

**Dissertation Title: *An investigation of the lived reality of the disjuncture between policy and practice in the implementation of South Africa's Disability Grant.***

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ESTCAR008

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**COMPULSORY DECLARATION**

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## **ABSTRACT**

The South African constitution emphasises the right of all citizens to income security if they are unable to support themselves and their dependents. Within the current context of high unemployment and poverty, this right is even more pertinent. The Disability Grant, being the only grant available to people in their working years has been widely discussed in its role as a method of poverty alleviation as well as functioning as a de facto Chronic Illness Grant and an Unemployment Grant. Although the DG has been well researched and analysed at a policy level, it is still seen to be functioning in its de facto roles and is accepted as being a mis-targeted grant. A qualitative research study was conducted and a sample (composed of Policy Informants, South African Social Security Agency staff and Disability Grant Recipients) were interviewed. The Disability Grant was analysed at both a policy and Implementation level. The findings revealed flaws in both the Disability Grant Policy as well as its practical implementation. These highlight the need for transformation and a reimagining of social policy.

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## LIST OF ABBREVIATIONS

DG	Disability Grant
OAP	Old Age Pension
WVG	War Veterans Grant
FCG	Foster Care Grant
CDG	Care Dependency Grant
CSG	Child Support Grant
PADG	People who Access the Disability Grant
PLWHA	People Living with HIV/AIDS
TB	Tuberculosis
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
SASSA	South African Social Security Agency
DTO	Disability Officer
GO	Grant Official
BIG	Basic Income Grant
CIG	Chronic Illness Grant
PDG	Permanent Disability Grant
TDG	Temporary Disability Grant
MTEF	Medium Term Expenditure Framework

\*The term **Welfare** is used throughout this dissertation but is occasionally referred to within Policy and Social Bills as **Social Assistance**.

## **CHAPTER 1: INTRODUCTION**

From the outset, I would like to highlight that this dissertation provides no new findings but simply reflects findings of previous reports and studies of the DG. This however does not disqualify the importance or significance of this dissertation, as it raises a necessary conversation about procedural bottlenecks and the DG. Similarly, it provides a critical reflection as to why, after numerous studies and research projects, very little has changed regarding the procedure and implementation of the DG.

This dissertation describes and discusses the lived experiences of people who access the Disability Grant (DG), the way in which the DG is practically implemented and how this differs from the Disability Policy. By exploring the experiences and realities of the South African Social Security Agency (SASSA) Grant Officials, as well as DG recipients in combination with the opinions of policy informants, a holistic understanding of how and why the DG functions as it does will be outlined.

I will proceed by listing the main distinctions 1), 2) and so on, with sub topics listed as 1.1), 1.2) and so forth to help the reader to follow.

### **1.1) UNPACKING SOCIAL ASSISTANCE, SOCIAL SECURITY AND SOCIAL PROTECTION**

Social security as defined by the White Paper is the widest form of a safety net that includes both contributory forms of social insurance and the needs based welfare received from public funds (i.e. social welfare).

The concept *social protection* is usually used interchangeably with *social security*. However, the former is a much broader concept. It encompasses both the welfare functions of the state and developmental strategies and programmes to ensure at least the minimum acceptable living standards of all citizens. The purpose of it is thus emancipatory.

State-funded social welfare in South Africa is termed 'social grants' and is entirely supported by the state. Social grants are key to the survival of people and are considered to be the safety net in the event of an incapacity/inability to work. The state approach is a targeted one and grants are thus delivered to those identified as 'vulnerable', including the old, disabled and children (Office of the Presidency, 2010).

In light of the 1996 constitution that states that "everyone has the right to have access to social security, including, if they are unable to support themselves and their dependents, appropriate social assistance" (Constitution of the Republic of South Africa, 1996:28). This research project examines the central research question that investigates ***the lived reality of the disjuncture between policy and practice in the implementation of South Africa's Disability Grant.***

This dissertation will begin by outlining the historical and theoretical context of social policy, beginning with the origins of British social policy and the first welfare state as well as the history of South Africa's welfare system and the origin and progression of the DG. The way that South African social welfare and the DG are understood will be positioned within social welfare theory as well as literature on the DG being discussed in light of why this particular research project is important. The research methods and methodology of this research will be explained in detail before presenting my findings and analysis and the discussion of key topics and overall conclusion.

It is useful at this point to provide a brief overview of all South African Assistance grants.

## 1.2) AN OVERVIEW OF SOUTH AFRICAN SOCIAL WELFARE

SASSA currently provides six social welfare grants; the Old Age Pension (OAP), the War Veterans Grant (WVG), the Child Support Grant (CSG), the Foster Child Grant (FCG), the Care Dependency Grant (CDG) and the Disability Grant (DG)<sup>1</sup>.

A Grant-in-aid is also provided for those already in receipt of a grant for Older Persons; Disability grant or a War Veteran's grant, and requires full- time attendance by another person owing to their physical or mental disabilities. Eligibility requires the applicant to not be cared for in an institution that receives subsidy from the State or in the care/housing of such beneficiary.

### 1.2.1) Method of Payment

The South African Social Security Agency (SASSA) pays all monthly grants on the first day of every month in one of three ways: a cash payment at a specific pay point on a particular day, an electronic deposit into your bank or Postbank account, or via institutions acting as administrator of the grant (for example an old age home).

### 1.2.2) War Veteran's Grant (WVG)

Eligibility:

- The applicant must be a South African citizen / permanent resident
- The applicant must be resident in South Africa;
- The applicant must be 60 years and over or must be disabled;
- The applicant must have fought in the Second World War or the Korean War;
- The applicant and spouse must meet the requirements of the means test (not earn more than R49 920 a year or own assets worth more than R831 600 if you are single or have a combined

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<sup>1</sup> Information gathered during interviews with SASSA officials and verified by the SASSA website <http://www.sassa.gov.za>

income of more than R99 840 per year if you are married, with mutual assets worth more than R1 663 200)

- The applicant must not be maintained or cared for in a State Institution; and
- The applicant must not be in receipt of another Social grant in respect of himself/herself.

#### 1.2.4) Old Persons Grant (OPG)

The amount paid to OPG recipients is R1270 per month, but recipients older than 75 receive R1290.

Eligibility:

- The applicant must be a South African citizen / permanent resident
- The applicant must be resident in South Africa;
- The applicant (if male) must be 60 years or older;
- The applicant (if female) must be 60 years or older;
- The applicant and spouse must comply with the means test;
- The applicant must not be maintained or cared for in a State Institution;
- The applicant must not be in receipt of another social grant for him/herself.

#### 1.2.5) Child Support Grant (CSG)

The amount paid to CSG recipients is R300 a month per child.

Eligibility:

- The primary care giver must be a South African citizen or permanent resident;
- Both the applicant and the child must reside in South Africa;
- The applicant must be the primary care giver of the child/ children concerned;

- The child/children must be under the age of 18 years;
- The applicant and spouse must meet the requirements of the means test (not earn more than R34 800 a year if you are single with a combined not exceeding R69 600 a year if you are married. However, this income limit does not apply to foster parents).
- The applicant cannot apply for more than six non biological children;
- The child cannot be cared for in state institution.

#### 1.2.6) Foster Child Grant (FCG)

The amount paid to FCG recipients is R800 a month per child.

Eligibility:

- The applicant and child must be resident in South Africa;
- Court order indicating foster care status;
- The foster parent must be a South African citizen, permanent resident or refugee.
- Child must remain in the care of the foster parent(s).

#### 1.2.7) Care Dependency Grant (CDG)

The amount paid to CDG recipients is R1270 a month per child.

Eligibility:

- The applicant and child must be South African citizen or permanent resident;
- The applicant and child must be resident in South Africa;
- Age of child must be under 18 years;
- Must submit a medical / assessment report confirming permanent, severe disability;
- The applicant and spouse must meet the requirements of the means test (not earn more than R151 200 a year if you are

single with a combined not exceeding R302 400 a year if you are married. However, this income limit does not apply to foster parents).

- The care-dependent child/children must not be permanently cared for in a State Institution.

### 1.3) Grant Reviews and Grant Lapses

SASSA can periodically review grants based on the declared income of applicants. Applicants will be notified three months in advance of the review date or the date on which the life certificate is due. If applicants receive money through the bank, an institution or procurator, they are required to fill in a life certificate for themselves or their child (if receiving the CSG, FCG or CDG) at the SASSA offices every year.

Grants may be suspended if there is a change in (financial) circumstances, if the applicant fails to cooperate with a grant-review, if the applicant commits fraud and misrepresents themselves or their child (if receiving the CSG, FCG or CDG) or if there was an administration mistake when the grant was initially approved.

Grants will lapse if the recipient or child passes away; the recipient or child is admitted to a state institution, the recipient or caregiver doesn't claim it for three consecutive months or if the recipient or child is absent from the country. For the CSG and FCG, grants will lapse at the end of the month in which the child turns 18. For the CDG, the grant will lapse at the end of the month in which the child turns 19.

To be qualify for any SASSA grant, the applicant must be in possession of their own 13-digit, bar-coded identity document (ID).

## **CHAPTER 2: KEY CONCEPTS**

In the discussion of Social Welfare and particularly the DG, the terms Disability, Poverty and Social Exclusion are frequently repeated. It is necessary to unpack these definitions in order to provide more depth and context to the analysis of the Welfare system and the DG.

I will proceed by listing the main distinctions 1), 2) and so on, with sub topics listed as 1.1), 1.2) and so forth to help the reader to follow.

2.1.) Defining Disability

2.2.) Defining Poverty

2.3.) Defining Social Exclusion

### **2.1.) DEFINING DISABILITY**

#### **2.1.1) Description of the Disability Grant Policy**

If you have a physical or mental disability which makes you unfit to work for a period of longer than six months, you can apply for a disability grant.

You are given a permanent disability grant if your disability will continue for more than a year and a temporary disability grant if your disability will last for a continuous period of not less than six months and not more than 12 months. A permanent disability grant does not mean you will receive the grant for life, but that it will continue for longer than 12 months.

Eligibility:

- Applicant must be a South African citizen or permanent resident or refugee and living in South Africa at the time of application
- Applicant must be between 18 and 59 years if you are female or 18 and 60 years if you are male

- Not be cared for in a state institution
- Not earn more than R49 200 (per year) if you are single or R98 840 if married.
- Not have assets worth more than R831 600 (per year) if you are single or R1 663 200 if you are married
- Undergo a medical examination where a doctor appointed by the state will assess the degree of your disability
- Bring any previous medical records and reports when you make the application and when the assessment is done.

The doctor will complete a medical report and will forward the report to the South African Social Security Agency (SASSA). The report is valid for three months from the date you are assessed.

#### 2.1.2) Other Policies and Legislation

The South African constitution of 1996 (NO. 108 of 1996) set out principles of governance including individual rights and obligations; this established the right of access to social security and welfare when a person cannot look after him/herself or his/her family. Similarly, the Social Assistance Act of 1992 defines what is meant by disability and the eligibility criteria for the DG. A disabled person is understood as being “any person who has attained the prescribed age and is, 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.” (Social Welfare Act, 1992:59).

Similarly, regulations issued by the National Minister of Social Development state that a person is only eligible if the degree of his or her disability makes him or her incapable of entering the labour market. The applicant must not refuse to accept employment that is within his or her capabilities, or to receive treatment that may improve his or her condition. In terms of these definitions, the DG was conceived as a substitute for employment income amongst people with disabilities, and not as a grant awarded on the basis of the presence of a disability alone (Nattrass, 2006).

Other legislation regarding disability and employment includes the Employment Equity Act (1998), the Labour Relations Act (1998), the Amendment to Social Security Act (1992, amended 1994), the White Paper on Special Needs Education (2001), the Rehabilitation White Paper (2004) and the Convention of the Rights of the Child (1995), although the CRC refers more directly to the Care Dependency Grant (CDG) and not the DG.

### 2.1.3) Other Literature regarding Disability

Degener (2002) in defining disability writes that

*“while legal definitions of other categories, such as sex, ethnic backgrounds, or sexual orientation also raise questions of demarcation, disability is even harder to define because it encompasses numerous conditions of mind and body and the boundary between ability and disability seems to be less clear”*  
(Degener, 2002:4).

This is evident in the example of visual and hearing conditions, which raise questions as to when a visual limitation constitutes impairment and at what point do we call a person who is hard of hearing a disabled person. Similarly, definitions of disability change according to developments in medical science.

New disabilities emerge with new medical developments and discoveries.

Degener similarly notes that the “legal definition of disability varies in relation to different legal purposes” (Degener, 2002: 5). A social welfare law providing personal welfare benefits therefore may have a different target group of disabled persons than a discrimination law.

From a theoretical perspective, disability definitions are challenged by the debate on what causes disability: medical conditions, environmental factors, social structures and/or individual or collective behaviours and attitudes. This debate about a medical (individual) vs. a social model of disability, as highlighted by Degener (2002) has had a large impact on disability policy because it has led to the paradigm shift from charity-based to rights-based disability policy as well as aiding the understanding of disability both as a

social construct but also interlinked with environmental factors, social structures and collective behaviour and attitudes.

Disabled People South Africa (DPSA) in promoting guidelines on disability terminology and definitions in "*A Pocket Guide On Disability Equity*" distinguish between four main definitions of disability; Biomedical (Disability is identified with illness or impairment in the biomedical approach, with most emphasis falling on curing the disabled individual), philanthropic (Disability is regarded as a tragedy or object of sympathy and charity. People with disabilities are therefore pitied, given hand-outs and cared for in separate institutions), sociological (this approach defines disability as a form of human difference or deviation from the social norms of the acceptable levels of activity performance) and economic (Disability is defined as a social cost caused both by extra resources that children and adults with disabilities require and by their limited productivity at work, relative to able-bodied people) (DPSA, 2000).

DPSA then propose that disability needs to be defined within context rather than focusing on the inability of people, which leads to stigmatisation and categorisation. As a response to this, the Presidency launched Integrated National Disability Strategy. The INDS adopted a socio-political approach to disability, whereby disability is located in the social environment. Thus disability is seen as a socially related and in some sense, a socially constructed entity.

The Social Assistance Amendment Bill of 2010 attempted to further regulate eligibility for the DG as well as enabling applicants to appeal agency decisions and DG refusals. However, the definition of disability remains a subject of confusion and criticisms of the 2010 bill emphasise the need for South Africa to move from a medical model of disability towards a social model that would promote societal inclusion.

DPSA see the medical model approach as being too narrow as it attributes the causes of disability solely to medical conditions. DPSA see the social model as being less limited as social organisation is recognised as affecting disability, however, DPSA maintain that the social model, when practically

applied does not take into account the physical and mental differences of disabled people.

#### 2.1.4) Defining Disability within National Surveys

Watermeyer et al (2006) note that confusion surrounding the definitions of disability and the methods used to identify people with disabilities within South Africa are also not consistent in any national survey. This is highlighted in the statistical representation of the national disability prevalence rate that changes drastically depending on the survey or status used (Watermeyer et al, 2006).

The following table highlights the changing prevalence of disability within South Africa from 1995 to 2001.

Table 1: Table showing the differentiation in National Disability statistics

<u>Survey</u>	<u>Year</u>	<u>Prevalence rate (%)</u>
October Household Survey (Stats SA)	1995	5.2
National Health and Population Survey	1996	12.8
1996 Census	1996	6.6
CASE Survey for Department of Health	1998	5.9
October Household Survey (Stats SA)	1999	3.7
Census 2001	2001	5.0
Community Survey (Stats SA)	2007	4.0
General household survey (Stats SA)	2009	5.7
General household survey (Stats SA)	2010	6.3

From Table 1, it is observed that the national prevalence rate of disability is consistently fluctuating, going from 3.7 percent to 12.8 percent nationwide. In 1996, the national rate of disability was listed as 12.8 percent and then later that year as 6.6 percent. This fluctuation is a result of a changing definition of disability. In the Community Survey of 2007 and Census 2001, disability is defined as a physical or mental handicap which has lasted for six months or more, or is expected to last at least six months, which prevents the person from carrying out daily activities independently, or from participating fully in educational, economic or social activities.

The definition of disability used in Census 2001 is not comparable with that used in Census 1996 due to more recent surveys using the International Classification of Functioning, Disability and Health (ICF) approach where respondents are asked about 'difficulty' with various activities rather than disability, with a continuum from 'no difficulty' to 'not able'. The ICF defines disability as an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports).

Since the 2009 GHS (revised in 2011) StatsSA have also excluded data on children under 5 years old, since it was thought that these are often categorised as being unable to do the various activities, when this is in fact due to their level of development rather than any innate disabilities<sup>2</sup>.

