questions". The research study adopted three qualitative methods of data collection, i.e. focus groups, semi structured interviews and documents study (De Vos et al., 2011) as well as field notes. The array of methods employed to collect data benefitted the study as it elicited diverse perspectives on the effectiveness of the DAR special transport service. Prior to commencement of data collection, the researcher informed the participants about the purpose of the study (See Appendix B & C). In addition, consent was obtained from all the participants prior to embarking on data collection (See Appendix D & E). In qualitative research, the researcher is the main instrument; hence the researcher solely collected and analysed all the data (Creswell, 2007).

3.7.1 Focus Groups

De Vos et al. (2011: 361) cite Morgan (1996) who defines focus groups "as a research technique that collects data through group interaction on a topic determined by the researcher". Focus groups are beneficial as they enable the researcher to gain a broader understanding of the diverse viewpoints of participants (De Vos et al., 2011; Rule & John, 2011). Leung and Savithiri (2009:18) posits that through focus group discussions "individuals are more likely to provide candid responses, through facilitated discussion, participants build on each other's ideas through "piggybacking"; in this way, the focus group is very useful for needs assessment and project evaluation purposes". Research indicates that a focus group would generally consist of six to eight participants, the interviews would be

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unstructured and the questions are few and open-ended. (Creswell, 2014). Two focus group discussions were conducted.

3.7.1.1 Focus Group Discussions with Dial A Ride service users

The researcher requested permission from CTAPD to recruit participants for the study. Once permission was granted, the researcher engaged with a few social workers and requested assistance with identifying clients who met the criteria for the study for the first focus group. Initially, participants were to be selected based on similar characteristics, such as those using wheelchairs for mobility and non-wheelchair users. The researcher, however, was challenged in getting names of clients from the social workers at CTAPD. Henceforth, the researcher continued by approaching several people with physical disabilities who were involved in projects at CTAPD. The researcher, together with the assistance of two social workers, managed to recruit eight clients for the first focus group discussion of which only six participated.
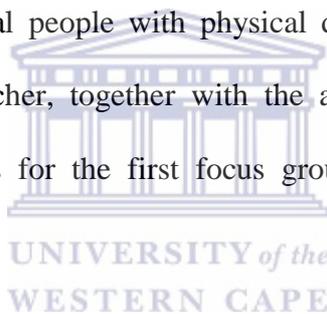
The researcher conducted the first focus group at the premises of CTAPD, since the majority of the participants were visiting the premises on a daily basis. The researcher arranged for some clients to be picked up for the focus group discussion, since they could not secure transport with the DAR special transport service. CTAPD assisted the researcher with transport in this regard.

The second focus group discussion was held at an organisation within the disability sector. The researcher requested permission from the organisation's manager to recruit participants for the study. Once permission was granted, the researcher met with prospective participants on an agreed date and time. They were informed about the research study and a few clients agreed to participate in the research. The researcher subsequently requested permission from

the manager to conduct the focus group at their premises, as it was convenient for the clients who agreed to participate in the research study.

In addition, the researcher once again engaged with a few social workers and requested assistance with contact details of clients whom the researcher was familiar with. The researcher, with the assistance of three social workers, managed to recruit nine clients for the second focus group discussion of which only seven participated.

The researcher arranged, with the assistance of CTAPD transport, for some clients to be picked up for the focus group discussion.

The focus groups allowed the participants to share their direct experiences and their daily lived realities. (De Vos et al., 2011). An interview schedule consisting of seven open-ended questions were used as the research instrument (Refer to Appendix F). The questions were asked to elicit views on preferred modes of transport, experiences, needs, expectations and change or improvements. The researcher had to be conscious of time to structure the focus group discussions as some participants expressed their feelings about the DAR special transport service and would veer off the topic. Such discussions had to be handled with sensitivity.

During the first focus group the researcher utilised a research assistant who monitored the time and alerted the researcher if the discussion went beyond the allocated time per question on the schedule. The research assistant was also secured to take field notes and to assist with translation of English to Xhosa and vice versa. Unfortunately, the two participants conversant in Xhosa were not available on the day of the discussion.

The researcher was unable to secure a research assistant for the second focus group discussion, hence the researcher had to monitor the time closely, take field notes and do translations from English to Afrikaans and vice versa.

The focus group discussions were audio-taped with the permission of the participants. Immediately after conducting the focus group discussions, the researcher downloaded the recordings onto her personal computer and wrote out impressions of what transpired during the discussions. This process was followed by transcribing the data on a Microsoft Word Document; printing and filing it according to the date and the time the focus groups were conducted. Transcription of the focus group discussions was time-consuming as the discussions lasted between 90-120 minutes each. The researcher also had to replay the discussions constantly to ensure that accurate verbatim recording was done. Back-up copies were made of all data collected and stored in a safe location at the University of the Western Cape.
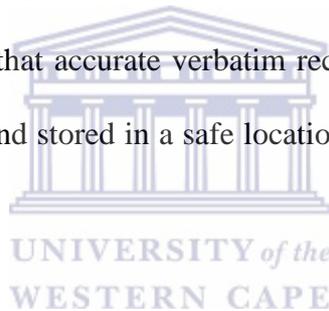
3.7.2 Interviews

Interviews are a popular method of data collection in qualitative research. Furthermore, it is a method of data collection that is commonly used in case study research (Merriam, 1998; Bassey, 1999; Yin, 2009; Creswell 2014).

The researcher used the principles as outlined by Terre Blanche, Durrheim and Painter (2006), to assist with preparation and conducting the interviews. These authors suggest that in preparation for the interview, the researcher should identify the type of interview which will be conducted. Secondly, in scheduling the interview, the researcher must ensure that the setting where the interview will be conducted will bear no disturbances, that the environment is conducive for recording and that the interviewee has ample time to allow for the interview to materialise. Thirdly, when recording, the researcher must ensure that consent is obtained

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from participants, the device is in a good condition and that recordings will be audible. Fourthly, in starting the interview, a short synopsis of the purpose for the interview should be given and followed by questions which are open-ended and non-threatening, in order to create a comfortable and trusting environment. Fifthly, with regard to the interview itself it is recommended that the interview is more of a conversation; the researcher should make notes, write down questions or thoughts that arise and be reminded of the purpose of the interview. Lastly, in concluding the interview, the researcher should ask the participant if there is anything else he/she would like to say, proceed with writing the impressions about the interview taking into consideration feelings, ideas, and additional questions that emerged amongst others.

3.7.2.1 Individual Interviews with DAR staff members

Semi structured interviews were conducted with various staff members employed at the DAR special transport service. The researcher was interested in exploring, from the perspectives of these DAR employees, specific knowledge about how the special transport system functions and the perceptions of these employees on how the special transport system addresses the needs of people with physical disabilities (Merriam, 1998).

Gaining entry to the CoCT's transport department proved challenging and impacted heavily on the researcher's time. Various stakeholders were consulted ranging from the Mayco member for transport, the Commissioner: Transport for Cape Town, Director: Planning, Project manager for DAR (Contract Operations Department) and subsequently the legal liaison officer. The latter was appointed as the contact person but before the researcher could embark on data collection with staff from the CoCT, a request was made for the researcher to submit the approved research proposal with additional academic records. The researcher complied and the CoCT granted the necessary permission (See Appendix A).

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The semi-structured interviews with the two employees from the CoCT were both conducted on the same day at the DAR office in Cape Town. The remaining four interviews, with employees from the DAR special transport service provider, were conducted on different days at their premises in Ottery. A quiet space was made available to prevent any intrusions. The employees all gave consent to participate in the research study (Refer to Appendix E). The research instrument used was an interview schedule, consisting of fifteen open-ended questions (Refer to Appendix G). The interview schedule with the predetermined questions allowed for the interview to be guided, but also allowed the researcher the flexibility of probing for clarity and to gain an understanding of the participant's views about the special transport system (Merriam, 1998).

Prior to the commencement of the interviews, the researcher explained the purpose of the interview and checked if the participants had any questions. The researcher also checked if the voice recorder was audible and in a good working condition. Hence, the semi structured interviews were audio-taped, with consent from the participants, as the researcher explained that the rich data obtained would be more accurate than if only notes were made during the interview. The researcher also made notes during the conversation with the participants. The interviews were concluded with the researcher thanking the participants for volunteering their time to participate in the study and also checking if the participants wanted to add or say anything. Immediately after conducting the interviews, the researcher downloaded the recordings onto her personal laptop, as in the case of the focus group discussions. The researcher proceeded in writing out impressions of what transpired during the interviews (De Vos et al., 2011). This process was followed by transcribing the data verbatim on a Microsoft Word Document, printing and filing it according to the date and time the interviews were conducted. The transcribing of the six interviews was time-consuming.

Back-up copies were made of all data collected and stored in a safe location at the University of the Western Cape.

3.7.3 Documents Study

The study also used documents as an additional means of data collection. The researcher secured and gathered a variety of official and mass media documents (De Vos et al., 2011:378-379), such as press releases, annual reports and newspaper articles. Initially the researcher made contact with CTAPD to request any information on the history of DAR. The researcher subsequently contacted the Western Cape Network on Disability, seeking permission to access minutes of meetings and any correspondence pertaining to DAR. Numerous emails and letters were forwarded to the CoCT for access to annual reports, the DAR policy, minutes of meetings and monitoring and evaluation. The contact person from the CoCT informed the researcher that a DAR policy does not exist. The researcher was also not provided with any minutes of meetings, nor any extensive monitoring and evaluation reports, this despite both managers who were interviewed, informing the researcher that they have these documents available. The contact person provided documents the researcher already downloaded from the Internet, such as the Universal Access Policy and the City's Operating Licence Strategy. The researcher was also provided with a brief monitoring and evaluation document about DAR. A case file was assembled in which documents were stored chronologically (Rule & John, 2011). The documents accessed from CTAPD, the Western Cape Network on Disability and from the internet allowed the researcher to understand the origins, history and current status of DAR. Field notes formed part of the documents which assisted with the analysis. The researcher documented her own emotions, pre-conceived ideas, expectations and biases so that this could assist with the later analysis phase.

3.8 Qualitative Data Analysis

According to Rule and John (2011), data analysis entails working through the data gathered, in order to find meaningful patterns. De Vos et al. (2011), on the other hand informs that through the process of data analysis, order, structure and meaning are created from the mass of data collected. Bhattacherjee (2012:113) furthermore referred to qualitative data analysis as making sense of "or understanding a phenomenon". This study therefore sought to gain an in-depth understanding by exploring the current transportation needs of physically disabled service users in the CoCT.

The researcher utilised three methods of data collection. Focus group discussions were conducted with people with physical disabilities and semi structured interviews were conducted with employees related to the DAR special transport service. Merriam (1998) informs that in qualitative studies, data analysis occurs at the same time during the data collection process and as such this type of data is enlightening and informative.

The researcher studied and analysed the data using the six phases in thematic analysis as developed by Braun and Clarke (2006). These authors define thematic analysis as "a method for identifying, analysing and reporting patterns or themes within data" (Braun & Clarke, 2006:79). Thematic analysis was guided by the principles of constructionism and allowed for the researcher to code the data inductively. Braun and Clarke's (2006:87) phases are as follows:

PHASE 1: Familiarizing yourself with your data

- The interviews that were conducted were transcribed and printed in order to facilitate the reading of the data. The researcher read more than once through printed transcripts. This, together with field notes and reflective memos were intensely

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studied to become familiar with the data and in the process to start identifying possible themes and patterns that emerged.

PHASE 2: Generating initial codes

- Reading the transcripts enabled the researcher to identify interesting aspects pertaining to the data "that may form the basis of repeated patterns (themes across the data set" (Braun & Clarke, 1996: 88-89). The researcher engaged by adding notes and assigning codes in the margins of the transcripts. Particular of interest was assigning 'in vivo' codes which stood out to the researcher. During this process of coding, the researcher was constantly mindful of the overall research question of the study namely, "What are the expectations, experiences, and needs of physically disabled transport service users in relation to the STS provided by the City of Cape Town?" As the researcher proceeded with reading the transcripts, her own thought processes on the context of what was said were also noted at times.
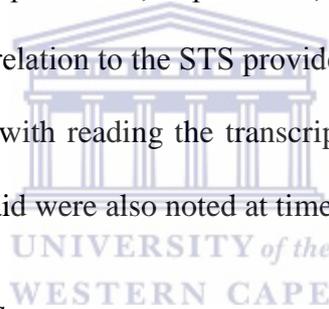
PHASE 3: Searching for themes

- This process involved sorting and analysing the identified codes into possible themes and sub themes which helped with interpreting the case. The researcher discussed this with the research supervisor for more clarity and assistance.

PHASE 4: Reviewing themes

- This phase involved reading all the data that was grouped together under a certain theme to ascertain if all the information fitted under that particular theme category and if a clear and logical pattern emerged. Additionally, the researcher reread all the data gathered again to ascertain if any data was missed or overlooked, in order to group it within the identified themes via the process of coding.

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PHASE 5: Defining and naming themes

- During this phase the researcher provided an analysis of what each theme represented and defined it in relation to the data collected, as well as to the other themes. In addition, the researcher looked at the themes in relation to the question the study wished to address, as well as some literature assumptions.

PHASE 6: Producing the report

- During this phase the researcher ensured that the analysis of the data collected and reported on, using the political ethics of care (EOC) as a frame of reference, will convey to readers a better understanding of the DAR special transport service and the impact of its services on people with physical disabilities.

Document study was also used as a method of collecting data. The researcher engaged in qualitative content analysis and was guided by the six steps of Altheide (2004) cited in Bryman (2014:293). The researcher was mindful, through this whole process, of the research question that was generated. This was necessary to collect pertinent and relevant data which attempted to answer the research question. The researcher started off by familiarising herself with the context of the documents to ascertain if the documents gathered would yield information that would enhance the quality of the data. The researcher proceeded with familiarising herself with a number of documents by reading and rereading through the texts. The researcher extracted parts of the data which was interesting and insightful. This was done by highlighting the texts with a brightly coloured highlighter. The researcher furthermore commenced with generating categories which directed the collection of data. The next step entailed drafting a schedule for the purpose of data collection, bearing the categories in mind. The categories were written out on sheets of paper for better visual presentation. The researcher continued with applying the schedule to a few documents for the collection of

data. This process was time consuming but very crucial for data collection as it allowed the researcher to revise the schedule after the initial implementation in areas where it was needed.

Bryman (2014:393) posits that the search for themes and categories in the data "lies at the heart of coding approaches in the analysis of qualitative data". Hence the researcher allowed for the importance of these themes and data categories that emerged.

3.9 Qualitative Data Verification within the Case Study Inquiry

Creswell (2014) describes qualitative data validation as a process to determine how accurate research findings are. The author asserts that this process can be done by employing several strategies. Guba (1981) in Rule and John (2011) on the other hand give an alternative to validity. To ensure the accurateness of data collected, the author asserts that qualitative research can make use of trustworthiness which amongst others, focus on the credibility, transferability, dependability and confirmability of the study.

Trustworthiness is defined as "demonstration that the evidence for the results reported is sound and when the argument based on the results is strong" (La Banca, 2010:1). The following strategies as proposed by Creswell (2014:251) were used to ensure trustworthiness in the study:

- **Member Checking**

This process involves checking with the participants in the study if the findings and subsequent interpretations made are credible and accurate (Merriam, 1998; De Vos et al., 2011; Creswell, 2014). The researcher presented participants with an analysis of the interviews to check for accuracy of what was recorded and if any pertinent data was omitted. Subsequent to doing preliminary data analysis, the researcher presented some findings for the

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participants to check.   Guba (1981) in Rule and John (2011) asserts that this process contributes to the credibility and dependability of the study.

