

# **Evaluation of policy regulating access to South African Social Security Agency's disability grants in Umlazi Township**

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## **ABSTRACT**

The Social Assistance Act 13 of 2004 makes provision for social assistance in the form of older person's grant, disability grant, child support grant, foster care grant, war veteran grant, care dependency grant and social relief of distress. The provision of a disability grant is prescribed in Section 9 of the afore-mentioned Act which sets out the qualifying criteria for a disability grant which stipulates that the applicant for a disability grant should have attained the prescribed age at the time of application. The Act further prescribes that, owing to the applicant's physical or mental disability, which is unable to secure employment or profession to enable him/her to provide for his/her maintenance, may also submit an application.

The purpose of the study was to "Evaluate the policy regulating access to South African Social Security Agency's disability grant in Umlazi Township". The focus is on the Umlazi Township in the eThekweni Metropolitan Municipality in the KwaZulu-Natal Province. The data collection techniques used in the collection of data was qualitative in nature. A semi-structured questionnaire with a mixture of a five-point Likert scale and open-ended questions was administered.

The major findings of the study included the lack of policy for the disability grant, the lack of relevant training for staff and medical practitioners, the lack of community engagement and awareness, medical practitioners who use their discretion to make recommendations to the South African Social Security Agency (SASSA) administrators, the risk of inclusion and exclusion errors caused by poor gate-keeping, the impact of poverty, unemployment and the chronic illnesses resulting to demand for disability grants.

**KEY WORDS:** Disability grant, Disability, Social Assistance, SASSA, Medical practitioner, Social issues, Constitution, and Medical assessment.

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## **CHAPTER 1**

### **1. NATURE AND SCOPE OF STUDY**

#### **1.1 INTRODUCTION**

Section 27(1)(c) of the Constitution of the Republic of South Africa, 1996 (hereinafter referred to as the Constitution) stipulates that everyone has the right to have access to social security, including the right to social assistance if they are unable to support themselves and their dependants. In line with this requirement, the National Department of Social Development established the South African Social Security Agency (SASSA) in 2006, in terms of the South African Social Agency Act 9 of 2004, to administer and pay social assistance to qualifying South Africans, permanent residents and refugees in the country. The scope of operation covers all nine Provinces in the country.

This chapter provides the orientation and problem statement of the study which focused on Umlazi Township in the eThekweni Metropolitan Municipality in the KwaZulu-Natal Province. The methodology conducted for the study will be discussed in detail with a view of providing a clearer understanding of the process that was followed.

#### **1.2 ORIENTATION AND PROBLEM STATEMENT**

The Social Assistance Act 13 of 2004 (hereinafter called the Act) makes provision for social assistance in the form of older person's grant, disability grant, child support grant, foster care grant, war veteran grant, care dependency grant and social relief of distress. The provision of a disability grant is prescribed in Section 9 of the Act which sets out the qualifying criteria for a disability grant which stipulates that the applicant for a disability grant should attain the prescribed age at the time of application. The Act further prescribes that, owing to the applicant's physical or mental disability, which is unable to secure employment or profession to enable him/her to provide for his/her maintenance, may also submit an application. The provisions of the Act suggest that the definition of a disabled person within the context of social assistance is a person with physical or mental disability prohibiting him/her from entering the open labour market.

The Social Assistance Regulations R.898 of 2008 (hereinafter referred to as Regulations) is required to operationalise the Act. Apart from the provisions of the Act,

the Regulations prescribe the qualifying criteria for access to social assistance and in particular, a disability grant. They specify that an eligible person must be disabled and have attained the age of 18 years, and:

- he/she must be a South African citizen, permanent resident or a refugee;
- his/her disability must be confirmed by an assessment by a medical officer, which indicates whether the disability is permanent, in that the disability will continue for a period of more than 12 months; or temporary, in that the disability will continue for a continuous period of not less than 6 months or for a continuous period of not more than 12 months as the case may be. In this regard, assessment refers to the medical examination by a medical officer of a person or child in order to determine disability or care-dependency for the purposes of recommending a finding for the awarding of a social grant;
- he/she must be unable to enter the open labour market or to support himself or herself in light of his or her skills and ability to work; and
- he/she must not, without good reason, refuse to undergo the necessary medical or other treatment recommended by a medical officer. The medical officer in this regard refers to any medical practitioner in the service of the State, or a person appointed under a contract to perform the functions or render services of a medical officer in terms of the Act.

The residents access their disability grants through 74 SASSA local offices in KwaZulu-Natal Province. The service is provided for by the Umlazi Local Office to the Umlazi Township communities. The access process to disability grants is two-pronged in that people are referred to SASSA by the treating sources, that is, hospitals, clinics and general medical practitioners while others refers themselves when they feel or think that they qualify due to various health conditions. Since the 'treating sources' have a responsibility of providing health services, it is expected that referrals to SASSA for the disability grant would be made when the person's condition is worsening and/or when the affected person requires financial support in terms of the disability grant. In the case of self-referrals, medical evidence is not necessarily produced to justify a disability grant.

SASSA contracts medical officers to conduct medical assessments and make recommendations based on their findings before a disability grant application is lodged and processed. This arrangement prompted the following limitations:

- SASSA's inability to conduct its own medical assessments because the administrators are appointed to administer social grants and not medical officers/practitioners.
- Throughout the country Department of Health (DoH) is faced with a shortage of doctors. Consequently, SASSA is unable to enlist DoH services.
- SASSA does not have the capacity to own and manage the medical assessment environment because there are no suitable neutral and independent assessment sites. The consequence thereof is that assessments are conducted at the medical officer's private rooms. Furthermore, SASSA does not have officials with relevant skills and knowledge, to be deployed to manage the processes at the assessment sites.

The consolidated statistical analysis of disabled people in the KwaZulu-Natal Province as per mid-term population estimates by Statistics South Africa (STATS SA, 2011) was 541,176 while SASSA's social grants system recorded 440,022 disability grant recipients as at 31 March 2011 (SASSA, 2012). The analysis indicated that 81.3% of the disabled in the KwaZulu-Natal Province receive a disability grant. The high percentage suggests that disability grant services in KwaZulu-Natal Province have reached most of the disabled. Furthermore, if one considers that STATS SA figures are based purely on self-response questionnaires and do not take into account the definition of disability in the social assistance context, 81.3% can be perceived as abnormally high. Consequently, further investigation is required of the accessibility to disability grants.

The eThekweni Metropolitan Municipality is a Category A municipality located on the east coast of South Africa in KwaZulu-Natal Province. The Municipality spans an area of approximately 2297km<sup>2</sup> and is home to approximately 3.5 million people (eThekweni Metropolitan Municipality, 2012). The Province consists of a diverse society which faces various social, economic, environmental and governance challenges. Over 1 million people (31.3%) live in poverty in the eThekweni Metropolitan Municipality and SASSA

provides disability grants to 81,946 people as per the Social Pension System (SOCPEN) (SASSA, 2012). Umlazi Township has a population of 189,278 (eThekweni Metropolitan Municipality, 2012) and disability grants are provided to 8,752 beneficiaries (SASSA, 2012).

The definition of disability is of interest to disability policy makers and analysts because it has fundamental implications for eligibility for public programs, for the scope of legislation, and for the way disability prevalence is measured (Mitra, 2006: 236). The Act does not provide a definition for disability; however, it does define disability grant and disabled person, as previously highlighted. To the layperson, the meaning of disability is “the inability to do something.” However, in disability and social science research, there is no consensus on what constitutes disability (Mitra, 2006: 236). There are no commonly accepted ways to define disability and to measure it. Disability has been subject to many definitions in different disciplines and for different purposes. It has been described from medical, sociological, and political perspectives and definitions of disability have been developed and used in different contexts (Mitra, 2006: 237).

Apart from the Act and Regulations available in South Africa, SASSA has no policy in place that regulates access to disability grants. Recommendations for the disability grants are left in the hands of the assessing medical officers. Consequently, medical officers use their discretion as to whether a person is disabled or not. Some use their own subjective criteria which are not always scientifically based (Nattrass, 2006; CASE, 2004; Govender & Mji, 2009). This scenario may result in the exclusion and inclusion errors which may have a negative impact on SASSA due to the following reasons:

- Self-referrals since people feel that they qualify for a disability grant;
- Revolving door syndrome, where those whose disability grant had been rejected decide to re-apply for the same grant. As previously mentioned, there is no policy;
- Deliberately defaulting from taking the prescribed treatment for the purposes of getting the grant;
- Collusion between medical officers for business continuity, to ensure that their patients are afforded a disability grant in order for them to remain loyal to them;

- Medical officers making uninformed decisions as a result of pressure, threat and political reasons; and
- Medical officers recommend temporary disability grants so that the patients will return for another consultation.

The following findings have implications on the current legislative policy (Act and Regulations) for SASSA in regulating access to a disability grant:

- In their research findings, The Community Agency for Social Enquiry (CASE, 2005) found that causes of significant increase in the uptake for disability and care dependency grants were mainly due to the lack of uniformity in assessment methods by different provinces and medical officers. This resulted in errors of inclusion and exclusion; provinces also defined and assessed disability differently, thereby providing access to the disability grant even for people with chronic illnesses; and heightened public awareness of the right of access to social grants.
- Govender and Mji (2009: 228) conducted a study to establish the profile of adults applying for disability grants at Bishop Lavis and to determine the degree of activity limitation and participation restriction by means of the International Classification of Functioning, Disability and Health (ICF) shortlist of activity and participation domains. The study concluded that unemployment and a lack of income are the key factors that influence patients to seek assistance in the form of disability grants.
- In the study conducted by Natrass (2006: 12) from the University of Cape Town on the Disability and Welfare in South Africa's era of unemployment and Aids, it was reported that the perception exists that the disability grant is viewed as a poverty alleviation mechanism, although interviewees differed in whether they are sympathetic to this interpretation. The study also revealed that in the context of high unemployment, many people felt entitled to social assistance in the form of the disability grant. It became clear that due to desperation, the people risked their lives by stopping their treatment (e.g. tuberculosis [TB] or antiretroviral treatment) in order to obtain or remain on the disability grant. The study concluded by offering two options: firstly, adopt a managerial solution towards stricter guidelines for eligibility in order to restrict the number of people accessing social assistance in the form of

disability grant and secondly, conduct further studies to analyse the root cause of the people's perceptions and demands for this particular social grant; which would possibly mean restructuring the entire South Africa's Welfare net (possibility of an introduction of grants for the poor and the unemployed).

It is against this background that the following general research question is stated: ***How can the policy which regulates access to the Social Security Agency's disability grant in Umlazi Township be evaluated to determine whether the delivery of disability grant to the beneficiaries is effective?***

Leedy and Ormrod (2005) argue that a research question is the methodological point of departure of scholarly research in both the natural sciences and humanities. A general research question finds its focus in the research objectives and questions.

### **1.3 RESEARCH OBJECTIVES**

Determining the objectives is the most important step in designing a scientific study. The objectives below guided and focused the study whilst it ensured that the researcher addressed the problems related to the phenomenon that has been studied (Leedy & Ormrod, 2005:5).

- Describe the South African statutory and regulatory framework relating to disability and disability grants.
- Establish how policy regulates access to disability grants when implemented in Umlazi Township.
- Determine the understanding and interpretation of the disability grant legislative policy by the implementers in Umlazi Township.
- Make recommendations for the formulation of a policy to effectively access disability grants in Umlazi Township.

These objectives are culminated in the next chapters.

## **1.4 RESEARCH QUESTIONS**

To operationalise the objectives of this study, the following set of key research questions were formulated:

- What are the statutory and legislative provisions supporting or enabling disability services and disability grants in the South African social assistance context?
- What is the impact of the implementation of the disability policy on SASSA and the disabled in Umlazi Township?
- What is the level of understanding of the disability policy between SASSA and the communities in Umlazi Township?
- What recommendations can be made to the National Department of Social Development and SASSA to improve access to disability grants in Umlazi Township?

## **1.5 CENTRAL THEORETICAL STATEMENTS**

Understanding disability and its measurement is essential if precise policies and programmes are to be implemented to mitigate the effects of disability. The World Health Organisation (2001) regards disability as a complex and multifaceted phenomenon and comprises a number of aspects that further interrelate in a complex manner. These aspects include health conditions, functioning and level of interdependence of the individual, external physical, social and attitudinal environment, quality of life, level of disadvantage and social exclusions that people may experience. It is, therefore, critical that the definition of disability in the social assistance context is viewed from a global understanding of disability, which is not only limited to a person's activity limitation and ability to enter the open labour market. Simchowitz (2004) contends that socio-economic factors and any other related factors are not taken into account in the South African Social Assistance context which is supported by the Act, that talks to the physical and mental ability of a person.

As previously alluded, STATS SA (2007) reported a decline in population living with disabilities from 2.6 million in 1996 to 1.9 million in 2007 and during the same period, over 1.4 million people were benefitting from the disability grants in South Africa. The findings suggest that disability grant services in South Africa have reached most of the

people with disabilities. However, STATS SA figures are based purely on self-response questionnaires and do not take into account the definition of disability within the Social Assistance context. The respondents who reported disability were not subjected to disability assessments to determine their ability and the requisite means testing which determines their affordability. Furthermore, the respondents included the aged and those who did not meet the age criteria to receive a disability grant.

Given the above statements, the findings of the study have been interpreted against the background that disability is a sensitive and complex concept (WHO, 2001) and the disability grant is a form of support to those who cannot provide for themselves due to their physical and mental disability. This assisted to ensure that the evaluation of the policy took into consideration the link between the disability concept and income support in the form of a disability grant.

## **1.6 RESEARCH METHODOLOGY**

Research methodology is the key pillar of the research process as it describes the methods and procedures to be used when conducting the research (Tlhoalele, Nethonzhe & Lutabingwa, 2007: 562). The study followed a qualitative method of collecting data by means of a literature review and an empirical study to validate the data collected. The qualitative approach relates to research which produces descriptive data in which results are presented as discussions of trends, based on words and not on statistics (Brynard & Hanekom, 1997: 29). The descriptive nature of this research approach enables a clearer understanding of the interpretation of events and behaviour within the context in which they occur (Webb & Auriacombe, 2006: 597). Qualitative research does not, however, claim that studies conducted can be replicated in another research process (Du Plessis & Majam, 2010: 458; Webb & Auriacombe, 2006: 592).

### **1.6.1. Literature review**

A literature review is an analysis of text that aims to review the critical points of current knowledge, including substantive findings as well as theoretical and methodological contributions to a particular topic (Vithal & Jansen, 2010:14). It is viewed as a vital component in any type of research. Majam and Theron (2006: 603) refer to a literature review as the most basic point of departure and no type of research should be conducted without a preliminary literature review. It entails a systematic and structured

process of identifying relevant literature to be used that will provide theoretical foundation of the research (Majam & Theron, 2006:603).

In essence, the literature review offers synthesis of what has already been written on the topic, what has not been written on that topic, or is written in such a way that it is conceptually or methodologically inadequate; with the goal of clarifying how the researcher's proposal addresses the gap in the existing knowledge base. The successful policy on access to the disability grant is dependent on understanding the meaning of disability, provisions of the Constitution, 1996 and the demographics of the country. The International Classification of Functioning, Disability and Health published by the World Health Organisation was analysed to arrive at the global understanding of disability. Scientific research results and accredited journal articles on disability grant access and disability as a concept were also studied to obtain a clearer understanding of the research at hand.

The following government publications were consulted as part of conceptual overview of disability and disability grant: SASSA Annual reports (2009/2010, 2010/2011 & 2011/2012), Social Assistance Act 13 of 2004, South African Social Security Agency Act 9 of 2004, Social Assistance Regulations (R898 of 2008), Draft Social Grant Disability Management Model, SASSA's Disability Assessment Guidelines, White Paper on Integrated National Disability Strategy (1997) and Focus Groups results on Disability schedule for Census 2011 published by Stats SA (2007).

### **1.6.2. Empirical study**

A qualitative research methodology produces descriptive data, generally the participant's own written or spoken words pertaining to their experience or perception (Brynard and Hanekom, 2006:37). The study was based on a qualitative research design. The research method employed, utilized a questionnaire with both closed and open ended questions, in Umlazi Township. The literature review and the questionnaire were used to gather data required for the empirical study.

#### **1.6.2.1. Research design**

A research design consists of a clear statement of a research problem and the methods for collecting, processing and interpreting the data that are intended to answer the research question (Webb & Auriacombe, 2006:589). The study was

conducted utilizing a qualitative design and a single questionnaire which focused on the participants who either work or provide the disability grant related services to Umlazi Township in the eThekweni Metropolitan Municipality's area of responsibility.

The development of a conceptual framework for the study, detailing theoretical statements about how the research questions relate to the theories on disability, access to disability grants and the manner in which the research problems will be addressed, is intended to minimise the limitations brought about by the nature of case study design (Schurink & Auriacombe, 2010:445). In addition, Schurink and Auriacombe (2010:445) state that a conceptual framework is an attempt to connect all aspects of the study, in order to deal with possible threats related to the research.

#### **1.6.2.2. Sampling**

Sampling can be described as a process of selecting participants from the total population in order to estimate characteristics of the whole population (Burger & Silima, 2006, cited in Babbie and Mouton, 2001:202). Burger and Silima (2006:657) explain that it is costly and impractical to study an entire population. Therefore, sampling used to save time and resources. Paten (2004:45) clarifies that a sample is typically drawn from a large population. It is inferred that the characteristics identified in the sample are probably the same characteristics of the population. The target population, on the other hand, is the population to which the researcher would generalise the results of the study (Burger & Silima, 2006:657). Sampling is to select only a number of participants from a total population that will represent that population.