In further breaking down and analysing data on disability in South Africa, the analysis of Census 2001 data by Statistics South Africa to determine the prevalence of disability in South Africa indicated that 5% of the total population reported a serious disability that prevented them from engaging in "full participation in life activities" (Statistics South Africa, 2005). This was similar to the level of moderate and severe disability (5.9%) reported in the baseline survey conducted by C A S E in 1998. (Schneider et al, 1999). The

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<sup>2</sup> Detailed statistical information on the prevalence of disability in South Africa as well as the changes in the definition of disability was taken from the South African health statistical indicators website: <http://indicators.hst.org.za/healthstats/48/data>

Statistics South Africa report indicates that amongst those who reported a serious disability, the proportion of sight-related disabilities was the highest (32%), followed by physical disabilities (30%), hearing (20%), emotional disabilities (16%), intellectual disabilities (12%) and communication disabilities (7%) (Statistics South Africa, 2005).

#### 2.1.5) What does this mean for the Disability definition?

The lack of uniformity with regard to the definition of disability is crucial to coherence across policy and practice. Watermeyer et al (2006) emphasize the importance of the assessment method and process being uniform across all regions, in that the principle of uniformity raises the importance of establishing reliability and validity. The use of disability panels to assess applications provided a more holistic understanding disability. However, MacGregor (2005) notes that from the applicant's point of view, the clinic doctor's diagnosis and recommendation were the most powerful factor in determining grant allocations (MacGregor, 2005). The Assessment Panels proved to be a failure across South Africa, as highlighted by the CASE report (2005).

#### 2.1.6) Why is a consistent definition of disability important?

How the DG is administered and implemented rests heavily upon how, and by whom 'disability' is defined. MacGregor (2005) highlights the debates that have arisen within government, the media and the public health and disability sectors regarding who should be included within the status of 'disabled', particularly in the light of large numbers of people with chronic illnesses such as HIV/AIDS. There is emphasis on rooting out 'illegitimate' grant recipients, accused of defrauding rightful applicants and 'abusing' the system, and for the removal of 'perverse incentives' to be classified as disabled<sup>3</sup>

In understanding that disability is extremely diverse, with some health conditions associated with disability resulting in poor health and extensive health care needs, and others involving comparatively few complications, the importance of the *experience of disability* is made all the more evident. In understanding disability as a socially related experience and not simply as a

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<sup>3</sup> South African National Department of Social Development (2004) Statement issued for media release: Minister Expresses Serious Concern about Reports of Abuse and Fraud Related to Disability Grants, 29th January 2004.

medical classification, disability is no longer understood as a feature of the individual, but rather as the outcome of an interaction of the person with a health condition and the environmental factors. In this way then, the ICF is a classification that allows a comprehensive and detailed description of a person's experience of disability, including the environmental barriers and facilitators that have an impact on a person's functioning.

While the DPSA see the social model as not taking into account the physical and mental differences of disabled people, the recognition of the central role played by environmental factors has changed the locus of the problem and the focus of intervention, from the individual to the environment in which the individual lives (Schneider et al, 2003).

## 2.2.) DEFINING POVERTY

It is important to contextualise this micro study of an aspect of the South African welfare system within the bigger picture of poverty, unemployment and social exclusion in South Africa.

However redundant, Poverty has to be addressed in any discussion of social welfare, which also brings about the discussion of social exclusion. As Piachaud (1988) argues, poverty is a moral question and refers to unacceptable hardships (material, economic and social) thus it comes with a moral imperative to act. The question as to what a definition of poverty should look like is caught between the need for it to be scientifically based, with key poverty indicators or being politically and ideologically motivated in line with popular thought on poverty. The debate between a relative and an absolute definition of poverty is especially interesting within the context of South Africa. Sen (1979) argues that poverty is absolute in that although individual needs are not identical over time and space; poverty (or lack) is in itself an absolute notion (Sen, 1979). However, it may be argued that relative definitions of poverty are more appropriate within advanced democracies.<sup>4</sup> Similarly, relative definitions of poverty complement each other as opposed to the contested variations of absolute poverty definitions.

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<sup>4</sup> The advancement of democracy within South Africa is too deep a discussion to engage in at this point, but the existence of a somewhat consolidated democratic South Africa cannot be disputed

The importance of an accurate definition of poverty for this dissertation is centered on the fact that the definition of poverty in South Africa sits within the political discussion of the adequacy, generosity or lack thereof of welfare.

This dissertation does not want to formulate a new definition of poverty within South Africa, nor discuss the importance of which definition is chosen, but simply aims to highlight the necessity of a definition of poverty that incorporates scientific, ideological and political aspects.

South Africa does not have a concrete definition of poverty, despite copious poverty statistics. Van der Walt (2004) highlights the importance of a definition in that “we cannot fight poverty if we have not clarified what we are fighting” (Van der Walt, 2004:2). The Department of Social Development (DSD) outlined a definition of ‘the poorest of the poor’ that included both an individual and a community perspective. The following items are included: Asset capital poverty, the lack of visible assets, lack of food, and generally meeting the criteria of indigence. Income poverty, the lack of income, limited access to basic services, and also generally meeting the criteria of indigence. Human capital poverty, the lack of access to skills, education and generally meeting the criteria of indigence (DSD, n.d).

The necessity of a definition of poverty is also linked to the need for an appropriate poverty line (based on the poverty definition). While the international poverty line (of between 1 and 2 dollars a day) is somewhat useful in creating an overarching framework in understanding global basic need, South Africa is not a particularly affluent country and therefore cannot be judged in terms of western concepts. Similarly, there is too much inequality and wealth disparity within the societal structure of South Africa for poverty to be discussed in terms of the societal mean or median.

### 2.2.1) Where should the poverty line be set?

While it is understood that poverty is contextual, to define a poverty line based on morality, values or subjectivity will do little to reduce poverty. Poverty does not disappear when values in society change (Seidl, 1998). The way in which

value-orientated versus objective poverty definitions highlights the importance of whom and what is best suited to define poverty.

Preferably then, poverty should not be based on ideological preferences but on calculations and recommendations made by experts. Most often the line is set at an amount relative to the median or mean income in a society, with reference to a minimum family budget as well as the possible income provided by a welfare state to those unable to support themselves. Spicker (1993) argues that a poverty line should reflect the actual policies advocated (Spicker, 1993).

In this then, poverty lines would vary in accordance with changing policy and changing economic and social situations. While the International poverty line does alter according to rising food prices (going from 1 dollar to 2 dollars per day) there is no sense of regular fluctuations or sensitivity in terms of the poverty line responding to state or global crises.

In terms of this dissertation then, poverty in South Africa will be calculated based on income levels (or lack thereof) with poverty being understood as a lack of adequate financial means (enough money to survive on). If poverty is understood as income lack it becomes that easiest resource to change through political intervention. Similarly, it is important to understand that other factors that contribute towards social exclusion (poor material living conditions and position in the labour market) are caused by, affected by or a consequence of poverty.

### 2.3.) DEFINING SOCIAL EXCLUSION

Social exclusion can be defined as being anything that excludes a person from: the democratic and legal system, (which promotes civil integration), the labour market (which promotes economic integration), the welfare system (which promotes social integration) and family and community (which promotes interpersonal integration). Social exclusion is more multidimensional than poverty as it involves different spectra's of hardship and exclusion. Similarly, in understanding social exclusion, poverty is no longer viewed as a problem that economic growth alone could resolve. Exclusion can be defined

as the inability to participate in the normal activities of citizens in that society. Indeed Sen (1979) maintains that poverty is capability deprivation that hinders not only the ability to function but also the capacity to choose and have agency over one's decisions. Capabilities are most often deprived by poverty, which is often furthered by ignorance, government or societal oppression (Sen, 1979).

Societal inclusion is understood as a relational concept as exclusion implies an act (a person cannot be excluded unless the person has someone to be excluded from). This similarly highlights the role of agency in the process of social exclusion as that exclusion implies an act whereby a person is excluded as a result of their own free will or conditions out of their control. This distinguishes between passive and active exclusion. This distinction is important for policy analysis as active exclusion is something that can and needs to be addressed through government intervention.

When, however, the deprivation comes about through social processes in which there is no deliberate attempt to exclude, the exclusion can be seen as a passive kind. A good example is provided by poverty and isolation generated by a sluggish economy and a consequent accentuation of poverty (Flotten, 2006). The obligation of the state is therefore not only to secure economic survival but also to foster inclusion.

A crucial question to consider in the discussion of poverty and societal inclusion is at what income level is participation within society (be it economic social or political participation) made impossible. Similarly, the way in which poverty and social exclusion function and further compound each other is fundamentally shaped by public policy. The overlap between individual characteristics (age, gender, education, family size and type, place of residence, ethnicity and health) and structural variables (welfare policy, functioning of labour market, macro economy, culture and history) highlight the social consequences of economic shortages and the shaping role that welfare policy has on economic, social and political integration.

In the same way, it is estimated that over a billion people, about 15% of the world's population, have some form of disability (World Health Organisation,

2011). Between 110 million and 190 million people have significant difficulties in functioning. Rates of disability are increasing due to population ageing and increases in chronic health conditions, among other causes. People with disabilities have less access to health care services and therefore experience unmet health care needs. The increase of worldwide disability-prevalence statistics makes this a topical and important focus of study.

This chapter has therefore concluded that for the purpose of this study, regardless of the stance and differing opinions within South Africa's social policy, disability is understood as an umbrella term, covering impairments, activity limitations, and participation restrictions<sup>5</sup>. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, whilst a participation restriction is a problem experienced by an individual in involvement in life situations.

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<sup>5</sup> This definition is based upon the International Classification of Functioning, Disability and Health (ICF) approach and uses the guidelines of the World health Organisation (WHO) as discussed in their Fact sheet N°352. June 2011

## **CHAPTER 3: KEY CONTEXTUAL DISCUSSIONS**

In the same way that it is important to clarify terms, as highlighted in the previous chapter, the context that Welfare outworks within raises key aspects of discussion. Two areas of research have to be briefly dealt with to provide the theoretical and practical context that welfare outworks itself within.

I will proceed by listing the main distinctions 1), 2) and so on to help the reader to follow.

3.1.) Macro-Economic Context

3.2.) Welfare Dependency

3.3.) Budget provision for Social Welfare

3.4.) Unemployment in South Africa

3.1.) **MACRO-ECONOMIC POLICY CONTEXT**

There is a tendency in policy making to add on social policies to economic ones, which ignores the fact that all macroeconomic policies are enacted within a certain set of distributive relations and institutional structures.

Conventional Economic theory argues that Social Grants undermine labour force participation and reduce opportunity costs. However, in a 2004 report on the Social and Economic impact of Social Security, the impact of welfare was found to be generally positive and developmental in nature. In households receiving social welfare there was better spending on education and nutrition and lower spending on alcohol and tobacco (Samson et al, 2004).

The reduction of poverty and inequality in SA has to take into account the complementarity that exists between different kinds of assets and the nature of the market in which they operate.

The implementation of such policies requires consideration of:

- The role of the Government
- The operation of Markets
- The distribution of benefits of growth

According to Moody's credit rating (2009), South Africa has been an A3 credit rated country since July 2009 but has been on a negative credit watch since November 2011 (Moody's Investors service, 2009). The Fitch and Standard & Poor's (S&P) rating puts South Africa as a moderate credit risk country (Isa, 2013). The decision to downgrade South Africa in January 2013 to a BBB was due to growing social and economic concerns, particularly the mining strikes of late 2012. The BBB rating places South Africa two notches above 'junk' status (non-investment grade). The generally sound banking system, deep local bond market, a floating exchange rate and an inflation-targeting regime were praised as noteworthy systems. However, Fitch and S&P highlighted that economic growth performance and prospects have deteriorated affecting public finance and exacerbating social and political tensions. Social and political tensions have increased as subdued growth, coupled with rising corruption have worsened government effectiveness (Isa, 2013).

The Treasury maintains that the Government is aware of the challenges that poverty and unemployment pose and the ANC has prioritized the implementation of the National Development plan for faster economic growth and effective service delivery. However, the mining strikes are a significant reminder of the fragility of our economic wellbeing. The mining sector is the basis of South African wealth and foreign investment; strikes and labour dissatisfaction threaten the stability of this sector, on both a national level, as well as threatening a major reduction in international investment.

Focus on GDP growth, international investment and exportation is crucial to combatting the problems of such high unemployment and poverty. The lack of Government commitment to stamp out corruption and their constrained ability to improve living standards, reduce the 25 percent unemployment rate and

redress historical inequalities as rapidly as necessary highlights the limitations of South Africa's fiscal economic policy.

South Africa's GDP growth is crucial for all segments of South African society. GDP growth and growing tax revenues will increase the size of the economic pie, allowing larger margins within the National Budget for welfare, healthcare and education spending. In the same way, capacity building across government is crucial. This applies to the financial, manufacturing and mining sectors as well as the welfare sector.

### 3.2.) WELFARE DEPENDENCY

The issue of welfare raises the discussion of dependency. It is different from poverty in that to be poor is an objective condition whereas dependency is subjective. Being poor is associated with considerable personal qualities, but being dependent is accompanied with very few positive attributes.

Dependency is seen as abnormal and undesirable in an adult.

Dependency is an ideological term that encompasses economic register, sociological status and political standing as well as having a moral or psychological aspect to it. The way in which dependency and particularly welfare dependency is thought of informs how policies outwork themselves within society. Dependence can be defined as the state of being at the disposal of another, sustained by another or relying on another support or favour (Perlman, 1951).

However, over a period of two hundred years the meaning of dependency has moved from the honourable social condition of the overwhelming majority of the population to a highly stigmatised personality disorder. Dependency, and particularly Welfare dependency tends to pair economic dependency with psychological dependency in that the need for financial support means that the individual is less self-reliant, lazier and less responsible. It is also thought that welfare dependency undermines motivation and accentuates the underclass condition (Fraser & Gordon, 1994).

Similarly, those who are accessing welfare are seen to be lacking in moral stamina with economic 'morality' used to shame and degrade them "they wouldn't be poor if they were any good" (Perlman, 1951:15). This type of discourse is so engrained in certain welfare thinking that welfare recipients themselves begin to believe this thinking. This results in recipients feeling less of a worthwhile person and more of a second-class citizen.

Charles Murray (1984) developed his welfare-disincentive theory that centres around how social policy interacts with the ways humans behave under different environmental and economic conditions. Two premises of popular wisdom regarding human behaviour are paramount to Murray's beliefs.

Premise 1: People respond to incentives and disincentives.

Premise 2: People are not inherently hard working or moral. In the absence of countervailing influences, people will avoid work and be amoral.

Murray believes that a growing number of individuals are becoming welfare dependent because of social policies that both directly and indirectly change incentives and preferences. By increasing dependency structural problems are created that impede upward mobility and decrease chances to rise out of poverty (Murray, 1984).

Murray maintains that perverse welfare incentives of the late 1960s led to family dissolution and high levels of black unemployment in America. This is contested by Wilson (1987) who argues that if social policy had caused these ills then the trend would have reverse once work-incentive policies were implemented (Wilson, 1987).

A sense of dependency on the DG is a reoccurring theme with both DG recipients and Policy Informants. Poverty and unemployment create an environment where income is a rarity. As Schneider highlights,

*"cash or labour which a lot of these people could access, is irregular, unpredictable and often not that much more than what the Disability*

*Grant is anyway, and if you're on the Disability Grant you automatically get free healthcare and free assistance. The high amount (of the DG) makes it difficult for people to get off the Disability Grant.*<sup>6</sup>

However, research by the Department of Social Development (2004) on the effect of Welfare in South Africa highlight that living in a household that receives social grants is correlated with a higher success rate in finding employment. Similarly, workers in households receiving social grants are better able to improve their productivity and earn higher wages (Samson et al, 2004).

These findings are consistent with the hypothesis that South Africa's social grants increase both the supply and demand for labour. This evidence does not support the hypothesis that South Africa's system of social grants negatively affects employment creation.

Although in a context of high unemployment and poverty, there is evidently a practical need for the DG income (as emphasised by DG applicants) the concept of welfare dependency has to be seen as an ideological issue,

### 3.3) BUDGET PROVISION FOR SOCIAL WELFARE

The objective for Social Welfare is to ensure the provision of a social welfare safety net in 2012/13. This is done by transferring funds to the South African Social Security Agency for the transfer of grants to the households under their administration. Currently there are 1.2 million disabled persons with income and assets below the set thresholds.

The 2012 National Budget notes that the Department Strategy aim to implement integrated policy interventions that respond to immediate needs of vulnerable individuals and communities while at the same time engaging in policy and research that explores long-term strategies for addressing systematic poverty and inequality. The DG costs R17.8 billion in 2011/12 and

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<sup>6</sup> Information provided during an in-depth interview with Schneider in 2011

1 215 641 disabled persons should have benefited by the end of 2011/12 (National Treasury, 2012).

The 2012 Budget estimates that there were 1.4 million DG beneficiaries in 2008/09, 1.3 million in 2009/10, 1.2 million in 2010/2011 and 1.2 million in 2011/12: The next three years offer predictions of 1.2 per year (National Treasury, 2012). According to this then, the DG has decreased and plateaued in terms of its beneficiaries.