- **Peer Review**

The peer reviewer keeps the researcher accountable and gives honest and critical feedback about how the research is progressing (Merriam, 1998; Rule & John, 2011; Creswell, 2014). The researcher engaged with her supervisor and colleagues to obtain their views, opinions and questions about the study. This process of interpretation was not only beneficial to help reflect and evaluate the researcher's progress, but it also contributed to the credibility of the study.

- **Crafting thick descriptions**

The researcher engaged in crafting thick descriptions to communicate the results of the study (Merriam, 1998; Rule & John, 2011; Creswell, 2014). A detailed description of the case – the DAR special transport service for people with physical disabilities in the CoCT was provided (Refer to Chapters Two & Four). The portrayal of the DAR special transport service in relation to the transport needs of people with physical disabilities which was studied from CTAPD - the setting - as depicted in Section 3.4, affords the readers an opportunity to immerse themselves in the situation portrayed and see how their realities mirror those of the research participants.   According to Guba (1981) in Rule and John (2011), both transferability and credibility of the study are achieved by recording the core reality of the case fully.

- **Triangulation of information**

Triangulation is a process that encompasses the use of a variety of data collection methods to substantiate evidence obtained which will help with different themes identified (Stake, 1995;

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Yin, 2009; Rule & John, 2011; Creswell, 2014). The researcher conducted focus groups, semi structured interviews and made use of documents study to identify themes and patterns and compared these. In support of the concept of triangulation, data was obtained from people with physical disabilities, various staff members from the DAR special transport service and documents. Additionally, some participants also assisted with validating data collected. Guba (1981) in Rule and John (2011) asserts that this process contributes to the credibility of the study, while De Vos et al. (2011) assert that this process also contributes to transferability of the study.

Lastly, confirmability of the research study takes into the account the researcher's preconceived notions and influence. Amongst others, the limitations of the study should be specified, the researcher should remain reflective throughout the research process and ethical considerations should be adhered to. Guba (1981) in Rule and John (2011) asserts that this process contributes to the confirmability of the study.
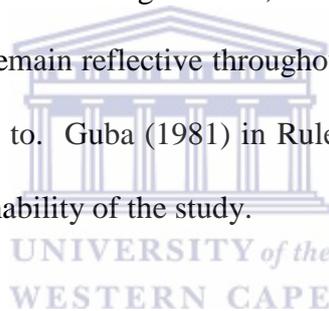
3.10 Limitations / Assumptions

The study was conducted in the Western Cape, CoCT (Cape Metropole) with selected service users and service providers of the DAR special transport service. In using qualitative research, the findings of this single case study cannot be generalised to other countries in which a DAR special transport system may be operational. The study was only limited to people with physical disabilities, hence a more specialised study is needed to capture the specific needs of the visually impaired, the deaf and hearing impaired.

3.11. Reflexivity

Reflexivity involves the researchers' understanding of the personal qualities they bring into the inquiry that might affect the research process, such as their unique background as

individuals; their set of moral values; and their social, as well as professional identity (Polit & Beck, 2014). Gerrish and Lacey (2006) cited in Lambert, Jomeen and McSherry (2010) defined reflexivity as an important process whereby the researchers should constantly reflect how their own morals and beliefs impact on how data are collected and analysed. The researcher was therefore conscious of her role as a social worker employed at CTAPD. For example, the researcher engaged with people with physical disabilities on a daily basis; and some of the participants used in the study were more familiar with the researcher's daily role as a social worker and not as a research practitioner. The researcher had to guard against this in order to prevent any misunderstandings that through engagement with them in the study the researcher would be able to attend to their immediate transportation needs.

The researcher was aware of the frustrations clients faced over the years in accessing the services of the DAR special transport service. These experiences enabled the researcher to have insight into the world of people with physical disabilities in relation to their transportation needs. It also cautioned the researcher to remain reflective whilst conducting the research. The researcher therefore found it useful at times, as the literature suggests, to record feelings, detail the progress of the study, lessons learnt or insight gained (Rule & John, 2011). The researcher had to be wary against any bias towards the DAR special transport service provider as predominantly, through professional experience, the researcher mainly engaged with the service users of DAR.

The research study allowed for insight into the transport needs and challenges people with physical disabilities face in accessing the DAR special transport service. It was at times difficult to hear the testimonies of the research participants, but the researcher remained attentive and professional throughout the process. In addition, the data collection and data analysis phase afforded the researcher the opportunity to witness the triumphant spirit of

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people with physical disabilities in having to overcome their challenges and frustrations with regard to accessing transport.

3.12 Ethics Statement

The study adhered to the following ethics statement as described by De Vos et al. (2011):

- The researcher obtained an ethics clearance letter from the Senate Research Ethics Committee of University of the Western Cape before embarking on data collection.

- **Informed consent**

   Informed consent letters was given to each participant to sign. (Refer to Appendix D & E). In addition, participant information sheets were also disseminated to all participants, (Refer to Appendix B & C), explaining to them what the study entails, what would be required from them in terms of participating in the research and also the ethical considerations for partaking in the study. These forms were disseminated prior to conducting the focus groups discussions and semi structured interviews.

- **Confidentiality and Anonymity**

   Participants were informed that their anonymity and confidentiality will be guaranteed as their real names and any sensitive information will not be disclosed to a third party, but that each participant will be given a number to identify the information shared. While different views and opinions were encouraged, participants were informed that all human interactions carry some form of risk and that care will be taken to minimize such risks. Participants were informed that where necessary, appropriate referrals would be made for counselling, assistance or intervention if any participant should experience any discomfort or should psychological harm be experienced during the process of his/ her participation in the study.

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- **Voluntary participation:**

  Clients with physical disabilities and staff of the DAR special transport service was informed that their participation in the study will be completely voluntary and each participant will have the right to withdraw from the study at any given stage of the process. The research study was explained to all participants and it was clarified that although the research would not help them personally, it hoped that the community might benefit through improved understanding of the challenges people with physical disabilities face with accessing public transport.

- **No harm to participants:**

  The researcher debriefed the participants on the study before and after the interview sessions that counselling intervention by relevant organizations would be arranged for those participants who may require it after having shared their experiences.

  Participants were informed that some risks might be involved from partaking in the study as personal information will be shared, but that they could stop their participation at any time.

3.13 Conclusion

Chapter Three described the research design and case study methodology employed by the researcher with the purpose of conducting the investigation. This chapter presented the research question, aims and objectives of the study and offered a justification of why a qualitative case study research approach was most fitting for this particular research study. The chosen case study research design was subsequently discussed. The purposive sampling method utilised for conducting the research, the three methods of data collection as well as the data analysis were discussed. The next chapter will present and discuss the findings.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4. Introduction

The previous chapter discussed the case study methodology applied in this qualitative study that used focus groups, semi structured interviews and document study to conduct research and explore a deeper understanding about the expectations, experiences, and needs of physically disabled transport service users in relation to the special transport services provided by the CoCT.

This chapter presents the data analysis, interpretation and discussion of the findings. It consists of three sections. The first section presents the local city context within which transport services evolved. The second section contextualizes and depicts the demographic information of all the participants. The third section reports on the findings and results that emanated inductively from the data analysis by drawing on the political EOC. This theoretical perspective was chosen in order to make sense of the intensions of the DAR special transport service policy and implementation process. This is augmented further through a visual display and discussion of themes and sub-themes that emerged.

4.1 Macro Transport Policy Context

Historically, 'under apartheid, all disabled people – black and white, were discriminated against and marginalised because of their disability which restricted their social mobility and the enjoyment of their socio-economical rights' (Dube, 2005:14). When the National Party came into existence during 1948, the implementation of the apartheid system gave rise to the segregation of people based on their skin colour, as race and ethnicity dictated how people should live, who they should marry and where they should reside. The implementation of the

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Population Registration Act of 1950 was a key pillar of this system as it allowed for people to be categorised in terms of either being Black, Coloured, Malay, Indian or White (South African History Online, 2011).

The Group Areas Act of 1950 on the other hand became a catalyst for displacing people of colour who resided in the CoCT or who lived in close proximity of the City to demarcated areas for each of these racial groups (South African History Online, 2011). People were forcibly removed in terms of Apartheid discriminatory laws to the outskirts of the City to peripheral racially designated areas, such as Mitchell's Plain, Bonteheuwel, Langa, Nyanga, Factreton and Atlantis. It is noteworthy that the effect of these forced removals "…deprived them of a valuable source of recreation and livelihood". It also gave rise to overcrowded households and the birth of informal settlements (South African History Online, 2011).

Due to race-based spatial developments and as policy, the Group Areas Act of 1950 was furthermore influential in how the transport system was designed and impacted on in servicing these areas. Prior to the forced removals, citizens could walk to places of work. The implementation of this said Act necessitated that citizens use public modes of transport to travel, which impacted financially as they stayed some distance far away from the central business districts of the City (McCaul 1990).

Due to the creation of apartheid cities and racist spatial planning, transportation became vital and extremely costly for all "Black" disenfranchised people, and more especially for PWD as it facilitates access to opportunities and essential services, such as employment, education, health care amongst other things (Dube, 2005; Department of Social Department, 2015).

4.2 LOCAL (CITY) POLICY CONTEXT AND THE INTEGRATED DEVELOPMENT PLAN (IDP)

"The Integrated Development Plan is a strategic tool that guides all the activities of local government in consultation with residents and stakeholders. Its focus is on development in the broader sense and it is a structured plan that informs budget priorities, decision making and the allocation of resources" (City of Cape Town, 2017-2022a:2)

The Municipal's Systems Act, No. 32 of 2000 of the new democratic dispensation in South Africa mandated cities to draft and implement an IDP. In line with legislative requirements, the CoCT therefore implemented its first IDP in May 2001 (City of Cape Town, 2003-2004). This document outlined various programmes through which the City envisioned to improve its services to resident citizens. In order to meet the transport needs of PWD, a key strategy identified under the Integrated Public Transport and Improved Accessibility Programme was to create a public transport system that would adhere to the principle of Universal Access that used the South African Constitution and Bill of Rights as a frame of reference (City of Cape Town, 2003-2004).

At that stage, (almost fifteen years ago), the special transport service programme, Dial-A-Ride was already in existence, though not solely under the auspices of the CoCT. However, buses which would comply with the principle of universal access were outlined in its planning document as a project to be undertaken.

The most recent IDP represents the overarching strategic framework through which the CoCT aims to realise its current vision for local governance of this city (City of Cape Town 2012-2017). This latter five–year policy plan has five strategic focus areas with the following key themes: the Opportunity City; the Safe City; the Caring City; the Inclusive City and the Well

Run City which were developed to guide the implementation of future local City policies on the various initiatives outlined under each strategic focus area.

One can argue that these five strategic focus areas are proposed as the means to mitigate some of the legacies of apartheid segregated spatial planning. For example, as a Caring City, the City vision hopes to address injustices of the past by building communities that bring citizens closer to access socio-economic opportunities (City of Cape Town, 2012-2017). Building on this visionary need, the City notes that under an Opportunity City, citizens "must never be made to feel economically excluded" (City of Cape Town, 2012-2017:12). As an Inclusive City, the City outlines its vision for the necessity in providing "effective public transportation programmes" (City of Cape Town, 2012-2017:12).

The City of Cape Town (2012-2017:90) however makes further reference to PWD mostly in terms of social development and awareness raising programmes, but seems limited in its vision in terms of ideas for further initiatives with regard to DAR and the special transport needs of people with physical disabilities.

4.2.1 Local Integrated Transport Plan, PWD and Transport Needs

Given the reference to the above-mentioned vision of local city level at a macro level, the former *National Land Transport Transition Act (No. 22 of 2000)*, currently known as the *National Land Transport Act (No. 5 of 2009)*, gave effect to the Integrated Transport Plan (ITP). This ITP document is an all- inclusive five-year plan which guides the City to manage and develop the transport system in Cape Town. The ITP, along with the Spatial Development Framework forms part of the input to and aligns with the City's IDP, which is the guiding document for all city planning and development initiatives (City of Cape Town, 2011).

According to the City of Cape Town (2011:218), the ITP (2006-2011) made reference to the transport needs of special needs users in the following way:

"It is considered a fundamental principle of all transport planning of the City that special need users, be they life cycle or disabled users, be accommodated in the transport system".

In the same document, the CoCT voiced its commitment to the South African Constitution and the Bill of Rights for public transport to comply with the principle of Universal Access and outlined the need for local city-based public policy and planning strategies to make this a reality in terms of the following two key provisions:

- "Ensuring that public transport vehicles and facilities are designed to accommodate wheelchairs…and incorporate systems designed to assist special needs users" (City of Cape Town, 2011:219).

- "Ensuring that access to services can accommodate special needs users…This implies providing ramps…" (City of Cape Town, 2011:219).

Five years later, the CoCT ITP (2017-2022) however reported a concern that: "there are limited access for persons with special needs to transport and associated infrastructure" (City of Cape Town 2017-2022b:153). The report details an Action Plan which proposes that the DAR special transport services will only be operational "in areas where there is a high demand of special needs users to reduce operational costs" (City of Cape Town, 2017-2022b:249). A careful reading of the policy language that is used in this document already suggests contradictions and predetermined limitations.

4.3 Demographic Information of Focus Group Participants

In order to understand the policy issue of transport services for physically disabled citizens, the growing demand and frustrations of special transport service users and the CoCT policy

action plan and its implementation, the current study was conceived to gain a perspective from both users and service providers.

This research study comprised of a sample that included two groups: service users and service providers. The first group consisted of thirteen DAR users who participated in two separate focus groups collectively. The second group consisted of service providers: two managers from the CoCT's DAR special transport service programme and four staff members of the DAR special transport service provider who were interviewed using semi structured interview schedules.

Table 2 below provides a complete overview of the demographic information of the focus group participants in terms of gender, age, race and nature of disability.

Table 2 Demographic Information: Focus group No 1 & No 2

Participant Group 1	Gender	Age	Race	Disability
1.1	Female	52	C	Leg Amputation
1.2	Male	33	C	Quadriplegia
1.3	Female	64	C	Crutches
1.4	Female	63	C	Quadriplegia
1.5	Male	49	C	Quadriplegia
1.6	Female	48	C	Spina Bifida
1.7	Female	53	C	Quadriplegia
Participant Group 2	**Gender**	**Age**	**Race**	**Disability**
2.1	Male	40	C	Paraplegia (TB Spine)

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2.2	Female	41	C	Spina Bifida (Paraplegia)
2.3	Male	34	C	Cerebral Palsy (Paraplegia)
2.4	Male	33	B	Quadriplegia
2.5	Female	62	B	Quadriplegia (Post-Polio)
2.6	Male	45	B	Paraplegia

The graphs below provide participants gender disaggregated by age, gender by disability, source of income and marital status.

Figure 1

Age by Gender (n=13)	30-34	35-39	40-44	45-49	50-54	55-59	60-64
Female	0	0	1	1	2	0	3
Male	3	0	1	2	0	0	0
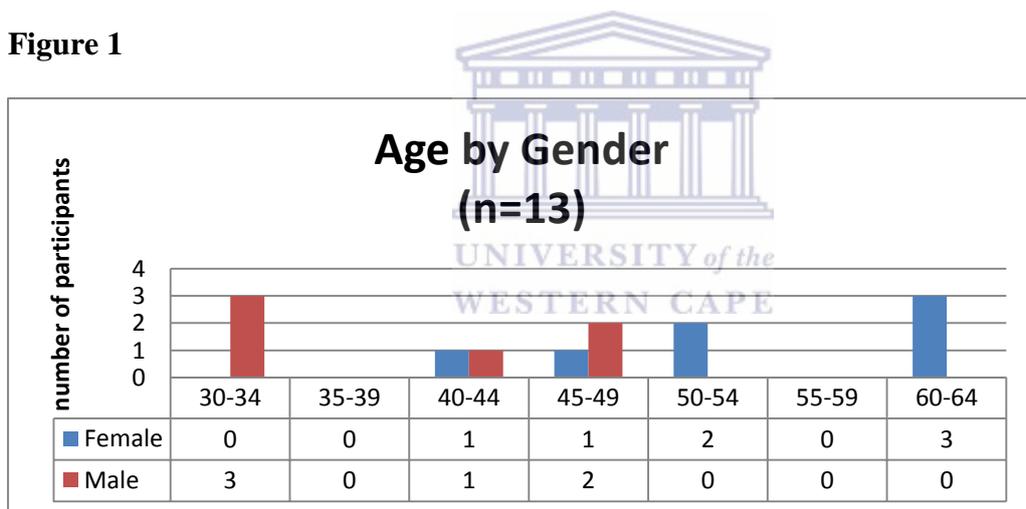
4.3.1 Gender

The focus group participants were proportionally represented. Seven of the group participants were female, while six participants were male.