The population of 128 respondents comprised 106 SASSA officials and 22 medical officers. The SASSA officials included all officials employed in Umlazi SASSA Local Office, the Durban District Manager and the Kwazulu-Natal Senior Manager responsible for the Disability Management. The medical officer population included those who were contracted by SASSA, private medical practitioners and medical officers from Prince Mshiyeni Memorial Hospital servicing communities from Umlazi Township and the surrounding areas.

The study applied the purposive sampling design. The respondents included SASSA employees from different levels and medical officers from various categories (Leedy & Ormrod, 2001:219). Purposive sampling allows the researcher to apply his/her own judgement in selecting the sample (Burger & Silima, 2006:663). The qualitative study recognises the heterogeneous nature of the population and, therefore, the choice of purposive sampling seemed the most appropriate for the study. The purposive sampling method determines the selection of the sample size of participants regarded to be key informants in the population. Burger and Silima (2006:663) regard a thorough knowledge of the population before the sample can be drawn, in order to ensure representativity of the sample in relation to the population.

A total sample size of 22 participants comprising 14 officials and 8 medical officers was used. The sample was made up of one (1) senior manager responsible for disability management in the SASSA KZN Province, two (2) managers responsible for SASSA Durban District, one (1) manager responsible for managing Umlazi SASSA Local Office, six (6) supervisors and four (4) customer services officials in Umlazi SASSA Local Office. The focus on selected variations served to capture the diversity of the population for the study and the purposive sampling selected saved time, cost and personnel, since only the most relevant categories was included in the sample.

### **1.6.2.3. Instrumentation**

According to Jarbandhan and Schutte (2006:670), multiple data-collection methods can be used in a single study to yield the necessary results. This study proposed to use documents and a questionnaire as its sources of data (i.e. literature study, analysis of official documents and questionnaires).

The SASSA legislative policy documents, organizational annual reports, research reports, journals, World Health Organisation reports and internet publications were utilized. The data obtained from the literature review research was integrated and collated, in addition to the documentary sources. The information gathered was reviewed for this study.

A semi-structured questionnaire was developed and utilized because of its suitability for the evaluation of access to the disability grant policy implementation process. According to Auriacombe (2010:477), semi-structured questionnaires are critical and value adding when the researcher clearly understands what he/she wants to know. However, it does allow for exploration as the research process continues. The semi-structured questionnaire allowed some form of flexibility as opposed to structured and unstructured questionnaires. The questionnaire is intended to determine the perceptions, understanding and attitude of the respondents towards the current legislative policy, in order to validate the findings, from which data obtained can be generalised for the population in the study (Maree & Van der Westhuizen, 2009:30). According to Jarbandhan and Schutte (2006:673), a poorly constructed questionnaire could have a dire effect not only on the validity, but also on the reliability of the results.

Auriacombe (2010:480) states that the questionnaire could be a productive tool if effort is taken to ensure clarity and precision. Furthermore, the more complex the questions and instructions, the greater the demands on the time and effort required of both the researcher and the participants. According to Leedy and Ormrod (2001:197), respondents tend to view questionnaires as an assurance of confidentiality and may, therefore, be more truthful in their responses to the questions contained in the questionnaire. A questionnaire further allows the respondent's time to consider their answers to the questions in the questionnaire, although the researcher may not have the opportunity to clarify confusing questions and instructions which may distort the participants' responses (Brynard & Hanekom, 1997:38).

The SASSA officials and medical officer's perceptions on the implementation of the disability grant policy at hand was tested. According to Auriacombe (2010:481), questionnaires that entail questions and statements provide more flexibility in the design of questionnaire items. The semi-structured questionnaire had a mixture of Likert-type and open-ended questions which afforded the participants the opportunity to explain their answers to the questions (Auriacombe, 2010:482). The questionnaires were e-mailed to identified SASSA

officials and medical officers. To ensure a reasonably high response rate, telephonic contact was made with the respondents who had not responded.

#### **1.6.2.4. Data collection**

Secondary data collected during the research phase needs to be recorded properly (Mouton, 2005:74-75). According to Leedy and Ormrod (2001:164), the physical setting, behaviour and perceptions of the participants must be clearly described in order to depict a multifaceted picture of the phenomenon under study. An efficient data-collection method is beneficial in that it serves:

- as a historical record for the researcher and other possible researchers;
- as a form of quality assurance relating to the dates access was granted for the research, keeping records of all contributors to the research and keeping track of factors that include instruments as they influence the study; and
- monitor response rates (Mouton, 2005: 104-107).

#### **1.6.2.5. Data analysis**

Brynard and Hanekom (1997:55) consider the viewpoints of various authors as critical to a research study. During the in-depth analysis of the data, the integration of other authors' views is imperative to the research. The purpose of this exercise is to aid the researcher to formulate a personal explanation of the phenomenon under investigation, which can only be determined when the viewpoints of different authors have been analysed and subsequently integrated. The method of integrating a variety of authors' viewpoints contributes to a fairly objective analysis of the findings researched.

This study used the questionnaire technique and the data collected was captured. Schutte (2006:622) suggests that when using questionnaires, responses to open-ended questions can be grouped in meaningful classifications that have significance for the purpose of the study. These classifications were prepared against the framework of the policy on access to disability grants which is being investigated.

#### **1.6.2.6. Limitations and delimitations**

Mouton *et al.* (2006:579) refer to limitations as the conditions that restrict research. Provision of Social Assistance in South Africa is a National competence mandated to the South African Social Security Agency that operates in the nine Provinces. Conducting the study in one township in the Province, may omit critical and relevant experiences and dynamics from other areas and Provinces which impact on the study in question. In this case, the results could not be generalized.

SASSA officials are charged with the responsibility of implementing policies. It is assumed that they should have knowledge of policy provisions and requirements. They may respond according to what they think is right as opposed to what they actually know and execute in their day to day operations.

The disability environment is complex and sensitive, so are issues relating to disability grants. The fact that people with disabilities feel marginalized means that any study conducted in this field should take into consideration its sensitivity. One may encounter resistance, unless a clear message and purpose is provided. Similarly, a disability grant is a means to an end for many families and any study conducted may be viewed as a threat to suspend or cancel the grant. This may raise some form of resistance.

The nature of the available data and the required data may be limited since literature on evaluation of access to disability grants is limited.

The sampling strategy employed may also place limitations on the study to be conducted. The purposive sampling selected for this study does not reflect any clear assurances that characteristics of the sample will be representative of the same characteristics as the population under investigation. Purposive sampling involves purposively selecting individuals who are expected to provide the required information (Patten, 2004:51), which may keep the findings of the study from being transferred or generalised to other populations (Schurink & Auriacombe, 2010:441). The challenge with the purposive sampling strategy is

also to pinpoint sources of variations in the population and then select a sample that reflects this variation.

## **1.7 ETHICAL CONSIDERATIONS**

Schurink (2010:432) raises the important issue of explaining the research strategy and methods of the study to the respondents in order to ensure that assumptions about the research are understood. Patten (2004:25) states that respondents have a right to have the data collected about them kept confidential. In order to promote these values in the study, a consent form was circulated to the respondents for their consent. The respondents were informed of the purpose of the research, the processes that would be followed during the research, potential benefits and the voluntary nature of the study. The research process also entailed detailed documentation of important decisions taken during the research process.

## **1.8 SIGNIFICANCE OF THE STUDY**

SASSA is the sole Agency mandated for administration and payment of social assistance in the country and the disability grant falls within the ambit of social assistance. Access to disability grants requires a dedicated and clear approach as it relates to sensitivity of people's daily lives. The Public Finance Management Act 1 of 2001 requires public finances to be handled in an effective and efficient manner. The disability grant falls within the category of grants that touch the lives of the poor. Whilst this consideration is taken into account, it is also critical to ensure that only the eligible beneficiaries receive the disability grant. In view of this policy review, an evaluation is imperative to ensure that everyone involved in the process has a clear understanding of the dynamics, environment and the inclusion and exclusion errors are eliminated.

## **1.9 PROVISIONAL CHAPTER LAYOUT**

The following provisional chapter layout will be followed to address the objectives of the study:

### ***Chapter 1: Nature and scope of the study***

This chapter provides a background of the origin of the disability grant; highlights the problem and general research question and describes the objectives of the study. The

central theoretical statements and methodology followed were also addressed in this chapter.

### ***Chapter 2: Statutory and legislative framework***

This chapter analyses the South African statutory and legislative frameworks related to the distribution of disability grants to the beneficiaries in Umlazi Township, KZN. Knowledge of the legislative framework is necessary to contextualize the phenomenon under discussion and to understand how it functions with regard to SASSA.

### ***Chapter 3: Disability grant: A conceptual overview***

This chapter will present the origin of disability grants in the South African Social Security System. It will also focus on collection and synthesis of existing information related to the study in question. This chapter is of great importance for the study because it will indicate where the disability grant is positioned in government functions.

### ***Chapter 4: Implementation of access to disability grant policy: Empirical findings***

In this chapter the results of the empirical study will be presented and discussed. An analysis of the information gathered during the empirical research will be consolidated to give a clear picture of the current situation regarding the policy on disability in Umlazi and it will specifically determine the perceptions of the beneficiaries who receive, or are supposed to receive disability grants in the Township.

### ***Chapter 5: Summary and recommendations***

In this chapter scientific knowledge acquired through this study will be presented to support the findings. It will also be determined whether the objectives of the study have been reached. Recommendations will be made to assist SASSA to improve access to disability grants and address issues of inclusion and exclusion errors in the system.

## **1.10 CONCLUSION**

This chapter focused on the background of the study, outlining the problem statement, study objectives and the research methods to be used. The next chapter will provide the statutory and legislative framework in relation to the provision of disability grant in detail. This should assist in contextualizing the phenomenon under discussion and bring about the linkage between the provision of the disability grant and statutory provisions.

## **CHAPTER 2**

### **2. STATUTORY AND LEGISLATIVE FRAMEWORK**

#### **2.1. INTRODUCTION**

In the previous chapter, the emphasis was on providing the purpose, significance and the need for the study. Orientation and problem statement was highlighted, followed by the relevant research objectives, questions and the research methodology which was applied.

This chapter deals with the statutory and regulatory framework associated with this particular field of research. The purpose of this chapter is to provide the basis of the issues concerning statutory and regulatory requirements pertaining to disability and disability grants.

To operationalize the research objectives of this study, the statutory framework regulating access to disability grants in South Africa will be analysed. The basic understanding of the constitutional and legislative framework forming the basis of Social Assistance in South Africa will be discussed. This will include the Social Assistance Act, the Regulations supporting this Act, and the South African Social Security Agency Act, White Paper on Social Welfare and Integrated National Disability Strategy.

Other relevant legislation is also discussed, in particular the Promotion of Administrative Justice Act, and the Promotion of Access to Information Act and the provisions of the Public Finance Management Act that guides the handling of public funds, assets and liabilities by the national and provincial government. Furthermore, the international guidelines on the promotion and protection of civil, cultural, political, social and economic rights of people with disabilities under the auspice of the World Health Organisation is also discussed.

#### **2.2 CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA, 1996**

The Constitution is the supreme law of the country and provides for the Bill of Rights which is a cornerstone of democracy in South Africa. It enshrines the rights of all people in the country and affirms the democratic values of human dignity, equality and

freedom. The state must respect, protect, promote and fulfil the rights in the Bill of Rights, however, these rights are subject to the limitations contained or referred to in Section 36.

Section 27(1)(c) of the Constitution stipulates that everyone has the right to "have access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance." Section 27(2) emphasises that the State must take steps to realise this right, but simultaneously provides for some measure of flexibility in doing so. It provides that the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.

The Constitution requires the government to provide social assistance. However, Section 27 contains specific limits. Section 27(2) of the Constitution requires the state to take "reasonable legislative and other measures", "within its available resources", to achieve the "progressive realisation" of the right of access to social security, including appropriate social assistance. This implies that due to financial constraints it might take time to roll out support to all poor people. However, the Constitution requires that government must over a period of time increasingly make such support available as it was illustrated in the previous chapter that access to disability grants has increased from 655, 822 in 2001 to 1,198,131 in 2012.

The right to appropriate social assistance is not absolute as Section 36 of the Constitution contains important provisions in this regard. One of the implications is that social assistance is not an absolute right. Specific conditions are set for obtaining a particular grant. For example, the older person's grant is only available to persons above a certain age. These conditions are stipulated in the Social Assistance Act and the Regulations which is discussed below. According to Section 36 such a condition contained in a law or regulation is in order, if it is a reasonable and justifiable condition. In the case of *Khosa & Others v The Minister of Social Development & Others* (2004), Ngcobo (Judge from the Constitutional Court) declared Section 3 of the Social Assistance Act 59 of 1992 as not reasonable and justifiable under Section 36(1) of the Constitution. In terms of Section 3(c) of the said Act, old age social grants (pensions)

may only be paid to South African citizens resident in the Republic. However, the court ruling states that it is unconstitutional to require applicants to be South African citizens.

Another important fundamental right is the right to human dignity. Some groups, such as the disabled and children, are more vulnerable than others. Such groups are more likely to be affected negatively. It is, therefore, required of government to give priority to the plight of these vulnerable groups to ensure their protection. For this reason the Social Assistance Act makes special provision for so-called disability and children's grant. It also has to be noted that Section 39 of the Constitution stipulates that every court, tribunal and forum, when interpreting a fundamental right, must promote constitutional values such as human dignity and equality.

The courts have also made it clear that these rights must not be seen in isolation. For example, making a social grant, such as the disability grant available would not help much if the beneficiary is also in dire need of medical attention or housing. Therefore, the Constitution requires government to have an integrated approach to the needs of people. Government institutions should work together to ensure that the different needs of a person in need are addressed by the various departments and services provided by the government.

Section 195 of the Constitution contains important values and principles which SASSA officials are required to comply with. In terms of this section, SASSA and its employees must provide social assistance impartially, fairly, equitably and without bias. This means that all the citizens should be treated equally by SASSA officials, regardless of, for example, gender or race. Also, in terms of this section, the citizens are entitled to timely, accessible and accurate information. Finally, SASSA and its employees must abide by the principles of professional ethics. This implies, among others, that all the people are treated with dignity and respect.

### **2.3 SOUTH AFRICAN SOCIAL SECURITY AGENCY ACT 9 OF 2004**

There was a major obstacle to the effective delivery of social grants when the Social Assistance Act was administered independently in each of the nine provinces in South Africa. This implied that the National Minister did not have clear policy control over the social assistance function and was unable to establish norms and standards for

effective and efficient social security delivery. This resulted in a varied and inequitable application of social security policy in the different provinces. In the matter between *Mashavha v The President of the Republic of South Africa* (2004), Van Der Westhuizen (Judge from the Constitutional Court) declared that it was inappropriate for the President to assign the administration of the Social Assistant Act to the provinces; hence the South African Social Security Agency Act (SASSA Act) was enacted.

The SASSA Act was adopted to establish SASSA as an agency to administer and pay social assistance. The SASSA Act was drafted at the same time as the Social Assistance Act 13 of 2004 which is discussed below. The afore-mentioned Act was necessary for SASSA to function. According to the SASSA Act, they are responsible for the administration and payment of social assistance and to eventually act as the overall agent in the administration and payment of various types of social security.

According to the SASSA Act, SASSA must collect and maintain all necessary information to pay social assistance, reconcile payment of funds, have a compliance and fraud mechanism in place to ensure the integrity of the social security system, and perform the same services for other social security programmes and payments.

In various ways the SASSA Act and the Social Assistance Act give expression to the protection of the basic rights of users of the South African social assistance system. This includes provisions on the protection of the human dignity of the applicants and beneficiaries such that:

- the Code of Conduct must promote and protect the human dignity of applicants for and beneficiaries of social security (Section 7(3)(d));
- an applicant who complies with the requirements and conditions of a grant has a legal right to the grant. The Social Assistance Act further stipulates that if the applicant for a social assistance grant qualifies for the grant, the Agency must render the relevant social assistance (Section 14(3)(a)). If the applicant does not qualify, the Agency must inform the applicant in writing thereof, and provide the reasons why he/she does not qualify, and of his/her right to appeal (Section 14(3)(b)); and

- the transfer of functions to the Agency may not interrupt, discontinue or decrease the right to social assistance of recipients (Section 24(b) of the Agency Act), or cause discomfort, stress or an interruption of payments (Section 24(c)).

## **2.4 SOCIAL ASSISTANCE ACT 13 OF 2004**

In 1992 the Social Assistance Act was gazetted. This law governed the country as a whole, rather than piecemeal for the different racial and cultural groups and geographic areas of the country. Subsequently, a number of amendments were made to the 1992 version. In 2004, the Social Assistance Act 13 of 2004 was gazetted and all the amendments were integrated.

The Social Assistance Act 13 of 2004 gives effect to the provision in the Constitution which stipulates that everyone has the right to "have access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance." The purpose of the Social Assistance Act is to:

- make social assistance, including social grants and social relief, available to persons in need;
- establish the means and structure of providing these grants; and
- establish an inspectorate for social assistance.

The Act defines concepts used by this law, explains the different grant types, and explains various issues regarding the administration of grants, *inter alia*, how to apply, the possibility of using procurators, management of any overpayments, appeals against decisions the applicant does not agree with and the powers SASSA has to undertake investigations. While the Act does not deal with these issues in great detail the Regulations authorize the prospect to raise concerns.