However, it is estimated that over the Medium Term Expenditure Framework (MTEF) period, expenditure will grow from R6 billion in 2011/12 to R6.9 billion in 2014/15. The bulk of expenditure of R2.5 billion goes to goods and services towards payments of contractors hired to disburse grants to beneficiaries in 2011/12. An accumulated overdraft of R839.4 million by the end of 2008/09 has now been largely dealt with. In 2010/11, the agency had a surplus of R462.7 million, bringing the accumulated deficit down to R137 million (National Treasury, 2012).

The 2012 Budget also notes that the number of social welfare grant beneficiaries increased from 13.1 million in March 2009 to over 15.2 million as at 31 December 2011. It is projected that the number of beneficiaries will increase to approximately 16.7 million by March 2015. R294 million is allocated over the MTEF period to pay social welfare grants to officially recognised refugees added to the group of beneficiaries, following several court challenges and previous amendments to disability and care dependency grants. A further R600 million has been allocated to provide for the projected shortfall on social grants in 2014/15. It is anticipated that more beneficiaries will apply than originally projected, based on the latest beneficiary trends (National Treasury, 2012).

The South African Social Security Agency revenue is mainly from transfers from the Department of Social Development. The revenue increased from R4.6 billion in 2008/09 to R6.2 billion in 2011/12 and is projected to increase to R6.9 billion in 2014/15 (National Treasury, 2012).

### 3.4) UNEMPLOYMENT IN SOUTH AFRICA

Literature surrounding both social welfare and the current situation in South Africa emphasizes the reality of poverty and unemployment. Terreblanche (2002) writes that the nature of South African poverty and inequality is rooted in the nature of unemployment, which is not cyclical poverty but structural unemployment. Thus large sectors of the economy and particularly the unskilled labour force, which is estimated at 75 percent of all unemployment is unemployed. EconomyWatch (2010) notes that an increasing unskilled labour force is a result of “crime, improper skill sets and job related knowledge, proper basic education, [and] diseases like HIV/AIDS” (EconomyWatch, 2010:1). In the same way, the rate of unemployment is different for different groups, which “reveals a great disparity in the occurrence of unemployment; the differences in unemployment across different groups have crucial inference for the distribution of income and the incidence of poverty” (EconomyWatch, 2010: 1).

Historically, Terreblanche notes that by 1970, 20 percent of the potential workforce was unemployed, this rose to 40 percent in 1995 (Terreblanche, 2002). This is supported by Leibbrandt et al (2004) who in his analysis of census data, found that the numbers and proportion of poor people had grown over the period 1996 to 2001 (Leibbrandt et al, 2004).

Similarly, Seekings (2008) notes that the unemployment rate in South Africa is so high because of the absence of opportunities in the informal sector, which was destroyed by the Apartheid state through repressive regulations (Seekings, 2008). Thus unemployed people in South Africa are not simply without formal employment but without any paid work at all. Public support for the unemployed, able-bodied and working-age poor is limited to modest public works programmes.

Interestingly, the Van der Berg et al (2007) analysis of the data from the All Media and Products Surveys (AMPS) suggested that the large decline in poverty was consistent with an increase of R18 billion (calculated in year 2000 Rand value) in social grant payments between 2000 and 2004.

Poverty and unemployment are closely linked. The unemployment rate amongst members of poor households was almost double the overall national rate. The fifteen year Review of Government Policy (2008) noted that the biggest challenge in the current situation is that the underlying unemployment problem is not cyclical but structural. As a result of this, current policies and welfare are incapable, at their existing scale, of providing the comprehensive protection and social security promised by the Constitution (Terreblanche, 2002).

## **CHAPTER 4: THEORETICAL FRAMEWORKS**

This research analyses the role of welfare as well as the practical functioning of the DG. This analysis is framed within an understanding of change, both on-the-ground change and policy change. Crucial to this is an understanding of the role of social policy. Key concepts of equality, social need, the Underclass, universalism and selectivism will be addressed to provide a theoretical grounding before drawing on Mkandawire's notion of transformative social policy. Mkandawire is important to discuss as he highlights the need for change at a policy level and how welfare can be reimagined to effect genuine change.

I will proceed by listing the main distinctions 1), 2) and so on, with sub topics listed as 1.1), 1.2) and so forth to help the reader to follow.

### **4.1) WHAT SOCIAL POLICY SEEKS TO ADDRESS**

As Beveridge (1942) sought to change fundamental evils within society through the application of policy, the way in which social policy theoretically addresses fundamental concepts is crucial its practical implementation. Social policy is ultimately the application of ideas, theories and concepts and therefore involves presuppositions about what promotes or undermines welfare. Investigating the presuppositions that underlie social policy thought is crucial to understanding why certain policy routes were taken.

How ideas such as equality, social need, poverty and the underclass are understood explains the welfare model that is implemented as well as articulating the role (be that important or not) that the state plays within social provision. Three theoretical frameworks dominate social welfare discussions; Marxism: whether society should be structured to meet human needs.

Neo-liberalism: whether we should free individuals to pursue their own wants within the market.

Social democracy: the combination of Marxism and Neo-Liberalism via the 'social market'.

The following section will discuss these three frameworks in relation to the concepts of equality, social need, poverty and the underclass.

#### 4.1.1) Equality

Kearns (1997) argues that there is a move away from traditional understandings of equality. This builds upon Marshalls (1965) view of social citizenship in that (like citizenship) political equality and equality before the law have to come in tangent with real equalities of income, wealth, status, power and the like. Without this well rounded and holistic understanding of what equality practically means – political equality is a hollow concept. Equality is thus desirable as both a civil and political right and should be secured and maintained through mechanisms of state intervention. The task of the state therefore as emphasised by Kearns within the social-democratic framework is to mitigate those gross inequalities that flow from birth. In so far as neither economic nor power advantages can be controlled at birth, sustained economic inequality leads to and aids political inequality (Kearns, 1997).

#### 4.1.2) Social Need, Poverty and the Underclass

Neo-liberalism as highlighted by Pratt (1997) would argue that poverty is an absolute concept and, if understood as an absolute, very little poverty exists. In line with this then, the economic reality of scarce resources means a limitation to the exercise of rights. This argument is solidly based on a critique of Britain's social welfare system of the 1970's to 1990's which, in retrospect, is understood as a failure. High levels of personal taxation were introduced at the same time as high levels of government expense on the welfare system. The consequences of this were seen both economically and socially whereby work incentives were destroyed, inflation was generated and a culture of dependency was created. The productive efficiency of the economy was damaged as well as the social fiber of society destroyed. Neo-liberalism would counter Marshall's understanding of a social citizenship that sees the right to "live a life of a civilised being according to standards prevailing in society" (Marshall, 1992:72) by claiming that the culture and values of the poor need to change by "weaning the poor away from welfare dependency" (Pratt

,1997:21). This argument would similarly maintain that poverty is not caused by an economic system but by values and to improve people's standard of living, the behaviour of the poor must change (Pratt, 1997).

The Neo-liberal argument focuses heavily on the notion of 'the underclass' and the need to change the behaviour, attitude and values of society. However, the Social-Democratic argument, as put forward by Novak (1997) argues that the very idea of an underclass is not a lived reality but a social construction. The 'Underclass' (as a group) is not a neutral concept but "contains problematic assumptions about the supposed causes of poverty - which, unchecked, can legitimate harsher policies and treatments" (Novak, 1997:226). Highlighting the British example where high levels of unemployment and the changing family structures (more single mothers and less 'ideal' family structures of a breadwinning husband and dependent wife and children) had a serious causal effect on the increase of poverty in the early 1990's. Assumptions as to the increase in poverty resulted in their portrayal as work-shy, promiscuous, lacking independence and verging on criminality (Novak, 1997). This attitude was similarly reflected in a 1993 speech by Prime Minister John Major who emphasised the need to "condemn more and understand less" (Novak, 1997). Novak maintains that the notion of an 'underclass' is imprecise and unsound, as 'the poor' is in reality, many diverse groups being lumped together and used to explain away social problems. The use of the term 'the underclass' makes people the social problem when in actuality it is poverty that makes unemployment or single parenthood a problem – not the other way round (Novak, 1997). To begin with a dependency culture as the fundamental societal problem explains away and ignores the injustice of poverty that erodes humanity. Interestingly, Neoliberalism would argue that a culture of dependency disfigures the humanity of the poor as it does not allow them the freedom to work their way out of poverty. The difficulty here is to carefully negotiate the balance between the dangers of incentivisation and the creation of a culture of dependency while not making problematic assumptions that undermine the dignity and diversity of the people that fall within the poverty bracket. For Marx (1951) the crucial consideration was the control of the means of production and the manner in which wealth was created and distributed

arising from such control. In Marx's view capitalism disproportionately benefited the capitalist while the welfare of the worker and those unable to sell their labour power was undermined.

#### 4.2) HOW THIS IS PRACTICALLY APPLIED: UNIVERSALIST VERSUS SELECTIVISM ARGUMENT

Pratt (1997) notes that the expanding cost and scope of welfare is due to an increased social need. As a concept, social need is a subjective term, with need being relative to age and society as well as (particularly when understood within the western context) being increased and generated by the pressures of capitalism (Pratt, 1997). If social need is taken subjectively and expected to fluctuate dependent upon societal context, which within a capitalist framework could mean quite regular fluctuation then state mechanisms have very little point of reference for what is deemed as an appropriate level of subsidisation.

Building upon the idea of social need, both in its conceptual understanding as well as its fiscal implications, welfare is approached in two ways; *universalism* or *selectivism*. Universalism makes services accessible to the whole population and serves to undermine the humiliating loss of status, dignity and self-respect as well as creating problems of inferiority and stigma that come with means-tested programmes. Universal benefits require a huge commitment to public expenditure and by their nature (and definition) they are wasteful in that although they are accessible by the whole population they will, in reality definitely not be accessed by the whole population. By providing services to the entire population the problem of 'desert' is avoided as individuals do not have to prove their worthiness or need to access a benefit. Stigma and marginalisation are thus evaded.

Universalism as a concept is seen within Titmuss's third welfare model, with social welfare being deemed as a major integrated institution in society, providing universal services outside the market on the basis of need (Titmuss, 1974). Universalism is premised on the need for social equality and meaningful social change through redistribution and is central within the Social-Democratic framework.

On the other side of the argument, selectivism argues that limited resources mean a limited amount of services provided. In this way then, resource allocation is means-tested with the underlying notion that welfare services should go to the 'most deserving' and not all. The use of a means-tested application dissuades many from applying, thus cutting down on waste but results in stigma, the undermining of self-respect and marginalisation. Similarly, means-tested benefits are widely understood to be expensive to administer. Tony Blair, the 1999 UK Prime Minister in analysing the British welfare system noted that "means tested benefits, which cannot prevent poverty, are remarkably inefficient at relieving it" (Commission on Social Justice, 1999).

The process of means-testing has been much vilified on the somewhat questionable basis that means-tests are understood to be an intrinsically unsatisfactory method of distributing benefits. Much of this relates to an ideological view of means-tests as being closely linked with a residual (Neoliberal) model of welfare. However, the advantages of means tests are that firstly, they concentrate resources on those most in need and second that they are progressive and redistribute resources vertically (from rich to poor).

Non-contributory benefits are sometimes referred to as 'universal', but there is a distinction between non-contributory, which depends on some kind of qualifying test, and those benefits which are available with no test of contribution, need or means. They are understood as legitimately being universal. However, since the DG is a targeted grant (specifically for the disabled) it is a selective grant but exerts Universalist qualities in that anyone is eligible to apply for the grant.

#### 4.3) WHAT THEN DO WE EXPECT FROM SOCIAL POLICY?

Drawing from what has been discussed within this chapter, social policy can be seen as referring to the principles that govern action and principles of action towards given ends. Ultimately social policy should affect change; changing situations, systems, practices and behaviour. Policy is thus only meaningful if we as a society, group or organisation believe we can affect change in some form or another. By creating, implementing and

administering social policies, it is assumed that a government is acting on behalf of the general will of its people to affect change and relieve societal ills.

For the purpose of this research project, social policy theory is understood in the context of the South African Constitution which states that “everyone has the right to have access to – social security, including, if they are unable to support themselves and their dependents, appropriate social assistance” (Constitution of the Republic of South Africa, 1996:28).

Similarly, while the DG is a targeted grant, it would find itself within the selectivism argument, however, as stressed within the White Paper on Social Welfare (1997) “the system should not define beneficiaries according to disability but rather determine provisioning in response to need”. This accords with the United Nations 2010 Report on the World Social Situation which states that social justice requires that everyone should have a minimal standard of living, and that people living in poverty should receive assistance when they lack the means to live lives that affirm their human worth and dignity (United Nations, 2009:2).

In this way then, South African social policy can be seen as encompassing the 1996 Constitution as it provides the theoretical basis for all policy. The Constitution mandates that society should be structured to meet human need of citizens “if they are unable to support themselves and their dependents” (Disability Policy). However, the DG works within the market-system in so far as full employment is desirable for non-eligible DG applicants.

Theoretically therefore, this research is positioned between the socialist and social-democratic political frameworks with welfare being given according to need and not as an alternative to employment.

#### 4.4) TRANSFORMATIVE SOCIAL POLICY

The writings of Mkandawire (2001) are useful in discussing the transformative nature of social policy. Mkandawire’s key concern is the way in which social policies can be used to enhance social capacities for economic development

without eroding the intrinsic values of the social ends that policy makers purport to address (Mkandawire, 2001).

Social policy is an area of study that is dynamic and welcomes expected shifts in the social, adopting more open “theoretical pluralism in which questions of *whether* or *why* to pursue state welfare become more important than questions of *how* and *when*” (Alcock, 2003:7). Mkandawire defines social policy as the “collective interventions directly affecting transformation in social welfare, social institutions and social relations” (Mkandawire, 2004:1). Mkandawire clarifies that social welfare can be understood as access to adequate and secure livelihoods and income. Social relations range from micro to global levels, encompassing class, community, ethnicity and gender, while social institutions can be understood as the humanly devised constraints that shape interaction (Mkandawire, 2004:1). In addition, social policy should be conceived as involving overall and prior concerns with social development, and as a key instrument that works in tandem with economic policy to ensure equitable and socially sustainable development, not just as the ‘handmaiden’ to economic policy.

Central to the debate and discussions surrounding the ideas seminal to ‘transformative social policy’ emerges the highly problematic treatment of social policy, in particular its subsuming to macroeconomic policy. Barbara Harriss-White stated at the UNRISD conference in 2000 that “the aspects of life that we label ‘economic’ and ‘social’ are intertwined. The policies we label ‘economic’ and ‘social’ each have ramifications for both the dimensions we label ‘economic’ and those we label ‘social’.” As such any holistic discussion needs to break with current mainstream policy ideologies and allow for a “rediscovery of the interactions between ‘the economic’ and ‘the social’ and a revalidation of ‘the social’ as having more than residual status.” (Elson, 2004:63). This alternative approach seeks to “emphasise both micro and macro market imperfections and, thereby, to understand the social as a means to correct them” (Fine, 2004:80). This revalidation of social policy is truly the inauguration of the transformative nature of the kind of social policy

From this, what is evident is that a more holistic view of policy making is needed. Simply put, Mkandawire emphasises collaboration. In viewing social policy in a collaborative way, meaningful social change is linked to both institutions and society. It is also evident that the aim is towards a deeper and more rounded understanding of social citizenship, anchored to inclusivity (Mkandawire, 2001).

Therefore in critiquing the DG and South African Social policy, I do so in the context of the national economy, the level of unemployment, poverty and wealth disparity, the flawed education system and level of crime to name a few; of all which fall into the brackets of social welfare, social institutions and social relations and which are influenced and affected by the functioning (both positive and negative) of the DG.

It is useful to frame my research theoretically within 'Transformative social policy' as it provides a platform for reimagining what development, progress and growth mean. Transformative social policy thus includes; the mobilization of funds for economic development activities; the significant improvements in social conditions and poverty reduction; the enhancement of citizenship and participation; social cohesion, inclusivity and the transformation of gender relations (Mkandawire, 2004).

## **CHAPTER 5: HISTORICAL CONTEXT OF SOCIAL POLICY**

At the heart of any social policy formation is the understanding and appreciation of a societal problem. This chapter will deal with the history of social policy, beginning with its theoretical origins and the implementation of early social policies in Europe.

Titmuss noted that “Social welfare is the sum of measures developed by a society in order to cope with its social problems” (Titmuss, 1974: 47). However, the formation of social policy is not done in a vacuum nor is it created adjacent to the system and society that it is in. It is both a product and a reflection of its environment.

Policy analysis is therefore crucially important in two ways. Firstly, by analysing discourses of social policy, we begin to see what is behind policy choices and the reason as to why specific policy routes were chosen. Secondly, as Fischer (2009) highlights, ideas matter; ideas govern decisions and policy choices and reflect both government and public opinion as to how a societal problem should be addressed. Policy choices therefore speak volumes about attitudes towards others within society.