4.3.2 Age of participants

The majority of participants, (five) were aged between in 40-49 years. Three of the participants were aged between 30-34 years and three participants were aged between 60-64 years. The smallest proportion of participants, two, were aged between 50-54 years.

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4.3.3 Racial classification of participants

Amongst the thirteen participants who partook in the focus group discussions, ten participants were "Coloured" whilst three participants were "Black". All thirteen participants had a good command of English.

Figure 2

	Cerebral Palsy	Crutches	leg amputation	Paraplegia	Quadriplegia	Spina Bifida
Female		1	1		3	2
Male	1			2	3	

Gender by Disability (n=13) — number of participants
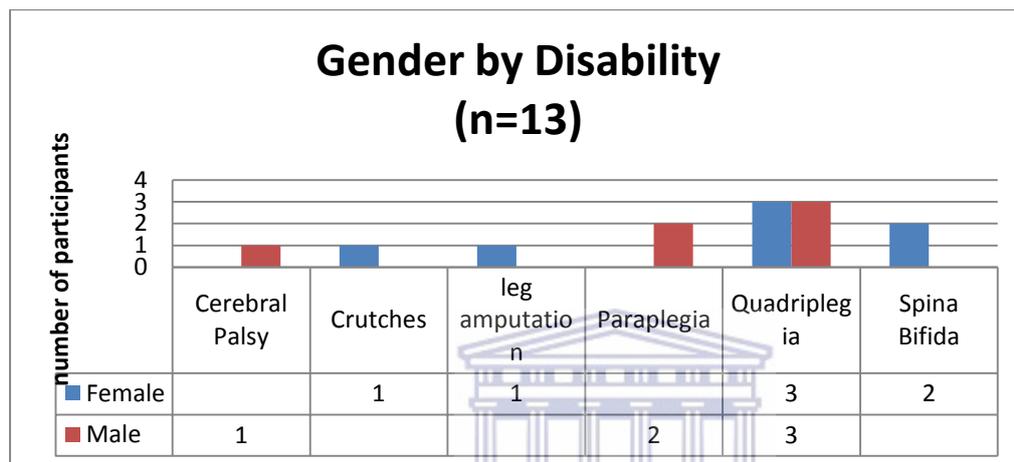
4.3.4 Disability of participants

All the participants had a physical disability and therefore met the inclusion criteria as stipulated in Chapter Three. The majority, (ten) of the participants used a wheelchair for mobility and were unable to walk. This depicted compliance with registration criteria as required by the CoCT. The remaining three participants primarily used crutches to aid their walking and were eligible to use the DAR special transport service. Three of the participants were born with their respective disabilities whilst the remaining ten participants became disabled either due to injury or an illness.

4.3.5 Additional demographics include the following:

4.3.5.1 Source of Income

Figure 3
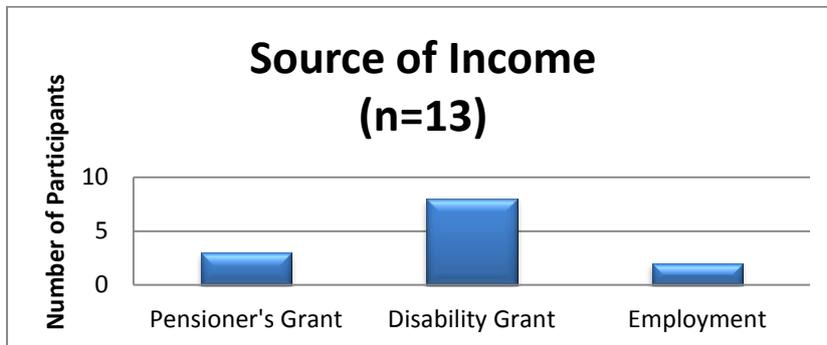
As illustrated by **Figure 3**, the main source of income for the majority (eight) of the participants, were in receipt of disability grants. Three of the participants received state pensions which are more or less equivalent to the disability grant. Four of the participants who received either a disability or pensioner's grants resided in residential care facilities. Their grants were managed by the facility and covered their board and lodging. Two of the participants were gainfully employed and thus not dependent on the disability grant for an income.
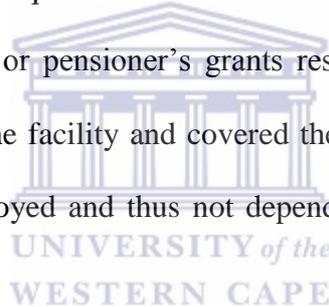
4.3.5.2 Marital Status

Figure 4
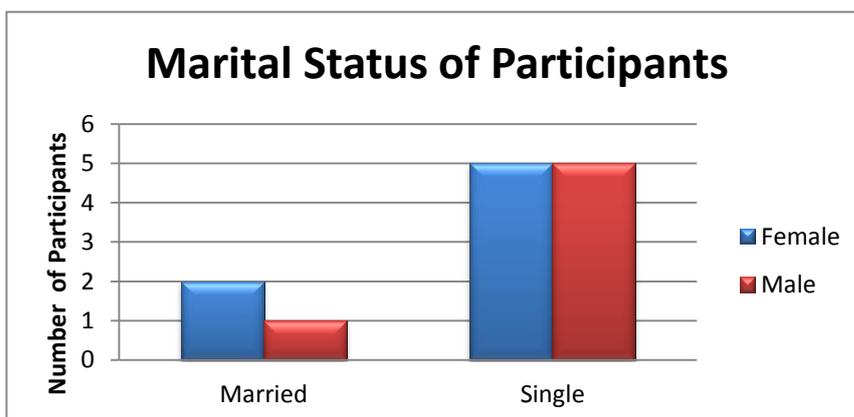
As illustrated by **Figure 4**, only three of the thirteen participants were married of whom two participants had children. The remaining ten participants were single.

4.3.5.3 Duration of registration on Dial-A-Ride

The majority, (ten) of the participants who took part in the study were registered between ten and fifteen years on the DAR transport service.

4.4 Biographical Profile of Semi Structured Interview Participants

The semi structured interviews were conducted with six participants representing the CoCT's DAR programme. These included two managers from the CoCT's DAR department and four employees from the service provider company.

Table 3   Interviewees: Service Providers

PARTICIPANT	GENDER	RACE	POSITION	PERIOD OF EMPLOYMENT
1	Female	Black	Technical Advisor	7 years
2	Female	Black	Manager (DAR)	6 years
3	Female	White	HR Manager	2 years
4	Male	Black	Scheduler	8 years
5	Male	Coloured	Driver	18 months
6	Male	Coloured	Driver	17 years

Table 3 provides information on the three females and three males who participated in the semi structured interviews.

- Three participants were Black, two participants were Coloured and one participant was White.

- The occupations of the participants varied. Two participants occupied senior positions, two occupied middle management positions whilst two participants were drivers.

- All six participants interviewed were employed by the CoCT or involved in the CoCT's DAR programme for more than 6 months, as per the requirement as set out in Chapter Three.

4.5 Context of DAR operational services

The CoCT introduced the DAR special transport service as a demand-response transport service for special needs passengers who are unable to access the mainstream public transport service, as discussed in Chapter Two. The service is operational only within the municipal boundaries of the CoCT's metro. Fig 5 below displays the areas where DAR operates.

Figure 5
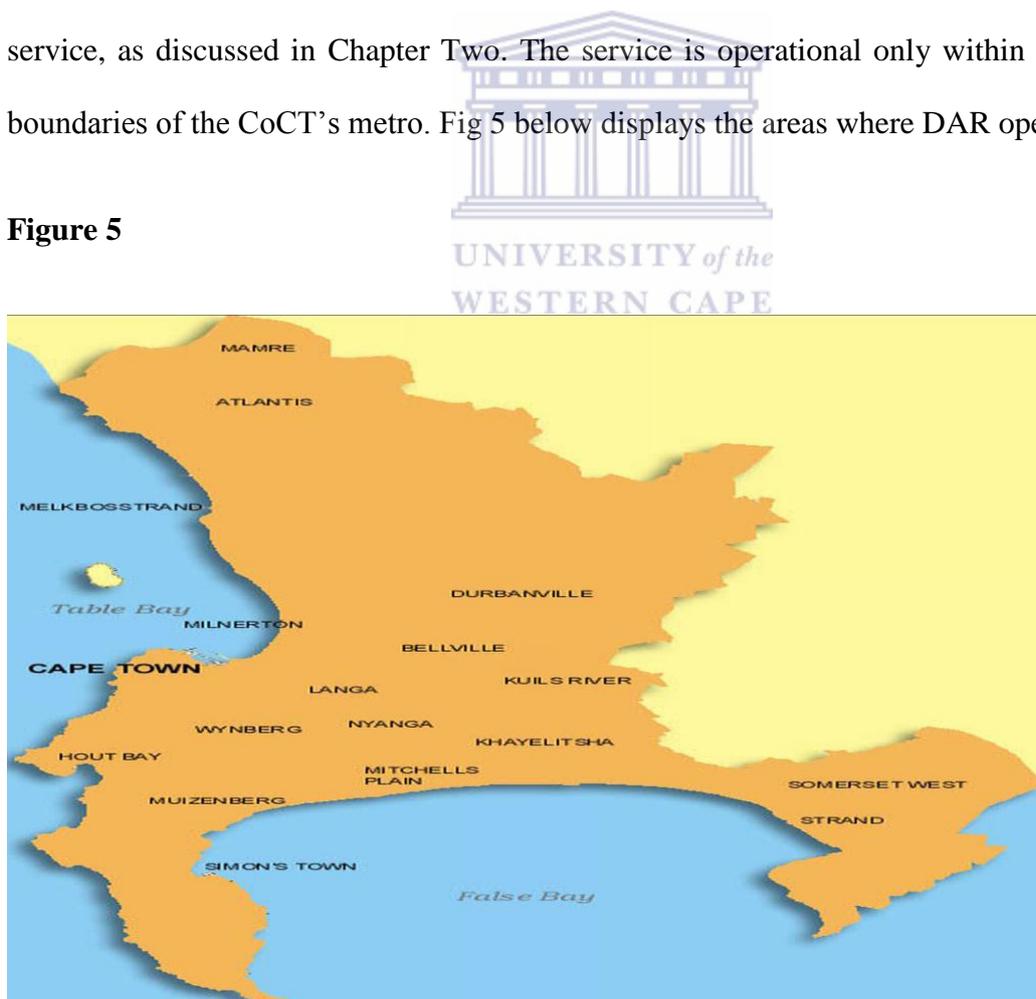
4.5.1 DAR OPERATING SYSTEM

4.5.1.1 Bookings

Any user who intends to make use of the DAR special transport service is required to make a booking or reservation using the DAR Call Centre. Bookings for the service are made seven days in advance and are accepted on a first come, first served basis. Currently, there are five people in the DAR Call Centre responsible for bookings and any queries. The Call Centre is operational daily from 05:00-22:00 (Anonymous, 2017).

The DAR special transport service can be booked for various purposes as illustrated below in **Figure 6.**
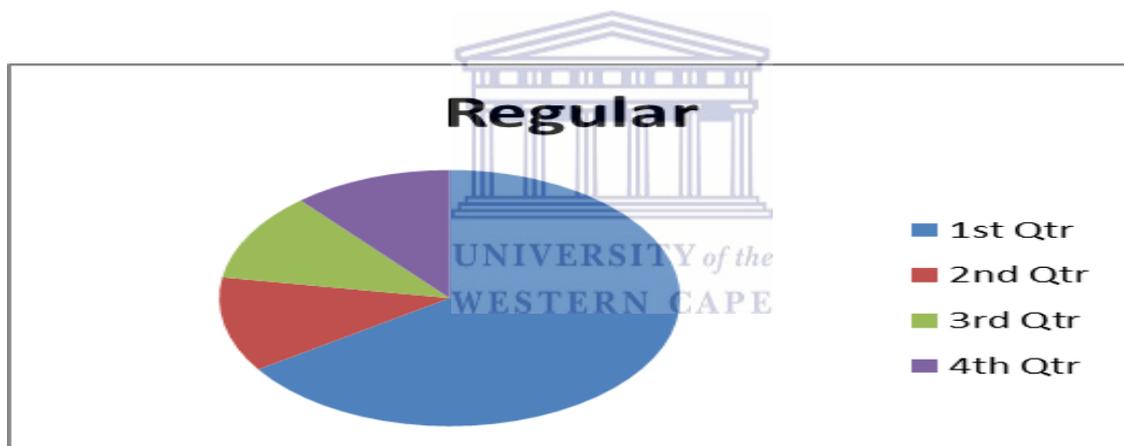
TRIP PURPOSE	% OF TOTAL TRIPS
WORK	**72**
SCHOOL	**10**
SOCIAL	**9**
HOSPITAL	**9**
TOTAL	**100**

On a daily basis, approximately 360 regular users utilise the DAR special transport service. Approximately 671 calls were received during April 2017 as per a monitoring period which ranged daily from between 3-6 hours (Anonymous, 2017).

4.5.1.2 Fares

The current fare /trip cost structure is determined on a kilometre base and is shown in **Table 4**.

Table 4 Cost Structure of trips

Moving Band	1 July 2016	1 July 2017
Less than 10 km	R8.50	R10.00
10 km – 20 km	R10.00	R12.00
20 km - 30 km	R11.00	R13.00
30 km – 40 km	R11.00	R13.00
40 km – 50 km	R11.00	R13.00
50 km – 60 km	R11.00	R13.00
More than 60 km	R11.00	R13.00

4.5.1.3 Fleet

The DAR special transport service fleet consists of twenty-one panel vans of which twenty of these panel vans can accommodate five passengers using wheelchairs and three seated passengers. The remaining one panel van accommodates two passengers using wheelchairs, with a seating capacity for ten passengers. These panel vans are all fitted with lifts (Anonymous, 2017).

4.5.1.4 Service User Complaints

Complaints, compliments or recommendations for improvements about the service can be reported by users via a toll-free number, 0800 65 64 63 at the CoCT's Transport Information Centre which is operational 24/7 hours on a daily basis. This telephone line, 0800 600 895, is separate from the toll-free number, where bookings are made at the Call Centre of the DAR tender contract holder's office. Callers to this number are provided with a reference number after which the CoCT will investigate the matter and engage in action where it is deemed necessary (Anonymous, n.d).

4.6 Findings

The themes and sub-themes which emerged following the process of data analysis will be presented in the ensuing section of the chapter.

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Table 5 Themes and Sub-Themes

THEMES	SUB-THEMES
1.Public modes of transport are not accessible	1. Inaccessible design 2. Psychological barriers to accessibility 3. Financial exploitation 4. Social barriers to accessibility
2.Freedom of movement	1. Going out 2. Going anywhere
3.Operational challenges of Dial-A-Ride	1. Bookings 2. Transport and access
4.Priorities	1. Extra fleet 2. Staff increase and staff sensitisation 3. Availability of Dial-A-Ride 4. Free service
5.Quality of Dial-A-Ride services	1. Relationship with drivers 2. Monitoring and evaluation 3. Consumer complaints
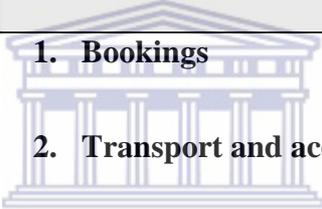
These themes and sub-themes will be discussed from a social work policy perspective using the care ethics lens applying Tronto's political EOC theory with five phases as introduced in Chapter Two.