According to Section 14 of the Act, an applicant for social assistance must apply in the prescribed manner. SASSA may conduct an investigation and request additional information. If the applicant qualifies for social assistance, the Agency must render the assistance. In other words, an applicant who qualifies has a legal entitlement to the grant. If the applicant does not qualify, he/she must be informed in writing. Reasons

must be provided to all unsuccessful applicants as well as be informed of his/her right to appeal.

## **2.5 REGULATIONS (R898 OF 2008) TO SOCIAL ASSISTANCE ACT 13 OF 2004**

The Regulations clarify and give further details of the rules as set out in the Act. It is important that the Regulations are read together with the Act.

The Social Assistance Regulations confirm the general requirements for each of the grant types and in addition they contain further details or requirements. For the purposes of this chapter, the focus is on the details of and/or requirements for the disability grant.

Regulation 3 clarifies that not only South African citizens and permanent residents qualify for the grant, but also refugees. Furthermore, it regulates that the disability must be confirmed by a medical assessment. The assessment is undertaken by a medical practitioner in the service of the State or specially appointed on contract by the State. The assessment must not be older than three months and it can indicate whether the disability is considered permanent in that the disability will continue for a period of more than 12 months. If the disability will continue for a period between 6 and 12 months, the disability will be considered temporary. A temporary disability grant will then be awarded, which will lapse at the end of the stated period. If the disability is for a period less than 6 months, the applicant is not eligible for a disability grant, but he/she may apply for a social relief of distress short-term grant.

The Social Assistance Regulations contain the following important requirements for disability grant:

- The applicant must be unable to enter the open labour market or to support him-/herself, taking into account his/her skills and ability to work.
- The applicant must not unreasonably refuse to accept employment which he/she is able to perform, and from which he/she can generate an income to provide fully or partially for his/her maintenance.
- The applicant must not, without good reasons, refuse to undergo the necessary medical or other treatment recommended by a medical officer.

## **2.6 WHITE PAPER FOR SOCIAL WELFARE, 1997**

This White Paper was drawn up with the full participation of the stakeholders in the welfare field. It was a negotiated policy framework and strategy that charts a new path for social welfare in the promotion of national social development in the democratic South Africa. The proposed direction of the White Paper was in line with the approach advocated by the United Nations World Summit for Social Development, held on 6 to 12 March 1995.

This White Paper deals with key substantive issues in the restructuring of social welfare services, programmes and social security. It provides the overall framework and instruments needed to deliver effective and appropriate services. These instruments include: a national strategy, institutional arrangements, human resource development, legislation and finance and budgeting. On the other hand it provided the actual restructuring of the social service delivery system, that is, on social security and welfare services, to enhance social integration. The proposed programmes, guidelines and recommendations for future action are set out in the White paper. Sections 2 and 3 address the needs and problems of women and persons with disabilities.

As discussed in the previous chapter, the White paper defines social security as an intervention that covers a wide variety of public and private measures that provide cash or in-kind benefits or both, first, in the event of an individual's earning power permanently ceasing, being interrupted, never developing, or being exercised only at unacceptable social cost and such person being unable to avoid poverty and secondly, in order to maintain children. The domains of social security are: poverty prevention, poverty alleviation, social compensation and income distribution.

The White Paper has acknowledged that people with disabilities experience the following challenges which are associated with social security in the country:

- Disabled people's organizations have generally been excluded from social and economic policy formulation.

- There has been little emphasis on training and rehabilitation to integrate disabled people into the economy. The policy has simply been one of passive income maintenance through grants. People with disabilities have been marginalized.
- The means test has penalized the disabled who have private savings, or who take up (generally lower paid) work, which is often temporary.
- The means test in respect of medical benefits from the State serves as a disincentive for people with disabilities to be employed as they forfeit State medical benefits if they earn approximately R1 700 per month.
- Disability has been assessed on the basis of physical impairment only, and has not taken into account whether a person with a limited disability could find work.

The lack of education, employment opportunities and access to services has deprived many people of their dignity and the ability to look after themselves (Social Welfare, 1997:4). These factors necessitate the need for additional support mechanisms to allow people to live in some degree of comfort and security.

## **2.7 INTEGRATED NATIONAL DISABILITY STRATEGY, 1997**

The Integrated National Disability Strategy is a White Paper that was published by the Office of the Deputy President in 1997. It represented the government's thinking about what it can contribute to the development of the disabled and the promotion and protection of their rights. It is the product of an intensive and thorough process of consultation with the relevant organisations of and for the disabled. It reflects the aspirations of the many disabled in our country. The Integrated National Disability Strategy aimed at kick-starting a further process involving the disabled in the development of specific policies and legislation endeavoured to give effect to the recommendations contained in the White Paper.

The strategy acknowledges that there is a serious lack of reliable information about the nature and prevalence of disability in South Africa. People with disabilities are excluded from the mainstream of society and experience difficulty in accessing fundamental rights. There is, furthermore, a strong relationship between disability and poverty. Poverty makes people more vulnerable to disability and disability reinforces and deepens poverty. Particularly vulnerable are the traditionally disadvantaged groups in

South Africa including people with severe mental disabilities, people disabled by violence and war and people with HIV/AIDS.

Disability tends to be couched in a medical and welfare framework, identifying people with disabilities as ill, different from their non-disabled peers, and in need of care. Because the emphasis is on the medical needs of people with disabilities, there is a corresponding neglect of their wider social needs. This has resulted in severe isolation for people with disabilities and their families.

The majority of people with disabilities living in South Africa depend on social grants for their survival. The strategy also points out the challenges experienced by people with disability to access disability grants. These challenges include:

- Assessment criteria and procedures: the decision usually lies with a single medical doctor, often ill-informed about the relationship between disability and employment.
- Applicants who are turned down do not have access to reasons for their unsuccessful application and no effective and accessible appeal mechanism exists. Definitions of disability vary and create confusion.
- Means test and other benefits: recipients of social security grants lose all free housing and social benefits once they have additional income, even if this still falls below the household subsistence level. This discourages people from seeking employment or vocational training.
- Physical facilities: pension pay-out points are often based in unsympathetic environments, especially in rural and disadvantaged areas. Factors such as lack of shelter, inaccessible buildings, unsafe environments, long queues add to a sense of dehumanization and disempowerment.

The strategy has been in existence since 1997 and is due for review. However, pertinent issues raised are still relevant. The new developments outlined in the International classification of functioning, disability and health (ICF) published by World Health Organisation in 2001 will need to be incorporated in the review of the strategy.

## **2.8 PUBLIC FINANCE MANAGEMENT ACT 1 OF 1999**

The Public Finance Management Act 1 of 1999 (PFMA) was enacted to regulate financial management in the national government and provincial governments. It secures transparency, accountability, and sound management of all revenue, expenditure, assets and liabilities of those governments whilst ensuring efficient and effective management thereof. Furthermore, it provides for the responsibilities of persons entrusted with financial management in those governments; and to provide for matters connected therewith.

The social assistance in South Africa is funded through public funds and for that reason, administration and payment of social grants has to be in line with the PFMA. The legislative policies govern the administration of social grants, whilst they should be conforming to the provisions of the Constitution. Furthermore, they need to comply with the PFMA. This includes ensuring that there is no wasteful and fruitless expenditure in the disbursement of social grants.

## **2.9 PROMOTION OF ADMINISTRATIVE JUSTICE ACT 2000**

Section 33(1) of the Constitution gives everyone the right to “lawful, reasonable and procedurally fair” administrative action. In addition, Section 33(2) gives everyone whose rights have been negatively affected by an administrative action to be given written reasons for the action taken. This section of this chapter will explain what the right to administrative justice entails in the context of social assistance. It will then consider the key law dealing with administrative action passed by parliament in response to Section 33. The Promotion of Administrative Justice Act 3 of 2000 (PAJA) is considered foremost in this regard. The impact of PAJA as well as its inter-relationship with the right of access to social assistance is discussed.

It is not enough for the state to have in place measures to provide those in South Africa with only the various other constitutional rights, both civil and political ( right to vote) and socio-economic ( right to housing). In addition, it is vital that the state in implementing its own policies and laws does so in a way which is fair, reasonable and lawful. Failure to do so afford that the rights have limited or no value, as a theoretical right without proper implementation serves no purpose. Administrative justice is deemed important because the way in which state functionaries need to go about administering peoples’ enjoyment

of their constitutional rights is as crucial as the content of the rights themselves. The administrative justice requirements of Section 33, as expanded upon in PAJA, exist to ensure that the crucial government function of acting justly in relation to the exercise of public power actually occurs.

The everyday lives of ordinary people are greatly affected by the way in which those who hold power over their lives use that authority. According to the Constitutional Court in *President of the Republic of South Africa v South African Rugby Football Union*, Section 33 serves to regulate how public administration is run, particularly the required procedures for just administrative action when individual rights are threatened or affected by such action. In the same case the Constitutional Court held that:

“The Constitution is committed to establishing and maintaining an efficient, equitable and ethical public administration which respects fundamental rights and is accountable to the broader public. The importance of ensuring that the administration observes fundamental rights and acts both ethically and accountably should not be understated.”

A consequence of Section 33 is that people affected by administrative action have the right to go to court to review the reasonableness, lawfulness and fairness of the action taken. Through the mechanism of just administrative action, the type of post-apartheid society envisaged by the drafters of the Constitution, where abuses of administrative authority can be challenged in court, is promoted. This keeps the executive branch of government in check. In this way, it serves to entrench the separation of powers doctrine.

The constitutional rights to administrative justice and to access to social assistance operate together to ensure that everyone has lawful, reasonable and procedurally fair access to social assistance. Administrative justice ensures that government officials act within their powers under the Social Assistance Act, that the procedures they apply are fair and that outcomes of their decisions are reasonable. In essence, “administrative action” is a decision by a state official that affects the rights of a person. Some examples of administrative action in social assistance are decisions to award or terminate grants.

Administrative action may take place at various stages: the doctor and assessment panel that investigate and recommend a disability grant form part of the decision-making procedure, and the final decision taken by a social security official relies upon their factual findings. An empowering provision is the source of lawful authority which entitles a state official to take action. For example, the empowering provisions applicable to social assistance are the Social Assistance Act and its regulations, as well as the South African Social Security Agency Act and its regulations. By this legislation, the people of South Africa, through their Parliament, authorize the state to give social assistance to people who cannot support themselves and their dependents, and to terminate that assistance. Section 3(2) of the PAJA is also an empowering provision, because it authorises officials to follow a particular fair procedure when making decisions.

Where a specific Act of Parliament, such as the Social Assistance Act, regulates the manner of taking a particular decision, then the PAJA will be superseded by the specific Act, provided that the specific procedure is lawful, reasonable and fair as required by the Constitution. There are four main situations in the administration of social assistance where the rights of beneficiaries are likely to be affected by state decision-making:

- in deciding who is eligible for a grant;
- in considering an application for a grant;
- in the stoppage of grants; and
- during the internal appeal process.

SASSA is responsible for the administration of social assistance in terms of the Act and in terms of the functions delegated to it according to Section 29. The long title of the SASSA Act, 2004 states that the SASSA Act had established the Agency for the administration and payment of social assistance and provision of related services. The Agency may in terms of any applicable law, which would include PAJA, administer, evaluate and verify any application for social security and effect payment in respect thereof.

The Agency must offer reasonable assistance to a person, who, due to his/her age, a disability or an inability to read or write, is unable to understand, appreciate or exercise his/her rights, duties or obligations in terms of the Act in the official language of the Republic which he or she will probably understand. One of the four objects of the Act is to provide for the administration of social assistance. Any person who wants to apply for social assistance must do so in the prescribed manner. Once this has happened, the Agency, in order to consider the application, may conduct an investigation and request additional information. If the applicant qualifies for social assistance in terms of the Act, the Agency must give the relevant social assistance and failure to do so would be irregular.

Importantly, Chapter 3 of the Social Assistance Act goes on to translate some of the procedural aspects contained in PAJA, in this way placing certain duties on the Agency and its employees. For example, if the applicant does not qualify for social assistance in terms of the Social Assistance Act, the Agency must, in writing at the applicant's address or other point of contact stated in the application inform the applicant about the following:

- that he/she does not qualify for social assistance in terms of the Social Assistance Act;
- the reasons why he/she does not qualify; and
- of his/her right of appeal and of the mechanism and procedure to invoke that right.

In exercising these administrative tasks, no person is allowed to give any personal information which an applicant has given during the application process to another person, except:

- to a person who requires it in order to perform a function in terms of the Social Assistance Act;
- when required to do so by law or by an order of court; or
- with the applicant's consent.

## **2.10 CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES**

The Convention on the Rights of Persons with Disabilities came into being on 3 May 2008. The Convention outlines the civil, cultural, political, social and economic rights of people with disabilities. Member States which have signed the Convention agree to promote, protect and ensure the full and equal enjoyment of the human rights and fundamental freedoms of people with disabilities and prompt respect for their inherent dignity.

South Africa is a Member State in the World Health Organisation and subscribes to the Convention. The national legislative policies should be in compliance with the provisions of the Convention by ensuring that civil, cultural, political, social and economic rights of people with disabilities are protected and enhanced.

## **2.11 CONCLUSION**

The White Paper for Social Welfare is the blueprint that spells out the government's intentions of the new approach to deal with principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa. The White Paper for Social Welfare encourages the involvement of all three spheres of government, business and the general public to ensure that social welfare services highlighted in the Constitution are catered for in its day to day operations.

The Constitution of the country provides for the Bill of Rights with a particular reference to Section 27 of Act 106 of 1996. To ensure compliance with the supreme Act of the country, a number of legislative and statutory prescripts had to be put in place and implemented. The prescripts discussed in this chapter provided the basis in which the social assistance in South Africa is provided, with specific reference to disability grants.

This chapter endeavoured to respond to the first research question: what are the statutory and legislative provisions supporting or enabling disability and disability grants within the South African social assistance context? The Constitution and the Social Assistance Act were viewed as the key pieces of legislation.

The next chapter will focus on disability as a concept and its link to the disability grant. The literature review will also be considered with the purpose highlighting views from

other authors, origins of social security and the current South African perspective on the matter. Finally, the chapter will also capture some of the factors that may influence the demand for a disability grant in South Africa.

## **CHAPTER 3**

### **3. DISABILITY GRANT- CONCEPTUAL OVERVIEW**

#### **3.1 INTRODUCTION**

This study is related to the field of Public Administration. However, the nature is such that the medical field within the disability concept plays an important role. The ensuing discussion will include elements of health. This chapter will expand on the theoretical perspectives briefly discussed in the previous two chapters. The social security environment in South Africa, the concept disability and its definition will be explored taking into consideration studies that have been undertaken and documented by various authors.

Various approaches to disability, challenges associated to these approaches and access to a disability grant will also be discussed. The main focus will be on understanding disability and other factors that influence people's perceptions, factors included but not limited to the HIV/AIDS pandemic, unemployment and poverty.

#### **3.2 POLICY**

A policy can be regarded as a plan of action aimed at ensuring that legislative mandates for a particular institution/department or entity are implemented successfully and without ambiguities (Cloete, Wissink & De Coning, 2006). Policy formulation is the development of effective and acceptable causes of action to address what has been placed on the policy agenda. The policy that is evaluated in this study is informed by Section 27 of the South African Constitution (1996) which provides the rights that includes access to social security and appropriate social assistance. An acceptable policy formulation means that the proposed course of action will be authorized by the legitimate decision makers and accepted by the end-users and/or the beneficiaries. In this instance, the South African Social Security Agency (SASSA) under the direction and leadership of the Department of Social Development are the main decision makers, whereas South African citizens, social grant applicants/beneficiaries in particular are the end users of the policy.

### **3.3 SOCIAL SECURITY**

One of the mechanisms that enable people to escape and prevent destitution is social security. It meets people's basic needs when their income stream has stopped, been disrupted or has never adequately developed (OSDP, 2003: 83). The four major components of the social security system in South Africa includes private insurance, social insurance (joint contribution by employers and/or employees to UIF, provident funds, COIDA, etc.), social assistance (non-contributory, means tested payments) and social relief of distress. Although the social security system in South Africa seems to be fragmented, discriminatory, and fraught with delivery problems, it is an important form of poverty alleviation. The history and definition of social security will be discussed below with a view of highlighting the thoughts and conclusions drawn by researchers and/or authors. With regard to history, focus will be on the South African social security.

#### **3.3.1. History of social security**

The democratic South Africa inherited a fragmented social security system which was not based on comprehensive coverage for the population as a whole, but started as a social security net for mainly 'whites' (Haarmann, 2000: 10). The social security system was introduced in South Africa in 1910 in a form of short-term benefits for workers who were financed by contributions, and social assistance for the elderly, disabled and children, by the State. These benefits were targeted only at the minority white population.

Bhorat (1995:596) asserts that the introduction of old age pensions and disability grants only evolved for the Indians and Africans in 1944 and 1947 respectively. In 1947 the maximum pension for the minority whites was five times that for Africans (OSDP, 2003: 83). The Office on the Status of Disabled Persons (OSDP, 2003: 83), also illustrate that racial discrimination in the provision of welfare dates from the origins of social assistance in South Africa soon after the formation of the Union in 1910. OSDP (2003: 83) argue that the Children's Protection Act of 1913 provided maintenance grants for children and in terms of the Old Age Pensions Act of 1928 all coloured and white men over 65 years, and women over 60 years were entitled to draw old-age pensions. White pensions were a maximum of R5 a month while coloured pensions were R3. Africans and Indians were excluded. This social pension's legislation was mainly established as a safety net for poor whites as alluded above.