The role of social policy is to aid and alleviate societal ills in the form of fiscal and societal programs and thus the discourse behind policy is crucial to the ideology and culture that it propagates. A welfare system gives power to the reflective nature of social policy in that social ideology has fiscal implications. The establishment and maintenance of social policy financially furthers a specific set of beliefs or disbeliefs. Therefore it is crucial to analyse social policies, not simply to investigate whether they are good or bad policies, but to interrogate their origins and their ideological impact.

Fischer (2003) in his discussion of discourse analysis develops Weber’s understanding of the way in which ideas and images determine the paths along which action travels, and thus investigates the origins of social structure and human agency. In line with this, discourse analysis looks at the rules that govern and make possible a policy deliberation. As aforementioned, policy is not neutral, but shaped and influenced by the discourses that surround it. The

discursive approach thus rejects the subject-object dualism by understanding that inquiry is part of the same discursive medium that it studies. Hence, from the discourse perspective, there is no safely privileged space for the inquirer, no place of autonomous reason beyond the discursive medium which all share in one way or another (Fischer, 2003).

The formation of public policy therefore needs to be understood within the political language, with politics inscribing the meaning of a policy problem. Discursive analysis consequently seeks to determine which (specific) political frameworks lead to the construction of (specific) policies. Similarly, what needs to be appreciated is that the institution itself is constructed by the discourse and that policy, politics and society are inextricably linked.

What follows provides a theoretical background to the factors that have influenced the emergence and development of social welfare. The intention is to develop a theoretical understanding from which the development of social policy and welfare arrangements in South Africa can be analysed. I will proceed by listing the main distinctions 1), 2) and so on, with sub topics listed as 1.1), 1.2) and so forth to help the reader to follow.

### 5.1) ORIGINS OF SOCIAL WELFARE

Theories on the emergence and development of welfare states can be broadly categorised into three groups. The first group highlights the link between industrialisation under capitalism and the welfare state's emergence and development. This is seen in the work of Wilensky and Lebeaux (1958). The second group emphasises political factors as crucial to the development of the welfare state, this is represented in the work of Esping-Anderson (1997). The third group combines elements of the first and second groups, focusing on welfare states as a particular historical response to the detrimental consequences of industrial capitalism on the working sections of society as well as the emerging importance of society's right to social welfare. This is evident in the work of Richard Titmuss (1974).

The development of Welfare state theory will be discussed in relation to five key stages of progress, as the way social policy discussion changed and remodeled itself;

5.1.1) Wilensky and Lebeaux (1958) used the analysis of Social Phenomena to discuss welfare

5.1.2) Titmuss (1974) focused on the interrogation of observational data

5.1.3) Marshall (1965) emphasised a more nuanced understanding of social citizenship

5.1.4) Beveridge (1942) applied social policy theory in his 1942 report

5.1.5) Esping-Andersen (1993) sought to develop a welfare model that explains and predicts growth.

#### 5.1.1) Analysis of Social Phenomena: Wilensky and Lebeaux

What was new about Wilensky and Lebeaux (1958) as highlighted by Mohr (2003) was the way that they distinguished between two concepts of social welfare. The “residual” approach which views welfare as an appropriate response to other institutional failures (the breakdown of the employment market, the dissolution of the family and so on) and the “institutional” model which sees welfare services as “normal ‘first-line’ functions of a modern industrial society” (Mohr, 2003: 4). Within early analyses of welfare states, variation among welfare systems was measured by overall expenditures on social programs (scaled as a proportion of GNP), programs were either big or they were small. As welfare state theory developed there was a steady improvement in the way in which welfare institutions were measured. Wilensky and Lebeaux (1958) took statistical measures of economic production, technological development, the degree of professionalization and the nature of social stratification as markers for the overall level of industrialization. Thus rather than measuring overall levels of expenditures, researchers began trying to explain the occurrence of certain classes of welfare programs or categories of social provisions, standards of life and health which permit the individual the fullest development of their capacities (Mohr, 2003:7).

### 5.1.2) Titmuss and the Social Division of Welfare

Titmuss (1974) examines three contrasting models or functions of social policy.

Model A is the Residual Welfare Model of social policy which is based on the idea that there are two natural or socially given channels through which individual needs are met; the private market and the family. Only when these break down (or do not exist) should social welfare institutions come into play, and then only as a temporary measure. Its main objective is to encourage (by stick or carrot) the development out of the public sector and into the private sector, so ending the need for welfare. This idea of an exit strategy is highlighted by Peacock (1960) who references Titmuss in commenting that “the true objective of the Welfare State is to teach people how to do without it” (Titmuss, 1974:11).

Model B is the Industrial Achievement-Performance Model of social policy that sees the social welfare system as supplementing the economy in that social needs should only be met on the basis of merit, work performance and productivity. It is incredibly economically-based and is concerned with incentives, effort and reward (Titmuss, 1974).

Model C is the Institutional Redistributive Model of social policy which separates itself completely from the economy (and welfare based upon need) as well as the role of the institution of the family as the welfare provider. It thus deems social welfare as a major integrated institution in society, providing universal services outside the market on the basis of need. Foundationally, it is based on the theory of social equality and meaningful social change (through redistribution).

### 5.1.3) Towards a more nuanced understanding of citizenship: Marshall and Social Citizenship

Marshall (1965) saw social policy as directing government to action and having a direct impact on welfare in the provision of services or income.

Central to Marshall's view is the notion that political citizenship meant nothing without accompanying social and economic citizenship. Political citizenship was thus only entrenched and meaningful if it was accompanied by social and economic rights – such as the right to housing and a certain standard of living. The challenge that Marshall saw was for citizens to be participants within the democratic process. Participative citizenship was therefore to attain 'full membership of the community' – achieved socially through economic welfare and security and to live "a life of a civilised being according to standards prevailing in society" (Marshall, 1965:72). Centrally then, social policy was understood to consist of social insurance, public (or national) welfare, the health and welfare services and housing policy. What Marshall in effect argues is that a citizen of a modern society possessed the right to demand a certain style of life and to be able to petition the state to insure for its provision.

#### 5.1.4) Application of Modeling Methods: Beveridge and Social Insurance: the Foundation of the Welfare state

The 'principles and plans' referred to by Titmuss found its most significant practical expression in the proposals of the Interdepartmental Committee on Social Insurance and Allied Services (hereafter the "Beveridge Report" established in June 1942 under William Beveridge). This report is credited as providing the 'blueprint' upon which the welfare state was founded. The Report was commissioned to review the entire system of social security provision in Britain on behalf of the coalition government and make policy recommendations.

Beveridge noted five 'giant evils' that plagued 1940's Britain; physical want, disease, ignorance, squalor and idleness (Beveridge, 1942:6). Based on these societal ills, Beveridge made recommendations that were "not concerned with increasing the wealth of the British people, but with distributing whatever wealth is available to them in total...the object of government in peace and in war is not the glory of rulers or of races, but the happiness of the common man...The purpose of victory is to live in a better world than the old world" (Beveridge, 1942:458).

Beveridge's objective was to present a detailed plan for the extension of social insurance to all citizens in conjunction with services which could form the building block of a universal welfare system. Not only did Beveridge pave the way for the early Welfare state model, but he was the first (on a fairly large scale capacity) to put welfare theory into practical application.

5.1.5) A Welfare Regime model that seeks to explain and predict growth: Esping-Andersens Regime Model

Esping-Andersen, also building on the work of Titmuss, distinguished between three regime types, whereby policy systems may reflect and contribute to social solidarity with policy being the 'truce' between capitalism and labour within democratic societies.

The liberal Welfare state is based upon liberal-economic ideas and has means-tested welfare, modest universal transfers and modest social insurance. This model is evident in Australia, USA, New Zealand, Britain and Canada.

Secondly, the Conservative State has neither a strong pro-market development nor democratic movements important for development. Interest groups are incorporated within the welfare system to ensure support for the state regime. This is evident in Italy, Switzerland, Austria and Holland.

Thirdly the Social Democratic model is based on principles of universalism and de-commodification with social rights being extended to the middle classes. The welfare regime works outside of the market and promotes equality of the highest standard. This is seen in Denmark, Sweden and Norway.

Hill (2006) notes that within regime development (in which historical forces are interactive) alternative and differing regimes develop and function according to their own discreet logic of organisation, stratification and social integration. The maintenance of each model is a result of the conducive meeting of social environment and social ideology; "ideas conspiring with circumstance in order to be successful" (Mill, 1856:208).

## 5.2) WHAT THEN IS SOCIAL POLICY?

Macbeath<sup>7</sup> stated that Social Policies are “concerned with the right ordering of the network of relationships between men and women who live together in societies”. The central issue then is the self-regarding (egotistical) activities of man and the other-regarding (altruistic) activities. Progress of morality as well as progress in the development of social policy will then only occur if there is a “growing power of altruism over egoism” (Titmuss, 1974:29). Social policy, in its broadest definition is therefore widely understood, and as expressed in a 1962 United Nations Report on the Organisation and Administration of Social Services, has three main objectives. Firstly, social policy must aim to be beneficent – policy is directed to provide welfare for citizens. Second, economic as well as non-economic objectives are included within social policy (minimum wage, minimum standards of income maintenance). Thirdly, it involves a measure of progressive redistribution, from rich to poor.

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<sup>7</sup> Macbeath, G. “Can Social Policies be Rationally Tested?”. Hobhouse Memorial Trust lecture, Oxford University Press, 1957, p I.

## **CHAPTER 6: HISTORY OF SOUTH AFRICAN SOCIAL WELFARE**

Having detailed social policy theory (in a general global context) with regard to its history, what values it is premised upon and what it wants to achieve, it is important to outline the history of South African social policy to provide adequate context to where current social welfare finds itself. The establishment of social welfare within South Africa and the values that welfare was established upon is crucial to understanding the current context, despite political and social changes that have occurred within South Africa.

From the outset of South African social policy, the state maintained its limited role in social welfare with financial provision being seen as the responsibility of the individual, the family, community and religious groups (Howell et al, 2006). Government involvement occurred only when all other aspects of provision had failed. South African social policy is thus understood as having a *residual approach* to welfare.

I will proceed by listing the main distinctions 1), 2) and so on, with sub topics listed as 1.1), 1.2) and so forth to help the reader to follow.

### **6.1) DEVELOPMENT OF WELFARE POLICY UNDER THE NATIONALIST GOVERNMENT**

Further limitation to state involvement within welfare was aided by the 'value' of citizens being reflected in concrete methods of discrimination based on apartheid racial classifications. This racial bias was reflected in Social Policies, both pre and during Apartheid.

South African social policy began with the implementation of legislation protecting children in 1913, this was shortly followed by the commencement of Old Age Pensions in 1924 which was only available to whites and coloureds, with the assumption that black people would find provision from their families and communities (Howell et al, 2006). Indians were excluded so as to dissuade them from seeing South Africa as a permanent home. This exclusion however was amended in 1944 when all races were granted pensions (though the amount differed according to race).

Following the formation of these two early policies, the State Department of Welfare was formed in 1937 and functioned for the entire population (Howell et al, 2006). This changed in the 1950's with separate welfare departments being created for the different races (though all were ruled by common legislation). Private and voluntary welfare organisations at that time rendered services regardless of race. However, in 1966 the Department of Social Welfare and Pensions prescribed that welfare services should be administered and delivered on a racially segregated basis (Howell et al, 2006).

Regional Welfare Boards (RWBs) were also established in the mid-1960s, each according to race and with a primary function to coordinate and plan welfare services at a regional level. This attempt to de-centralise welfare provision proved problematic, with some RWBs never getting off the ground and having little or no effect on their community (Howell et al, 2006).

Bantustans had their own Departments of Health and Welfare.

Until 1970, the involvement of the private sector was limited to donations to voluntary welfare organisations, with an estimated R200 million donated – however, this had a very marginal impact (Howell et al, 2006).

## 6.2) FRAGMENTED WELFARE UNDER THE TRICAMERAL SYSTEM

The Tricameral Parliament was established in 1984 and dissolved in 1994 with the implementation of democracy. The Tricameral system was established to further entrench white minority rule whilst giving some political voice to the coloured and Indian populations. The majority of the black population was still excluded; however the tricameral system did have an impact on the semi-democratisation of social welfare.

During the mid-1980s and with the expectancy of democracy, new welfare policies were proposed following a 'Report on an investigation into the present welfare policy in the Republic of South Africa' in 1985 (Lund, 1988). These policy changes called for "differentiation (from further segregation), privatisation (which saw welfare provision as necessary only where the family and community had failed) and finally for devolution and the decentralisation

of welfare administration” (Lund, 1988:25). The policy document which followed, “Social Welfare Policies and Structures of the Republic of South Africa” (1988) provided a rallying point for high levels of resistance within the welfare sector. Regional and sectorial formations as well as pressure groups were formed to oppose these policies and to lobby for an alternative welfare system based on human dignity, equality and freedom.

Welfare was also seen by the government as now needing to function as a business and according to the funding available, not simply according to the need of the country. Schneider<sup>8</sup> highlights an interesting debate within welfare discussion at this point as to the strategy going forward; should organisations stay outside the system (in terms of privatisation) or go in and attempt to influence and change it<sup>8</sup>. The calls for policy changes of the late 1980s set the stage for the introduction of democracy within South Africa and the changes that the 1994 government would have within the welfare sector.

During 1989 a major national convention in Johannesburg occurred with the theme “Towards a Democratic Welfare System”. The focus was on the need to dismantle the old welfare order and develop a new, just and democratic post-Apartheid welfare system.

The welfare is seen to be marginalised from the political process and is appreciated as being the most fragmented and least organised aspect of the development agenda. The possibility of a representative national structure to organise and mobilise the welfare sector on the evolution of an alternative welfare policy is tentatively discussed in 1992 (The National Welfare Social Service and Development Forum, 2013).

An initial Facilitating Committee for a Welfare Forum is formed in 1993 to address critical issues facing the welfare sector during the democratic transition. This was replaced by the Ad Hoc Committee for a Welfare Summit with representatives from the formal welfare system, religious organisations, private welfare organisations, social workers and Non-Governmental

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<sup>8</sup> Information provided during an in-depth interview with Schneider in 2011 <sup>8</sup>  
Ibid. 2011

Organisations. The National Welfare Summit, convened in Johannesburg with over 700 representatives mandated the Committee to educate and mobilise all stakeholders towards to formation of a welfare forum.

A three-phased strategy is identified including the establishment of regional structures/forums to ensure participation by stakeholders and concretise the principle of inclusivity, the development of a founding document and broadening the Ad Hoc Committee to make it more representative.

October 1994 saw the launch of The National Welfare Social Service and Development Forum and the adoption of the “National Founding Document and Constitution” with the intention to:

- Contribute to the on-going improvement of the social welfare of the people of South Africa within a developmental framework.
- Develop consensus in any decisions regarding the reconstruction of the social welfare system in South Africa.
- Identify priority welfare development areas, taking into account especially communities which have historically not had access to welfare care facilities, and to promote increased community participation in the social welfare care sector.
- Ensure that the process of change is transparent.

The NWF's Constitution was revised in 1997, 2004 and 2008 to ensure alignment to the changing development and political landscape in South Africa. Initially the Forum focused on facilitating the restructuring of social welfare under the new government. The White Paper of Social Welfare (Patel, 1997) was the first of its kind in policy analysis and policy formation.

Follow up conferences in 1998 and 1999 assessed the progress made to the implementation of the ten Copenhagen Commitments to eradicate poverty as well as developing an implementation strategy and draft statement of Intent for the Southern African Development Community (SADC) around the Social

Summit (The National Welfare Social Service and Development Forum, 2013).

### 6.3) HISTORY OF THE DISABILITY POLICY

The disability policy was established in 1946 as Act 36 of the Department of Social Welfare (the grants were paid by the Department of Pensions). DGs for black people were administered by the Department of Native Affairs (Howell et al, 2006). The Amendment to the Disability policy of 1962 repealed the original policy document and aimed to transfer the whole of the administration of the Disability Grant to the Minister of Finance, although Disability Grants for black people would remain under the administration of the Department of Native Affairs).

The early 1980s was a significant time for the international disability community, with the United Nations declaring 1981 as the UN 'Year of Disabled Persons' and the decade of disabled persons beginning in 1982. The UN also developed the World Programme of Action concerning disabled people in 1982 (Howell et al 2006). Within South Africa however, the Year of the Disabled Persons (of 1981) was not recognised, with the Apartheid government instead declaring 1986 as the year of the disabled. Similarly the World Programme of Action was not welcomed by the Apartheid government, who instead established the Interdepartmental Co-ordinating Committee on Disability (ICCD) to advise the government on policy reform in response to the UN Programme of Action. Despite producing volumes of information and recommendations on disability, the ICCD was considered a failure and a waste of time and money as it failed to acknowledge the fundamental role that the apartheid system played in creating the conditions of poverty and discrimination which disabled people (and especially black disabled people) experienced (Howell et al, 2006).