4.6.1 Phase One: Caring about / Attentiveness

Caring About involves the notion that there is a need for caring and that caring is required. The moral obligation attached to caring about is attentiveness (Brandsen, 2006). Attentiveness necessitates society to be cognisant of and concerned about the needs. Therefore, a lack of attentiveness to the needs of the service users will result in those particular needs not being met (Tronto, 1993:127).

The theme which emerged from the data in analysing aspects of attentiveness is as follows: public modes of transport are not accessible.

4.6.1.1 Theme 1: Public modes of transport are not accessible

The resounding theme: "public modes of transport are not accessible" was identified by the service users. This credo contrasts starkly with one research study found in the literature. Ling Suen and Mitchell (2003) suggested that accessible transport facilitates independent living for all members of society. This holds special significance for people with physical disabilities as often limitations and challenges can be imposed on their lives if provisions for their special needs are not catered for in the transport system, or if these are inadequate.

The majority of the group participants experienced that in the CoCT, prior to them using the DAR special transport service, they were compelled to utilise public transport services, such as the mainstream buses, trains and taxis. However, these modes of public transport are to a large extent still inaccessible for PWD in the CoCT. A research study by Maunder et al. (2004) which focused on improving access and mobility for PWD, found that most public transportation systems exclude people using wheelchairs for mobility.

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The following four sub-themes describe participants' articulated experiences on the inaccessibility of public transport services in the CoCT.

4.6.1.1.1 Sub Theme 1: Inaccessible design

The design of public modes of transport, in this case, buses, trains and taxis presents several extraordinary challenges for people with physical disabilities. This is supported by Tyler (2002) who argued that the bus as a mode of transport presents a barrier to PWD by nature, amongst others, of the design of buses, its infrastructure and attitudes of drivers. These structural designs impact on the ability of PWD to board a particular mode of transport, to being able to travel safely and independently. Participants reported the following problems in this regard:

"The transportation .. vehicle, car, where I had to be lifted into the car and my wheelchair had to be folded up and when I received my motorised chair it became even more difficult".

Source: Participant 4, (FG1).
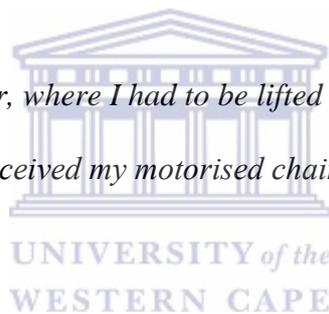
"...and with the bus, umm, having to be carried, taken out of the wheelchair, be put in the seat, there was no straps, no bars to hold on".

Source: Participant 7, (FG1).

"My struggles have been since small already, when my mom had to take me from home to hospital three days a week. I couldn't get into a bus so she had to pick me up you know, and when I had to go to Groote Schuur or when we go out to a particular place, we used the train, then they must pick me up because the platform is down here and the train is up there so it was quite a battle".

Source: Participant 6, (FG1).

As is evident from the above quotes, participants needed to have assistance when entering a car, bus and train. Some had to be lifted out of their wheelchairs and seated into the car and bus as there was no level entry to board independently. For example, Participant no. 6 in particular, uses crutches for mobility, but was unable to enter either the bus or the train without support. Autonomy or independence of the disabled thus appears compromised.

Coupled with the current inaccessible design of public modes of transport, accessibility for people with physical disabilities is further compromised by inadequate transport infrastructure. Many older train stations that have been built required that people negotiate a multitude of steps to gain access to the station. Venter et al. (2002) and Litman (2015) cite that people with physical disabilities had difficulty manoeuvring their way around train stations. For example, one participant's experience was as follows:

"And the train story is that there are a lot of steps that they had to carry me up. To put you on another platform and on the bench and then a person has to carry your wheelchair up to where you are and also put you in the wheelchair. So that was a big problem".

Source: Participant 5, (FG 2).

Moreover, several media reports singled out the need for awareness of and attentiveness by the state and society with regard to the inaccessibility of public modes of transport. These media reports highlighted the challenges of getting onto the station, moving from one platform to the other and boarding the train, especially if a person is using a wheelchair to aid his / her mobility. (IOL News, 2013; Ground Up, 2016).

The above experience of inadequate transport infrastructure is further highlighted in the statement made by a participant who related about his encounter of using the bus and how other bus passengers in his experience rendered assistance in boarding the transport.

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" The bus was a bit difficult because it was not wheelchair friendly, but the people in the bus was very friendly and they helped me a lot even if, though they had to carry me up the stairs".

Source: Participant 3, (FG 2).

Hence, a study by Venter et al. (2002) showed that in the South African context, Golden Arrow buses still featured with high entry steps therefore rendering it inaccessible. Similarly, the City of Cape Town (2014) reported that the bus fleet operated by Golden Arrow is not accessible for PWD.

The two CoCT officials agreed that public modes of transport are inaccessible, especially for those who make use of wheelchairs for their mobility. They furthermore recognised the struggles and challenges of people with physical disabilities when boarding trains and taxis.

4.6.1.1.2 Sub-Theme 2: Psychological barriers to accessibility

With safety issues being considered a 'right to dignity', IOL News (2013) argued that due to the inaccessibility of the train, people using assistive devices can either fall or become trapped in the doorway when the train's doors close. This statement is supported by the Department of Social Development (2015) in their White Paper on the Rights of People with Disabilities, which advocates that not only should the transport system be accessible to all South Africans, but it should promote safety and efficiency.

Group participants experienced that the general inaccessibility of public modes of transport impacted on their dignity and safety as can be seen from the quotes below:

"...and with the bus, umm, it wasn't a lot of experience but yes having to be taken out of the wheelchair was quite embarrassing, like a baby, having to be carried, taken out of the

wheelchair, asking the driver hoping that he will agree to hold on a couple of seconds, be put in the seat, there was no straps, no bars to hold on…".

Source: Participant 7, (FG1).

Several group participants agreed that using transport modes such as the bus and train was at times dangerous and compromised their safety as is evident in their voices below:

"I just want to add that before Dial-A-Ride things haven't been good for me as well because with public transport sometimes I would fall out of a bus or in a train, …but otherwise the stairs also are not wheelchair friendly".

Source: Participant 1, (FG1).

"It was a challenge with the train really. I can remember one morning I'm travelling with another colleague of mine that was coming from Claremont. One morning I was just... I had to wait for the people to get in so I had to wait because I was on one crutch. Just as my foot was in, there the doors closed. The people they said hang on, hang on. I said no, I'm tired. I'm gonna throw me down, but they said hold on. Anyway, the train stopped at Koeberg and the doors opened and I got in".

Source: Participant 5, (F/G 1).

One CoCT official communicated that "*there is not really much transport for people with disabilities"* whilst another staff member voiced that *"there isn't enough supply out there in transport for people with disabilities, it's only Dial –A-Ride".*

4.6.1.1.3 Sub-Theme 3: Financial exploitation

People with physical disabilities often make use of assistive devices, such as wheelchairs and crutches to aid their mobility. Some, depending on the severity of their disability, also need the assistance of a carer or a helper, in addition to their wheelchair. These factors therefore

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impact on them in terms of added financial costs when they travel, as is evident from responses gathered during the focus group discussions.

A strong group voice communicated that in using the mainstream modes of public transport, but in particular the taxi mode, they had to pay extra for the use of their assistive devices and or caregivers. The following statements of the participants provide evidence of this notion and reflect their views in this regard:

"I've been also using the taxi's there by Philippi when I arrived from the Eastern Cape. They were carrying me when I would go to work. I was working as a CCTV controller, you know CCTV. They would carry me but I was charged a lot of money, R75 per day…it was a lot of money for me".

Source: Participant 6, (FG 2).

"I've been also using the taxi and sometime my family. I was overcharged".

Source: Participant 1, (FG 2*.)*

"...the taxi is the worst thing you can use as a disabled, because the mini-bus taxi, you must pay for your space of your wheelchair and you must pay for yourself"

Source: Participant 3, (FG 2*).*

"Umm my challenge I had was, I had to pay for four, so I had to pay for example I was a proud mom with a toddler, a baby so I had to pay for my helper, which was my husband, then I had to pay for my toddler, other toddlers do not pay do they as they sit on mom's lap and then I had to pay for my legs, my wheelchair and for myself".

Source: Participant 7, (FG1).

The CoCT officials were in addition cognisant that taxis often overcharge PWD who have a wheelchair as a mobility aid.

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Venter et al. (2002) in their research and the National Department of Transport (2012) concur that people with physical disabilities who make use of assistive devices to aid their mobility often have to pay extra. This makes them doubly exploited. The latter practice is further confirmed in another study by Handicap International Mozambique. They found that in Mozambique, a neighbouring Southern African Country, people using wheelchairs too pay double fare (Handicap International Mozambique, 2010).

4.6.1.1.4 Sub-Theme 4: Social barriers to accessibility

Venter et al. (2002) found that in South Africa, minibus-taxi drivers at times refused to render a transport service to people with physical disabilities. This view is supported by Lister and Dhunpath (2016) who argued that taxi operators ignore, amongst others, people with disabilities due to the extended time required for them to board the taxi as compared to able bodied passengers. Moreover, IOL News (2013) confirmed that many times taxi operators are reluctant to pick up people with wheelchairs due to the time and assistance required to board a taxi. This is in tandem with the experiences of the focus group participants. Participants in this study were subjected to discrimination, more prominently within the taxi sector. The following quotes from participants highlighted the refusal of public modes of transport to render a service:

"I've been using public transport but it was very difficult since they do not want to stop and wait till I get into the taxi".

Source: Participant 2, (FG 2).

"I won't be able to use public transport at all because of the difficulty getting in and out and they're not always patient to wait…the bus and the taxis…every mode of transport there is".

Source: Participant 6, (FG 1).

One staff member of the special transport service of CoCT concurred with what the above participants shared and expressed as follows:

"The taxis...they refuse to take anyone on a wheelchair"

Source: Interviewee 1(CoCT).

It is evident that discriminatory practices are still profound in the local transport spheres, especially taxis, despite the fact that the South African Constitution and Bill of Rights (1996) prohibit discrimination against any citizen based on gender, disability, race and so forth. This is supported by the White Paper on Provincial Transport Policy (1997) that advocated for no discrimination against women and PWD. Taxis operating within the CoCT are privately owned with unscheduled routes and operating time schedules (Venter et al., 2002; City of Cape Town, 2016/17). The latter could be a contributing factor why taxi drivers do not feel compelled to render a transport service to people with physical disabilities. In addition, current South African legislation does not require of the various modes of transport to accommodate people with physical disabilities.

In looking at the moral obligation of attentiveness in relation to the experiences of PWD and the inaccessible public transport system, it is evident that it is necessary to provide accessible transport services to PWD. In addition, it is incumbent on society to realise the impact of inaccessible transport structures on the lives of PWD.

4.6.2 Phase Two: Taking care of / Responsibility

Taking Care Of, with its moral obligation of responsibility, involves a person or a group accepting responsibility for an identified need; hence there should be an acknowledgement of the problem (Brandsen, 2006).

The CoCT officially implemented the DAR special transport service during 1998 after a public demand for the service to continue. The service was for those unable to use the predominantly mainstream public modes of transport. Added to this is the fact that the CoCT incorporated in its vision the idea of striving to be a Caring City.

The themes which emerged from the data in analysing responsibility are as follows: freedom of movement and operational challenges of the DAR special transport service.

4.6.2.1 Theme 2: Freedom of movement

Theme 2, listed second on table above, "freedom of movement" emerged as a result of the question *Think back to when you first started using the special transport service, what were your expectations of the special transport service?* Data was gathered from the service users registered on the DAR special transport service by means of focus group discussions. The researcher discovered that participants from the first focus group were more vocal in articulating and sharing their expectations. However, participants in the second focus group found it challenging to focus on the question and most of the group members digressed when one participant started relating an experience that was challenging. This had a domino effect as the group forgot the initial question for discussion and veered off the topic of 'expectations'. Consensus was eventually reached by both focus groups that the main theme that emerged in trying to answer this question as a group was freedom to move around.

The following two sub-themes describe participants' articulated experiences on their initial expectations of the DAR special transport service implemented by the CoCT.

4.6.2.1.1 Sub-theme 1: Going Out

The overwhelming responses from participants from the two focus groups were similar with regard to the expectation that

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- the special transport service could help them to be free to go out and

- the service would be flexible and available whenever they required it.

This 'perceived freedom' in mobility would contribute further to leading a more independent lifestyle compared to the limitations imposed previously on participants when not having access, and/or using other modes of public transport like the bus, taxi and train. More profound than anything else was the belief that they articulated clearly as :

"*you can have a life."*

Source: Participants 4 and 7, (FG 1).

This view concurs with that of Petersen (2010) who reported that there is a feeling of independence when someone is allowed to use the DAR special transport service.

A few participants from both focus groups also had an expectation that the DAR special transport service would eliminate the challenges they experienced when needing to travel as stated below:

"I thought it was a saving that can take me anywhere, anytime I want to."

Source: Participant 4, (FG2*).*

"No more struggling, hunting…there wouldn't be this of asking people and being embarrassed of what people say."

Source: Participant 4, (FG 1).

The two CoCT officials and one of the DAR service providers interviewed affirmed that users can go out and be as independent as possible. They shared their sentiment as follows:

"You could be going to work, you could be going to a party, you could be going to, I mean social visits, and you could be going to hospital."

Source: Interviewee 2 (CoCT).

"if there is space available, you had booked in time, you can go anywhere you want to go."

Source: Interviewee 1 (CoCT).

The positive anticipation of accessible transport is demonstrated in the above paragraphs. It is evident that accessible transport has the ability to transform the most vulnerable in society, in this case, PWD, from feeling excluded to being included and to become ultimately integrated into society as a whole.

The above quotes and feelings expressed by these participants corroborate some of the issues raised in documents analysed. These documents noted that transport facilitates access to opportunities such as employment and education. Access to transport further enables people to enjoy the necessary health care services and recreational activities in society (World Health Organization, 2011; Department of Social Development, 2015).

4.6.2.1.2 Sub theme 2: Going anywhere

A few participants felt that with the onset of the DAR special transport service, they now had the freedom to move around. There was a feeling of elation about being able to move around independently, to not being restricted by public transport that is not accessible. Participants expressed their sentiments as follows:

"Wow, now I can go out, whatever I feel I can live my dream."

Source: Participant 7, (FG 1)

"Oh I could go anywhere. I felt so free that I want to go there and there and there and there at the same time."

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Source: Participant 2, (FG 2).

"I was so happy I can, I can go, I can go here and then I can phone them and they must pick me up and go there"… "It could take me from one place to another without complication."

Source: Participant 3, (FG 2).

One CoCT official that was interviewed informed the researcher that:

"if you do get a booking you are not restricted, you can go anywhere."

Source: Interviewee 1 (CoCT).

A participant interviewed from the service provider constituency stated in support of the latter quote, that :

"they (the users) go everywhere so we have to fall into their schedule."

Source: Interviewee 6 (DAR).
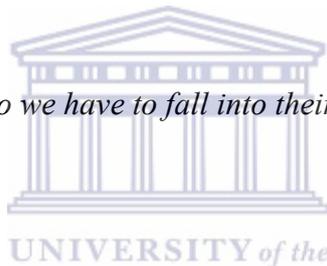
In reviewing the above 'positive' statements about encounters with the DAR special transport services, one need to link this with some of the key advocacy principles of the United Nations Convention on the Rights of People with Disabilities (2006) that PWD should have equal access to transport and the physical environment. This UN principle is also prevalent in Article 26 of the Charter of Fundamental Rights of the European Union which advocates that PWD have the right to be independent in their environment and be integrated into communities and that measures should be designed to give right to this effect (European Union, 2007). These tenets are further strengthened by the UNDP (2010) who argued that transport facilitates inclusion of PWD.