Pension equalization occurred through increasing Black pension benefits, which eroded white pensions. The maximum real value of the pension for a white recipient decreased from R430 in 1980 to R234 in 1996, while an African recipient received an increase from R132 to R234 (OSDP, 2003: 85).

The democratic South Africa developed and adopted the White Paper on Social Welfare that commits government to an integrated and national comprehensive social security system (Social Welfare, 1997:51) which states that every South African should have a minimum income, sufficient to meet basic subsistence needs, and should not live below the minimum acceptable standards. The Constitution of this country supports this goal by entrenching the rights to social security and appropriate social assistance.

The White Paper on Social Welfare (1997) is the primary social security policy document in the democratic South Africa which was released by the Ministry for Welfare and Population Development. Chapter 1 of the White Paper outlines the context for the document as being the presence of “extreme inequality in the distribution of income among racial groups and households (OSDP, 2003: 86). The poorest 40% of households in South Africa earn less than 6% of total national income whilst the richest 10% earn more than half of the national income”.

Haarmann (2000: 16) alludes that the restructuring of the social security system as part of the overall social welfare system was also based on the concept of developmental social welfare. The role of social security is essential for healthy economic development, particularly in a rapidly changing economy, and will contribute actively to the development process. In a society of great inequality the social security system can play a stabilizing role. It is important for immediate alleviation of poverty and is a mechanism for active redistribution (Social Welfare, 1997:51).

### **3.3.2 Definition of social security**

Interestingly, neither the Social Assistance Act nor the Constitution of South Africa provides a definition for the term social security, although one could assume that it would contain some elements of the above. Olivier, Smit and Kalula (2003: 24) note that “neither South African law nor international literature reveals a clear and consistent

approach to the concept of social security". Social Welfare (1997: 48) in the White Paper on Social Welfare defined social security as Policies which ensure that all people have adequate economic and social protection during unemployment, ill health, maternity, child rearing, widowhood, disability and old age, by means of contributory and non-contributory schemes for providing for their basic needs. State social assistance grants include the four categories of benefits which are associated with:

- old age;
- disability;
- child and family care; and
- relief for the poor.

It has been accepted that social security is not a fixed concept, but reflects both similarities and variety (Hardy & Richter, 2006: 86). These sentiments were echoed by the South African Human Rights Commission (SAHRC), following the International Labour Organization's Social Security (Minimum Standards) Convention of 1952 (No. 102). The SAHRC decided to define social security as a public measure to address the consequences of sickness, maternity, occupational injury, unemployment, invalidity, old age and death (SAHRC, 2004: 4).

### **3.4 DISABILITY**

Disability is a complex and sensitive subject. This section aims to provide a definition of disability as well as discuss disability as a concept, including its assessment. This should assist to relate disability to the disability grant as well as policy regulating access to disability grants in South Africa.

#### **3.4.1. Definition of disability**

The first problem that presents itself is the definition of "disability", although it would seem that it was one of the first social risks to be identified and provided for, exactly what this risk entails may differ from system to system. In fact, it would appear that there is no general statutory definition of the term "disability" and much depends on the context within which it is used. The International Labour Organisation (1989: 74) draws distinctions of three concepts of disability as follows:

- **Physical Disability**, which means the total or partial loss of any part of the body, or of any physical or mental faculty, irrespective of the economic or occupational consequences of that loss.
- **Occupational disability**, meaning the loss of earning capacity resulting from the inability to follow the occupation previously exercised by the person concerned.
- **General disability**, which means the loss of earning capacity resulting from the inability to take up any of the possibilities open to the person concerned in the general labour market, even those which might involve a change in occupation and possibly some sacrifice of professional or social status.

The World Health Organization (WHO, 2001) defines disability as a disadvantage for a given individual, assessed non-medically, that limits or prevents activities that are normal for a person in society at a specific age and sex. The definition does not take into account people with chronic illnesses which may result in limiting activity. The classical example will be people who are epileptic with multiple seizures, Multidrug-Resistance tuberculosis (MDR-TB) and Extensively Drug Resistance tuberculosis (XDR-TB) patients. Oosthuizen and Meel (2006:84) highlights that people with disabilities have physical, intellectual or sensory impairment that permanently limits their daily function and are assessed medically with support reports from the occupational therapist. This suggests that disability assessment requires a multi-disciplinary approach in order to provide holistic results.

In South Africa, the Social Assistance Act 13 of 2004 states that a person shall be eligible for a disability grant when the degree of disability renders him/her incapable of entering the labour market and provided that he/she has not refused to accept employment that is within the scope of his/her capabilities. This provides a definition of a disabled person in terms of the Act in the South African context that is very broad and allows for subjective interpretation by the medical officers, as a result, the system is open to abuse or fraud, both by unscrupulous medical officers, but more importantly by the 'disabled' persons (Oosthuizen & Meel, 2006:84).

### **3.4.2. Disability assessment**

The word disability suggests a lack of or decreases in ability, and is based on the common assumption that anyone who is not the same as others, is lacking in ability in some way. The assessment of disability is a topic fraught with disability for a range of reasons which ranges from understanding disability, ability as opposed to disability, what should be assessed and the available code of practice to guide the task (Andrews, Fourie & Watson, 2006: 248).

The Office on the Status of Disabled Persons (OSDP, 2003: 77) reported that the South African Department of Social Development (DSD) undertook to formulate and pilot a Harmonised Assessment tool for disability applicants by September 2003. As part of the process aimed at developing such instrument, the Department embarked upon an examination of a range of key related concerns, including the following:

- Lack of uniformity of approaches in conducting assessments;
- Poor uptake of the care-dependency grant across the country at the time;
- Subjective nature of assessments;
- Need for training of assessors; and
- Corruption within the administration of disability related grants (OSDP, 2003: 81-83).

The International Classification of Functioning, Disability and Health (WHO, 2001) provides strategy for approaching issues of disability assessment, offering a comprehensive view of interrelated and interacting factors that have an impact on the health, well-being and functioning of people who have a health condition or impairment. These factors are described as influencing people's environmental context, either making their functioning possible, or impeding their free engagement in the world around them and activities they may wish to pursue. Given this state of affairs, it is clear that well-trained people and sophisticated tools need to be developed. This will have huge financial implications and it is time consuming which may deter countries (including South Africa) from implementing the WHO's strategy fully.

It is often said that people with disabilities are among the poorest of the poor. This poverty is caused not only by a lack of sustainable and sufficient financial income, but

also from educational, social, political and economic exclusion in the communities in which they live. OSDP (2003: 82) concludes that to overcome the above exclusion, a comprehensive strategy on social security must be implemented nationally. This strategy includes:

- Provision of Social assistance, in the form of grants;
- Adequate and effective compensation mechanisms through the Road Accident Fund (RAF), Compensation for Injuries and Diseases Act (COIDA) and Unemployment Insurance Fund (UIF);
- Provision of Private sector insurance including a national health insurance system; and
- Ensuring that all relevant departments under the leadership of Ministers provides education, health care, training, employment opportunities, general poverty alleviation, transport and housing. Although these services do not strictly form part of a social security mechanism, they are crucial if people are to become and remain economically independent and empowered (OSDP, 2003:82)

### 3.5 THEORETICAL STATEMENT

According to the Department of Social Development, disability grants are available to adult South African citizens and permanent residents who are incapacitated and unable to work due to illness or disability. A number of people living with HIV/AIDS (PWAs) have accessed disability grants once they have fulfilled the criteria set down by the Department of Social Development. A few terms are often erroneously used interchangeably:

- **Social Assistance** - State-provided basic minimum protection to relieve poverty and essentially subject to qualifying criteria on a non-contributory basis (Committee of Inquiry, 2002: 36). The Social Assistance Act 13 of 2004 is not of much of help in defining the contents of this term; for example: "Social assistance means a social grant including social relief of distress." The disability grant would fall under the category of social assistance.
- **Social Insurance** - A mandatory contributory system of one kind or another, or regulated private-sector provision, concerned with the spreading of income over the

life cycle or the pooling of risks (Committee of Inquiry, 2002: 36). South Africa's Unemployment Insurance Fund (UIF) is an example.

- **Social Grant** - According to the Social Assistance Act 13 of 2004, social grant means a child support grant, a care dependency grant, a foster child grant, a disability grant, an older person's grant, a war veteran's grant and a grant-in-aid.

It would seem that that the current social security system in South Africa assumes that everybody who desires to be employed would be able to find a decent-paying job, and that it is only when there is an unexpected intervention such as a disability, injury or a temporary job loss, that the state is duty-bound to provide relief.

### **3.6 SCOPE OF DISABILITY GRANT IN SOUTH AFRICA**

South Africa has one of the world's largest non-contributory social-security systems (Gray, 2006: 54). In 2012, 15.5 million people received social grants and of these people, 1.1 million received disability grants (SASSA, 2012: 22). This is an increase from 655, 822 in 2001 to 1,198,131 in 2012. The current disability grant amounts to 1,160 South African Rand per month. The social grants for the disabled provide financial assistance to people who are deemed 'disabled' and, therefore, unable to seek or sustain employment. The disability grant program was a national program from its inception in 1946 until 1997, when the administration and management of social assistance was assigned to provinces, in line with the decentralized nature of the government of the New South Africa. Until November 2001, however, decisions on disability grant eligibility remained consistent across the provinces.

Decisions on disability grant eligibility were made following a medical assessment by a physician in a clinic/hospital, who made a recommendation to the Pension Medical Officer (PMO). The PMO, based at the provincial head office of the Department of Social Development, made the final decision on eligibility, and was perceived as the gatekeeper of the DG program. This system was criticized on the basis that the PMO, who never met the applicant, had a limited ability to assess the disability of the applicant. The November 2001 Regulatory Amendment to the Social Assistance Act 52 of 1992 changed the disability grant award process by giving provinces the power to interpret the final decision on eligibility and how assessments were conducted. All provinces, except the Northern Cape and Mpumalanga, did away with the PMO

positions. The removal of this gate-keeping position led to a reduction in the stringency of the program, and has been understood as one of the major reasons for the large increase in grants awarded over the 2002–2004 period (CASE, 2005).

The second policy change provided for two possible assessment routes which were mainly:

- by a physician in a clinic/hospital as done earlier; or
- by an assessment panel, which includes a rehabilitation therapist, an employee of the Department of Social Development and a representative of the disability sector or the community.

Within the provinces that adopted assessment panels, there were some variations in panel membership and procedures. This policy change is beyond the scope of this evaluation because it was scrapped soon thereafter.

Disability grants are awarded either on a ‘temporary’ basis (payments are provided for up to one year, whereupon the individual has to reapply for further support) or on a ‘permanent’ basis (usually requiring renewal every five years). According to Gray (2006: 56), the Social Assistance Act 13 of 2004 clarified the rules for awarding disability grants in general, but made no mention of HIV/AIDS. Disability grants can be an important source of income for AIDS-affected households in South Africa (Coetzee & Natrass, 2004). Survey evidence from Khayelitsha, Cape Town, reveals that for those households receiving a disability grant income, the grant comprises between 41–49 per cent of the total household income (Natrass, 2006a). In her study, Natrass (2006b: 95) the importance of disability grant income was illustrated by a respondent who said *“I love this HIV”* because of the grant. She explained further that: *“I like this HIV/AIDS because we have grants to support us, before I was staying with my mother and father and sister, they didn’t work. Maybe I was taking three to four days without food. People discriminated against me and no one come in the house. The only thing that was helping was my grandmother’s pension. We were surviving on that money. Concerning the illness, our lives have changed completely”*.

The notion that someone might “love this HIV” seems shocking; however, it is understandable when one considers the desperate circumstances that households can find themselves when they lack access to an income earner. The advent of a disability grant, as was clearly the case for the respondent quoted above, can be a major life-line for the entire family. The threat of its removal as a result of Highly Active Antiretroviral Therapy (HAART) is thus serious indeed. If the data from Khayelitsha is anything to go by, they suggest that the average household income could fall by a third if a disability grant is lost through restored health.

### **3.7 SOME REALITIES ABOUT DISABILITY GRANT**

South Africa’s disability grant is critical for the survival of many disabled people and their families, and is especially important to disabled women, who face further disadvantage because of their family responsibilities, their generally deeper poverty and their greater vulnerability to HIV/AIDS and other illnesses (Goldblatt, 2009:01). The disability grant is the third largest social assistance grant after the child support grant and the older person’s grant in terms of numbers of people it reaches in South Africa. It is a means-tested grant available to poor adults who are found to be medically unfit to obtain work in the labour market to support themselves (Social Assistance Act 13 of 2004, Section 9).

Very little has been written in South Africa about gender and the disability grant (Lund, 2006:163) or about gender and disability in general (Emmett, 2006:215). It is important to use a gendered analysis to understand the additional barriers that women encounter in relation to the disability grant. Goldblatt (2009: 370) argues that a gendered analysis should also inform potential solutions to some of the broader problems arising from disability, poverty and gender inequality and the response of social policy to these in this country.

Nattrass (2006a) highlights a notable increase in the disability grant recipients and relates it to the AIDS epidemic, which is multiplying the numbers of ill people who are unable to work. Unemployment, poverty and changes to the grant system are also perceived as contributing factors. The disability grant is a lifeline for well over a million South Africans and their families as a form of income support.

Despite the extensive reach of South Africa's social assistance system, there are certain barriers that prevent very poor and vulnerable people from obtaining the disability grant. These include the lack of identification documents, inability to afford transport to government offices, illiteracy, and ignorance of what they are entitled to and what procedures to follow (Goldblatt, 2005:247). The costs (financial, physical and emotional) of trying to access the grant system and remain part thereof are high for all grant applicants and beneficiaries. Gathering documents, travelling to government offices and pay points, and negotiating bureaucratic formalities are some of the tasks that put a strain on them.

### **3.8 CONCLUSION**

This chapter outlined the disability as a concept and as a limitation in the individual's daily activities. It highlighted the dilemma the disabled are faced with in terms of accessing the related services as well as those who are responsible for conducting disability assessments, given the fact that there is no clear cut definition of disability. The impact of HIV/AIDS, unemployment and poverty were the most prevalent contributing factors for the demand for a disability grant. Many affected individuals see the grant as their only means of survival.

It can be concluded that many of the authors somewhat agree that more work still needs to be done to deal with disability as well as access to disability grants. Furthermore, there are suggestions for the introduction of an alternative grant(s) such as Basic Income Grant as a response to unemployment and poverty, as well as for those who suffer from chronic illnesses. Although the latter persons are not disabled, they may be unable to perform their day to day activities.

The next chapter will focus on the analysis of information gathered during the research, with the view to providing a clear picture of the situation, which will reflect on the background, current situation and opinions expressed by those who are affected by the current access to the disability grants policy.

## **CHAPTER 4**

### **4. IMPLEMENTATION OF ACCESS TO DISABILITY GRANT POLICY: EMPIRICAL FINDINGS**

#### **4.1. INTRODUCTION**

The previous chapter reviewed the literature on disability, disability grants and social security. An overview of the studies conducted by researchers as well as recommendations was highlighted. Disability as a concept and as a limitation in individuals' daily activities was discussed. Views and opinions gathered in previous studies were also highlighted. These pointed out the dilemma the disabled are faced with in terms of accessing the related services as well as of those who are responsible for conducting disability assessments. It should be borne in mind that there is no clear definition of disability.

This chapter will highlight the research methodology applied in gathering information and data analysis. The chapter will focus in detail on the presentation, interpretation and discussion of the results of the empirical study. The primary objective of the study was to evaluate the current public policy regulating access to South African Social Security Agency's disability grant in Umlazi Township. The analysis and discussion of the results will focus on the above primary objective with reference to the following secondary objectives:

- Establish how public policy regulates access to disability grants when implemented in Umlazi Township.
- Determine the understanding and the interpretation of the disability grant legislative public policy by the implementers (SASSA and medical practitioners) in Umlazi Township.

#### **4.2. RESEARCH METHODOLOGY**

The study followed a qualitative method. Data was collected through a literature review and an empirical study to validate the data collected.

#### **4.2.1. Literature review**

The literature review offers synthesis of what had or not been written on the topic, or is written in such a way that it is conceptually or methodologically inadequate; with the goal of clarifying how the researcher's recommendations addresses the gap in the existing public management and governance knowledge base. The successful public policy on access to the disability grant is dependent on understanding the meaning of disability, provisions of the Constitution of 1996 and the demographics of the country. The International Classification of Functioning, Disability and Health report published by the World Health Organisation was studied to arrive at the global understanding of disability. Scientific research results and accredited journal articles on disability grant access and disability as a concept was also studied to obtain a clearer understanding of the research at hand.

The following government publications were consulted: SASSA Annual reports (2009/2010, 2010/2011 & 2011/2012), Social Assistance Act 13 of 2004, South African Social Security Agency Act 9 of 2004, Social Assistance Regulations (R898 of 2008), Draft Social Grant Disability Management Model, SASSA's Disability Assessment Guidelines, White Paper on Integrated National Disability Strategy (1997) and Focus Groups results on Disability schedule for Census 2011 published by Stats SA (2007).

#### **4.2.2. Research design**

The study was conducted utilizing a qualitative design in Umlazi Township in the eThekweni Metropolitan Municipality's area of responsibility. The development of a conceptual framework for the study, detailing theoretical statements about how the research questions relate to the theories on disability, access to disability grants and the manner in which the research problem was addressed, is intended to minimise the limitations brought about by the nature of case study design (Schurink & Auriacombe, 2010:445).