During the 1980's and with the increasing numbers of coloured people accessing the disability grant, there was talk of the grant being used to buy votes (within the coloured community) particularly in the Northern Cape<sup>9</sup>. However, the late 1970s and early 1980s were a time of transformation within the disability movement in South Africa. By the late 1970s disabled people, especially those in townships had begun to organise themselves into local organisations and self-help groups (Howell et al, 2006). This development was strengthened by the establishment of the Disabled People South Africa organisation in 1984 which emphasised the need to create capacity for people to take control of their lives in more substantial and meaningful ways. Similarly, the role of the Black Consciousness Movement and the student uprisings of the 1980s had a profound effect on the thinking of disability activists in South Africa, and there was a dramatic shift as thinking in terms of the experience of being marginalised (as a disabled person) within society shifted to the desire to envision and promote change (Howell et al 2006). The 1980's were particularly important in establishing disability as an area of society that needed transformation. By the end of the 1980's, the DPSA had established itself as a strong organisation with sufficient members and funds to employ permanent staff. This gave the disability movement in South Africa far more voice and recognition.

With the implementation of the Welfare Forum in 1993 and democratisation in 1994, the full Disability Grant being available to all races. There was a huge uptake in black people accessing the grant. Due to high unemployment and a fairly new economy, the grant soon began functioning as a method of poverty alleviation, being the only grant available in a person's working years. Similarly, the vague definition of disability allowed the grant to become a de facto chronic illness grant as well as a de facto basic income grant<sup>10</sup>.

The Disability Grant continued to be widely accessed across the country, reaching 600,000 by mid-2000. However, by the end of 2001 it was realised that the assessment used to grant eligibility was too difficult to implement in

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<sup>9</sup> Information provided during an in depth interview with Schneider in 2011

<sup>10</sup> Ibid 2011

that it was primarily medical and required a doctor to conduct the assessment, which, particularly in rural areas, was unrealistic and sometimes impossible. Between 2001 and 2004, panel assessments were implemented so that alternate aspects of disability could be taken into consideration. Panels comprised of medical professionals such as physiotherapists, occupational therapists, psychologists and local community leaders, who, as a team assessed the disability and level of functioning of a DG applicant. This however proved to be a failure as people within the local community were pressuring certain people on the panel (particularly community leaders) to grant DGs to certain applicants. While the medical aspect of the assessment process was criticized in that some eligible applicants may have been prevented from accessing the grant, the medical focus played an important gate-keeping function. The assessment panels were seen as creating a 'free for all' and a loss of control in the awarding of grants.

At the same time that the assessment panels were implemented, there was a substantial increase in the uptake of both disability grants and care dependency grants. In response to this, the National Treasury and Department of Social Development commissioned an investigation into the cause of this growth by the Community Agency for Social Enquiry (CASE).

The CASE report (2005) investigated the degree to which various factors have contributed to the increase in the uptake of disability and care dependency grants. The report found that there was a huge amount of fraud with civil servants accessing grants. In one instance the CASE Report uncovered that an individual ID number appeared in the monthly expenditure data 36 times.

The intertwined nature of chronic illness and disability as well as the unclear definition of disability resulted in the DG being seen and implemented by some as a CIG. Within the CASE Report, Doctors were found to be defrauding the system by giving out grants under the 'Ach shame' mentality<sup>11</sup> this was dealt with through CASE Report-backed anti-fraud drives such as an arrest in August 2004 of a doctor in Sterkspruit.

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<sup>11</sup> Information provided during an in depth interview with Schneider in 2011

Similarly, the DG in its design is a preventative grant with the monthly income functioning to keep PWADG healthy and their disability manageable. The need to provide welfare to avoid further disempowerment is at the very basis of the South African Welfare system. However, due to such high poverty, South Africa has specifically targeted welfare policies. The preventative nature of the DG when it functions in collaboration with chronic illness and unemployment is not fulfilling the targeted nature of the policy<sup>12</sup>.

The findings of the CASE Report and reviewing the period December 2001 to September 2004 highlight problems with the consistency of training of medical officers and the executive power that was given to the medical aspect of assessing grant eligibility (Delany et al, 2005). Similarly, the lack of national guidelines, particularly in terms of HIV and chronic illnesses, had started to impact on the numbers of people attempting to access the grant. In the absence of a clear policy some provinces developed their own guidelines (Western Cape and Gauteng for example) while in other cases the Medical officers and Assessment Panels applied their own judgment (Delany et al, 2005).

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<sup>12</sup> Information provided during an in depth interview with Schneider in 2011.

## **CHAPTER 7: LITERATURE REVIEW**

This chapter provides an overview of literature surrounding the DG. Research regarding the DG can be traced from early the 2000's until 2012. Similarly, the literature can be divided between international and local publications. What is interesting is the way in which writing on the DG has peaked at certain times over the last decade as key events within political and social life have made the DG a necessary topic of discussion.

The literature can therefore be organized sequentially, from early 2000 until the most recent (useful) publication on the DG in 2012. The way in which the DG has been discussed (and what it has been discussed in relation to) will be discussed thematically. To avoid confusion, I will attempt to track the discussion of the DG as sequentially as possible as well as providing an understanding of the social context that may have influenced the sudden interest in the DG at that time. The DG is discussed in literature in relation to unemployment, poverty, disability and HIV/AIDS. Due to the interwoven nature of these themes, they will be discussed interchangeably throughout this chapter.

One of the most influential publications that concerned the DG appeared in 2000, when the government appointed a Committee of Inquiry into a Comprehensive System of Social Security for South Africa, chaired by Vivienne Taylor. The Taylor Committee (2002) made recommendations for the improvement of the current welfare system. The gaps in the DG framework were highlighted in terms of changing the policy definition of disability, the importance of needs-based assessments, the purposes and eligibility criteria and the targeting of the grant. At the crux of their recommendations was the introduction of a modest 'basic income grant' (BIG) (Taylor, 2002).

In 2004, the Centre for Social Science Research at the University of Cape Town published two papers that dealt with the DG, particularly in light of its role as a *de facto* HIV grant and the way in which disability is contextualized within the HIV landscape as well as a further push for the introduction of a BIG. Simchowitiz (2004) argued that the guidelines suggest that Disability

welfare should be provided to those people who, due to physical or mental difficulties are unable to obtain employment. The implicit assumption is that in the absence of disability, employment is guaranteed, but given South Africa's 26% unemployment rate, this assumption is grossly unrealistic. This 'medical model' of disability effectively instructs those responsible for recommending patients for DGs to judge whether they are capable of working – irrespective of whether work is available (Simchowitz, 2004).

Similarly, Nattrass (2004) discussed the results of increased ARV access and the increased health and livelihood for PLWH but for those accessing the DG, it means a loss of income once their health has improved and is no longer 'disabled'. This then promotes an unhealthy 'trade-off' between income and health. Nattrass emphasizes the flawed welfare system that does not provide support for the unemployed and pushes for the implementation of a BIG to alleviate extreme poverty so that PLWH have no need to endanger their health and ARV treatment.

The DG, and particularly the Temporary Disability Grant (TDG) was much discussed in 2003/2004. As aforementioned TDGs are given on a six-month basis, after which recipients have to reapply. Application involves a medical examination (by applicant's doctor) as well as a final examination by a South African Social Security Agency (SASSA) doctor. In 2002 the state declared that all TDGs were not to be reinstated. In 2003 a very public court case, the 'Mashishi ruling' highlighted the consequences of the government's 2002 decision. Mr Mashishi's DG was not reinstated even though he had a permanent disability: his leg had been amputated above the knee as a result of a car accident in 1979. The matter was taken to court whereby the court declared that TDGs should be reinstated until the Department could justify what it defined as 'temporary disability'.

The Mashishi Court ruling of February 2003 ruled that all TDGs terminated in January and February 2003 be reinstated by May 2003. The Mashishi ruling had the effect of halting all automatic lapsing of TDGs in all provinces. This meant that TDG beneficiaries were kept on the system even though their TDG

would, under the regulations, have lapsed. Most provinces did not institute the correct review procedures specified by the Mashishi ruling until late 2004 and, in the case of Kwa Zulu Natal and Limpopo, 2005. An additional unforeseen effect of the Mashishi ruling was that, in some cases (in particular in Kwa Zulu Natal) beneficiaries who would under previous circumstances have been awarded a TDG were now awarded a PDG.

Similarly, the DG uptake increased dramatically in 2003/04. It is argued that there are three main reasons for the dramatic increase in 2003. The first was the introduction of assessment panels in the Northern Cape and the Eastern Cape. Such panels appear to have adopted a broader notion of disability than the medical model – thus resulting in a sharp increase in the number of grants awarded (Simchowitz, 2004). Fearing further dramatic growth in the DGs, these pilot assessment panel projects were subsequently cancelled. The second reason for the sharp increase in disability grants was as a result of a court order (in the Mashishi case) instructing government to reinstate all TDGs that had been cancelled because the government had failed to notify the recipients appropriately. The High Court of South Africa restored 54,000 six-month grants. The net decline in 2004/05 reflects the gradual cancellation of these Mashishi grants (Simchowitz, 2004). Thirdly, the AIDS pandemic was reaching its mature stages in South Africa with more illness and death being experienced, which placed upward pressure on the numbers of adults and children qualifying for the disability grant (Natrass, 2004).

In 2005, the National Treasury and the Department of Social Development commissioned an investigation into the increase in uptake of disability and care dependency Grants since December 2001. The CASE Report constituted four research stages; a review of National legislation policy (to note any policy changes during the three year period), a qualitative case study conducted at specific sites in all of the nine provinces and whereby heads of departments, application staff and medical doctors were interviewed, an analysis of the National Social Pensions database (SOCPEN) from 2001 until 2004, and an analysis of a representative sample of new beneficiaries in two months. The conclusions of the study were that there was a significant increase in Permanent DGs (143 per cent over the three year period). This

growth was attributed to increasing poverty and HIV/AIDS as well as an increased awareness of the DG and increased access to the social security system. These three factors in conjunction with the failure to establish a consistent application of eligibility criteria for the DG resulted in the DG uptake exceeding its eligibility figures. The recommendations of the CASE Report were to review and simplify the means test as well as to narrow the eligibility criteria for the DG.

This argument is corroborated by Natrass in her 2006 paper which highlighted the fact that welfare payments were being administered at a provincial level which led to different provinces using different means of assessing disability, with some relying on evaluation by the district surgeon or medical officers (Natrass, 2004:3). Again Natrass called for stricter guidelines for eligibility as well emphasizing the need to address the 'root cause' of the problem – the hole in South Africa's welfare net, by way of introducing a Basic Income Grant.

Similarly, Macgregor (2005) discusses the tension between welfare provisions (and the need for the DG) with the encouraged 'rationalization' of sickness. This ambiguity is traced from the definition of disability (at a policy level) to the experiences of SASSA staff on the ground. Macgregor's argument is useful with regard to the way in which dependency and health are seen as being entwined with poverty; this highlights the way in which sickness within South Africa cannot be separated from poverty.

A further push for the BIG was made by Seekings in two papers (2007, 2008) who discusses the DG as a *de facto* poverty grant and functioning as a temporary measure to alleviate the gaps in the social welfare system that allows the working-age unemployed and poor to fall through the system by being unable to access government provision. Again, full employment is seen as an illusion and the DG is treating the symptoms of South Africa's poverty crisis. While it may be argued that a BIG would have a disincentive effect on labour supply, Seekings argues that this is not a wholly bad thing as given South Africa's high unemployment rate, encouraging unemployed men and women to stop looking for work could be a good idea, in the same way that

encouraging men and women to retire in their 50s would have major social benefits for society as it would open up more opportunities for younger people. While it cannot be denied that increasing employment is an urgent priority and crucial to long term poverty reduction, the fundamental cause of chronic and high unemployment in South Africa remains the lack of demand for unskilled labour, in itself due in part to “public policies that favour capital and skill intensive growth and to the inadequacies of public education” (Seekings, 2007:5).

Leibbrandt et al in a 2009 study that relied on household survey data for the period 1993 to 2008 highlighted that social grants have been central to poverty alleviation over the post-apartheid years and a quarter of the unemployed population derive income support exclusively from the grant income of others, be it family members or other household members (Leibbrandt et al, 2009). This further emphasizes the role of the DG not only as a *de facto* poverty grant but often functioning as a household grant.

Similarly, the “15 Year Review of Income Poverty Alleviation Progress in Social and Related Sectors” (2008) concluded that income poverty and inequality has increased since 2002 and that based on the International Poverty line, 7.6 per cent of South Africa was living below US 1 Dollar per day while 30.9 per cent of the country was living below US 2 Dollars per day. However, while the Report did discuss the role of the DG in some detail, the report continually noted that reliable DG data is difficult to access, and while it is estimated that the DG recipients amount to 25 per cent (or 1.3 million) of all people accessing social grants, the survey underestimates all DG statistics (Friedman & Bhengu, 2008).

In the same way, a National Income Dynamics Survey of 2009 that discusses Social Welfare Grants and the analysis of the NIDS Wave 1 Dataset highlights the problematic use of DG data; “it is difficult to compare the number of disability grant recipients with the number of disabled within the NIDS data due to problems with non-response” (Mcewan et al, 2009:17).

Rohlender et al (2009) highlight the increased risk and vulnerability that HIV/AIDS brings, particularly when coupled with disability. The need for disability research, in partnership with the disability sector is emphasised. Again, a gap is identified in the social security net and a push is made for a BIG.

Since 2009 the local interest in the DG has been relatively quiet with very few publications discussing the DG in much detail. However, International writing on Social welfare in South Africa and particularly the DG has peaked; in 2007 the DG was critically discussed in its role as a temporary strategy for breaking the cycle of poverty experienced by PLWH (Van der Berg et al, 2007).

The Social Assistance Amendment Bill of 2010 was a public display of Government's attempts to further regulate eligibility for the DG as well as enabling applicants to appeal agency decisions and DG refusals. However, the definition of disability remains a confusing subject and the Bill was criticised for the lack of change towards a social definition of disability that would promote societal inclusion. The Black Sash was especially critical of the Bill and released a statement that "thousands will lose the disability grant if the new bill is passed" (Black Sash 2004/2010). The underlying sentiment here is that changes to the DG cannot be made without an alternative provision for those who are no longer eligible for the DG.

De Paoli et al (2012) highlight the use of the DG as a way out of poverty with doctors struggling to balance economic and physical welfare when assessing eligibility. This study concludes that it is crucial to provide economic support in conjunction with ARVs to encourage 'positive living for PLWH'. This paper also pushes for a BIG so that PLWH can sustain a healthy recovery when no longer classified as 'disabled' and no longer able to access the DG.

Nattrass (2006), Simchowitz (2004) and de Paoli et al (2012) raise interesting and useful arguments about the role of the DG as a *de facto* HIV/AIDS grant but interestingly choose not to push for a specified CIG (for PLWHA) but advocate the implementation of a BIG. This in itself highlights the effect

poverty and unemployment has on the lived experiences of PLWHA as well as the reality that while the DG may be seen as a *de facto* CIG, it is at best a temporary measure as once the health of PLWH improves, eligibility for the DG ends. This highlights a very large gap in the social welfare system where sickness and poverty meet and are not provided for by social welfare.

Leibbrandt et al (2009) and Friedman and Bhengu (2008) highlight the dependence of the unemployed and poor on social welfare. This is supported by Seekings (2008) who demonstrates that the unemployed and poor are left unsupported by Government due to gaps created by the illusion of the reality of full employment. It is evident at this point that the DG is treating the symptoms of South Africa's poverty and unemployment crisis, all of which are exacerbated by the HIV/AIDS crisis.

The Taylor Report of 2002 and the CASE Report of 2005 both highlight the problematic application of eligibility criteria for the DG as well as the need to narrow the definition of disability so as to further target the DG. However, a decade after the Taylor Report made its recommendations little has changed.

Continued research over the last decade that involved both qualitative and quantitative methods (although, interestingly only two studies included in-depth interviews with grant recipients, with the others focusing on interviewing grant-makers and SASSU staff)<sup>13</sup> have provided similar findings of the DG functioning as a *de facto* poverty, unemployment and HIV/AIDS grant, but the DG remains unchanged. Evidence of fraud, misuse and misallocation of grants within the social welfare system (as aforementioned in the History of Welfare Chap is becoming more and more apparent, yet the response of Government is to issue an increased spending plan of the 2011 Budget (released February 2011) for the next three years of 8.9 billion Rand on social security benefits and social grants, with the Old Age Pension and DG being increased by R60 a month (National Treasury, 2011). Increased Government

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<sup>13</sup> "Disability and Poverty: A Global challenge" (2011) and National Treasury and the Department of Social Development commissioned an investigation into the increase in uptake of disability and care dependency Grants since December 2001 (2005) both used in depth interviews with PWADG and/or PLWH as a part of their research method.

focus on social policy and the importance of welfare highlight the context of poverty that disability relief plays out in.