In addition, the CoCT tenders out the DAR special transport service. Both the CoCT and the service provider therefore have the responsibility to regularly evaluate the service based on

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the challenges experienced. (Tronto, 1998). This is a measure to ensure that "taking care of" is present yet there was limited documentary evidence based on previous research or other documentation available that this is taking place.

4.6.2.2 Theme 3: Operational challenges of Dial-A-Ride

Group participants experienced that in using the DAR special transport system, the main challenge they encountered were around their abilities to secure and maintain bookings.

These two sub-themes which emerged after analysing the data will be discussed in the following paragraphs:

4.6.2.2.1 Sub-Theme 1: Reservations / Bookings

Registered users of the DAR special transport service are required to call for a booking in order to use the service. Bookings are made at the designated Call Centre of the current service provider / contract holder (Anonymous, 2017). Bookings for ad hoc users are open from 10:00 onwards until all spaces are filled up. Only telephone bookings are allowed.

The majority of the participants from the two focus groups experienced challenges when either making a booking or when finally securing a booking with the DAR special transport service. However, participants from the two focus groups discussed and shared different experiences relating to bookings. In focus group 1, a few participants shared their experiences of not being serviced and collected after having secured a booking.

"...they never came to pick me up. I had to go to work in the rain in my wheelchair."

Source: Participant 4, (FG 1).

"'sometimes when I make a booking then they do not turn up."

Source: Participant 1, (FG 1).

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Similarly, a media article reported that the DAR special transport service users in the CoCT were unhappy with the service, due to a variety of reasons which included that bookings were sometimes missed after initially having secured a booking with DAR (Ground Up, 2017).

Participants from both focus groups also reported the challenge of getting through in order to make a booking. One participant expressed frustration and desperate attempts:

"...you have to pray when you are making that call. People have 3 phones going on Dial-A-Ride, and I sit with my landline and my two cell phones and I make them go because either phone picks up whether my airtime has run out. I have to book that bus."

Source: Participant 4, (FG 1).

Another participant expressed the following sentiment on this matter:

"It's hard to get through to them, also to get another booking, for another day."

Source: Participant 2, (FG 2).
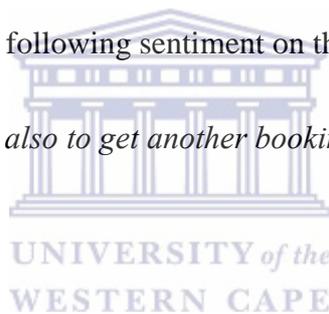
A CoCT official that was interviewed communicated an awareness of the fact that not all DAR special transport users would be able to secure a booking when they contacted the Call Centre, "*because it's like packed."*

Source: Interviewee 1 (CoCT).

The City official further explained that users needed to hold on until an operator picked up, but found that, *"some (users) are impatient."*

Source: Interviewee 1 (CoCT).

These encounters further demonstrate the desperation endured by participants to secure a booking, knowing very well that should they not get a booking, further challenges are

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imposed on them, as the DAR special transport system is their main mode of accessible public transport.

AEI (2012) for example reported that the number of phone lines for bookings at Cape Town's DAR special transport service is limited. This fact contributes to the frustrations of why service users experience difficulties in getting through. In addition, service users complained about the problems experienced in accessing operators when trying to secure a booking. Moreover, publications in media articles concurred that DAR special transport service users often found that the service was fully booked and felt that the booking system does not work (Ground Up, 2016; Ground Up, 2017).

One CoCT official who was interviewed shared information that there are *"five people at the Call Centre"* available to make reservations.

Source: Interviewee 1 (CoCT).

One of the four participants interviewed from the service provider's side gave more insight into the reason why users experienced problems with bookings. This participant shared the sentiment regarding the growing demand for the service:

"... because of the amount of people that we have on the system, and the limited amount of bookings that we can take a day, so you find out that a lot of people do not get bookings."

Source : Interviewee 5 (DAR).

A particular anomaly was observed in a narration by one participant that approximately 30 ad hoc users could be accommodated per day. In essence one could argue that if a maximum number of ad hoc users are accommodated per day, the entire fleet of twenty buses are not utilised, as a particular bus could accommodate five wheelchairs.

A common agreement which participants of both focus groups highlighted was the requirement that anyone needing to book the DAR special transport service was required to do so within a period of seven days in advance. Staff interviewed from both DAR and the CoCT confirmed that registered users "*must book 7 days prior to the actual date.*" Research studies conducted internationally found that door-to-door services, such as DAR often are booked in advance (Paquette et al.; 2007, AEI, 2012).

Despite this being the current practice, one participant explained that when the service was initiated almost 20 years ago, booking a trip was much easier: *"you can phone today and tomorrow you will get a booking."*

Source: Participant 2, (FG 2).

4.6.2.2.2 Sub-theme 2: Transport and access

According to the DTPW's Annual Report 2016/2017, approximately 6 000 passengers registered on the DAR special transport service were eligible to use the service. Moreover, DAR provided transport to 360 passengers on a daily basis (DTPW, 2017). This by far fall short compared to the number of passengers transported on other modes of public transport as reported on in Section 2.2.1. Furthermore, earlier research conducted by Venter & Mokonyma (2001) found that the DAR special transport service is unable to respond to the demand of all those registered to use the service. This view is supported by AEI (2012) who purported that the CoCT can only provide in the transport needs of approximately 4% of its DAR users.

To gain an understanding of the impact of not having access to the DAR special transport service, the researcher asked participants the following question:

- *How do you manage if the DAR system is not available?*

A few participants from the second focus group felt that DAR special transport service is their "transport life line' and is their only transport option. Furthermore, they do not manage if the DAR special transport service is not available. This was especially relevant for people in residential care facilities as they do not necessarily have families who reside close to them whom they can call in an emergency. Only a single participant from the first focus group also shared this experience.

The following quotes illustrate the participant's experiences in the absence of DAR:

"Many times you don't manage. You have to postpone everything that you've planned for another month or two. So your plans become irrelevant to you now."

Source: Participant 3, (FG 2).

"Many times you don't have a second option. Dial-A-Ride is the only option and we only have to compromise."

Source: Participant 4, (FG 2).

Situations such as depicted above, give rise to PWD becoming alienated and excluded from participating in society. Petersen (2010) in a newspaper article voiced the sentiment of a DAR user who is solely dependent on the DAR special transport service and unable to use the mainstream public modes of transport. Hence, without access to the DAR special transport service, registered users will become isolated from partaking in activities in society.

The unavailability of the DAR special transport service furthermore impacts heavily on users missing out on appointments or opportunities to improve their lives. One participant in particular shared the following:

"Quite a few times I have missed out on important appointments."

Source: Participant 1, (FG 1).

Another participant shared that due to not being able to access the DAR special transport service during the day, the opportunity for education is impacted on.

Source: Participant 5, (FG 1).

According to Roberts and Babinard (2005), the mobility of PWD is limited without accessible transport. Tyler (2002) and Maunder et al. (2004) further argues that lack of accessible transport exclude PWD from partaking in various activities such as education and employment.

The lack of access to the DAR special transport service also contributes to participants becoming frustrated and engaging in desperate behaviour as is evident from the quotes below:

"You just feel like it's getting so frustrated, sometimes you feel like crying."

Source: Participant 3, (FG 1).

"..when I'm desperate and I have to beg..."

Source: Participant 4, (FG 1).

The dignity of participants is at stake when they have to beg in order to try and gain access to the DAR special transport service.

Participants from both focus groups also communicated that an alternative recourse for some of them is that they either call upon a community member or a relative for assistance when they are unable to access the DAR special transport service.

"...I have to phone a relative or someone to take me quickly to hospital maybe and then if they're available they will take me."

Source: Participant 1, (FG 1).

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Assistance from community members also comes at a financial cost as illustrated below:

"Some people they ask you from R100-R150 just to take you to where, from point A to B."

Source: Participant 2, (FG 1).

"Ek kry iemand om my na die daghospitaal toe te stoot, dan moet ek daardie person betaal, uit my eie sak uit, dan as ek daar klaar is moet ek weer vir hom betaal."

TRANSLATED: "I get someone to push me to the day hospital, then I have to pay that person from money out of my own pocket; then when I am done there I have to pay him again."

4.6.3 Phase Three: Care Giving / Competence

Care giving is the third phase of caring and involves an individual or organisations meeting the needs of those whom they are responsible for. The moral obligation attached to "care giving" is competence (Brandsen, 2006). As mentioned in Phase 2, both the CoCT and the DAR tender are responsible for providing care to PWD in the CoCT, competently.

The theme which emerged from the data in analysing competence is as follows: .

4.6.3.1 Theme 4: Priorities

The priorities that emerged were a result of the participants' experiences of using the DAR special transport service. In being guided by the political ethics of care, it was important for the researcher to determine the perception of participants on how competently the DAR special transport service is provided, i.e. is the service meeting in their needs. In addition, the researcher also wanted to determine what resources were needed to provide competent care to the DAR service users. Hence, the question the researcher posed to elicit responses was as follows:

- *"What do you think can be done to improve the service or to expand the service?"*

The four sub-themes which emerged after analysing the data are discussed as follows:

4.6.3.1.1 Sub-theme 1: Expansion of Dial-A-Ride: Extra fleet

A few group participants felt that the service needs to *"expand"* so that the service can accommodate more people and address needs. One of the ways participants felt that the service could be expanded was by means of making the service available in order to travel to other areas outside of Cape Town.

"*because they (Dial-A-Ride) are much affordable and comfortable.*"

Source: Participant 6, (FG 2).

In addition, participants are aware that more people want to use the service as people are asking users directly how they can get onto Dial-A-Ride as well.

Furthermore, a few participants also expressed the need for the availability of more buses *'that would accommodate much more people who are disabled, who have applied to use the service.'*

Source: Participant 6, (FG 2).

A fellow participant expressed as follows:

"*I feel if they have extra buses the service will improve because it means there are a lot of us that will maybe be accommodated*".

Source: Participant 3, (FG 2).

Participant 3 further compared the total number of DAR buses in comparison with the MyCiTi buses, stating that:

"if you can have a lot of MyCiTi buses for able bodied people, including us, why can you not increase the (Dial-A-Ride) buses because that buses (MyCiTi) are even more (costly) than the Mercedes Benz (Dial-A-Ride buses)."

Source: Participant 3, (FG 2).

Interestingly, when the above question "*what do you think can be done to improve the service or to expand the service*" was posed to the staff from the CoCT and the DAR special transport service provider, the majority of participants interviewed verbalised the need for additional vehicles. A few participants expressed the following:

"More buses, for instance, to help more people."

Source: Interviewee 4, (DAR).

"We can have more vehicles and then more people who are, will be able to access it."
Source: Interviewee 1, (CoCT).

"More vehicles…you know 21 vehicles is limited."

Source: Interviewee 3, (DAR).

Another participant concurred and communicated:

"the fleet we have is too little."

Source: Interviewee 6, (DAR).

There seemed to be a conscious awareness from both DAR service users and service providers that in order to provide competent care, there is a great need to expand the programme with resources such as extra fleet of vehicles. In concurring with this sentiment, when the researcher posed the question to participating service users: *"If there's one change you could make to improve the service for people with physical disabilities, what would that*

be", half of the participants again made reference to the need for an additional fleet of vehicles. This was expressed in the following manner:

"I think I will get more buses, that's the one thing that I would do, number one."

Source: Interviewee 5, (DAR).

"I will buy more vehicles."

Source: Interviewee 4, (DAR).

"I will put new vehicles on the road."

Source: Interviewee 6, (DAR).

According to West Cape News (2011), the DAR special transport service does not have the coping mechanism to expand the service. The DTPW (2014/15) purport that demand for the DAR special transport service indicates a need for public modes of transport to be made accessible in order to cater for PWD. Hence, MyCiTi, introduced during 2011, is the only accessible public transport system that caters for PWD (http:www.myciti.org.za/en/home/"/>). According to the CoCT (2015/16), the MyCiTi fleet consists of 105 buses. This is in stark contrast to the 21 vehicles currently being used to run the DAR service, introduced during 1998 (AEI, 2012). The overwhelming need for the DAR special transport service to expand and for extra vehicles to be procured is justified in light of the lack of inclusion of PWD in the public transport sphere.

4.6.3.1.2 Sub-theme 2: Staff increase: Employment of PWD and staff sensitization
There was a feeling expressed by some group participants that more operators are needed in contrast to *"not one or two or three operators"* *"that blocks the calls"*. In addition, the need was expressed to specifically employ more staff operators with a "*disability*". Participants

further highlighted the need within both DAR and the CoCT for PWD to be employed. The perception is held by participants that such staff members

"...will be able to have an understanding when a user phones in, try to accommodate that user and give actually the manager or Director of Dial-A-Ride a better understanding of disability."

Source: Interviewee 5, (FG 2).

A few participants felt that it is important for these stakeholders to be educated about the needs of PWD.

The discussion also highlighted the need for staff to receive training to sensitise them. One participant expressed:

"They must train Dial-A-Ride drivers and staff how to assist disabled people."

Source: Participant 3, (FG 2).
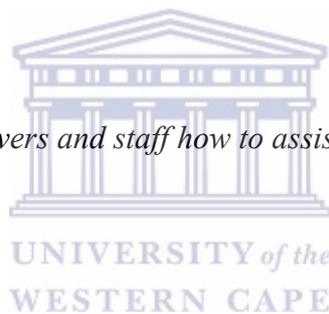
Surprisingly, when staff from the CoCT and DAR service provider was interviewed, the majority made reference to how common it was for staff to receive sensitivity or diversity training. This shows a gap in communication between service users and service providers in the platform that exists where the two parties meet to discuss concerns. There appears to be a dire need for more information to be shared, as the existing forum seemed not to be utilised or appropriately functioning. Notwithstanding this, both staff from the CoCT and DAR service provider confirmed the focus of the sensitivity training as depicted below:

" how to respond to users, how to handle them you know."

Source: Interviewee 4, (DAR).

"we do train our call centre staff on the equipment, we do give them sensitivity training" as some service users who call in to request the DAR special transport services have speech impediments.

Source: Interviewee 3, (DAR).

"what we have is sensitivity training, how to deal with people with disabilities, what type of terminology to use."

Source: Interviewee 2, (CoCT).

These participants also highlighted that training either happens on a six-monthly basis or when the need for it is identified.

Several group participants furthermore expressed the need to employ *"more drivers"*

Source: Participants 3&6, (FG 2).

"on the road to assist".

Source: Participant 1, (FG 2).

One participant strongly felt there is a need for older and mature drivers to be employed by the CoCT as

"the new young drivers work today, tomorrow they leave you then, then there is 3, 4 buses short then you are the one that is suffering as a user".

Source: Participant 3, (FG 2).

Drivers employed should also have good driving capabilities. The need was expressed for drivers to be screened by means of undergoing a *"driving aptitude test"*. Participants experienced that some drivers speed and that it was not always easy to ask the driver to slow down as they could not anticipate how a driver would respond on any particular day.

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Research conducted by ECMT (2004:45) confirmed that sensitisation and awareness around disability issues amongst staff working in the transport sector are vital for "without it some of the advantages gained by improved vehicles and infrastructure will be lost".

4.6.3.1.3 Sub-theme 3: Availability of Service 24/7

Participants in the focus groups expressed that they would want to use the DAR special transport service as the need requires. They do not want restrictions or limitations imposed upon them when they try to secure the service. One participant communicated:

"They must get an open line when you phone in and they must stop this week in advance story."