#### **4.2.3. Sampling**

The total population for the study was 128 which comprised of 106 SASSA officials and 22 medical officers. The SASSA officials included all the officials employed in Umlazi SASSA Local Office, the Durban District Manager and the Kwazulu-Natal Senior Manager responsible for the Disability Management. The medical officers included those who are contracted by SASSA, private medical practitioners and medical officers from Prince

Mshiyeni Memorial Hospital servicing communities from Umlazi Township and the surrounding areas.

The study applied the purposive sampling design in which different levels of SASSA employees and different categories of Medical Officers were selected (Leedy & Ormrod, 2001:219). The qualitative study recognises the heterogeneous nature of the population and, therefore, the choice of purposive sampling would seem the most appropriate for the study. The purposive sampling method determined the selection of the sample size of participants regarded to be key informants in the population.

A total sample size of 22 participants comprising 14 officials and 8 medical officers was used. The officials made up one (1) Senior Manager responsible for disability management in the SASSA KZN Province, two (2) Managers responsible for SASSA Durban District, one (1) Manager responsible for managing Umlazi SASSA Local Office, six (6) supervisors and four (4) Customer services officials in Umlazi SASSA Local Office. The focus on selected variations served to capture the diversity of the population for the study and the purposive sampling selected in order save time, cost and personnel, since only the most relevant categories were included in the sample.

### **4.3 DATA GATHERING**

A clear dissimilarity exists between research design and data collection methods (Delpont, 2002: 165). Research design is the blueprint for the investigation and provides a recommendation for a selection of data collection methods that will be most applicable to the researchers' goal and to the selected design.

#### **4.3.1. Development and construction of questionnaire**

In this study the data collection techniques used in the collection of data was qualitative in nature. A semi-structured questionnaire with a mixture of a five-point Likert scale and open-ended questions was administered (Refer to annexure "A"). This questionnaire afforded the participants an opportunity to explain their answers to the questions and give their opinions (Auriacombe, 2010:482). The questionnaire developed by the researcher targeted both the

SASSA officials and medical officers. The questionnaire consisted of the following three sections:

**Section A** was developed to capture biographical information of the research participants. The purpose of this section was to provide data for the statistical analysis and comparison of the various groups.

**Section B** was developed with closed questions aimed at evaluating the participants' orientation on disability grant administration and perceived success in the implementation of the policy by SASSA in Umlazi Township. This section consisted of 9 statements. The respondents had to select the extent to which they agree or disagree with each statement, using a five-point Likert scale ranging from "strongly disagree", "strongly agree" and "don't know". The Likert scale is mostly used to measure multidimensional attitudes. According to Welman *et al.* (2011: 157), a scale measuring summated attitudes consists of a collection of statements about the attitudinal objects. In respect of each statement the subjects have to indicate the degree to which they agree or disagree with its content.

**Section C** was developed to provide open-ended questions aimed at soliciting respondents' views and opinions. There were 10 questions including several to substantiate the responses provided in section B.

The researcher requested permission from the Regional Executive Manager for SASSA: KwaZulu-Natal in order to conduct the study in the Umlazi Township SASSA offices. The request was made in writing and permission was granted (refer to Annexure "B").

#### **4.3.2. Data collection**

The study made use of purposive sampling. The sample was derived from the different levels of SASSA employees and medical officers from the State Health Facilities, Independent Medical Practitioners and Medical Practitioners contracted by SASSA. A questionnaire was emailed to the identified participants. The questionnaire was distributed to the relevant participants and to allow them the opportunity to either respond electronically or manually. Telephonic follow-ups were made to ensure a positive success rate.

The collected data was analysed statistically by using SPSS and the Statistical programme. The data from the questionnaires was coded and transformed into descriptive statistics which included tables and various charts. The secondary data of the study was collected through a variety of documents relevant to the study.

#### **4.4 RESEARCH FINDINGS**

The questionnaire was completed by the participants and administered in the absence of the researcher. Twenty-two (22) questionnaires were distributed to the respondents and twenty (20) (91%) were returned. The following analysis and discussions of the study are based on the statements made and questions asked.

##### **4.4.1. Section A: Biographical information of the research participants**

This section of the qualitative findings focused on the biographical information of the respondents. These respondents were SASSA employees and medical officers involved in policy implementation and/or supporting the implementation. The biographical information was based on gender, employment levels, education levels, period of employment/contract, period within the disability grant management field and relationship with SASSA. The presentation, analysis and interpretation of the biographical information are reflected below:

##### ***Gender representation***

The aim of the question was to determine the gender of the respondents to ensure that the results do not have elements of gender bias. The response results are presented in table 1 below:

**Table 1: Gender of research participants**

<b>GENDER</b>	<b>FREQUENCY</b>	<b>PERCENATAGE</b>
Females	7	35%
Males	13	65%
Total	20	100%

In analysing the above results it was evident that 65% (13) were male respondents and 35% (7) females.

### ***Employment levels of participants***

It was important to determine the education levels of the respondents in order to balance their theoretical and practical experience in the disability grant field. Employees and/or medical officers in SASSA's disability management environment have different roles to play and contributions. It was critical to determine the employment levels prior to obtaining the respondents' views and opinions. Table 2 below presents the employment levels of the respondents:

**Table 2: Employment levels of participants**

<b>Employment level</b>	<b>Frequency</b>	<b>Percentage</b>
Medical practitioners	7	35%
Managers	4	20%
Supervisors	6	30%
Administrators	3	15%
Contract workers	0	0
<b>Total</b>	<b>20</b>	<b>100%</b>

The analysis of the above results on current employment levels of the respondents reflected that 33% were medical practitioners, 30% are Supervisors in SASSA while 20% are managers at various levels. 15% represented the grant administrators. No contract employees participated in this study.

### ***Education levels***

The purpose of this question was to determine the level of education for all the participants with a view of supporting the research conclusions and recommendations based on the opinions and views of the respondents. The focus was on the following employment categories:

- Post-Graduate qualification
- Graduate qualification
- Matric
- Other

The respondents' results are presented in Table 3 below:

**Table 3: Education levels of participants**

Level of education	Frequency	Percentage
Post-graduate	11	55%
Graduate	5	25%
Matric	4	20%
Other	0	0
<b>Total</b>	<b>20</b>	<b>100%</b>

All the respondents indicated that they have a formal education. It was interesting to note that 55% of the respondents have post-graduate qualifications, whilst 25% are graduates and 20% possess a matriculation certificate. There was no respondent without a formal qualification.

***Period of employment/contracting***

The aim of this question was to determine the period the respondents have been working at SASSA either as employees or as contracted medical officers. It was critically important to determine respondents work experience linked to SASSA and their familiarity with SASSA's legislative mandate. The focus was on the following period of employment:

- 1-3 years
- 4-6 years
- 7-9 years
- 10 years and above
- Not applicable (referring to medical practitioners operating independently)

Table 4 below presents the respondents' period of employment or contracting at SASSA.

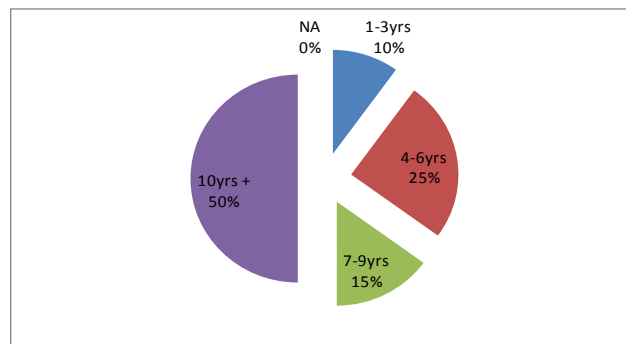
**Table 4: Employment / contract period of participants**

Employment period	Frequency	Percentage
1-3 years	4	20%
4-6 years	0	0
7-9 years	6	30%
10 years and more	9	45%
Not applicable	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

The analysis of the work experience either as SASSA employees or contract personnel for disability grants indicated that 45% of the respondents have 10 years and more of experience, 30% between 7-9 years and 20% between 1-3 years. It was also noted 5% of the respondents have not worked for or contracted with SASSA.

***Disability grant related experience***

It was important to assess whether the respondents have relevant experience in the field as part of policy evaluation. Figure 1 below shows the respondent's relevant experience in the number of years in the disability grant domain either administratively or as medical assessors.



**Figure 1: Period in disability grant domain**

Out of the 20 respondents, 50% (10) indicated that they have 10 years and more experience in the disability grant domain, 25% (5) have 4-6 years, 15 % (3) 7-9 years and 10 (2) 1-3 years' experience. Over 50% of the respondents were involved in issuing disability grants even prior to the establishment of SASSA, which gives a fair representation given the fact that SASSA was established in April 2006.

***Respondent's working relationship with SASSA***

Determining relationship of the respondents with SASSA as presented above was important due to the following aspects:

- SASSA employees are mostly involved in administrative activities and also serve as a link between clients and medical practitioners.
- Contracted medical practitioners are responsible for conducting medical assessments on behalf of SASSA and advise accordingly.
- Medical officers from State Health Facilities are responsible for either treatment of clients, conduct medical assessments on behalf of SASSA or refer clients to SASSA.
- Independent medical practitioners are responsible for the treatment of their clients and refer those who require income support in terms of a disability grant to SASSA.

SASSA's relationship with the participants in this study was assessed and the results are presented in table 5 below.

**Table 5: Working relationship between participants and SASSA**

<b>Relationship</b>	<b>Frequency</b>	<b>Percentage</b>
SASSA employees	13	65%
Contracted Medical Practitioners	3	15%
State medical practitioners	2	10%
Independent medical practitioners	2	10%
<b>Total</b>	<b>20</b>	<b>100%</b>

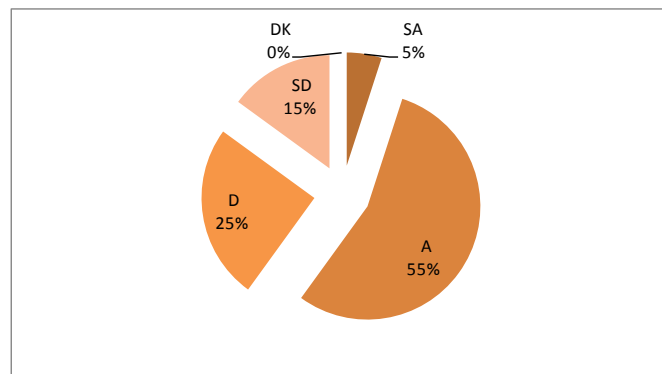
The test results reflected that out of 20 respondents, 13 (65%) are SASSA employees, 3 (15%) are medical practitioners contracted by SASSA, 2 (10%) are medical officers employed by the State Health Facilities while 2 (10%) are independent medical practitioners.

#### 4.4.2. Section B: Closed questions

The statements in the questionnaire were based on the Likert scale of 1 – 5, where 1 represented Strongly Agree (SA), 2 represented Agree (A), 3 Disagree (D), 4 Strongly Disagree (SD) and 5 Don't Know (DK) (Refer to Annexure A). In addressing the objectives of the study, the following statements were put to the respondents.

**Statement 1:** *SASSA officials are familiar with the disability grant guidelines.*

Access to a disability grant is informed by Section 9 of the Social Assistance Act 13 of 2004 and regulated in Regulation 3 of the same Act. It was critical to assess whether the SASSA officials are familiar with disability grant guidelines. The third research question relates to understanding the disability policy by SASSA and communities in Umlazi Township. The assessment focused on SASSA employees who are also responsible for the dissemination of information to the communities. The results are reflected in figure 2 below:



**Figure 2: SASSA official's familiarity of disability grant guidelines**

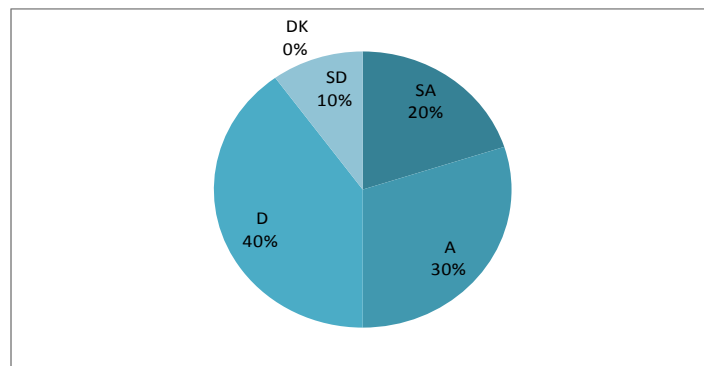
In responding to the above statement, 55% of the 20 respondents agreed while 5% strongly agreed with the statement. 25% of the respondents disagreed and 15% strongly disagreed.

SASSA employees and the medical officers were requested to respond to this statement because they work as a team. The fact that 40% of the respondents feel that SASSA officials are unfamiliar with the access to disability grant guidelines, suggests that the training provided is inadequate as well as a probable lack of information being cascaded to public policy implementers.

**Statement 2:** *Medical practitioners are familiar with the assessment of disability grant applicants in accordance with Social Assistance prescripts.*

As alluded in Chapter 1, SASSA lacks the capacity to conduct medical assessments for disability grants. Consequently, it is compelled to contract medical practitioners to provide this service on its behalf. SASSA contracts qualified medical practitioners in terms of their medical profession. However, there is a need for them to be capacitated on medical assessments which conform to the Social Assistance prescripts as highlighted above.

The above statement attempted to assess whether the respondents' assertion of capacitation of medical practitioners with regard to medical assessments conforms to the available prescripts. The results are presented in figure 3 below:



**Figure 3: Capacitation of medical practitioners which conform to the Social Assistance prescripts**

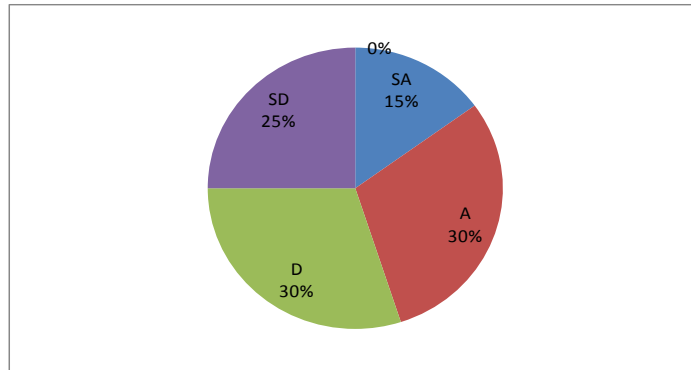
The responses presented a 50/50 split. On the one hand, 50% of the respondents agreed while 20% (4) strongly agreed and 30% (6) agreed. On the other hand, 50% disagreed, while 40% (8) disagreed and 10% (2) strongly disagreed. These results may reflect the way in which SASSA employees view medical officers and vice versa. Furthermore, it can be deduced that the responses to the above two statements are similar.

The medical practitioners are qualified clinicians. However, this does not imply that they are familiar with the Social Assistance prescripts. They require specific training. However, the results indicate that medical practitioners are of the opinion that they are adequately capacitated since their primary role is to conduct medical assessments while their secondary role is to make recommendations to SASSA. Furthermore, SASSA officials are at the forefront of public policy implementation and charged with the responsibility to ensure that disability grant processes is achieved and of the required standard. In view hereof, it is not strange to find that 50% of the respondents disagree with the statement.

***Statement 3: SASSA has a clear policy on the management of disability grants in line with the Social Assistance Act 13 of 2004***

A policy can be regarded as a plan of action aimed at ensuring that legislative mandates for a particular institution/department or entity are implemented successfully and without ambiguities (Cloete, Wissink and De Coning, 2006). The statement was aimed at testing the respondents' view on the availability of a disability grant management policy which supports the Social Assistance Act, 2014. As indicated earlier in this chapter, 13 of the 20 respondents were SASSA employees while 7 were medical practitioners either contracted by SASSA, employed by State Health Facilities or independent practitioners.

The chart below is a representation of the responses to the above statement:



**Figure 4: SASSA policy on management of disability grant**

It was expected that over 50% of the respondents who indicated in section A above, that they have over 8 years work experience in the disability grant domain would be clear whether there is a specific policy on the management of a disability grant. However, the results from the above statement were contrary to the expectation.

The interpretation of the chart in figure 4 above reflects that 55% (11) of the respondents are of the opinion that SASSA's policy on the management of disability grants lacks clarity and is not in line with Social Assistance Act, 13 of 2004. Whilst disagreement to the statement is viewed with concern, 30% (6) of the respondents are in agreement while 15% (3) are strongly agree that SASSA has a clear disability grant policy.

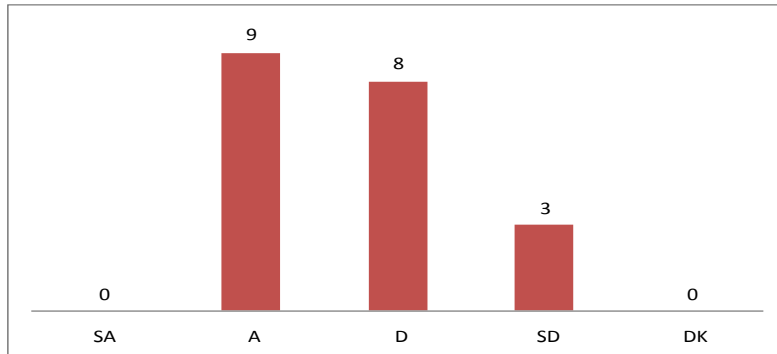
These results are viewed against the background presented in table 5 above which indicated that 4 (20%) of the respondents are not employed and/or contracted by SASSA while 3 (15%) of the respondents are contracted as medical practitioners.