As Simchowitz (2004) notes “as long as DGs remain the only way for working age adults to have access to income in the context of high unemployment, fraud seems inevitable” (Simchowitz, 2004:15). However, the gap at this point is not to expose fraud within the system but to examine what it is about the DG that is failing on an implementation level so that it is allowed to function as a *de facto* poverty, unemployment and HIV/AIDS grant. While it has been well examined within the literature that the context of unemployment, poverty and HIV/AIDS promotes the need for an income grant for non-disabled working age adults (which the DG functions as) what is less examined is the internal structure of the DG implementation that allows it to function outside its targeted capacity. At the same time, what needs to be addressed is why there has been little or no change to the DG both as a grant and as a policy.

As evident in this literature review, the DG has been seen as a problematic grant for over a decade, with government reports, studies and commissions making recommendations for change as well as academic papers insisting on the need for an alternative grant for working-age adults. What needs to be discussed in conjunction with the analysis of the DG is why changes have not been made and why DG literature has not informed practice. Therefore it is the goal of my research dissertation to focus on the insights, views and perceptions of PWADG (an often forgotten component of research studies on policy) in conjunction with the experiences of DG implementation (SASSA Staff) as well as policy experts so as to gain greater insight and a holistic understanding of how and why we are piling up literature on the DG but not seeing any practical change in the lived reality of the DG.

## **CHAPTER 8: METHODOLOGY**

This Chapter will explain the methodology that was used in this research project. I will begin by discussing the ethical considerations within this project before discussing the research plan (sampling, description of the sample, data collection, data analysis, data verification and limitations in the study).

There has been a fair amount written (as evident in the literature review) on national disability statistics and holes in the welfare system, which also includes a discussion of flaws within the DG. From these previous studies it is evident that there is a disjuncture between policy and practice with blame being placed on the current (flawed) definition of disability. Similarly there is an acknowledgment within the literature that the impact of HIV/AIDS and unemployment has placed additional pressure on social welfare, particularly the DG. These can be seen as broad-spectrum problems that require the reworking of policy.

However, if we want to foster inclusion within society, this needs to begin with bottom-up inclusion. This means that inclusion needs to be central in the policy analysis; it is not enough to simply speak about policy as an end in itself, what needs to be considered is the impact of policy. The DG impacts people, so when we discuss 'lived reality' that is an individual's genuine experience. By examining the DG solely as a policy, it is not viewing the policy in its appropriate context; analysing the impact of a policy is as important as analysing the actual policy. To examine the impact of the DG, those who encounter it need to be included; thus this research project chose to interview SASSA staff as well as DG recipients.

### Clarification of key terms

DG Applicants (South African citizens, permanent residents or refugees who are applying for the DG)

SASSA GO's (People who are formally employed by SASSA)

DTO's (SASSA GOs who deal only with the DG and DG Applicants)

### 8.1) ETHICAL CONSIDERATIONS

De Vos et al (1995) define ethics as “a set of moral principles which is suggested by an individual group, is subsequently accepted, and which offers rules and behavioural expectations about the most correct conduct towards the experimental subjects and respondents, employers, sponsors, other researchers, assistants and students” (De Vos et al, 1995:4). There are a number of the ethical considerations that De Vos et al (1995) outlines as being important when conducting research, which were relevant to this study. The key considerations are potential harm to experimental subjects/respondents, the informed consent of respondents, the deception of subjects, the violation of privacy and the actions and competence of the researcher.

For the purposes of this study participants as well as their families, were fully informed on all aspects of the research study before they gave their consent or non-consent.

The researcher in this particular study ensured that there was no deliberate deception and participant could rest assured that what was said as well how it was said would be recorded as such.

The participants must be given the choice as to what they share during the interview. It is important that the participant remains anonymous and that their quotes cannot be directly linked to them. Privacy was a significant factor in this study as participants had to share some personal information such as their income and emotional state of being. Hence, the participants names, work and families remain anonymous.

In this particular research the researcher was sufficiently equipped with the skills required to conduct this research study and also received continuous supervision throughout the process. This ensured a form of accountability so that the researcher's actions were monitored at all times, and any areas of difficulty were dealt with.

## 8.2) A DISCUSSION OF GROUNDED THEORY

When this research project began, it started with the intention to look at the disjuncture between policy and practice, particularly as these applied to the DG. This could not be narrowed any further initially as it was unknown (within previous data and literature produced on the topic) as to what was causing this disjuncture. At that point a decision was made to conduct the interviews first and allow a more specific question to emerge from the data. Upon interviewing SASSA staff, Policy Informants and DG applicants it became evident that there were numerous aspects to this disjuncture, but at the crux of the disjuncture was the experience of the lived reality of practical implementation of the DG. Due to the numerous aspects that were affecting the successful implementation of the DG, the research question wanted to do justice to the many aspects and to not limit itself. Thus the research question was left fairly broad and titled as “***an investigation of the lived reality of the disjuncture between policy and practice in the implementation of South Africa’s Disability Grant***”.

Grounded Theory was therefore influential as a research method in that although my research was focused in terms of wanting to address the disjuncture within the disability grant and disability policy, the specific central research question emerged from the data. In this way, although Interviews were guided by an interview guide, the direction of the interviews was left open-ended and space was given to the interview subject to direct the conversation. My research cannot be seen as completely based upon grounded theory principles, but is a hybrid method as the focus of the research was not solely informed by the data and I did not set out to prove or disprove a hypo dissertation but to simply explore the context of the DG (Glaser & Strauss, 1967). Grounded Theory was used within my coding process as codes were extracted from the text and grouped into similar concepts so as to make them more workable and useful to my discussion. From these concepts, categories were formed that encompassed the crucial points that were highlighted within interviews (Glaser & Strauss, 1967). These categories serve as the basis for my discussion as well as contributing towards a theory that seeks to inform and explain the DG context.

### 8.3) RESEARCH DESIGN

#### 8.3.1) Sampling

This study employed a non-probability sampling technique. Non-probability sampling is broadly divided into two types: accidental or purposive. A purposive sampling technique was used as there was a specific predefined group that the research question addressed. Since the research question asks about a particular experience, participants were purposely selected on the basis of their having had such experience.

According to De Vos (2005) the sample of the study refers to the specific representative group of a population group who will be interviewed. In this study the participants were chosen using non-probability and purposive sampling.

A small sample was chosen as I wanted more detailed information than could be obtained with a bigger sample in the same time and with the same resources. Because the emphasis is on quality rather than quantity, the objective was not to maximize numbers but to become “saturated” with information on the topic (Padgett, 1998:52). Due to the specific criteria and nature of the research question, I used two local SASSA offices from which I conducted interviews with Grant Officials and DTOs.

To properly address all aspects of the DG, both in its policy and practice, three different sets of stake-holders were interviewed. The sample consisted of a total of twenty four individuals spread across all aspects of the process and functioning of the DG. The operational definition of the sample was thus individuals who work with or access the DG.

Interviews were conducted with SASSA Grant Officials who administer the grant and deal with the practical implications of the DG on a daily basis. SASSA officials were interviewed at two provincial SASSA offices in Cape Town: the Central Business District (CBD) office and the Athlone Office. Two Disability Officers were interviewed (one from the Athlone office and CBD Office respectively) as well as six SASSA Grant Officials (three in the CBD

Office, three in the Athlone Office). Time was also spent sitting with the Grant Officials as they met with DG Applicants and documenting the process of applying for a DG. Seven DG Applicants were interviewed, both individually as well as during their grant application interview (sitting with DG Applicant and SASSA Official). Two social workers that have helped DG Applicants apply for the DG were also interviewed.

The point of saturation was reached when interviews reached very similar, if not the same conclusions. Interviewing to saturation was not possible however for the DTOs and the Policy experts, as there were only two DTOs available to be interviewed (each SASSA office has one DTO). Similarly, for the interviews with policy experts, I targeted very specific people so as to obtain information about very specific topics. Margie Schneider, a Disability Policy expert who has published many reports on the Disability Policy as well as overseeing the 2005 CASE Study that dealt with the impact of the DG in light of HIV/AIDS throughout South Africa was interviewed as a key informant at the end of 2011 (before research and interviews began) to provide insight into what informs the DG and to give a broad overview of the International Disability movement. Vivienne Taylor was interviewed at the end of the research process specifically with regard to the Taylor Report of 2002, which she authored and which highlights problems with the DG. Ten years on, Taylor responded to the changes that have, or have not been made with regard to the DG.

The Interviews with social workers (that work with DG Applicants) were conducted prior to the SASSA interviews research question and formed an on the ground, experientially-based insight into the everyday reality of working with the DG. Two social workers were interviewed, which in addition to the interview with Margie Schneider highlighted the holes in the system and the need for more current research on the DG. Both sets of interviews convinced me of the need for this research project, as well as providing an idea of where to direct the interview schedules for SASSA GOs, DTOs and DG Applicants.

### 8.3.2) Description of Sample

The three groups of interviews were comprised of three very different groups. The SASSA employees that were interviewed, both GOs and DTOs were full time workers, all black, within the twenty to forty year old age range, and had all worked at SASSA for at least a year. The Policy Informants were in the forty to sixty year age range, both women have worked within the Policy fields for at least ten years, with Vivienne Taylor being an expert in Social Welfare and Margie Schnieder being an expert in Disability Studies, both for the last twenty years. Both Policy Informants have published widely on their topic, with Marige Schneider authoring and co-authoring major HSRC publications as well as directing government publications and investigations around disability. Similarly, Vivienne Taylor authored the Taylor Commission on Social Welfare (2002) that made recommendations for change to the welfare system of the late 1990s and early 2000. Her career consists of both national and international development experience spanning over 30 years, with 20 years of this being at a senior policy and/or management level. She was principal author and researcher of South Africa's first two Human Development Reports sponsored by the United Nations Development Programme, viz. Human Development and HIV/AIDS (1998) and Transformation for Human Development (2000).

Finally, the DG Applicants and recipients that were interviewed are all unemployed, were prior DG recipients (all were reapplications), were living with other people (not living alone) and all had at least one dependent. The age range of DG applicants and recipients was from thirty to sixty-five years old (the cut-off for the DG is sixty for women and sixty-five for men, at which point the DG transfers to an Old Age Grant).

### 8.4) DATA COLLECTION STRATEGY

Face to face interviewing was chosen as the data collection strategy. This particular strategy was chosen because of the personal aspect of the research topic; it was deemed the most appropriate approach to use. According to De Vos (2005) face to face interviewing is used as an attempt to

understand the world from the participants' point of view to unfold the meaning of people's experiences and to uncover their world. In this type of data collection strategy recognizes that all interviews are transactional and both parties are involved in creating meaning. In using this strategy, I focused on both the content and the process of the interview.

The data collection tool was a semi-structured interview schedule, which was used as a guide in the interviews. See appendix A for the semi-structured interview schedule. The use of the interview guide provided some structure to the interviews, even though they were treated as conversations during which I drew out detailed information and comments from the respondents. Patton (2002) notes that "one way to provide more structure than in the completely unstructured, informal conversational interview, while maintaining a relatively high degree of flexibility, is to use the interview guide strategy" (Patton, 2002: 407). Similarly, more structure eases the researcher's task of organizing and analysing interview data. It also helps readers of the research report judge the quality of the interviewing methods and instruments used. Information was recorded using a computer recording device so that both the questions and answers were audible. All interviews were conducted in English as all Policy Informants, SASSA GOs, DTOs and Social workers had a good comprehension and could communicate easily in English. Some interviews contained a fair amount of repetition as accents provided a slight problem.

The semi-structured interview was structured according to specific questions that reflected the study's objectives. The data was collected with the use of a recording device. This captured the content of the interview which allowed me to focus on non-verbal cues. The interviews were transcribed from the recordings and subsequently coded. In terms of interviews with DG applicants, conversation was at times, fairly stunted, with the interview often being adapted and simplified to a basic level of English.

Interviews that were conducted with grant recipients and grant applicants were conducted in the SASSA offices and ranged from forty minute interviews to snatched conversations. Seven DG recipients were interviewed with each interview being approximately twenty minutes in length. These were

descriptive in-depth interviews whereby interviewees were asked about their experiences of accessing the DG. Interviewees were selected according to the direction of the SASSA GO's (those who were waiting in the SASSA office for their application to be processed). Certain recipients were interviewed both as they waited to meet with a SASSA Grant Official but also while their application was being processed. This created an interesting balance of being able to ask the recipient's opinion as well as document their experience within the welfare system.

Time was also spent in the SASSA offices observing the situation and context. By just spending time in the waiting room, watching applicants and the SASSA staff, a useful narrative of the context was obtained. The use of narrative within this research is useful in drawing the reader into an understanding of the experience of the social welfare system.

I specified the criteria used to select sites for the study, which included manageability in terms of the number of sites, accessibility of the SASSA offices and the Grant Officials, applicants and DTOs (i.e. prospective respondents), and the willingness of respondents to speak freely with me.

Additional data collection methods were non-participant observation of organization/community conditions and processes and reviews of documents related to the communities, organizations, and projects included in the study.

Once-off interviews were conducted with SASSA Officials (although for some this was divided between a formal interview and sitting with them while they attended to clients). Interviews with the DTOs comprised of a structured in depth interview as well as sitting with them while they dealt with DG applications. I also accompanied the CBD DTO on a field visit to all local hospitals and clinics, and was able to observe and informally interview medical staff. This provided much needed insight into the workings of the DG system and the role of the doctors within the DG assessment. Similarly, many conversations were had with DTOs which proved useful to understanding the opinions and feelings of staff within the welfare system but did not take the form of a formal interview. These opinions and insights did form a useful part of the way in which the DG is understood as a practical level.

What is interesting to note is the unwillingness of DTOs to give their opinion on record, even when I explicitly told them that they would remain anonymous and no harm would come to them. While numerous interviews were conducted with two DTOs (in both the CBD and Athlone offices), there were countless conversations, information given and opinions stated throughout my time in the SASSA Office but as soon as the interview began, in terms of a formal recording, there were considerably less opinions shared, with some previously answered questions being unanswered within the 'formal' interview setup. Similarly, the second DTO in the CBD office, with whom I had gone on a field office visit and visited more than 15 clinics and hospitals, refused to participate in a formal interview and guided me instead towards his supervisors and 'management'. When I stated that I wanted to hear his opinions and thoughts he replied that it wasn't a good idea and he didn't want to get into trouble. However, although not recorded within an interview format, the more controversial thoughts and opinions provided some useful though informally gathered information.

#### 8.5) DATA ANALYSIS STRATEGY

Data was analysed using the constant comparative method (Glaser & Strauss 1967, Strauss & Corbin, 1990) whereby line, sentence, and paragraph segments of the transcribed interviews and field notes were reviewed to decide what codes fit the concepts suggested by the data. The interview data were given more weight in the analysis than were the non-participant observations and the document reviews. Each code was constantly compared to all other codes to identify similarities, differences, and general patterns.

In sum, data were reduced and analysed by means of thematic codes and concepts in a three-level process. Themes gradually emerged as a result of the combined process of becoming intimate with the data, making logical associations with the interview questions, and considering what was learned during the initial review of the literature.

Themes moved from a low level of abstraction to become major, overarching themes rooted in the concrete evidence provided by the data.

Themes that emerged are separated according to their aspect (or genre) of study, with major themes being that the criteria of the DG is too broad and must be tightened. Confusion over the definition of Disability also emerged as a major theme.

It was important that the main themes were linked to the research objectives. At the same time, I made a concerted effort not to allow my expectations to influence the conclusions I reached from the data. By relating my findings to theories and concepts I came across in the literature, I tried to find plausible possible explanations for the findings. Some of the findings turned out to be aspects of the literature review which I had somewhat ignored as I had not anticipated that they would have any relevance. The fact that they were raised unprompted gives credibility to the findings and the theories in the literature review. Lastly I included actual quotations to 'flesh' out the findings.

#### 8.6) DATA ANALYSIS PROGRAMS USED

Data was coded using a Qualitative Data Analysis (QDA) Program Nvivo. QDA coding was used as a part of the second stage of coding, after the data had been manually coded for initial emerging themes. QDA coding provided the fine combing effect to the coding process as it furthered the reach of some of the themes and highlighted the repetition of certain themes. Similarly, the grouping of codes proved useful to forming a discourse of interrelated themes and concepts that gave thematic structure to the research.

#### 8.7) DATA VERIFICATION

Data verification is important when it comes to qualitative research work because it attends to the issue of validity, a factor which can easily be overlooked because one is not using the statistical means of ensuring reliability and generalizability, such as in quantitative research. It was thus important that I looked for biases at every level of research which did not assume causality when something is simply co-occurring in the data. In order to verify my data in the qualitative approach I kept referring back to the objectives and used this to create a solid framework in which to organize the data. I also needed to verify the data in relation to data overload which can

happen when researcher skews the data by weighting certain information more than other information and therefore missing out on important data. When thinking about data verification I had to also ensure that I did not get caught up with dramatic events which can cloud the analysis and bear in mind that there can be unreliability of informants. Lastly, I had to ensure that I did not put too much confidence in some data in order to confirm a central finding of my own assumptions.