Source: Participant 3, (FG 2).

Participants also felt that the DAR special transport service should be more easily available, especially when it is needed on short notice for unplanned and unforeseen circumstances. Some expressed as follows:

"I would like Dial-A-Ride to be available 24/7 yeah to meet our needs because we need transport. Sometimes it's an emergency then where must we get transport at that time."
Source: Participant 4, (FG 2).

"Open the phone lines 24 hours a day and with that recruit staff that can work shifts."

Source: Participant 3, (FG 2).

Participants also felt that it defeats the purpose when you are given the benefit to call in and it's a free call but as a user;

"then you can't get through."

Sources: Participants 2 and 1, (FG 2).

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According to Hugo, Stanbury & Gooch (2000), the DAR special transport service in South Africa is booked in advance. Literature accessed on international door to door transport services also found that these services are mostly booked on demand and in advance by the DAR service users (Paquette et al.; 2007 & Hall, 2011). As mentioned earlier, research conducted by Venter and Mokonyama (2001) concluded that there is a huge demand for the DAR special transport service. This could be a contributing factor why it is necessary to book the service in advance. Moreover, Venter and Mokonyama (2001), Paquette et al. (2007) and National Department of Transport (2012) found that considerable costs are incurred in the operation of the DAR special transport service. Hence, for the service to be made available 24/7 is not feasible in the current context of how the service is provided and operated. Therefore, in applying the political ethics of care, it is evident that DAR as a service provider is unable to meet all the needs of the service users. The CoCT, as the caregivers tenders out the DAR special transport service. Subsequently, the DAR staff responsible for rendering the service is unable to do so competently either due to a lack of resources, i.e. staff, money and time.

4.6.3.1.4 Sub-theme 4: Free service

Research conducted by AEI (2012) found that door to door services operational in Brazil and Istanbul is free of charge. AEI (2012) also notes that a similar transport service in Moscow, however, is a paid service.

In this research study, one participant strongly felt that the DAR special transport service should be free as

- users were "*promised*" initially "*that Dial-A-Ride won't go over R5, it will stay R5 but it won't go over R5 and then the other tenders came and it went up and up and up.*"

- the service is free internationally.

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Source: Participant 2, (FG 2).

The majority of participants did not support this idea and felt that the notion of a free DAR special transport service should be disregarded. One of the participants interviewed using semi-structured interviews stated that according to her knowledge,

"*DAR was never a free service but maybe when they were testing it, it was free, but people have always paid in DAR."*

Source: Interviewee 2, (CoCT).

Venter et al., (2002a) and the African Disability Rights Yearbook (2013) postulated that certain fee concessions are made for PWD in Mozambique in both urban and inter-urban transport. Current South African policies and legislation does not make such concessions in the transport sphere yet for PWD.

The political ethics of care claims that despite the intention of the CoCT to provide in the transport needs of PWD, these priorities which emerged during data analysis and the inability of the CoCT as caregivers to subsequently provide the actual care, accounts for unmet care needs.

4.6.4 Phase Four: Care receiving / Responsiveness

Care receiving is the fourth phase of caring and involves the responses of those individuals or groups who received the necessary care. The moral obligation attached to care receiving is responsiveness (Tronto, 1993 & Brandsen, 2006).

The theme which emerged when analysing the data with regard to responsiveness is the captured views on the "Quality of the service".

4.6.4.1 Theme 5: Quality of the service

The political ethics of care perspective necessitated the researcher to explore how the service

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users respond to the care they are given. Moreover, the researcher needed to ascertain how well the care process is meeting the needs of the service users. Therefore, the researcher posed the following question to elicit responses:

- *"Can you share some positive experiences you had using DAR?"*

The three sub-themes which emerged after analysing the data are discussed as follows*:*

4.6.4.1.1 Sub-theme 1: Relationship with drivers

Group participants gave accounts of the good service they received, particularly from the drivers and how this positively impacted on their needs being met. In addition, they felt that there are drivers who are attentive to their needs at a particular moment in time. The following quotes are the participants' responses:

"One day, it was 2006, I got stuck at Groote Schuur Hospital. I had no one to phone. I can't phone my brother because he will scold me. I phoned the driver P…, that was half past nine. I was stuck at Groote Schuur Hospital. I phoned P…. and said look here I'm stuck here. He told me in five minutes I'll be there so I waited. So, so he came past ten so he picked me up that night. It was raining, I was wet and Groote Schuur was closed that time. They closed at half past seven so I can only phone him (P…). Before that, they (DAR) told me they can't help so I just phoned P…. so he picked me up. I can always rely on him."

Source: Participant 1, (FG 2).

"There was a time when I was stuck in Claremont. There was misunderstanding between me and Dial- A- Ride. They were supposed to pick me at 13h00. I spoke to the driver who came to drop me. I said to him do not pick me up at the place you dropped me. The one who came to pick me up, yeah, you see he went to park where he dropped me so he couldn't see me in front so he left and then when I phoned the office they said the driver was there and he went

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there so you're gonna be picked up some other time. You must wait there. I waited and I kept on phoning the office and it was getting late and then, at a very late time, the same guy who is commonly known as P…, he came around with a bus. I was starting to get worried cause I phoned several times the office and they said no, the driver was there but you must wait now for there are very few buses and then he came and pick me up."

Source: Participant 4, (FG 2).

"Yes, my positive outcome was also earlier in the year when my husband and I graduated from Artscape. We were a bit delayed and we stayed there till late in the evening and we didn't have transport to go home. We only had a booking to go there but not to go home and then the one driver he radioed the other driver and management and he asked if he could fetch us cause there was quite a few people that needed transport from different areas, so they took us home and they dropped us safely at home that evening. I was just very happy."

Source: Participant 1, (FG 1).
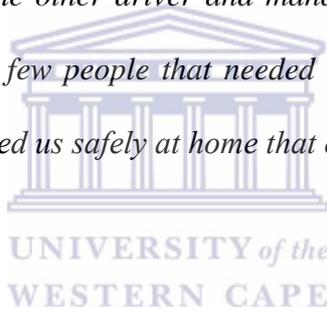
"The other thing that I also found, that one particular person…the radio is always on in the bus. We used to sit in the bus and listen how the person begs the controller to give him a lift cause he has no one to bring him home. Then the driver told me I'll phone him on his cell, do you have his number. I will be passing his area so I will pick him up and take him to his destination. He does it all the time and he says you know, I can imagine what it is like to be disabled and there's no one to help you. It's easy for someone to say I'm sorry I can't help you. He did it all the time. He said my radio is on I can hear that someone is begging for a lift. He phoned that guy and said don't worry, I am passing your route, I'll pick you up."

Source: Participant 4, (FG 1).

"…that relationship you build with the driver, not with one driver, with all the drivers that's driving you know."

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Hence, from the political ethics of care perspective, it is evident that service users enjoyed positive experiences from their interactions with particularly the drivers, who are one of the caregivers in this care process. This demonstrates the trusting relationships formed between service users and service providers which unequivocally contributed to meeting the needs of the users on some level, as substantiated by the above quotes.

4.6.4.1.2 Sub-theme 2: Monitoring and evaluation practices

Tronto (2010: 60) posits "that care institutions need to have formal practices in place that will create the space for reviewing and evaluating how well the institution is meeting its caring obligations and how power is used within the organization."

Group participants and staff from the CoCT made reference to platforms available where feedback about the service can be channeled through. The DAR forum and Transport Information Centre are two such platforms. Participants shared the following views:

"Can I have a say there. The DAR Disability Forum which made it possible had several meetings with the City, several meetings with DAR about the airtime if you make bookings. Then there was a request why can't we phone for help on cellphones then it can also be a toll free number, so that is happening. It's already implemented."

Source: Participant 5, (FG 2).

"Now, every time when there is a new tender, you have to re-register, they come with their own ruling, without consulting the disability members, the users. We've been having meetings, saying to the City and to the tenders, call a meeting. They've got a forum in place, supposedly the voice for the commuters."

Source: Participant 7, (FG 1).

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"There are people on our side that is part of the forum, like when there is forum meetings we would go, like S... would go and N... I think, so whatever we need to communicate to the users we must communicate through the forum."

Source: Interviewee 1, (CoCT).

"We have forums. You get the DAR forum, which was mainly constituted for them (users) to have an input strategy and how we can improve, but it became a complaints centre, I mean forum, complaints forum and making demands and making sure that I am safe."

Source: Interviewee 2, (CoCT).

One participant however voiced dissatisfaction about the manner in which the service users are addressed in meetings and stated as follows:

"Those people, the City Council, you know when we have meetings, how they stand there and how they speak to us. They are so rude, the way they speak to us."

Source: Participant 4, (FG 1).
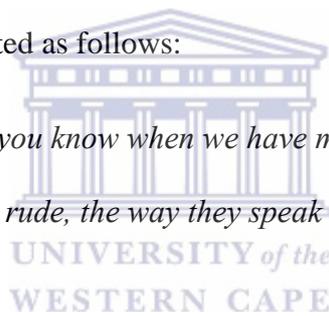
In addition, CoCT staff informed that there are monitoring and evaluation practices in place to monitor the DAR transport service and reported as follows:

"We have got a monitoring company that monitors us and then we monitor the monitoring company, so for the number of trips, the number of complaints, the number of late pick- ups and cancellations, we track all of that down."

Source: Interviewee 1, (CoCT).

"We measure on a daily basis we're able to pick up if the vehicles have been late for 15 minutes, how many vehicles were late for 15 minutes, how many vehicles up to 30 minutes, up to an hour, and those that were not picked up, that is how we monitor. It's about getting to

work early, and being picked up on time.. So, we monitor everything. On a monthly basis we've got a spread sheet, on a daily basis it tells you what happened with the accidents, how many buses were late and how often and the periods where they've been late, 15 minutes, 30 minutes, over an hour, was everybody picked up, if no, why. We penalise the service provider, it's a thousand rand for not picking up a passenger you know. Then the vehicles, the vehicles are being checked you know, the state of the vehicle. We have monitors going into the buses, checking. So in that way, remember, this is now an independent consultant who will go out and monitor and give us the report. It's not somebody from the City, who sort of cover up. No, no, it's an independent somebody so in that way we are able, without even having spoken to the users. From that report that we get and from that small interviews that they, feedback that we get, no the service is running smoothly you know and people should be satisfied.

Source: Interviewee 2, (CoCT).

Lister and Dhunpath (2016) found that, with regard to the DAR special transport service which was run and discontinued in the Durban e-Thekwini district, no monitoring systems were in place to obtain feedback from PWD about the quality of the service rendered. It is also evident from above quotes that this is lacking in the DAR special transport service in the CoCT. Practices, however, are in place within the CoCT to monitor operational aspects related to the DAR service mainly. This, however, is not sufficient as monitoring of the DAR special transport service currently does not account for service user satisfaction. The political ethics of care caution against abuse of power dynamics between caregivers and care receivers. Hence, efforts should be made for inclusion where the voices of care receivers are heard. Formal practices needs to be put in place for care receivers to be able to respond to the care they are given.

4.6.4.1.3 Sub-theme 3: Consumer complaints

In analysing the data, it emerged that there is recourse for participants in instances where the DAR special transport service failed to deliver. Further sharing of experiences from participants from focus group 1, unlike those from focus group 2 in this regard, was that there is a platform where complaints regarding bookings or any other related issues can be lodged. The issues raised by participants when they lodged a complaint ranged from impatience, blame, lack of care and follow up to recurring non-delivery of service. This is evident in the quotes which follow:

"And they in a hurry to get you off the phone, sometimes they in a rush just to get rid of you. They will promise that they won't allow the same thing to happen. These are their words, we will look into the matter".

Source: Participant 4, (FG 1).

"...when you complain to them on that toll free number then they say there's nothing they can do then I say, I'm not saying you must do anything, I just say convey my message to the City Council, that is all I want.

Source: Participant, (FG 1).

"I have spoken a lot of times to Samuel and then he would just say things that would make me happy for that time and then the same thing would happen"

Source: Participant 1, (FG 1).

"And umm, I've never ever heard, I've always heard people complain because they encourage you, should you experience like Participant 1, call the toll free number, lay your concerns. Well I am not sure about you guys but I never ever had a positive outcome whereby

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they did actually do something about it, whereby they come back to you and say this is our findings. It's never done".

Source: Participant 7, (FG 1).

In contrast to what one participant shared about complaints not being followed up, two other participants shared that after their complaints were received, either a reference number was given and / or they subsequently received apologies from the DAR special transport service. One of the interviewees from the DAR service provider whom was interviewed confirmed:

"There is a line, a 0800 600 number where the people (users) complain. It's the transport complaints line. So it (the complaint) goes to the transport complaints line and the transport complaints line then send it to the CoCT to investigate. They (CoCT) then send the complaint to us (DAR service provider) for more information as to what has happened. They (CoCT) will then get back to the person(user) with the information as to why or what happened or why did it happen."

Source: Interviewee 5, (DAR).

Additionally, both officials interviewed from the CoCT reported that they receive regular telephonic complaints from users despite there being a dedicated line for complaints. One of the officials interviewed shared the following:

"...they call in at the service provider(to make the booking), so if they do not get a space there they will call us to complain that I call in, I didn't get space, what must I do now."

Source: Interviewee 1, (CoCT).

The official further reported that users would visit their office to report face to face that they could not secure a booking, complaining that:

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"you are not on a wheelchair so you do not understand the struggles of people in a wheelchair."

Source: Interviewee 1, (CoCT).

According to Lister and Dhunpath (2016), one of the service issues which arose from the analysis of the DAR service run in the Durban e-Thekwini district found that no feedback was received from the service providers in instances where service users submitted complaints about the service. In following the political ethics of care, it is apparent that the care process does not sufficiently meet the needs of the care receivers. Complaints are not always necessarily followed up and the manner in which complaints are received by the various service providers shows the disdain in the current relationship between service users and service providers.

4.6.5 Phase 5: Caring with / Trust

The fifth phase of care is Caring With (Tronto, 2010). In this final phase, it is imperative for both service providers and service users to commit to solidifying relationships where the qualities of trust, respect and communication are developed. Trust issues were not explicitly mentioned by the research participants; but they were contained in some aspects of the findings. Participants shared of the good relationships they formed with some of the drivers, which is suggestive of an element of trust with the DAR special transport service. The findings however give the impression that there are issues of distrust between the service users and service providers, as illuminated in discussions earlier. Lack of engaging in dialogue with the DAR special transport service users on issues affecting them may impede the building of trust between them and the DAR transport service providers.

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4.7 Summary of Data Analysis

The above chapter set out to present the analysis of data that was collected using focus groups with service users and semi structured interviews with service providers. Data were analysed through thematic analysis (Braun & Clarke, 2006) which resulted in 5 main themes and 15 sub-themes which were identified and discussed as findings. The first part presented a contextualisation of the transport policy sector with reference to how special needs through the DAR service programme are executed. The second part of the discussion depicted the demographic profile and information of all the participants (service users and policy planners and service providers) and the last section reported on the themes, sub-themes and results that emanated inductively from the analysis.

Based on the latter, the next chapter will discuss the conclusions and outline the recommendations that emerged from this discussion.
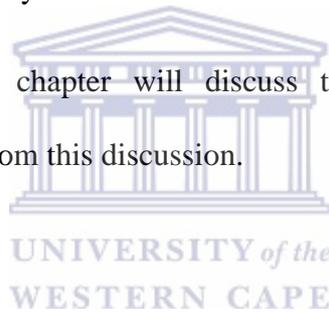
CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5. Introduction

The main aim of this study was to explore, describe and gain an in-depth understanding of the current transportation needs of physically disabled service users in the CoCT. This was done through a purposive sampling of service users and service providers that are engaged with the special transportation programme for PWD of the CoCT.