**Statement 4:** *SASSA officials are familiar with the policy directive governing access to a disability grant in South Africa*

SASSA has a responsibility to ensure that all policies governing and supporting their mandate are understood and cascaded to the relevant stakeholders and partners. The

statement above tested the SASSA official's familiarity of the policy directive relating to access to a disability grant.

The results are presented in figure 5 below:



**Figure 5: SASSA officials are familiar with the policy directive governing access to a disability grant**

From the 20 respondents, 9 agreed while 8 disagreed and 3 strongly disagreed. 11 of the respondents were of the opinion that SASSA officials are unfamiliar with the policy directive governing access to a disability grant in South Africa. These results also support the responses received in statement 3 above where 55% of the respondents felt that SASSA does not have a clear policy on access to a disability grant.

One can conclude that the officials at SASSA are unfamiliar with the public policy governing access to disability grants because the policy lacks clarity.

**Statement 5:** *Medical Practitioners are familiar with the policy directive governing access to disability grants in South Africa.*

Medical practitioners are qualified clinicians in the medical field. However, when they have to render their services to institutions such as SASSA and Road Accident Fund, they are required to be familiar with the relevant policy directives of the end-user institution, before

making recommendations. The purpose of this statement was to assess whether the medical practitioners are familiar with the relevant SASSA policies.

The figure 6 below represents the responses by the medical practitioners.



**Figure 6: Medical practitioners are familiar with policy directives governing access to disability grant in South Africa**

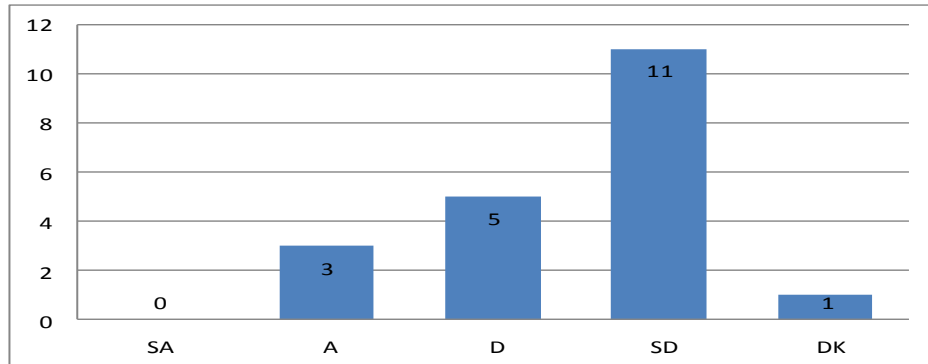
75% of the 20 respondents were of the opinion that medical practitioners are familiar with the policy directive governing access to disability grants in South Africa, while 10% strongly agreed and 65% agreed. 25% of the respondents who disagreed constituted 15% who disagreed while 10% strongly disagreed. As previously highlighted in the analysis of statement 2 above, medical practitioners' primary role is medical assessment which is related to their profession as clinicians. Performance of their duties related to disability grants is not directly impeded by policy directives governing access to a disability grant. Whether they are in conflict with the relevant policy or not, they will continue to perform their primary responsibility.

**Statement 6:** *Definition of disability and disability assessment has no bearing on the assessment of disability grant applicants.*

In chapter 3 above, the lack of a clear definition of disability is a grey area in the provision of services to the disabled. The term disability was viewed as a complex and dynamic environment that requires careful consideration. It was suggested that the disability grant has its own elements in terms of the legislative requirements and disability *per se*. It was

critical to assess whether the definition of disability and disability assessment has any impact on the assessment for a disability grant.

Figure 7 below presents the results from the respondents:



**Figure 7: Impact of the definition of disability and disability assessment on the assessment of applicants for disability grant**

Analysis of the responses above revealed that 16 (80%) of the respondents were of the opinion that the definition of disability and disability assessment has an impact on the assessment of disability grants. 11 of the respondents strongly disagreed while 5 of the respondents disagreed. Only 3 of the respondents agreed while 1 had no knowledge.

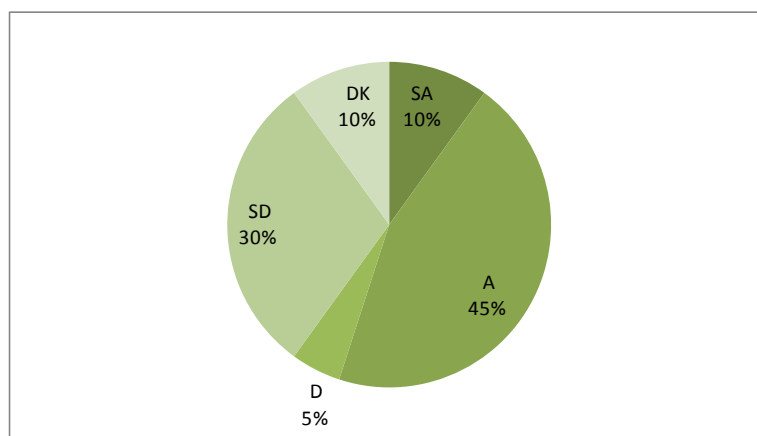
In view of these response results, it is clear that the definition of disability has an impact on the assessment of disability grant applicants. The distinct lack of clarity of the definition severely impacts on the performance of the public policy implementers. Furthermore, this leaves room for inclusion and exclusion errors in the disability grant system.

Chapters 1 and 3 highlighted the challenges of the lack of a clear definition of disability which impacts on the granting of disability grants. This may also be applicable to other forms of services which need to be provided to the disabled.

**Statement 7:** Disability grant is perceived as any other form of income support for those who qualify.

Section 9 of the Social Assistance Act 13 of 2004 states that a person who has attained the prescribed age; and owing to his/her physical or mental disability, unfit to obtain by virtue of any service, employment or profession the means needed to enable him/her to provide for his/her maintenance may be eligible for a disability grant. The statement above aimed to ascertain from the respondents whether the disability grant is perceived as a grant for people who qualify in terms of the legislation or as any other form of income support from government, SASSA in particular.

Figure 8 below presents the respondents view that a disability grant is perceived as any other income support.



**Figure 8: Perception of disability grant as any other form of income support**

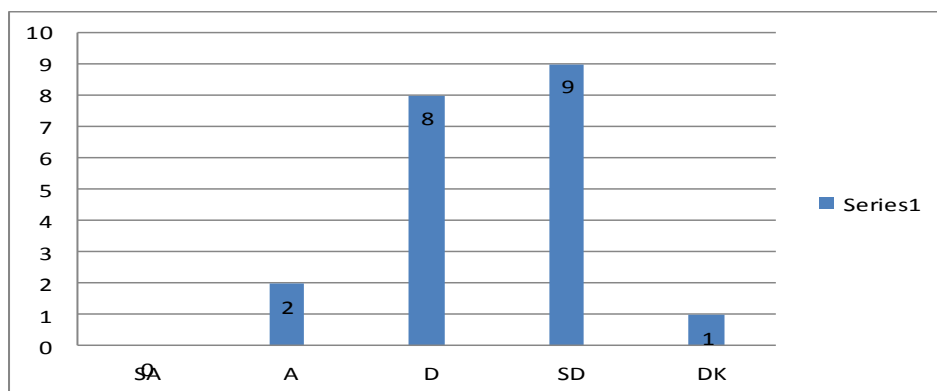
The respondents in figure 8 above reflect that 45% agree, 10% strongly agree while 30% strongly disagree, 5% disagree and 10% have no knowledge. This is true, considering that in Section A above; the respondents indicated their experience, relationship with SASSA as well as their experience with the issuing of disability grants. Over 50% of the respondents indicated that they have worked with disability grants for over a decade and as such they dealt with clients who are in one way or another wanting to access a disability grant. It is concluded that a disability grant is not viewed as an income support for people who have notable limitations in their daily activities as a result of their physical or mental

disability. This may be attributed to the lack or limited dissemination of information by SASSA to its clients.

**Statement 8:** *Disability grant applicants understand the criteria to qualify for a disability grant.*

The Social Assistance Act 13 of 2004 and its Regulations prescribes the qualifying criteria for all social grants including disability grants. SASSA has the responsibility of ensuring that this information is disseminated to the communities. In conducting this study it was critical to determine whether the applicants for disability grants understand the criteria to qualify for a disability grant. It was expected that the majority of the respondents would agree with the statement given the fact that the study sampled respondents who are responsible for the dissemination of information.

Surprisingly (Refer to figure 9 below), 17 (85%) of the respondents disagreed with the statement. Eight of the respondents disagreed while 9 of the respondents strongly disagreed. Only 2 (10%) of the respondents agreed and 1 (5%) respondent had no knowledge.



**Figure 9: Applicants understanding of the criteria for a disability grant**

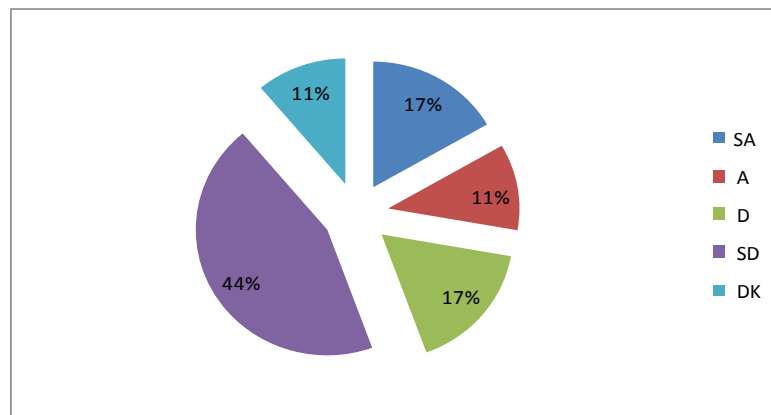
The above responses revealed that communities do not have knowledge of the criteria to qualify for a disability grant which may promote inclusion and exclusion errors in the disability grant system. The fact that most applicants do not understand the criteria to qualify for a grant is probably due to the SASSA office in Umlazi Township having to deal

with a considerable demand for disability grants. This can be attributed to poor dissemination of relevant information.

**Statement 9:** *Social issues have no bearing on the demand for a disability grant.*

A conceptual overview of the disability grant in Chapter 2 above revealed that HIV/AIDS, unemployment and poverty are contributing factors on the demand for disability grants in South Africa. Many affected individuals see the grant as their only means of financial survival. In view hereof, the respondents were asked whether social issues have an impact on the demand for a disability grant because the sampled respondents interact with communities who are potential beneficiaries for social security.

Figure 10 below provides a representation of the responses:



**Figure 10: Impact of social issues on the demand for a disability grant**

The social issues are viewed as having an impact on the demand for disability grants. 61% of the respondents disagreed with the statement, while 17% disagreed and 44% strongly disagreed. This is in support of the literature that there are social factors that influence the demand for disability grants. 17% of the respondents strongly agreed and 11% of the respondents agreed with the statement. The remaining 11% of the respondents had no knowledge. As highlighted in Chapter 2, there are a number of social factors that influence the demand for disability grants. It is clear from the above analysis that social issues need

to be catered for in the Social Security Framework, in order to appropriately manage access to disability grants.

#### **4.4.3. Section C: Open-ended questions**

This section dealt with open-ended questions. The participants were afforded an opportunity to express their views and opinions. Ten questions, 16-25 were posed from the two sections (A and B). Some of the views and opinions requested were aimed at substantiating the responses provided in section B above. The responses were summarized per question and are presented below.

#### **C1**

In question 16 a participants' opinion on the three main gaps in the implementation of the disability grant policy in line with Social Assistance prescripts was sought and responses were as follows:

- *Poor gate-keeping.*
- *Poorly managed and under resourced Health Care facilities – lead to inability of Health Care workers to monitor treatment to all patients that would normally be able to cope if regular treatment is properly administered – hence minor ailments is termed a disability and subsequently require a “grant”.*
- *Inadequate fraud management strategies.*
- *Inability to address social issues.*
- *Lack of Community awareness programmes – many clients thinks grants are social relief for poverty.*
- *Inadequate staff involvement and extensive training in understanding policies (Implementing officials are not consulted when policies are developed).*
- *Relations between staff and medical practitioners.*
- *Poor quality of assessments.*
- *Lack of policy.*
- *Communication of the application results.*
- *SASSA's lack of capacity to conduct its own medical assessments.*

- *Qualifying criteria not understood by disability grant applicants.*
- *Inadequate training for medical practitioners.*
- *Available medical assessment guidelines are not implemented uniformly.*
- *The current system compels SASSA clients to go back and forth at high costs.*

The above responses revealed that there is a colossal challenge in the implementation of the current legislative policy. The issues of training for both SASSA staff and medical practitioners, lack of community awareness, lack of uniformity and lack of adequate consultation with policy implementers are viewed as a huge gap in the implementation of policy.

Medical officers use their discretion whether a person is disabled or not. Some use their own subjective criteria which are not always scientifically based (Nattrass, 2006; CASE, 2004; Govender & Mji, 2009). In their research findings, The Community Agency for Social Enquiry (CASE, 2005) found that causes of significant increase in the uptake for disability and care dependency grants were mainly due to the lack of uniformity in assessment methods by different provinces and medical officers.

## **C2**

Question 17 focused on the participants' opinion whether SASSA officials involved in policy implementation understand their mandate and their role. If they do, what needs to be improved and if they don't, what is viewed as a gap? The following responses were received:

- *Yes, at Head Office, Regional Office & District Office levels. More training is needed at Local Office level (where study was conducted).*
- *Inadequate understanding. Top down approach has negative impact.*
- *Yes they do, however, Electronic booking system needs to be introduced.*

- *Yes but they end up caught between legitimate and illegitimate claims since the medical assessment is outsourced due to lack of capacity. Improvement on staffing levels and enlisting services of Fraud and Risk Management unit.*
- *Staff not fully informed. More training / workshop are needed.*
- *SASSA officials seem to have some limited knowledge and understanding. They are administrators, yet the process involves medical field, which is specialised and administered by medical practitioners. SASSA needs to look at the option of employing permanent medical practitioners who will focus solely on disability grants.*
- *It is not clear whether SASSA officials are at the same understanding of their mandates at all levels. In my view, cascading of information or training to local levels seems to be a challenge. More training is needed in this regard.*
- *Lack of involvement of staff at all levels in policy development is seen as a challenge.*

Only three of the twenty respondents felt that officials understand their mandate; however, there are areas that need improvement. These areas included training, increase in staff and the introduction of electronic systems. 17 respondents felt that implementing officials do not understand their mandate and they are thrown into the deep-end where they expected to manage something they don't know. It is noted that the officials at the coalface (where research was conducted) are the ones affected the most, whilst they are entrusted with the responsibility of implementing policies.

The respondents revealed that the officials are not involved in the policy formulation process and they do not receive adequate training. They are also expected to work with medical practitioners whilst they don't possess a medical background. SASSA may be facing a serious risk of accepting medical assessment reports of a poor quality and contributing to the inclusion and exclusion errors.

### **C3**

Participants were asked in question 18 as to what they regard as the major role of medical practitioners in the disability grant process and their view on whether they are adequately capacitated to play a role. The responses on this question were as follows:

- *The primary role of General Practitioner's (GP's) is to perform a comprehensive medical assessments (i.e. medical examination of clients, apply their minds on the clinical information and referral letters, lastly apply all information gathered against the Disability criteria and make recommendation to the Agency.). Yes they are well capacitated, however due to the grey areas in the disability criteria, high demand of the disability grant, and less remuneration for GP's most GP's resort to poor quality assessments in an attempt to push numbers and make more money.*
- *SASSA depends on them as the referring sources and provision of medical history of the applicant as required in determining the suitability of the applicant. Medical practitioners are not capacitated enough, as a result, you find that the client visited the doctor for the first time and the client request the disability form, they just issue the referral even they do not have the Medical history for that particular patient.*
- *Medical Practitioners at SASSA – their training is subjective, no definite or standard decision making process.*
- *Medical Practitioners at Dept. of Health – need to be informed on how to fill the SASSA form in and what is important.*
- *They know their role; however, they operate in an environment that is not conducive.*
- *The assessments are conducted on behalf of SASSA; hence they have to take ownership. In my view, medical practitioners are not capacitated enough. SASSA seem not to have capacity to train medical practitioner as this is not their field of service.*
- *Their role is to evaluate the client's health status and make a recommendation on whether a client will qualify for a social grant and whether the client is temporarily or permanently disabled and recommend the awarding of a grant accordingly. Their examination rooms must be equipped with all the necessary requisites to enable them to conduct a thorough examination to reach the right conclusion on the health status before recommending or not recommending a grant.*
- *Independent and State medical practitioners have a role to treat their patients and refer those who require income support due to their daily activity limitations to SASSA. They seem not to be capacitated enough as they even refer patients who are experiencing social problems as opposed to disability.*

The respondents revealed that medical practitioners are adequately capacitated but more work needs to be done. According to Andrews, Fourie & Watson (2006: 248), disability assessment is fraught with challenges for a range of reasons such as understanding disability, ability as opposed to disability, what should be assessed and the available code of practice to guide the task.

Ambiguity in the legislation and the lack of a specific policy for the issuing of disability grants are highlighted as one of the hindrances medical practitioners experience when executing their duties on behalf of SASSA. The issues raised by the respondents include, among others, assessment sites not being conducive, subjective training and ambiguity in the criteria is a cause for concern for everyone involved in policy implementation.