#### 8.8) LIMITATIONS IN RESEARCH STRATEGY

This study was conducted in two SASSA Offices with a selection of Grant Officials, DTOs, recipients and applicants. A broader study, encompassing more SASSA Offices could perhaps provide alternative insights. Also, a larger study allows for broader generalisations which could result in a general experience that would provide a more compelling reason for change (i.e. in all SASSA offices in the Western Cape, the lived reality of people accessing the DG was a very similar experience, certain problems are seen to cause a disjuncture between policy and practice, in every SASSA office, therefore immediate change to the Disability Policy and its practical implementation is necessary).

Focus groups, both for SASSA staff as well as DG recipients and applicants were initially thought to be useful and were included within the proposal of this research project but the stunted interviews with SASSA staff, in terms of their reluctance to share their own opinions suggested that a group context would aggravate this problem and that it would produce very few, if any, personal opinions. For grant recipients and applicants, there was simply no context to interview in an organised group setting.

## **CHAPTER 9: FINDINGS AND ANALYSIS**

As the data was gleaned from three distinct groups of people (Policy Informants, SASSA GOs and DTOs (viewed as one group) and DG Applicants and Recipients (viewed as one group), the results are organised accordingly.

Repetition of themes within the Grant Officials interviews is crucial to examining and addressing the common discourses that relate to the DG on a practical level. Similarly, the themes discussed by the DTOs are important as they are understood as the 'face' of the DG, both to the DG applicants, but also within SASSA. The understanding of the DG by DTOs and the way that this understanding is interpreted is useful to understanding what kinds of concerns inform the DG as it is currently conceived in policy and practice.

All the themes are ones that emerged at least twice and in separate interviews (with different respondents).

Five distinctions can be made between the three groups; Policy Informants, SASSA GOs and DTOs (viewed as one group) and DG Applicants and Recipients (viewed as one group). As covered in the methodology chapter, all SASSA employees that were interviewed, both GOs and DTOs were full time workers, all were black, within the twenty to forty year old age range, and had all worked at SASSA for at least a year. DG recipients and DG applicants are in the same group but represent different stages of the application process. The opinions of the grant by DG recipients and applicants may be affected by whether their grant was approved or not and so it is necessary to treat them as related but distinct groups.

The Policy Informants, were in the forty to sixty year age range, both having worked within the Policy fields for at least ten years, The Policy informants are crucial both to the initial conceptualisation and understanding of the DG as well as to providing a final summation of the progress that has been made, the issues that have and have not been addressed, and to providing insightful final conclusions.

The repetition of themes and commonalities within all three levels of interviews is interesting in light of the hypo dissertation (*An investigation of the lived reality of the disjuncture between policy and practice in the implementation of South Africa's Disability Grant*). It echoes the notion that policy officials, grant officials and DTOs are aware of problems, but work around these problems instead of making fundamental changes to the welfare system as well as to the DG.

As highlighted in the Disability definition chapter, the DG is vague in what qualifies as disability. As highlighted in the Literature Review, the practical implementation of the DG is littered with problems; mis-targeting, inefficiency and fraud to name a few. As evident in the defining poverty chapter, the physical context that the DG plays out within is one of high unemployment, poverty and sickness, where cash-transfers are central to survival. Evidently, there are problems in each aspect of the DG, from its policy formation, its practical implementation and the context that it plays out within.

As reiterated throughout this research project, social policy is an ideology that is outworked practically (through cash-transfers) to affect physical change (in the DGs case, to help manage and reduce sickness). In this project, three levels of intersection are evident; the ideological understanding of welfare, its practical implementation as a targeted grant and the context that it outworks within – Ideological, practical and physical.

Classification of the respondent themes can therefore be split into three broad categories: frustration with the PRACTICAL implementation of the DG, confusion with the IDEOLOGICAL understanding of the DG Policy and PHYSICAL difficulties associated with the DG.

The DTOs vocalized two practical themes and one ideological. SASSA GOs highlighted only practical themes. Applicants discussed two physical and one ideological theme. Policy Informants raised one practical theme.

They can be surmised as such:

**IDEOLOGICAL:** “Everyone has the right to apply for a DG”; Confusion over the definition of disability; the grant dis-incentivises employment and is being abused by ‘lazy’ people; Entitlement.

**PRACTICAL:** Paperwork confusing/overburdening the System; Confusion and differentiation with processes of the DG Application; Dependence on the DG income; Lack of Integration of Government Departments; Confusion over the definition of disability (this can be seen as a practical problem as well as an ideological one).

**PHYSICAL:** Applicants living with other people/being looked after; Sickness.

In reviewing the combined themes, the practical aspect of the DG is seen to be the most repeated broad theme. DTOs, GOs and Policy Informants consistently spoke negatively of the way in which the DG practically operates. Similarly, in weighing up the repetition of themes, the practical implementation of the DG is repeated as a theme the most. In this way then, the practical functioning of the DG has to be seen as the most problematic area and a major reason for the DGs inefficiency. This is evident in the way in which extensive paperwork confuses the DG system; the application process for the DG differs according to SASSA office and there is a lack of integration of Government Departments.

However DTOs and Recipients also consistently repeated problems with the ideological aspect of the DG. Concern was raised over the culture that welfare may create which ties to larger discussions of dependency and entitlement, as well as the definition of disability being unclear in policy, leading to SASSA staff knowingly mis-targeting the DG. Solely DG Recipients who experience the daily reality of poverty, unemployment and the necessity of a cash-transfer such as the DG discussed the physical facets of the DG. Sickness was discussed as a difficult but very normal part of life as well as the dependence on the DG income that PADG feel.

I will proceed by listing the main distinctions 1), 2) and so on, with sub topics listed as 1.1), 1.2) and so forth to help the reader to follow.

### 1.) Themes that emerged from interviews with all SASSA Grant Officials (both GOs and DTOs)

The common themes included the notion that the criteria of the DG are too broad and that these criteria must be tightened. Confusion over the definition of Disability also emerged as a major theme. The understanding of what constitutes as disability, both within the policy document and the way in which it is understood on the ground in SASSA offices by officials is neither consistent nor articulate. The crux of the issue seems to be that there is no central definition of disability to begin with. According to the Disability Policy, disability is, amongst other things, sickness to the point of “being unable to work or care for oneself”, however, SASSA Officials (both DTOs and GOs) seem not to understand this. This suggests that the grant may not always reach those for whom it was intended, as per the definition of disability in the Disability Policy.

This creates a tension between an appreciation (by the administrators of the grant) that the DG is not fulfilling its purpose as a targeted grant and, at the same time, a commitment amongst SASSA officials to retaining the DG because, as they are at pains to point out, there is no viable alternative to it. Thus while it is acknowledged that the DG is acting both as a *de facto* Poverty (Unemployment) grant and a HIV grant – officials can see no alternative; the DG is the only welfare programme available to people in their working years.

#### 9.1) THEMES THAT EMERGED FROM DTOs

The need to separate the voices and experiences of the SASSA Officials from those of the DTOs is due to the fact that DTOs are solely concerned with administering the DG and not all available Social grants. The existence of the DTO is humdrum and entails long hours sitting capturing data and assessing clients; the ‘simplicity’ of their work lives is reflected in their interviews by the fact that very few themes emerge and that those that do are repeated, emphasised, and reemphasised over and over again: 1.) Everyone has the

right to apply for a DG, 2.) confusion over the definition of disability, and 3.) the grant is being abused and dis-incentivising work.

#### 9.1.1.) “Everyone has the right to apply for a DG” (PRACTICAL)

What DTOs constantly repeat is the fact that everyone and anyone has the right to apply for the DG. Further, they maintain that “it is not for us to judge; everyone has the right to apply”.

When questioned as to how they perceived the broad net of eligibility cast by the DG as it is currently conceived, all SASSA respondents answered positively, confirming the **right** of everyone to apply. This attitude – that all have the right to apply - is reflected in the response of an Athlone DTO who commented that

*“It is not for us to ask why they’re applying; I know they have been seen by the doctors, the doctors have asked why they’re applying.”*

When asked if people are aware of the grant, if the DG is well advertised in society and if people know about it do they want to be on it if they can, A GO in the CDB Office responds by saying;

*“People are aware of all the grants because the department does marketing. We distribute pamphlets, market all the grant types and also advertise on the radio stations and TV, so that people are aware of the grants”*

What is obvious at this point is that the SASSA Department are crucially aware of the need to cast the DG eligibility and awareness net wide enough so that people have every chance to know of and access the DG.

#### 9.1.2) Confusion over the definition of disability (PRACTICAL)

Similarly to the SASSA Grant Officials, DTOs exhibit some confusion over the definition of disability and therefore, by extension, over who qualifies for the grant. This creates a tension between their somewhat slavish refrain that all are entitled to apply and the reality that the DG is actually a targeted grant.

The difficulty of not having a coherent and adequately narrow definition of disability is highlighted in conversations with a SASSA GO. A GO at the Athlone Office comments that *“(the definition) is too wide; anyone that has some sort of illness can just be caught in the system”*.

Whilst interviews confirmed that SASSA GOs and DTOs regard social welfare as an undisputed necessity, they also regard the targeting of the DG to be problematic. As one SASSA GO notes,

*“What do you do in the case where people are not working? It can still be streamlined in terms of the definition of disability and who is really disabled because a lot of people are saying if you only broke one leg [then] you are disabled, you cannot work”*

This is repeated in a second interview with another SASSA GO that highlights the need to streamline the definition and to *“make it stricter so it’s only people who are severely, physically or mentally disabled that qualify*.

This highlights the difficulty of reapplications, particularly when the applicant is healthier. As one GO notes *“what do you do with people that initially did qualify and then now they don’t qualify - it’s so difficult”*

### 9.1.3) The grant dis-incentivises employment and is being abused by ‘lazy’ people (IDEOLOGICAL)

The final significant theme within the DTOs narratives is that the DG disincentivises employment seeking behaviour, with welfare being an easier option than fulltime work. For instance, the CBD DTO noted that *“some [people] are abusing the system because they don’t want to work; they just want to go and apply for a grant.”*

## 9.2) THEMES THAT EMERGED FROM SASSA GOs

Interviewing SASSA GOs proved crucial to providing an overview of the grant system on a practical level. As explained by a GO in the Athlone office,

SASSA GOs work *“on a rotation, so it’s not like everyone’s doing the same thing over and over, each application is different everyday maybe you’ve a*

*spraining application, we all have different applications*". These rotations move GOs from assessing and processing applicants for the five social welfare grants. This gives them insight into the implementation of the entire social welfare programme.

Two central themes emerge from Interviews with SASSA Officials: 1.) Paperwork confusing/overburdening the System and 2.) Confusion and differentiation with processes of the DG Application.

#### 9.2.1) Paperwork confusing/overburdening the System (PRACTICAL)

A theme that is repeatedly mentioned by SASSA GOs especially is the extensive paperwork involved in the application process. SASSA GOs describe their job as 25 per cent practical and 75 administration. The administration and processing of DGs are as crucial as the medical assessment.

What seems to come across in the interviews however is that the paperwork and administration of the DG process are overburdening the system. This notion varies from SASSA GOs wanting to reduce the amount of paperwork involved to the paperwork simply not being used efficiently. In questioning if the amount of paperwork was necessary to close potential loopholes in the system, a GO responds; *"they need to cut down on duplication, we can actually do without some of this stuff, it will make our work easier and we can see more clients"*. This is particularly evident in the medical assessment forms that are completed in the hospitals and collected by DTOs on a weekly basis.

The Medical administration aspect of the DG application process is seen to be littered with confusion and mis-administration. In shadowing the CBD DTO on hospital visits, a common theme was doctors making mistakes on forms or simply not filling things in. Dates on consultation times were wrong and when questioned about this, the doctors reply was *"will it make a difference?"*

Nurses and HODs of clinics were also seen to be covering for the doctors' mistakes and often used the 'new doctor' excuse. This raises questions as to the effective training of the doctors as the common answer when questioned

about new doctors was that *“they don’t train the doctors properly”*. It is SASSA Officials that then have to pick up the pieces; for instance, a CBD DTO had to return to one clinic the following day to pick up the medical forms that were incomplete on the designated collection day.

Similarly, in my observations of DTOs, there were many mislabeled files and incorrectly completed forms. One Applicant I interviewed had an application folder with the letter T on the reference number. This confused the DTO who only dealt with reference codes labeled EC. He spent the next thirty minutes talking to his manager attempting to track down why this file had been mislabeled. It is evident in this way that even the smallest errors in the administration processes of the DG add confusion and unnecessary paperwork. It is also evident that errors are not an unusual phenomenon.

Such complications serve to overburden an already administratively heavy system; this is frustrating both for the SASSA GO or DTO involved in processing the application as well as unhelpful for the DG applicant as it potentially confuses and lengthens the application process. With the number of DG recipients currently estimated at 1.2 million in 2011/12 (National Treasury, 2012) the system is too large for errors and misadministration to be normal occurrences.

#### 9.2.2) Confusion and differentiation with processes of the DG Application **(PRACTICAL)**

By basing interviews in two Cape Town SASSA offices, I was able to compare the processes and administration of the DG in a very practical way. With such a large number of DG recipients, the process of applying for a DG should be smooth and uniform. However, differences in the DG application process were evident in the Athlone and CBD offices.

A SASSA GO explained the application process for a DG in the Athlone Office:

*“If they’ve got all their documents, they go to the front desk get registered and then wait. One of the officials will sit with them and take down their application. After that the application is taken to the second assessing officer and from there it comes to me, the approval officer. The medical assessment is done already so the medical forms are here already, they’ve been to the doctor already and the medical we collect in two weeks”.*

This is mirrored in an interview with a doctor at the Vanguard hospital (that facilitates the medical aspect of the Athlone DG Applicants) patients are instructed to see a Vanguard doctor before going to SASSA to apply for a DG. Sitting with a SASSA GO in the Athlone Office, I observed an applicant being told,

*“Right Ma’am, this is what you need to do, everything that I’ve highlighted you need to bring, your ID, your marriage certificate and the medical. You need to bring this paper, the confirmation letter by your doctor, three months banks statements. If there is money in your bank account, you need to explain to us who is depositing money into your account.”*

However, the process at the CBD SASSA Office is described differently:

*“We’ve got a register all the clients that come to apply whether for the first time or coming for the second time. There will be an intake officer, who will put clients in their register. There will be a second official that uses the register and signs next to the name of a client so that we know someone is assisting each client.”*

It is only after this first registration that the applicant is given a date for their medical examination. There is no letter of recommendation from a doctor, nor is any immediate ‘proof’ of medical-eligibility required.

From examining the processes of the DG application, it seems that this process differs according to the SASSA office. Some require additional ‘proof of eligibility’ and the recommendation of a doctor, while other offices accept all

applications, and forward the assessment to their own SASSA doctors. This highlights the fact that not only is the policy definition of disability subjective, but the way in which the policy is administered differs according to office and SASSA personnel. This seems to further exacerbate the confusion within the system.

The confusion experienced at the SASSA level is mirrored in the confusion of DG Recipients to the rules and processes of the DG. A man in the SASSA CBD Office was reapplying for a DG, but had not waited the necessary three-month period for reapplication. The SASSA DTO told me that *“he was rejected last week and he must still wait three months. He cannot come back within that period, but they don’t understand.”* The DTO explains to the Recipient in Xhosa. Confusion is evidently common-place in every aspect of the DG application process.

### 9.3) THEMES THAT EMERGED FROM APPLICANTS

The central themes that reoccurred within Interviews with Applicants will now be addressed. Although there is a distinction between DG applicants and DG recipients, and each interview did clarify their role as an applicant or recipient, the analysis of their responses in this chapter will view them as one group. Central themes for Applicants are 1.) Sickness, 2.) Applicants living with other people or being looked after, 3.) Entitlement and 4.) Dependency.

#### 9.3.1) Sickness (PHYSICAL)

A central theme that reoccurs across applicant interviews is sickness. However, sickness is discussed in multiple ways that differ according to whether the speaker is a DG applicant or a DTO. Some applicants began the conversation by stating how sick they were. Mrs Abrahams’, who is a DG applicant, first remark was to sigh and exclaim *“yoh I’m sick”*. Other applicants had to be asked what was wrong before explaining their sickness as well as the medication that they were currently taking. Some applicants, when asked why they were applying for the DG, gave the common response *“I’m sick man”*.

Due to the criteria for eligibility for the DG being so broad, SASSA GOs and DTOs are used to seeing a wide range and level of illnesses. One SASSA GO comments that *“I see difference in a lot in people’s disabilities, some are very sick, you can see that they are sick, others, you can see that they are sick but that they are normal. There’s a huge difference everyday”*

However, the way in which sickness is interpreted by SASSA doctors is not uniform. A GO describes a DG applicant at the CBD Office:

*“For example, yesterday there was a mentally disturbed person; you could see that he was really disturbed. He couldn’t understand anything and he was accompanied by an old man who assisted him. He came to the office to apply for the DG and we finalised the disability application but the medical form was rejected and he wasn’t given a grant. As I work with applicants, I am also able to assess applicants, this concerns me. But there’s nothing we can do, it depends on the hospital or the doctor.”*

From this example, it is evident that according to their assessment, these applicants are not, in medical terms, sick enough and yet they cannot function within the realms of normal daily life. Sickness is defined according to medical assessment by a SASSA doctor with emphasis placed upon the medical understanding of sickness as opposed to the level of function.