The key question that guided the exploration was related to the expectations, experiences, and the needs of physically disabled transport service users in relation to the DAR special transport service provided by the CoCT. Several assumptions were made which will be commented on. The first assumption suggested that while a special transport service exists in Cape Town, current needs of physically disabled service users are rapidly changing and are not fully addressed. This assumption was for example vindicated and articulated in the narratives of both the service user focus groups and the city officials and other service providers that were interviewed. Policy documents that were analysed validated the disconnection between the caring vision of the CoCT for accessible transport and the poor implementation and limited budget expenditure. The DAR special transport service celebrated 20 years in the CoCT and not much expansion of the programme is visible.

The second assumption about growing demands for services with limitations in terms of infrastructure (human resources for booking systems, telephone lines, vehicle fleet and drivers) which resulted in no further registration of new service users on the data base was corroborated by both service users; service providers and policy documents.

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Thirdly, the Integrated Transport System that became operational in terms of the city's vision for local transport policy for incorporating the special needs of people with physical disabilities was not fully implemented; hence the new policy vision which strives to be caring in orientation are stymied.

A qualitative research approach was utilised to answer the research question which resulted in the realisation of the research aim, as stated and objectives of the study as outlined:

1. To explore, describe and understand expectations and experiences of physically disabled service users in relation to the DAR special transport service;

2. To explore, describe and understand the existing DAR special transport service provided by the CoCT;

3. To explore, describe and understand the expectations and experiences of the DAR special transport service providers;

4. To provide recommendations that could improve the current DAR special transport services.

The exploration of the expectations and experiences of both the physically disabled users and the DAR special transport service providers were described under the themes and sub-themes in Chapter Four. The coverage of both service users and service provider views added a different dimension in understanding the complexities of meeting special transport policy needs. The exploration and description of the DAR special transport service programme were placed in its contextual arena in Chapter Two and Chapter Four. These undertakings provided a holistic view of the expectations, experiences, and needs of physically disabled transport service users in relation to the DAR special transport service in the CoCT. The final objective concentrated on the recommendations with reference to improvements for

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consideration in respect of the DAR special transport service. Since Chapter 4 concentrated on data analysis and the reporting of the findings concerning the stated objectives, this chapter summarises the findings, concludes the study and provides recommendations to realise the final objective and hence the aim of the study.

5.1 Summary and Conclusion on demographic details

Data was collected from nineteen participants comprising of people with physical disabilities who were service users of the CoCT's DAR programme and who were interviewed by using focus group discussions, and staff of the CoCT's DAR programme and staff from DAR service provider. Two focus group discussions were conducted with thirteen DAR service users and interviews were conducted with six staff members associated with DAR. The six participants comprised of two CoCT officials, two operational and two drivers from DAR service provider. All six participants had first-hand experience in working with the transport needs of people with physical disabilities. Hence, it can be concluded that all participants involved in the DAR programme had an in-depth understanding of the current transportation needs of physically disabled service users in the CoCT.

5.2 Summary of Findings, Conclusion and Recommendations on the Themes in the study

5.2.1 Phase One: Caring about / Attentiveness

5.2.1.1 Theme 1: Public modes of transport are not accessible

Looking attentively at the transport needs of people with physical disabilities, it is evident from the findings that the public transport system is inaccessible, imposes on personal safety and well-being, and at times discriminates against PWD, hence compromising care.

The current study highlighted that the public transport system in the CoCT does not really care or cater holistically for the needs of people with physical disabilities. Factors that are not taken into account by policymakers appear more covert and hidden, invisible to the naked eye as it includes how the dignity and autonomy of people with physical disabilities are deeply impacted and compromised due to attitudes and (mis)perceptions held by the larger public. The skills and capacity for disabled people to be empowered to begin to meet their own service needs by creating employment opportunities for PWD, e.g. running the services for planning, answering telephones, and driving needs to be audited and explored.

The study furthermore highlighted that society discriminates against people with physical disabilities in instances when they have to pay for an assistive device, which is their means to mobility. One can argue that able bodied people do not pay for their legs, as well as their body when using a train, bus or even a taxi. Rather, consideration should be given for legislation to be enacted which exempts PWD from paying for their wheelchair.

Legislation such as the Constitution of the Republic of South Africa (1996) emphasises that the rights of PWD must be upheld. It is therefore within this constitutional realm that when looking attentively at what care is necessary, the research highlighted that there is a need to provide accessible transport services to people with physical disabilities.

The South African White Paper on National Transport Policy (1996) and the White Paper on Provincial Transport Policy (1997) assert that the transport needs of PWD should be identified and addressed. More importantly, the National Land Transport Transition Act 22 of 2000 articulates that the needs of PWD should be catered for in public modes of transport.

It is evident that legislation and transport policies recognize that provision must be made for PWD in the transport sphere. The accounts of participants' experiences highlighted that the

design and infrastructure of the public modes of transport show a lack of attentiveness to their particular transport needs.

5.2.1.2 Conclusion

One study in particular, Venter et al. (2002) affirmed the findings of this study that most public transportation systems exclude people using wheelchairs for mobility by means of it being inaccessible. The experiences of hearing impaired and individuals with sight challenges should also be brought into perspective but was not possible to be included due to limitations of time and resources.

The researcher therefore holds the view that currently, public transport systems are not fully integrated and do not fully comply with the South African constitution in terms of equality for all citizens.

The study therefore concludes that the transport needs of people with physical disabilities can only be met if more attention is given to achieve a holistically, inclusive, accessible and integrated transport system where all modes of transport are compliant.

5.2.1.3 Recommendations
- The integration of the public transport system should be improved and broadened to be inclusive of all citizens so that people with physical disabilities do not need to rely heavily on the CoCT's DAR special transport service;

- The DAR special transport service could be broadened by having affiliated subsidised transport services run by disabled for disabled;

- Public modes of transport should be made accessible and legislation must be enforced where these modes are adapted and modified, for instance buses with lower steps so

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that PWD can travel without barriers, reserved seating on buses should be implemented, train carriages and the infrastructure be made accessible. All these initiatives can assist PWD to travel independently and this will alleviate the pressure on DAR to provide a service that is already overburdened;

- Conduct a needs analysis of PWD - Assess the needs of people with diverse disabilities and approach government in terms of what it will cost to improve the DAR service for all in a more inclusive way;

- National government must allocate additional funding for the operation of DAR in all provinces; catering also for the needs of PWD in rural areas;

- Transport needs of PWD must be prioritised by government in terms of funding and the allocation of resources. Government should invest in accessibility audits and to modify the built environment to create an accessible travel chain;

- National government should subsidise taxis and allow for a certain amount to operate in different areas after a needs assessment has been conducted to determine how many people need the service in a given area;

- National census data collection can assist with collating data to determine how many people are fully dependent on care and use a wheelchair to aid their mobility, how many people travel independently with the aid of a wheelchair, how many people travel with any other assistive devices such as crutches;

- Census data should be put to use for policy and planning for PWD.

5.2.2 Phase Two: Taking care of / Responsibility

In South Africa, as a developmental democratic state it is incumbent on the State to take responsibility for the care of its citizens. This is in tandem with the philosophy of the political ethics of care.

The DAR programme was initially started up by two non-governmental organisations. This later became personified as the City's way of giving "special care" to people with physical disabilities without much follow-up monitoring and research studies. DAR therefore epitomises the special needs phenomenon, because it was set up to address the transport needs of those with physical disabilities who were unable to use other public modes of transport.

The CoCT presently is the main custodian of the DAR special transport service and tender the service out to a service provider. Currently, the responsibility to meet the needs for transport care that exists rests within the CoCT. However, the study found out there is little evidence of appropriate monitoring and evaluation that seeks to determine programme effectiveness, for instance service user satisfaction.

5.2.2.1 Theme 2: Freedom of movement

When the CoCT implemented the DAR special transport service, it created a lot of expectations for people with physical disabilities. The participants shared their expectations of how DAR would afford them the freedom to travel independently. This created a sense of inclusion for participants as citizens within the CoCT. A further expectation expressed by participants was that DAR would facilitate access to opportunities and services and therefore facilitate integration into society. In addition, participants articulated their expectation that with the DAR special transport service, no restrictions would be imposed upon them for

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wanting to travel wherever they wanted to go. However, the research identified that the service users are frustrated and feeling uncared for, because the service is not broad enough to cater comprehensively for their needs.

5.2.2.2 Theme 3: Operational challenges of Dial-A-Ride

Providing transport to citizens, including PWD, is the responsibility of the CoCT since 1998. The CoCT is and have taken up this responsibility. However, the findings of the study highlighted concerns that although the DAR special transport service is available, its operational system is having an adverse impact on the care relationship that exists between services users and service providers.

Participants in the study and literature from documents accessed confirmed that users experience several challenges when it comes to bookings. Either the service provider does not honour the booking that the service user has made, or it is a tremendous challenge in getting through to secure a booking. On the other hand, the potential also exists that when any particular user calls in, they might not get through as only a limited amount of bookings are accepted on a daily basis. Furthermore, limited telephone lines are available to accept calls for making a booking.

The service providers interviewed are aware of these challenges and it is questionable what solutions the monitoring firm has recommended based on the above challenges.

In lieu of the fact that the CoCT is responsible for providing transport as alluded to earlier, group participants further experienced challenges in the availability / lack of availability of the DAR special transport service. Group participants communicated that without the availability of DAR, it impacts on opportunities for integration, like work, school and improving their socio-economic situation, and going to essential care services such as

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hospitals. Providing the transport, but with limited resources (number of buses and number of telephone lines) questions whether the CoCT is conscious if a need for improvement in these areas are important.

Failure to attend to these needs perpetuate the exclusion of PWD in society and the disregard for transport policies which makes provision for PWD to be included in public modes of transport. It is also indicative of a lack of responsiveness.

5.2.2.3 Conclusion

It can be concluded that both DAR and the mainstream modes of transport are limited as a service and therefore not catering in the transport needs of PWD.

5.2.2.4 Recommendations

- The CoCT should employ additional operators in the call centre to take bookings;

- The CoCT should allow for the extension of the booking times and travelling times for all service users and not exclusively for the regular users.
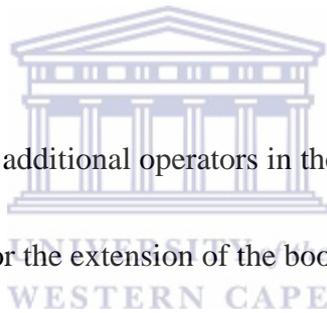
5.2.3 Phase Three: Care giving / Competence

5.2.3.1 Theme 4: Priorities

The CoCT, as mentioned earlier, tenders out the provision of the DAR special transport service. In essence, both the CoCT and the service provider are the actual caregivers of transport services to people with physical disabilities. The CoCT therefore must provide care, but they must be knowledgeable about how to provide the care. An important aspect therefore is to engage with the service users and being informed about their needs. This can assist the CoCT in rendering a competent transport service.

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Group participants in the study expressed that some areas of improvement in terms of meeting their needs included additional fleet (buses), the availability of the service 24/7 and staff sensitisation.

The caregivers (both service providers) interviewed are consciously aware that for them to provide a competent transport service, there is a need for additional fleet.

Media reports where service users voiced their disgruntlement about the lack of competent services were highlighted by means of a protest march in the CoCT during April 2017. One of the greatest concerns expressed was the limited amount of buses available.

In addition, service users also voiced their need for more operators who could respond to their calls for when bookings are to be made for the use of the DAR special transport service. Furthermore, these operators and other staff associated with the DAR special transport service should become sensitised about the needs of persons with physical disabilities. Service users also expressed the need for more PWD to be employed in the DAR programme. In order to provide a competent service to PWD, the caregivers need to realise that the dignity of PWD should be upheld, as stated in the South African Constitution and that training does not necessarily dispel perceptions held by the caregivers about PWD.

The caregivers (both service providers) interviewed confirmed that staff within DAR receive the necessary sensitivity training regularly.

Service users felt that their need is for the DAR special transport service to be more freely available. They are currently restricted with the service as it is not available for example when an emergency arises, as the booking policy prescribes that all bookings should be made a week in advance. The DAR special transport service further restricts users from travelling

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when they are unable to get through to make a booking, despite the COCT's attempts to be seen as competent by making it a free call to service users.

Service users have expressed which resources caregivers need to care for competently.

5.2.3.2 Conclusion

It can be concluded that service users felt that the CoCT lacks competence for not providing enough fleet to cater for their transport needs. In addition, service users perceived a lack of competency when they engaged with the operators to secure bookings.

5.2.3.3 Recommendations

- Employ more staff with disabilities at the CoCT and at DAR offices;

- Additional buses should be secured due to the demand of the service. MyCiTi buses, although more in fleet than DAR buses, is not a kerb-to-kerb service and is therefore not able to meet all the needs of PWD. Additional DAR buses will assist with social integration, will allow PWD to up skill themselves and assist them to become economically active citizens;

- A range of DAR vehicles should be available, e.g. combis and sedans to facilitate ease of comfort in going into different areas, e.g. informal settlements;

- Implement different DAR systems according to different categories of need, for e.g. work, leisure, school, day care, hospital etc. This could improve the availability of DAR as a service;

- Regular sensitisation workshops should be conducted with all staff related to the DAR special transport service, both the tender company and the staff at the CoCT. This will allow for insight and a deeper understanding of issues affecting PWD;

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- Allow family members and carers to travel with service users. This can be made possible with the implementation of an alternative DAR special transport service similar to Uber or Taxify;

- Allowing people with physical disabilities who are employment seekers to travel free on the DAR special transport service;

- Capacitating PWD to run the DAR special transport service, for instance as part of the tender. The potential for innovation and entrepreneurship by PWD should be encouraged.

5.2.4 Phase Four: Care receiving / Responsiveness

The responses of the service users are a means for the CoCT to determine how accurately they are meeting the transport needs of people with physical disabilities. It is important for caregivers to become attentive of what the expressed needs of service users are, as this can lend itself to caregivers becoming responsive though considering the opinions of PWD as expressed by them.

The DAR special transport service undeniably provides for the care needs of people with physical disabilities, as it is the only programme of its kind in the CoCT and in South Africa. A paradox exists in terms of how the service users respond to the care provided by the caregivers (CoCT and service provider) and how well the current care process meets their needs. The extent of how well the DAR special transport service meets the needs of PWD has been illuminated and lends itself for more dialogue and improvements.

5.2.4.1 Theme 5: Quality of the service

The study highlighted that in some instances the care needs of the service users were met as illustrated in their accounts of how the drivers employed at the DAR special transport service were most responsive to their needs.

The study highlighted that various views are held about the DAR special transport service forum. Service users and service providers shared both positive and negative aspects about the forum. These thoughts must be reflected upon when making recommendations for this study.

The research identified that the CoCT monitors various aspects about the DAR fleet, the trips, bookings and complaints through an independent monitoring and evaluation company. A concern that arose from the study was that the service providers did not indicate if regular feedback is sought from the service users to determine if and how their care needs are met. The researcher, a practitioner and registered social worker requested permission from the CoCT to peruse the monitoring and evaluation reports as part of her data gathering, but unfortunately access was restricted. This limited the researcher's capacity to validate if monitoring of care is indeed done and present. This lack of accountability and transparency with regard to citizenship and rights of PWD to know more is paradoxical and in breach of the South African Constitution and remains open to question.

The study recognised that the CoCT has a transport complaints line which allows service users to voice their concerns. This process allows the CoCT to be constantly responsive to the needs of service users. However, participants in the study articulated that using the complaints line did not necessarily yield positive responses from the CoCT.

5.2.4.2 Conclusion

There is a lack or disinterest in ascertaining how service users respond to having their needs met / not met. This calls for improved monitoring and evaluation and policy research practices, which will allow for a more accountable, transparent, participatory and dialogical process of partnering.