The medical practitioners are qualified clinicians; however, when performing duties for SASSA they also need to be knowledgeable of the relevant legislative and policy mandates. In C2 above the results showed that the majority of the SASSA officials do not understand their own mandate. It can be concluded that medical practitioners experience the same dilemma, since it is SASSA's responsibility to capacitate them.

#### **C4**

Question 19 was aimed at obtaining the views of the participants on the disability grant applicant's current referral system. The responses from the 20 participants were summarised and are presented as follows:

- *For SASSA it looks good, however for the poor communities this is financially demanding. Clients have to move from local office to their treating Dr's, from their treating Dr's back to the local office for appointments to be assessed and then finally to be assessed.*
- *Due to the high rate of unemployment, all clients came to our offices demanding to apply for disability grant whereas they are not disabled. SASSA offices are overwhelmed with applicants and this is inappropriate. The Agency needs to change the referral letter system and stipulate on the policy that, the Department of health should be their responsibility to refer the client to SASSA since they are the ones who are treating the patients and ensure that patients undergo their treatment recommended by the medical officer.*
- *This process is somewhat skewed in the sense that applicants tend to initiate the process by first visiting a SASSA branch only to be told that such requests must be received in writing from the treating doctor in charge first – before any forms be given out. If implemented the way it was intended – the system is workable.*
- *Referral system is good, but the form itself that is used is short and does not specify the test results and X-Ray that was done by the treating doctor.*

- *The system is not user-friendly for grant applicants, referring sources and assessing medical practitioners. Firstly, it is not well known to the people on the ground. Secondly, the form used is too short and it does not contain all the relevant information to assist the assessing practitioner. Thirdly, applicants are caused to move from pillar to post for several days before the process can be finalised. Lastly, the system is not watertight against fraud.*
- *The current referral system is open to manipulation by officials as well as health officials to fraud and corruption. Only close monitoring of the process can eliminate the clients from obtaining fraudulent medical history.*
- *Too complicated for the clients.*
- *The system leaves the room for fraud and corruption. Clinic / hospital stamps and hospital files / or cards get stolen and used for disability grant processes. Doctor's signatures are forged. This includes collusion between clients and SASSA staff / health officials / officials from doctor's rooms / doctors themselves.*

A person who wants to access a disability grant should be referred by the treating source (independent medical practitioner from a state health institution). The statement attempted to assess whether the current referral system is in place.

The majority of the respondents felt that the current referral system is complicated, not user-friendly and open to manipulation as well as fraud and corruption. They are of the opinion that the system is too complicated for the clients which result in them to move from one office to the other for days at personal high cost before they can be assisted. The respondents also felt that the system allows for self-referral, that is, persons decide for themselves that they qualify for a disability grant and approach the SASSA offices. The system is open to fraud and corruption. Application forms are being sold, officials and medical practitioners are bribed and the doctors' signatures are forged.

In terms of the Public Finance Management Act 1 of 1999, every state institution/entity must put in place control measures that will ensure the public funds are not used in an unauthorised and wasteful manner. In view hereof, it is critical for SASSA to review the system to ensure that deserving clients are referred for disability grants.

## C5

The perception of participants about people who apply and/or intend to apply for the disability grant was assessed in question 20. The responses are presented below:

- *Majority of people who apply and/or intending to apply for the disability grant are poverty stricken and in most cases have no impairments or disabilities. Also they don't have any information about the DG criteria.*
- *40% of applicants do not qualify for disability grant because they are not disabled; most of the people apply because of vulnerable, poverty and unemployment, now they substitute their income social grant.*
- *There is also a very high perception that the grant is awarded by the family doctor or treating institution. As a result most clients believe that once they get a referral from treating source, they automatically qualify to get a grant.*
- *A large percentage of them view these applications as a means of support – to curb poverty and unemployment – rather than viewing it as a disability grant afforded to qualifying applicants who, owing to their disability are unable to secure employment in the open labour market.*
- *Most people apply for disability grant because of poverty: 60% its poverty and only 40% they are disabled.*
- *Majority of applicants are not deserving and / or qualifying, however; due to poverty and unemployment, they opt for this grant. Due to collusion, the lives of medical practitioners and SASSA staff end up being at risk. More educational awareness to the public can assist in making people understand as to who qualifies for disability grant.*
- *There are people who look to disability grants as some source of income /support due to social conditions such as unemployment etc whereas disability grants are awarded on the basis of the medical condition/ status of the client. Disability grants are not intended to address inadequate income in households or to alleviate poverty due to other social conditions prevailing in society.*

The respondents revealed that persons are influenced by other social issues other than being disabled. Top on the list of issues is unemployment, poverty and chronic conditions. The resultant demand for disability grants has brought in elements of fraud, corruption bribery and collusion between SASSA employees, applicants and staff from doctors' rooms. The lives of medical practitioners and SASSA employees are also placed at risk as a result of the increased and unnecessary demand.

Given the above results and analysis, it is clear that the difficulty to find a solution to address poverty and unemployment result in communities taking a chance in accessing other government services. This may call for government to review its social security policies with a view to cater for social issues affecting societies.

## C6

Question 21 dealt with the participant's opinion of whether the "disability grant is the most abused form of social assistance". The common responses received are presented below:

- *More often there is no intention to abuse the disability grant, however due to grey areas in the criteria, lack of community and local office officials training, everyone resort to disability grant when hell breaks loose.*
- *Disability is most abused because applicants managed to get the clinics cards fraudulently from the clinics. They also managed to forge the signatures of the doctors, and have doctor's stamps and hospital stamps. Doctors issuing the referral in order get more patients to their surgeries. It is alleged that doctors are colluding with twars (Ambulance) and they are making them to collect bribes in order to award the applicant a disability grant. SASSA system can be able to capture the application for Disability grant without a medical assessment report.*
- *I will tend to disagree with that untested notion, there may be those incidents of fraud, however many deserving people use their grant prudently*
- *Owing to the dependency the Agency has on Dept. of Health or any other treating source – these records can be easily manipulated or created to the point that sometimes even a 'trained eye' may miss the fraud – this tied in with the constitutional rights of an individual that requires social security – leaves little room for clerks of the Agency to microscopically analyse each medical that is presented.*
- *Very much abused because of poverty, lack of employment and in South Africa it is regarded an alternative to employment. Unemployment = sick = grant*
- *Personally I agree. People who are unemployed or trapped in poverty and not qualifying for any other social grant will fake illnesses, default their medication, forge or buy test results; or advance their chronic illnesses for the purposes of a grant.*
- *I strongly agreed that disability grant is the most abused form of social assistant. Some medical practitioners take bribe from applicants. People demands disability grants with their slight sickness.*

*Some doctors get threats when they are not giving people a disability grant or when not referring them to SASSA.*

- *In the absence of other means to address poverty alleviation, unemployment etc, people resort to apply for disability grants and some come through the system and are awarded disability grants which if not reviewed timeously can result in them staying and collecting grants for a number of years. If this happens, then the grant is abused.*
- *People sometimes buy referral forms filled with manipulated medical history from independent medical practitioner's rooms.*

The general opinion held by the respondents confirmed the statement that access is abused. Issues of fraud, corruption, theft, forgery and collusion were also highlighted. The applicants risk their lives by defaulting treatment, advancing their chronic illnesses and infecting themselves with diseases such as tuberculosis. They purchase the sputum from infected tuberculosis patients to contract the disease. Fraud and corruption is rife. Hospital records and stationery are stolen and doctors' signatures are forged.

The issue of a specific policy and definition of the concept disability cannot be separated from the perceptions presented by the respondents. The findings reveal the lack of an unambiguous policy and a precise definition of disability remains a challenge.

The scenario presented here indicates that the problem is bigger than the issue of access to a disability grant. The Department of Health is inundated with people with chronic and multiple-drug resistance illnesses due to patients defaulting on their medication. This will also have an impact on the death rate whereby several families of their deceased become a burden for the government. Furthermore, on the one hand fraud and corruption will escalate, whereas on the other hand, the lives of employees and medical practitioners are placed at huge risk.

As alluded to in C5 above, the social security policy review is critical in order for the government to support those who are trapped in poverty and do not qualify for a social grant.

## C7

In determining the participant's opinion of the lack of medical practitioners in the public health system has on disability grants, the respondents replied as follows:

- *It reduces the hassle for clients to run up and down prior to the assessment. Also allows more clinical information to be available for the assessing dr.*
- *The system of assessing the applicant in the Hospital is the quickest because they draw the file in the institution.*
- *It helps a lot as many people who are disabled are not affording to get assistance from private health institutions. Their assessment is more reliable since there is no additional monetary benefit other than their salaries.*
- *The impact is crucial in that failure to have sufficient doctors results in backlogs of applicants waiting to access social security services – since the agency is unable to assess an applicant without proper medical history timeously. Reports presented may not contain the true medical history of an applicant if the process is rushed or done by un-trained medical practitioners.*
- *A lot of impact, they provide with background information on each client and they need training on necessary documentation / tests for disability grant.*
- *Given the state of availability of doctors in the public sector, it has a major impact. On one side doctors are so scarce in public facilities and on the other side, most people who want to access disability grants rely on public health facilities for their day to day treatment. Their medical assessments at state facilities coincide with the day to day running of the facilities; hence assessments are not regarded as the priority. SASSA may need to fund the department of Health so that they can enlist services of more doctors.*
- *SASSA clients will not use private medical practitioners and it will be easy to provide training whenever there is a need or changes in the system to the medical practitioners in state facilities. It will improve on the gate keeping for SASSA.*

When considering the above responses, it was clear that all the respondents view the availability of doctors in the public health facilities as critical, given the fact that the majority of the SASSA clients receive their day to day health services from these institutions. The issue of inadequate training on disability grant assessment processes for doctors in public health facilities was also highlighted.

The above responses and analysis failed to identify the crisis that the Department of Health is experiencing a shortage of doctors. Consequently, SASSA is compelled to enlist the services of Independent Medical Practitioners to conduct assessments. The fact that both SASSA and the Department of Health are state institutions, the current scenario may require the two to work together towards resolving the situation. Both institutions have a budget to pay their medical practitioners. One option may be for SASSA to transfer their budget to the Department of Health.

## C8

In question 23, the participant's views were sought that awarding a disability grant relies largely on medical and/or disability assessments before a means test is applied. Their responses to this statement are presented below:

- *It is true, and unfortunately puts the GP's at risk, as most officials will inform the clients that it is the Dr's who did not award them the grant.*
- *The system has a loophole because the assessment involves the financial implications, where by the doctor was paid for medical assessment and the applicant was recommended for the grant, but during the application of means test the applicant do not qualify due to his / her income / assets. Therefore the policy needs to be revisited by the policy makers.*
- *It needs to be reviewed and take social factors into account as most of illnesses are aggravated by hunger, poverty and malnutrition to mention a few.*
- *It is true disability assessment and income level is never the same. You can be disabled but enough money to care for yourself and become independent.*
- *My view is that the responsibility for medical and / or disability assessment should be borne by the prospective disability grantee and his / her treating source. SASSA to administer disability grant application after the applicant has brought in all required documents, including detailed medical reports. This will need extensive training and capacitation of medical practitioners on the guidelines for disability assessments within social assistance framework.*
- *Medical assessment and means test are two different processes which are not related. My view is that it again places the lives of medical practitioners at risk because after the assessment, an expectation is created that one will receive a grant and during the application processing you find that the applicant fails means test.*

- *This gives false hope to applicants, maybe SASSA need to refer applicants for assessment after they have already passed the means test.*

The processing of a disability grant application requires that a medical assessment report must be availed. This report is not the only determining factor for awarding or rejecting the grant. If the applicant meets the requirements, the application is subjected to a means test which will determine whether the application is approved or declined.

It was clear from the respondent's point of view that medical assessments and means test applications are two different processes that are applied in the disability grant application processes. However, concerns were raised. The concerns included that false expectations are raised; the doctors were paid for assessments which was considered wasteful as well as the life threatening risks medical practitioners' face. The majority of the respondents stated that the system needs to be re-visited with a view to eliminating the risks medical practitioners face as well as minimize the client raised expectations.

## **C9**

Question 24 sought the participant's opinion of the impact of chronic illnesses on the demand for disability grants, process and management. The responses are listed below:

- *Chronic illness on its own have no impact, but when combined to the lack of community training, increased unemployment it increase the demand for DG.*
- *There are chronic illnesses which do not prevent a person from doing or seeking or competing for employment. Therefore the assessment tool should be improved on regular basis.*
- *There is a grey area at present in that the criteria for Chronic status, Medical boarding etc in the private sector labour market differs somewhat in the Government sector environment – in that an applicant for instance may be boarded off work in the private sector set-up for Epilepsy yet at times when applying for a grant this is regarded as treatable with medication and as such – does not qualify. The use of Occupational therapists in order to assess workability vs illness is rarely used but more due to the scarcity of specialists in that field in the public health system. This is one area where the Agency needs to strengthen its partnership with Department of Health with a view to putting measures in place to ensure that if a temporary grant is awarded – close monitoring must be done to assess that applicants do not default treatment or medication solely for the purpose of accessing disability grant for 'life'.*

- *Chronic illness and disability are not the same; however chronic illness can cause disability. It has serious impact because people with chronic illnesses assume that they qualify for disability grant since they are sick. The vigorous awareness will assist people in understanding that the grant is not a sick grant but it's a disability grant. Most people we assess for disability grant have chronic illnesses and they are or can be fine with treatment.*
- *Previously clients with chronic conditions were given disability grants and in most instances this carried on for years with the result that it created a dependency on the grant. When disability was defined differently to exclude chronic conditions that were controlled, it left a large number of people without financial support.*

In her study, Nattrass (2006b: 95) identified the importance of a disability grant income which was illustrated by a respondent who said: *"I love this HIV"* because of the grant. She explained her choice of words as *"Yes, I like this HIV/AIDS because we have grants to support us, before I was staying with my mother and father and sister, they didn't work"*.

Taking into consideration the respondent's opinions and those highlighted in the previous study, it is clear that chronic illnesses have an impact on the disability grant demand, process and management. The respondents also pointed out issues of social problems such as unemployment being a factor that results in individuals advance their chronic illnesses for the purposes of a disability grant.

## **C10**

In question 25, the participants were requested to identify three main recommendations to SASSA with a view to improving the process to access disability grants, given that the disability environment and assessment thereof is a complex and dynamic field. The recommendations are presented below:

- *Ensure effective gate-keeping measures.*
- *Continuous Community awareness.*
- *Introduction of online booking and management of medical assessment forms system.*

- *Increase Resources at all departments including the clinics, hospitals as well as the Agency, so as to ensure quality and not just quantity at both departments e.g. Supply SASSA practitioners with examination beds, screens and other implement's to conduct a proper examination.*
- *Owing to an increase in fraudulent HIV /Aids related applications employ its own phlebotomists' in order to conduct tests within or pay the NHL Services per tests – so that will circumvent selling of sputum and blood samples.*
- *Strict medical guidelines to eliminate subjective decisions.*
- *SASSA staff extensive training on disability grant criteria / awards.*
- *SASSA to develop and implement a clear policy that will be understood by all parties involved in the process, including the people on the ground.*
- *Extensive training and re-training of both SASSA staff and contracted medical practitioners.*
- *SASSA to consider transferring the medical assessment function to department of health.*
- *Apart from the Act and regulations, a clear policy on access to disability grant is needed.*
- *Medical practitioners to conduct home visits to applicants with very serious illness and disability.*

The key recommendations from the respondents were: gate-keeping required improvement; relevant training programmes of both SASSA staff and medical practitioners; community awareness and development and implementation of a clear policy that can be understood by all parties involved in the process. Some of the recommendations may be considered in this study as they relate to either the objectives or the research questions.

#### **4.5. SUMMARY OF MAJOR FINDINGS**

To provide answers to the research objectives, major research findings were considered. The findings clearly indicated that SASSA did not develop and implement an unambiguous policy for disability grants in support of the Social Assistance Act 13 of 2004 and Regulations. Staff and medical practitioners' training was also reported to be insufficient for the disability grant management process or value chain. Furthermore, the lack of community awareness about the disability grant and the criteria to access disability increased the unnecessary demand for the grant. There is an urgent need for the formulation of a clear policy which should be work-shopped to all implementers. Continuous community engagement on amendments to public policy and provisions will be critical for SASSA whereby ensuring that its mandate is carried out effectively.

The findings revealed that medical practitioners use their discretion in making recommendations to SASSA which cannot be disputed by SASSA officials since they only specialise in administration. The research highlighted the huge risk of inclusion and exclusion errors as a result of poor gate-keeping and individual discretion by medical practitioners. This suggests that SASSA either employ officials with medical background to perform the gate-keeping role or transfer the function to the Department of Health.

The research revealed that there is no clear definition of disability and the basis for awarding a disability grant is based on the provisions of Section 9 of the Social Assistance Act 13 of 2004 and its regulations. Section 9 of the afore-mentioned Act states that the applicant for a disability grant should attain the prescribed age at the time of application, owing to his/her physical or mental disability, not fit to obtain employment or profession needed to enable him/her to provide for his/her maintenance. The provisions of the Act suggest that the definition of a disabled person in the context of social assistance is a person with physical or mental disability prohibiting him/her from entering the open labour market. People without physical or mental disability are, therefore, excluded according this legislative directive. An unambiguous definition focusing on people with disability warranting income support in a form of disability grant would be appropriate.

Social issues were identified as the major contributing factors demanding disability grants. The research revealed that poverty, unemployment, chronic illnesses and other diseases contribute to the demand for disability grants. Other social grant types have specific prescribed criteria in terms of age. Disability grant qualifying criteria leaves room for individuals to secure a grant because it goes beyond the age requirement but speaks to physical and mental disability as well as an applicant's inability to enter the open labour market. The element of fraud and corruption in the disability grant process was prevalent in the research and it is also linked to the social issues affecting communities.

#### **4.6. CONCLUSION**

Data collected in this research, through a semi-structured questionnaire results were analysed, presented and interpreted. The literature review, research design and data

collection method used in the research was discussed. The three-section data collection tool (questionnaire) was explained to justify the need for this tool in the research.

In analysing and interpretation of the research results, the major findings were identified and presented with recommendations. These major findings provide a foundation for what the researcher assumed in the concluding remarks and recommendations detailed in the following chapter.

## CHAPTER 5

### 5. CONCLUSION AND RECOMMENDATIONS

#### 5.1. INTRODUCTION

The focus of the previous chapter was on the presentation and discussion of the research findings. In this chapter conclusions and recommendations with reference to the research objectives and questions are presented. The primary research question stated in Chapter 1 was to determine how the policy which regulates access to the Social Security Agency's disability grant in Umlazi Township be evaluated to determine whether the delivery of disability grants to the beneficiaries is effective.

The conclusions will be presented with specific reference to the following secondary research questions developed with a view to achieve the four research objectives highlighted in Chapter 1 above:

- What are the statutory and legislative provisions supporting or enabling disability services and disability grants in the South African social assistance context?
- What is the impact of the implementation of the disability policy on SASSA and the disabled in Umlazi Township?
- What is the level of understanding of the disability policy between SASSA and the communities in Umlazi Township?
- What recommendations can be made to the National Department of Social Development and SASSA to improve access to disability grants in Umlazi Township?

The conclusions drawn will refer to the literature review followed by discussions of the responses. Recommendations and possible implications of the study are also provided as part of the secondary research question.

## **5.2. CONCLUDING REMARKS ON THE RESEARCH FINDINGS**

Conclusions arrived at after the review of the available literature, analyses and interpretation of data collected are that the public policy regulating access to disability grants in Umlazi Township is effective. It can also be concluded that the research questions and objectives as were adequately responded to in this research.

Section 27(1)(c) of Constitution provides for the Right to Social Security and the Social Assistance Act 13 of 2014 lays the foundation for the realization of this right. It is a requirement for the public entity entrusted with the powers and responsibility to implement legislative mandates to ensure that clear policies and processes are developed, implemented and monitored. This research found that SASSA, as the public entity assigned this responsibility do not have a clear public policy regulating disability grants. The lack of a clear policy contradicts the provisions of the Public Finance Management Act 1 of 1999 that requires government institutions guard against fruitless and wasteful expenditure. The lack of a policy for disability grants allows for discretion by implementers with a risk of inclusion and exclusion errors.

According to Auriacombe (2010:477), semi-structured questionnaires are critical and value adding when the researcher clearly understands what he/she wants to know but allow some room for exploration as the research process continues. In view hereof, a semi-structured questionnaire was used to collect data considering its suitability for the evaluation of access to the disability grant policy implementation process. Three sections comprising of biographical information, closed questions and open-ended questions were prepared. The first section captured the biographical information of the research with a view to provide data for statistical analysis and a comparison between various groups. The second section evaluated the participants' orientation of disability grant administration and perceived success in the implementation of the policy by SASSA in Umlazi Township. Lastly, the third section solicited the respondents' views and opinions on the subject matter.

### **5.3. ANALYSIS DRAWN FROM EXISTING STATUTORY AND LEGISLATIVE FRAMEWORK**

In responding to the first research question “what are the statutory and legislative provisions supporting or enabling disability and disability grants within the South African social assistance context” it was established that there are numerous pieces of legislation/policies that either regulate or support access to disability grants (Chapter 2).

The White Paper on Social Welfare serves as a blueprint. It spells out the government's intentions of the new approach to deal principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa. It encourages all three spheres of government, business and the general public to ensure that social welfare services highlighted in the Constitution are catered for in the day to day operations.

The Constitution provides for the Bill of Rights with a particular reference to Section 27. To ensure compliance with the supreme act of the country, a number of legislative and statutory prescripts were implemented. The prescripts discussed in this chapter provided the basis in which social assistance in South Africa is provided, with specific reference to disability grants.

The Constitution and the Social Assistance Act were viewed as the key pieces of legislation in this regard. The legislation/policies discussed placed emphasis on the care and support people need with a disability and criteria to qualify for a disability grant. They also provided the roles and responsibilities of the disability grant applicants, assessing medical practitioners and SASSA employees.

### **5.4. ANALYSIS FROM CONCEPTUAL OVERVIEW OF DISABILITY GRANT**

The second research question was assessed in Chapter 3. Disability was outlined as a concept and as a limitation in an individual's daily activities. It was highlighted that the dilemma people faced with disability were access to related services as well as those responsible for conducting disability assessments, given the fact that there is no clear cut definition of disability. The impact of HIV/AIDS, unemployment and poverty were revealed as the contributing factors on the demand for a disability grant in South Africa, as many affected individuals perceived the grant as their only means of survival.

Various authors agree that more work still needs to be done in dealing with disability as well as access to disability grants. Furthermore, there are also suggestions that relate to the introduction of alternative grant/s such as Basic Income Grant as a response to unemployment and poverty, as well as the grant for persons with chronic illnesses. Furthermore, to cater for those who are not disabled but suffer from chronic illnesses that may render them unable to perform their day to day activities.

## **5.5. SUMMARY OF FINDINGS AND ANALYSIS FROM EMPIRICAL STUDY**

The research results indicated that there is inadequate training provided to SASSA officials and contracted medical practitioners. SASSA officials seem to have limited knowledge and understanding of legislative mandates. Furthermore, they serve as administrators, yet the process involves the medical profession, which is specialised and administered by medical practitioners, leaves them vulnerable. The fact that these two categories are entrusted with the responsibility to implement public policy that governs the provisions of a disability grant clearly indicate the major shortcomings in SASSA. Policy implementers need to be capacitated in order for them to execute their functions effectively and efficiently. Some of the reasons gathered during the research relate to inadequate staff involvement and extensive training in understanding policies (*Officials tasked with policy implementation are not consulted when policies are formulated*). Furthermore, the training for medical practitioners is subjective because no definite or standard decision-making process is provided.

According to Andrews, Fourie & Watson (2006: 248), the assessment of disability is a topic fraught with disability for a range of reasons from understanding disability, ability as opposed to disability, what should be assessed and the available code of practice to guide the task. It was also revealed that SASSA has no clear policy for the distribution of disability grants which leaves room for discretion by the implementers. Furthermore, research has revealed that there is no common definition for disability whilst the respondents are of the view that the definition has a huge impact on disability grants. Research conducted by the Community Agency for Social Enquiry (CASE, 2005) found that causes of significant increase in the uptake for disability and care dependency grants

were mainly due to the lack of uniformity in assessment methods by the different provinces and medical officers.

Research also found that disability grants are viewed as an income for persons who could not support themselves and not for those as a result of their physical or mental disability. Research also indicated that communities do not have knowledge of the criteria to qualify for a disability grant which may promote inclusion and exclusion errors in the disability grant system. The reasons gathered during the research revealed the lack of information dissemination and awareness activities by SASSA to its clients. The implications for the SASSA clients meant that they were sent back and forth at high costs, as a result of the current system.

The high demand for disability grant is influenced by the social issues which has no bearing on the disability of an individual. The research revealed that unemployment, HIV/AIDS, poverty and other chronic illness make people vulnerable and they perceive the disability grant as the only available option for survival. The reasons provided during the research were that poorly managed and under resourced Health Care facilities lead to the inability of Health Care workers to monitor treatment to all the patients who would normally be able to cope if regular treatment was administered properly. Consequently, minor ailments are termed a disability and subsequently require a “grant”. The lack of community awareness programmes result in most clients believing that grants are a social relief for poverty.

The research also revealed that the current referral system is open to manipulation by officials as well as health officials. This includes collusion between clients and SASSA staff/health officials/officials from doctor’s rooms/doctors themselves. The system leaves room for fraud and corruption. Clinic/ hospital stamps and hospital files/or cards get stolen and used for disability grant purposes while medical doctors signatures are forged in the process. Findings produced a number of reasons which included among others:

- poor gate-keeping mechanism to ensure that only deserved persons access disability grant system;

- inadequate fraud management strategies to ensure early detection, management and control;
- inability to address social issues that results in unnecessary demands for disability grants.
- poor relations between staff and medical practitioners which results in a lack of cooperation between the two teams;
- below standard assessments by medical practitioners which result in the inclusion and exclusion of errors;
- lack of a distinct grant policy to strengthen the legislative mandate, guide the process and clarify misinterpretations; and
- SASSA's inability to conduct its own medical assessments resulting in outsourcing of the function to independent medical practitioners and/or public health institutions which are unfamiliar with SASSA's policy mandates.

The findings did not show any indication or evidence that SASSA has a process in place to deal with the identified shortcomings. This includes the process of development and implementation of the relevant public policy to direct the provision of a disability grant in Umlazi Township. Challenges in the provision of a disability grant have been confirmed in a number of studies with recommendations which included the development of a common definition of disability for the purposes of providing holistic support to the disabled, capacitation of medical practitioners for proper assessment of disability and the introduction of Basic Income Grant as means of addressing social issues.

## **5.6. RECOMMENDATIONS**

The legislative framework that relates to disability and disability grants was evaluated together with a conceptual overview of disability grants with a view to responding to the research question and make relevant recommendations. The analysis of the research findings forms the basis of the recommendations with support from legislative and conceptual overview of the disability grant highlighted above. The recommendations are

addressed to the SASSA Management as they relate mostly to policy, training, fraud management and community engagement issues.

Recommendations are as follows:

SASSA has to develop a Disability Grant Policy that will support the implementation of the Social Assistance Act 13 of 2004 (as amended) and its Regulations. This should assist in clarifying misinterpretations experienced by the policy implementers and probably enhance the provision of social assistance.

It was clear during the study that SASSA officials do not possess any medical competency to assist them to manage the medical assessments services conducted by contracted medical practitioners. It is recommended that medical assessments be transferred to the Department of Health since it is their competency. Assessment reports can be sent to SASSA as part of the requirements for the processing of a disability grant application. Alternatively, SASSA could establish a medical assessment wing capacitated with trained and accredited medical practitioners.

The effective and efficient implementation of any policy requires competent persons to execute the task. It is recommended that extensive training of policy issues, systems and processes be afforded to SASSA staff and medical practitioners.

Recommendation for a disability grant is also guided by “what is disability” over and above the provisions of the Social Assistance Act 13 of 2004. It is critical that a common definition for disability is formulated to minimize medical practitioner’s discretion in the assessment process.

Communities are the end-users of government services; hence the task of continuous engagement and consultation remains imperative. Against this background it is recommended that SASSA ensures periodic community engagement of policies and services that can be accessed through them as well as the roles and responsibilities of the

communities. This will ensure that the communities understand the role of SASSA as well as the criteria to qualify for various grants.

The current government services in the social security setting do not address social issues such as unemployment, HIV/AIDS and other chronic illnesses. It is recommended that the Social Assistance Act 13 of 2004 (as amended) be further amended to cater for social concerns that affect communities on a daily basis. This could reduce the burden on the existing grant types, including disability grant.

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## **ANNEXURES**

### **Annexure A – Clean copy of the data collection questionnaire**

## **Questionnaire**

### **Evaluation of policy regulating access to South African Social Security Agency's disability grant in Umlazi Township**

#### **Introduction**

The researcher is a student currently pursuing studies for a Master's Degree in Public Administration at the North-West University. The purpose of the Questionnaire is to evaluate the current policy regulating the access to South African Social Security Agency's disability grant in Umlazi Township and in doing so, your views and opinions will play a pivotal role.

Kindly take note that the information obtained will be used only for research purposes and no names or any identifying data regarding the participant will be revealed, hence, you are not prompted to reveal the same. Furthermore, participation is voluntary and the researcher undertakes to share the findings with all participants once the study has been completed.

**Kindly complete all questions below, if the space provided is not enough you are welcome to write on a separate paper.**

#### **SECTION A: BIOGRAPHICAL INFORMATION**

Mark with an X next to the relevant box

1. How long have you been involved with disability grants or disability assessments?

1-3 years	4-6years	7-9years	10 years +	Not Applicable
-----------	----------	----------	------------	----------------

2. How long have you been employed or contracted by the South African Social Security Agency?

1-3 years	4-6years	7-9years	10 years +	Not Applicable
-----------	----------	----------	------------	----------------

3. Are you a Medical Practitioner or SASSA Employee? (**please tick below**)

Medical Practitioner	SASSA Employee
----------------------	----------------

## SECTION B: CLOSED QUESTIONS

Scale

Strongly agree (SA)	1
Agree (A)	2
Disagree (D)	3
Strongly disagree (SD)	4
Don't know (DK)	5

Mark the appropriate block with an **X**, referring to the scale in the Table above

		SA	A	D	SD	DK
4.	SASSA officials have a full understanding of the guidelines relating to access to disability grant.	1	2	3	4	5
5.	Medical Practitioners are fully capacitated on the assessment of disability grant applicants in line with Social Assistance prescripts.	1	2	3	4	5
6.	SASSA has a clear policy on the management of disability grants in line with Social Assistance Act, 13 of 2004.	1	2	3	4	5
7.	SASSA officials have an understanding of the policy directive governing access to disability grant in South Africa.	1	2	3	4	5
8.	Medical Practitioners have an understanding of the policy directive governing access to disability grant in South Africa.	1	2	3	4	5
9.	Definition of disability and disability assessment has no bearing on	1	2	3	4	5

	the assessment of disability grant applicants.					
10.	Disability grant is understood as any other income support for the qualifying people.	1	2	3	4	5
11.	Disability grant applicants have an understanding of the qualifying criteria for disability grant.	1	2	3	4	5
12.	Social issues have no bearing on the demand for disability grant.	1	2	3	4	5

**SECTION C: OPEN ENDED QUESTIONS**

13. In your opinion, what are the main three gaps in the implementation of disability grant policy in line with Social Assistance prescripts?

- a) \_\_\_\_\_  
\_\_\_\_\_
- b) \_\_\_\_\_  
\_\_\_\_\_
- c) \_\_\_\_\_  
\_\_\_\_\_

14. In your opinion, does SASSA officials involved in the policy implementation understand their mandate and their role, if so what needs to be improved, if not, what do you regard as a gap.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What do you regard as the major role of Medical Practitioners in the disability grant process and in your view, are they capacitated enough to play their part.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. What is your perception about disability grant?

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17. What is your perception about people who apply and/or intending to apply for the disability grant?

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18. What is your opinion on the statement that “disability grant is the most abused form of social assistance”?

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In your opinion, what impact does the current status of doctors within the public health system has on disability grants?

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19. Awarding of disability grant relies largely on medical and / or disability assessment before means test is applied. What is your view on this?

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20. In your opinion, what is the impact of chronic illnesses to the disability grant demand, processes and management?

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Disability environment and disability assessment is regarded as a complex and dynamic field, what would be your three main recommendations to SASSA with a view of improving processes on the access to disability grant.

- a) \_\_\_\_\_  
\_\_\_\_\_
- b) \_\_\_\_\_  
\_\_\_\_\_
- c) \_\_\_\_\_  
\_\_\_\_\_

May, I take this opportunity to thank you for your time and contribution in this exercise.

## **Annexure B – Approval to conduct research within SASSA offices**

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Fax	: 086 501 3876	Uthungulu District Manager
Telephone/ Ucingo /Telefoon	: 035 797 1627	Private Bag X 1045
Enquiries / Imibuzo / Navrae	: Mr N.D. Mchunu	Richards Bay
E-mail	: <a href="mailto:ntokoza.mchunu@kznsocdev.gov.za">ntokoza.mchunu@kznsocdev.gov.za</a>	3900

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**The Regional Executive Manager**

**South African Social Security Agency  
Pietermaritzburg  
3201**

**Attention: Mrs P. Bengu**

**REQUEST TO CONDUCT A RESEARCH WITH A VIEW OF EVALUATING THE CURRENT POLICY REGULATING THE ACCESS TO SOUTH AFRICAN SOCIAL SECURITY AGENCY'S DISABILITY GRANT IN UMLAZI TOWNSHIP**

The above matter refers.

The South African Government has afforded its Senior Management cadres with an opportunity to enhance their management and leadership skills through a development programme, named Executive Development Programme (EDP). The programme is structured in three phases, which are: six modules leading to Executive Leadership qualification, four modules leading to first leg of a Master's Degree and lastly the Mini-Dissertation (Research) leading to a qualification for a Master's degree in Public Management (MPA). I am currently doing the third phase of the EDP pursuing a Master's Degree in Public Administration at the North-West University.

In view of the above background, a request is made to the Regional Executive Manager for SASSA to grant me an authority to conduct a research with a view of fulfilling academic requirements. The research to be conducted targets a sample of SASSA employees, Contracted Medical Practitioners and disability grant referring sources (Independent Practitioners, Clinics and Hospitals) operating in and around Umlazi Township.

The collection of the data will be done through a questionnaire that aims to evaluate the current policy regulating the access to South African Social Security Agency's disability grant in Umlazi Township. Copy of the questionnaire is attached for reference purposes.

Kind, regards

**Ntokoza Mchunu (Researcher)**

**0714200981**