5.2.4.3 Recommendations

- The CoCT should provide a platform where they listen to the needs of users. Open dialogical exchanges through facilitated platforms or meetings need to be conducted with all user groups, either quarterly or six monthly;

- An annual strategic planning meeting where a SWOT analysis is done to evaluate the service should be introduced;

- Tender (Contract holder) must have monthly meetings with all staff;

- Monitoring and evaluation of the DAR programme must include the voices of PWD to determine if the programme is meeting the needs of the service users;

- Commission local and national DAR conference with various stakeholders such as the Department of Health, Department of Education, National Department of Transport, Department of Social Development and all PWD forums and/or service organizations rendering services to PWD, to discuss the feasibility of improving transport services for the needs of people with physical disabilities;

- Consumer satisfaction surveys should be conducted with the service users in order for the CoCT to determine the quality of their experiences and areas of improvement.

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5.2.5 Phase Five: Caring with / Trust

In this study, DAR was a special transport service implemented with the help of state-sponsored private (outsourced) services. Trust issues are evident judging from the three main themes that stand out in the results and findings: 'freedom of movement', 'continued inaccessibility' and 'operational challenges' that emerged in conversations with transport service (care) receivers and transport service (care) providers. The ways in which the identified transport needs are to be considered in future local transport policy and planning by the CoCT, given the trust issues, remains a challenge if it is to be consistent with the South African Constitution and to be in keeping with general democratic commitments to justice, equality and freedom for all.

5.2.5.1 Recommendations

- In the absence of previous policy monitoring and evaluation studies, this research findings that have been produced should be considered as part of the need to start a healthy policy dialogue and information exchange between PWD, civil society consumer bodies, non-profit organisations and service providers such as private transport service companies, and more importantly the state represented by CoCT and its officials and local, regional and national transport policy planners.

5.3 Recommendation for future research studies

It is incumbent on the state and CoCT to provide a competent service to people with physical disabilities to demonstrate that they care about the Constitution and needs of people with physical disabilities. It is also imperative to provide a platform where the Dial-A-Ride service users can engage in dialogue with and provide feedback to the state and its transport service providers whereby a balanced and trusting relationship with all parties concerned can be created.

The researcher recommends that further research and studies be conducted to include ALL the other disabilities (e.g. hearing and visually impaired). It is also recommended that studies be conducted with family members of PWD to obtain more information about their experiences of living with people with physical disabilities whose transport needs are not catered for.

5.4 Conclusion

This chapter provided a summation of the research findings, the conclusions arrived at and recommendations of the research study. The findings of the study provided insight and understanding about the applied policies as well as expectations, experiences and needs of people with physical disabilities relating to the use of the DAR special transport service. The study furthermore provided in-depth knowledge and an understanding about the DAR special transport service. Through conducting the study, the researcher was able to determine the rapidly changing transportation needs of people with physical disabilities in the CoCT. Further research about how the public transport system caters to meet the needs of different groups of people with physical disabilities should be encouraged, hence the need for both policy briefs and publication of this thesis.

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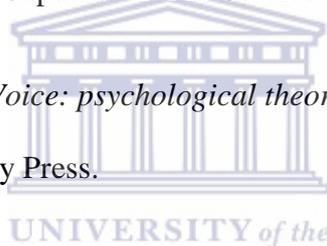
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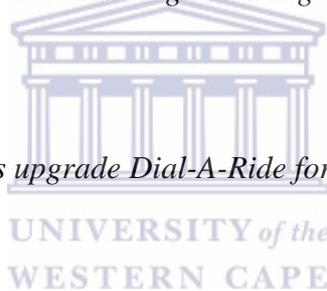
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APPENDICES

APPENDIX A: Approval Letter

DOM557

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Date: 15 May 2017

TO: EXECUTIVE DIRECTOR: DIRECTORATE OF THE MAYOR

Research Approval Request

In terms of the City of Cape Town (CCT) System of Delegations (March 2017) - Part 29, No 1 Subsection 4 and 5 "Research:

(4   To consider any request for the commissioning of an organisational wide research report in the City and approve or refuse such a request

(5)   To grant authority to external parties that wish to conduct research within the City of Cape Town and publish the results thereof"

The Executive Director: Directorate of the Mayor is hereby requested to consider the request received from

Name: Ms Nadheerah Morta-Andrews

Designation: Masters candidate

Affiliation: University of the Western Cape, Department of Social Work

Research Title: A Case Study of Transport Services for Physically Disabled Citizens in the City of Cape Town

Taking into account the recommendations below (see Annexure for detailed review):

Recommendations

That the CCT Executive Director: Directorate of the Mayor grants permission to **Nadheerah Morta-Andrews (Masters candidate at the University of the Western Cape)** to conduct research in the City of Cape Town subject to following conditions:

- The relevant authority (director or manager) for Specialised Transport Services (STS) being contacted and informed by the researcher of the planned research and to advise on recruitment of STS participants;
- The willingness and/or availability of individual staff members to participate in a voluntary capacity in the research;
- CCT staff members agreeing to have their interviews used for the purposes of the Masters research;
- A clear acknowledgement in the report that the views of the CCT STS staff are not regarded as official CCT policy
- Submission of the completed research report to the Office of the Executive Director: Transport and Development Authority (TDA) and the Research Branch: Department of Organisational Policy and Planning, Directorate of the Mayor within 3 months of completion of the report and research; and
- Permission being obtained from the ED: Directorate of the Mayor to publish the study.

Approved ☑   Comment: _____

Not Approved ☐   Comment: _____

_____
Craig Kesson – Executive Director: Directorate of the Mayor

C. Light
Supported.
Acting Director: OPP
15/05/2017

23/05/17.
_____
Date

CIVIC CENTRE   IZIKO LEENKONZO ZOLUNTU   BURGERSENTRUM
12 HERTZOG BOULEVARD CAPE TOWN 8001 PRIVATE BAG X9181 CAPE TOWN 8000
www.capetown.gov.za

Making progress possible. Together.

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E-mail: mmcdonald@uwc.ac.za

INFORMATION SHEET FOR SERVICE USERS

Project Title: A case study of transport services for physically disabled citizens in the City of Cape Town

What is this study about?

This is a research project being conducted by Nadheerah Morta-Andrews, a Master of Social Work student at the University of the Western Cape. We are inviting you to participate in this research project because you are a registered user of the special transport service subsidised by the City of Cape Town for people with disabilities. We feel that your experiences in using the special transport service can contribute much to our understanding and knowledge of the effectiveness of the service. The purpose of this research project is to gain an in-depth understanding of the accessible transport services subsidised by the City of Cape Town from the perspectives of both service users and service providers; documenting how the needs of the physically disabled service users are catered for.

What will I be asked to do if I agree to participate?

You will be asked to participate in a group discussion that will take approximately one and a half hours. The group will consist of up to 10 participants. Some of the participants in the study will be requested to be interviewed separately. The interview will take approximately one hour. Should you choose to participate in the study, I will organise a location for the discussions and/or interview convenient to you. The questions that will be asked in the study will consist of the transport challenges faced by people with physical disabilities. The questions will also focus on the experiences of people with disabilities and their expectations for accessible transport.

Would my participation in this study be kept confidential?

This research project involves making audiotapes of the group conversation. The audiotapes will be used to capture all the information relating to the study as accurately as possible, so as

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not to lose valuable information. The discussions and interviews will then be transcribed onto a computer. The audio tapes will be stored in a locked secure place at all times and the computer data will be protected from intrusion also. The audio tapes will be destroyed after a period of 5 years. All responses will be treated with full confidentiality and anyone who takes part in the research will be identified only by code numbers or false names. You can request a copy of the discussions and interview transcript. The interviews will be analysed on a computer by myself. At the end of the research I will write a report and the results may be published in peer reviewed journals. No research participant will be identifiable from any publications.

With regard to the focus group discussions, I will ask you and others in the group not to talk to people outside the group about what was said in the group. I will therefore ask you to keep what was said in the group confidential. You should know, however, that I cannot stop or prevent participants who were in the group from sharing things that should be confidential.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator to make recommendations that could improve the policies and transport services. We hope that, in the future, other people might benefit from this study through improved understanding of the challenges people with physical disabilities face with accessing public transport.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized. If you feel you would like some additional help after the discussions and or interviews, I will be able to refer you to an appropriate social service practitioner.

What if I have questions?

This research is being conducted by Nadheerah Morta-Andrews, a Master's student at the University of the Western Cape. If you have any questions about the research study itself, please contact Nadheerah Morta-Andrews at: 152 Tarentaal Road, Bridgetown, 7764, 021 637 1204 (tel) or via 9449004@myuwc.ac.za (e-mail).

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof. C Schenck

Head of Department of Social Work

University of the Western Cape

Private Bag X17

Bellville 7535

cschenck@uwc.ac.za

Prof José Frantz

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

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This research has been approved by the University of the Western Cape's Senate Research Committee. (REFERENCE NUMBER: HS16/5/43)

APPENDIX C

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2277 Fax: 27 21-959 2845

E-mail: mmcdonald@uwc.ac.za

INFORMATION SHEET FOR SERVICE USERS

Project Title: A case study of transport services for physically disabled citizens in the City of Cape Town

What is this study about?

This is a research project being conducted by Nadheerah Morta-Andrews, a Master of Social Work student at the University of the Western Cape. We are inviting you to participate in this research project because you are an employee associated with providing the special transport service subsidised by the City of Cape Town for people with disabilities. We feel that your experiences in working for the special transport service programme can contribute much to our understanding and knowledge of the effectiveness of the service. The purpose of this research project is to gain an in-depth understanding of the accessibility of transport services as subsidised by the City of Cape Town. Your input will help to gain insight and balance the perspectives of both service users and service providers; documenting how the needs of the physically disabled service users are catered for and experienced.

What will I be asked to do if I agree to participate?

You will be asked to participate in an interview that will take approximately one hour. Should you choose to participate in the study, I will organise a location/venue for the interview that is most convenient to you. The questions that will be asked in the study will consist of how the service is operating, how the service can be accessed, how the service has been adjusted over the years, the strengths of the service, the challenges faced by yourselves as providers and the service experiences observed from people with physical disabilities and so forth.

Would my participation in this study be kept confidential?

This research project involves making audio tapes of the conversation with you. The audio tapes will be used to capture all the information relating to the study as accurately as possible,

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so as not to lose valuable information. The interview will then be transcribed onto a computer. The audio tapes will be stored in a locked secure place at all times and the computer data will be protected from intrusion also. The audio tapes will be destroyed after a period of 5 years. All responses will be treated with full confidentiality and anyone who takes part in the research will be identified only by code numbers or false names. You can request a copy of the interview transcript. The interviews will be analysed on a computer by myself. At the end of the research I will write a report and the results may be published in peer reviewed journals. No research participant will be identifiable from any publications.

What are the risks of this research?

All human interactions and talking about self or others carry some level of risk. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological distress or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator to make recommendations in the report that could improve the transport policies and services. We hope that, in the future, other people might benefit from this study through improved understanding of two matters 1.the challenges people with physical disabilities face with accessing public transport and 2.the operations and functions of the special transport service.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized. If you feel you would like some additional help after the discussions and or interviews, I will be able to refer you to an appropriate social service practitioner.

What if I have questions?

This research is being conducted by Nadheerah Morta-Andrews, a Master's student at the University of the Western Cape. If you have any questions about the research study itself, please contact Nadheerah Morta-Andrews at: 152 Tarentaal Road, Bridgetown, 7764, 021 637 1204 (tel) or via 9449004@myuwc.ac.za (e-mail).

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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This research has been approved by the University of the Western Cape's Senate Research Committee. (REFERENCE NUMBER: HS16/5/43)

APPENDIX D

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FOCUS GROUP CONFIDENTIALITY BINDING FORM: SERVICE USERS

Title of Research Project: **A case study of transport services for physically disabled citizens in the City of Cape Town**

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I understand that confidentiality is dependent on participants' in the Focus Group maintaining confidentiality.

____ I agree to be audiotaped during my participation in this study.

____ I do not agree to be audiotaped during my participation in this study.

I hereby agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

Participant's name………………………………………

Participant's signature………………………………..

Date………………………

Focus Group Confidentiality Binding Form   **Version Date: 15 September 2014**

APPENDIX E

UNIVERSITY OF THE WESTERN CAPE

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CONSENT FORM FOR SERVICE PROVIDERS

Title of Research Project: **A case study of transport services for physically disabled citizens in the City of Cape Town**

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

____   I agree to be audiotaped during my participation in this study.

____   I do not agree to be audiotaped during my participation in this study.

Participant's name…………………………………..

Participant's signature……………………………….

Date………………………

Consent Form **Version Date: 15 September 2014**

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FOCUS GROUP QUESTION SCHEDULE (SERVICE USERS)

1. Can you tell us what modes of transport you used before the special transport service came into existence? What were your experiences using it?

2. Think back to when you first started using the special transport service, what were your expectations of the special transport service?

3. When do you use the special transport service? How do you manage if the service is not available?

4. Tell me about positive experiences you have had using the special transport service.

5. Tell me about disappointments you have had with the special transport service.

6. What can be done to improve or expand the special transport service for people with physical disabilities?

7. Suppose that you were in charge and could make one change that would make the special transport service your needs. What would you suggest?

APPENDIX G

UNIVERSITY OF THE WESTERN CAPE

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SEMI- STRUCTURED INTERVIEW SCHEDULE

1.   What is your involvement with the special transport service for people with physical disabilities ?

2.   Can you tell me what other modes of transport services are currently available for people with physical disabilities in Cape Town?

3.   Tell me about your experiences in working for the special transport service?

4.   What purpose/type of trips can the special transport service be booked for?

5.   Tell me about positive experiences you have had working for the special transport service?

6.   Tell me about disappointments you have had working for the special transport service?

7.   Can you tell me about the possible problems service users encounter in booking or using the special transport service?

• How did you learn about these problems?

• Why is this considered a problem?

• Under what circumstances does the problem arise?

• What is the scope of the problem?

8.   Have you noticed any changes in the special transport service over the past few years?

•What were positive changes? What were negative changes?

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•What more can be done and by whom?

9. In your opinion, which problems give rise to complaints by users? Others?

• How do you explain the problem?

• Can you expand a little on this?

• Can you tell me anything else?

• Can you give me some examples?

10. What are the strengths of the special transport service?

11. In your opinion, are people satisfied with the available special transport service service?

• If not, what are the main problems that you have witnessed or heard about?

• Can you expand a little on this?

• Can you tell me anything else?

• Can you give me some examples?

12. What can be done to improve and expand the special transport service for people with physical disabilities?

• What are the improvements you feel need to be made?

• What would be the main features of the 'new' service?

13. Suppose that you were in charge and could make one change that would make the special transport service better to meet the needs of people with physical disabilities. What would you do?

14. How well do you think the special transport service is meeting the needs of its service users?

15. Are there any other problems that we have not discussed and that you find is worthwhile to mention?

Thank you for your time. Do you have any questions that you would like to ask?

APPENDIX:H

Lona's Language Services

English/Afrikaans
Afrikaans/English

3 Beroma Crescent Beroma Bellville
Tel 0219514257
Cell 0782648484
Email illona@toptutoring.co.za

* Translations * Editing * Proofreading
* Transcription of Historical Docs
* Transcription of Qualitative Research
* Preparation of Website Articles

TO WHOM IT MAY CONCERN

This letter serves to confirm that the undersigned

ILLONA ALTHAEA MEYER

has edited the language in this thesis for grammatical correctness.

Signed

Ms IA Meyer

25 May 2018

FOR: NADHEERAH MORTA-ANDREWS

TITLE: A CASE STUDY OF TRANSPORT SERVICES FOR PHYSICALLY DISABLED

CITIZENS IN THE CITY OF CAPE TOWN

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