In the same way, a common and expected theme for PADG is that the majority are on constant medication. This is unsurprising in light of genuine sickness and disease and serves to further emphasise the need for adequate social provision, both to pay for medication and to maintain a healthy lifestyle and adequate standard of living.

### 9.3.2) Applicants living with other people/being looked after (PHYSICAL)

A common theme that emerged was that the majority of DG recipients were being looked after by family or friends. Not one of the recipients interviewed lived alone. This indicates the extent of sickness and disability - all of the

recipients required some sort of welfare in order to function on a daily basis - but also could further explain the use of the DG as a household grant.

A typical living situation is captured in the comments of a DG recipient who I interviewed at the Athlone Office. She commented,

*“I’m staying with other people and like I explained to the doctor, I’ve been staying with these people for over 20 years and I’m actually a part of their family, they call me family, but still you feel you have to contribute something. They don’t accept it from me but you also feel that you want to give something”*

The respondent’s circumstance explains why the grant is so frequently used, amongst my respondents, as a de facto household grant. A second interview also highlights this point,

*DTO: and you live with your cousin?*

*Applicant: Ya*

*DTO: does she look after you?*

*Applicant: Ya*

Although the grant is not supposed to function as a basic household grant there is some consensus amongst SASSA GOs that this is inevitable and that the grant ought not to be denied applicants simply because it may be used to service the needs of an entire household. An Athlone SASSA GO who conducted the assessment procedure with the aforementioned DG applicant commented,

*“What is a viable alternative [to the DG] though? You say you want to change the policy, there’s got to be something that’s going to catch those that have no immediate income. in some instances the social grant is their only means of income so do we take that away? I mean like I asked the gentleman that was here, How you support yourself and he just didn’t know, in the end you had to push and then he said ‘oh well I stay with my cousin’”*

Sitting in the SASSA Athlone Office a man in uniform begins telling me about his nephew who lives with him, Mandlonke Nyada. Mandlonke is 19 years old, he had tuberculosis last year and the doctors say that his spine and brain were badly damaged. He cannot function properly, he gets 0 out of 300 in school tests and he gets confused by the simplest tasks. As a final blow, his school, Langa High School, refused him readmission saying there was nothing more they could do for him. Other schools have refused to take him, due to his age. Mnikeli Nyada, his uncle is a night security guard. Nyada is applying for a permanent Disability Grant as the doctors have given him very little hope that Mandlonke will improve. The damage appears to be permanent and worsening. In the Nyada household there are three adults (Nyada, his wife and his sister) and eight children, Mandloke, his five siblings and Nyada's two children. A DG of R1200 would relieve some of the financial pressure. Whilst it could easily be argued that Mandloke genuinely fell within the criteria of the DG, the grant would benefit the entire Nyada household and not simply Mandloke. From this example, it is evident that the DG can easily function as a household poverty grant.

As Schneider notes, *“The thing about grants is that they’re regular, and the amount is quite high, in Zambia and Malawi a household gets 10 to 15 dollars (US dollars) a month and it makes a difference, and here, an individual grant becomes a de facto household grant, it’s not used by an individual alone. A household gets about 150 US Dollars”*

### 9.3.3) Entitlement (IDEOLOGICAL)

A reiterated theme in the DG applicant interviews was the construction of the grant as a right or an entitlement. This ranged from applicants responding to the question of “why are you applying for the DG” with a defensive *“why are you asking me this?”* to a detailed comment about their sickness *“see this gout that I get it just is in my hand and it gets all swollen and then [it gets on] my knees and my feet, it gets all over, oh its terrible”*.

In two interviews, the applicant repeatedly asked the DTO conducting the assessment why they were being questioned; *“why is she asking me this?”*

To which the DTO responded; *“No, she’s asking just to see what’s going on, she’s a student”*.

This seems to mirror the theme found within DTO and SASSA GO interviews of the right for everyone to apply for the grant. When questions were directed at the DG applicant, it was the SASSA GO or DTO that responded by defending the applicant; the DTO in the Athlone Office ended an interview with an applicant by commenting; *“Even if you ask something you must not let them think you are interrogating them”*.

An attitude of entitlement emerges as a common theme in both the interviews with applicants but also with medical staff on hospital visits. A doctor at the Robbie Nurock Clinic comments that *“everyone thinks they qualify, and when they don’t, they try multiple SASSA Offices”*. While she admits that opinions differ on eligibility depending on the doctor, some cases are clear cut. It is, however, very difficult to explain this to the patient as *“if you say anything, you will be threatened”*. Thus the recommendation has to be made once the patient has left. Telling the patients that they don’t qualify is then left up to the SASSA Administration staff.

This is echoed in the Woodstock clinic where a DG Medical assessor resigned with immediate effect. When questioned as to how this was possible, the HOD responded *“you know how hard it is; patients swear at you, doctors can’t handle it”*. While it is regarded as unacceptable to resign with immediate effect, it is tacitly accepted that *“grant doctors can do it”*.

Similarly, the Managers speech to the waiting applicants in the Athlone Office mirrored this sentiment and warned applicants to treat SASSA staff with respect *“They are swearing at them and being rude to them, [this is] no way of speaking to them. Remember they (SASSA Staff) are humans, you must treat them like you would like to be treated ok?”*.

While a culture of entitlement is neither healthy for society nor economically viable for a welfare state, the issue has more serious and practical ramifications, as the entitlement of DG applicants is causing doctors to feel threatened and in some cases, resign.

A Social worker who works with DG Applicants and was interviewed prior to the SASSA research emphasised the pressure of the public health system, that *“there is so much work and too few people to function effectively”*.

Similarly, the conditions that medical staff are expected to work under; seeing a huge amount of patients in very little time, having inadequate medical facilities, as well as being so short staffed that longer working hours are necessary. In addition to this, the lack of uniformity in the approval of DGs means that every DG application is a judgment call by assessors (the SASSA medical doctors). This adds additional pressure, time seeing patients, and a burden of subjectivity to each doctor working with the DG. An overstretched system is then stretched even further as a result of the lack of a decisive definition of disability. The responsibility of SASSA doctors in making individual judgment calls for each DG approval heightens the lack of uniformity within the DG application process. The subjectivity of DG approvals is aided by overworked and overstretched doctors. Added to this, doctors are sometimes threatened and intimidated by the applicants. This results in what many social workers see as the approval of non-deserving applicants and the rejection of DGs for those who both qualify and are desperately in need.

#### 9.3.4) Dependence on the DG income (PRACTICAL)

In a context of high unemployment and poverty, a monthly cash-transfer, such as the DG is heavily relied upon and often the only source of household income. With the DG being the only welfare grant available to individuals in their working years, dependence on the DG expected. However, the DG is only given for a maximum five year period (for permanent DGs) and its rollover to the next five years is never guaranteed.

A SASSA GO in the Athlone Office similarly comments that *“Ya, if it goes unchecked then we need to think as to what sort of society we are creating with the social welfare [as] it can create the whole dependency thing”*

Whilst welfare dependency as an ideology was discussed in the Key Discussions chapter, the practical reliance on the DG as a much needed income is a lived reality for PADG.

#### 9.4) THEMES THAT EMERGED FROM POLICY INFORMANTS

Interview with Policy Informants were crucial in providing a broad spectrum overview of the grant system as well as providing in depth analysis of policy change over the last fifteen years. What is crucial to address within the analysis of the policy-process is why there has been little or no change in the implementation of the DG.

The central theme that emerges from Policy Informant Interviews is the lack of Integration of Government Departments.

Policy Informants also provided interesting experience-based data in terms of analysing the changes of the DG Over the last ten years. These areas of discussion will be addressed in the Discussion chapter.

##### 9.4.1) Lack of Integration of Government Departments (PRACTICAL)

The DG, as a social welfare grant, functions within the Department of Social Development. However, its role as a *de facto* HIV/Chronic Illness and poverty Grant means that it is also acting as a health-care and unemployment grant and so functioning within the Department of Health and the Department of Employment. Despite the DG being a specifically targeted grant, it is in reality straddling three societal aspects, targeting poverty, sickness and HIV.

Similarly, the fact that Disability is often a problem of functioning (or lack thereof) weighs heavily on other non-health-related issues such as access to transportation that would allow access to employment. The lack of this in South Africa is articulated by Schneider;

*“It is still very difficult to take environmental factors into account because do you deny a person a Disability Grant if the transport is inaccessible and they can’t get to work although they could potentially work. But they can’t get to work so do you then penalise them and not give them a Disability Grant because the Department of Roads and Transport are not playing their part? There is a charity view of Disability you know “ach they can always just get the Disability Grant, why should we bother with making transport accessible” so all these things feed into each other.”*

## 9.5) COMMON THEMES

Throughout interviews on all three levels (SASSA GOs and DTOs, DG Applicants and Recipients and Policy Informants) three broad discussions were continuously repeated or alluded to. These also form a large part of my literature review as they have been much discussed and researched in previous years. The three points of discussion are; 1.) The DG and HIV/Chronic Illness, 2.) The DG and Poverty/Unemployment and 3.) The role of Temporary DGs. These themes will be briefly explained and will be further discussed in the discussion chapter. To avoid confusion, the themes will be listed but not numbered.

### 9.5.1) The DG and HIV/Chronic Illness

*The DG is really needed* is a theme that was mentioned repeatedly in interviews, both directly and indirectly in almost all SASSA GO Interviews. This will be further explored in light of HIV/Chronic Illness and Unemployment/Poverty.

In March of 2002, a spokesperson for the provincial minister of the Department of Social Services and Poverty Alleviation, Marius Fransman, reported in the Cape Times newspaper that *“The minute you are diagnosed with [HIV/AIDS], you can apply for the [disability grant]. If you have proof from a doctor, you can apply. It does not matter what stage of the illness you are in”* (Cape Times, 2002). A few weeks later, however, MEC Fransman rescinded the earlier statement, but not before many South Africans had adopted the misconception that the disability grant was a *de facto* HIV grant as well.

Both SASSA GOs as well as DTOs agree that the DG is perceived and seen and used as a *de facto* HIV and Chronic Illness grant. This stems primarily from the confusion surrounding the definition of disability and the criteria of the DG being too broad. The idea that everyone has the right to apply for the DG, in combination with the confused definition of disability goes some of the way toward explaining why the DG is functioning as a HIV/ Chronic Illness Grant.

The reality that some form of social welfare is needed, and that there is currently no viable alternative to the DG, creates discomfort for SASSA GOs, DTOs and Policy experts who know that the criteria of the DG *need to be tightened*. Margie Schneider comments that,

*“It [the DG] became the “Ach shame Grant”, there’s so much unemployment and this person keeps coming back so let’s just book them in for a Disability Grant. That’s where it started becoming a Chronic Illness Grant. The assessment process is very medically focused so Chronic Illness and Disability became equated. I was told by some people while I was doing interviews in rural areas that she had*

*“hypertension, I’ve got diabetes, I must get the grant”. The government keeps saying and the clinic keeps saying I must eat properly. I need the grant because I need to eat different food to the rest of my household eats. I eventually got out of her that she wanted the*

*Disability grant and I said “but you’re not disabled” and she said “no, but I’ve got...” (and lists her illnesses).*

The notion of preventative healthcare, while a good idea in theory, raises problematic issues when applied in the context of high poverty and desperation. Such grants are available to people at a certain level of sickness, providing them with financial stability and, concomitantly, healthier lifestyles and improved health. However, once their health has improved, due to the benefits occasioned by the grant, they risk the withdrawal of the DG as the grant holder is now no longer sick enough to qualify. Having lost the benefits of the grant, the grant holder could become ill again. While there is very little evidence to support the notion that the DG disincentives health, it does provide an interesting background to the context of the DG as well as highlighting the inter-dependence of poverty and sickness.

The inextricable nature of sickness and poverty cannot be underestimated in assessing the lived reality of DG recipients. There is a three-way tension between the knowledge that the DG is not fulfilling its purpose, yet it is much needed, and the lived reality is that sickness and disability are compounded

by poverty. The lack of an alternative social welfare programme forces the DG to stretch further and further (as a *de facto* HIV/AIDS/poverty/unemployment grant) with no relief.

#### 9.5.2) The DG and Employment/Unemployment

As well as functioning as a HIV Grant, the DG is also used as a poverty grant. Again, the broad criteria of the DG, the confusion surrounding the definition of disability and the reality that poverty is a contributing factor to sickness allow the DG to function as a method of poverty alleviation and a relief-system to high unemployment levels.

A SASSA GO comments that,

*“I think that the DG is making a difference and has a great positive effect. We are dealing with the poorest of the poor - those who have nothing and they depend on grants so I think that the grants are really making a huge difference in people’s lives”.*

It is telling that GOs see the DGs most positive result as being its effect on ameliorating poverty rather than sickness. This raises questions as to whether a social policy should change according to the social context in which it is administered. Should the DG be sensitive to high levels of unemployment and poverty and the fact that these are, in a sense, disabling?

A SASSA GO at the Athlone Office similarly comments that *“there are obviously places where there is abuse and there is fraud, but I do still believe that there are people who are genuinely in need”* [she then goes on to say that] *“it can create dependence, if it goes unchecked. People will obviously feel ‘hey, there’s a grant why do I need to work, why do I even have to start any form of entrepreneurial initiatives if government is giving out money’. It can definitely lead to that but it goes back to the definition that actually qualifies it.*

### 9.5.3) Temporary DGs (TDGs)

Similarly, the use of the DG as an HIV grant heightened the use of TDGs, as particularly with the increasing availability of ARVs, the DG was seen only to be needed for PLWHA on a temporary basis (in the interim period of getting onto ARVs and their health improving). The CBD DTO comments that,

*“that’s why we do reviews after 5 years for the DG. People who were HIV positive may have been given a permanent grant but you can’t be permanently disabled if you are taking your treatment – your health may improve and after five years you will be fit to go back to work. But that’s where the abuse of the DG happens. There is a big difference between being sick (to the point of disabled) for a year or for five years”.*

However, Margie Schnieder comments that,

*“the temporary Disability Grants are just the pits because what happens is people get dependent on them. Historically they target TB, in the 70’s and 80’s, people were given a temporary Disability Grant in the Western Cape whilst they were on treatment. So what happened they had a lot more money than the other people in their community where everybody is highly poor, so what incentive was there to get better?”*

Similarly, data from the Taylor Report of 2002 notes that those on the TDGs often stay in the system longer than those on PDGs, which raises questions as to their effectiveness as temporary relief measures (Taylor, 2002). A

SASSA GO commented that *“there are a lot of new applications but most of the time it’s the reapplications”*. The fact that the system is filled by re applications, not new applications, highlights the fact that the TDG, despite its temporary name is acting as a near-permanent measure. A DG recipient comments that her TDG was granted for *“for quite a few years it was a six month grant”*.

In the same vein, most grant recipients were unsure of how long they had been receiving the DG as well as being confused when their temporary grant

was changed to a permanent grant or vice versa. A common story was for the recipient to receive the DG for six months and then have to wait three months before reapplication, then to receive the grant for another six months; this would repeat itself for a few years before a PDG would perhaps be granted.

Sitting with the DTO in the Athlone Office, he explains the situation of an applicant who was rejected for a TDG and would have to wait three months before reapplying again.

This is reiterated by a SASSA GO who comments that “*doctors sometimes put recipients on for six month grants as they want to see if your sickness will change after six months*”

The interwoven nature of sickness and poverty means however that in all likelihood, once poverty returns (with the lack of a DG) sickness will return, at which point the TDG would be reapplied for.

## **CHAPTER 10: DISCUSSION AND IMPLICATIONS FOR POLICY**

The purpose of this research project was to examine the reported experiences and views of people who administer and receive the DG with a view to assessing the efficacy of the DG as it is currently conceived, particularly in policy. In so doing, it has attempted to address the relevance of these experiences, critique them and integrate the different voices and interests of those involved with or affected by the DG. The lived realities of PADG are contrasted with the experiences of SASSA GOs and DTOs within the broader context of the Disability Policy as addressed by Policy informants. What is crucial to discuss is the way in which the experiences of PADG and SASSA GOs and DTOs affect, critique and highlight problems within the functioning and lived reality of the DG. In the same way, the structure of the DG and its effect on access to the DG is a necessary reflection on the lived reality of PADG.

As highlighted by the Taylor report of 2002, it is widely understood that there are inherent problems with the conceptualization of the DG and therefore with the resultant functioning of the DG. However, what still needs to be discussed is why these problems have not been addressed. Why, after much research and the input of PADG as well as academics over a ten-year period have the experiences of SASSA officials and PADG not been seen as valuable enough to provide a reasonable cause for change?

As emphasised in the literature review, the definition of disability is a widely contested subject, with policy informants, SASSA GOs, DTOs and literature agreeing that the lack of a uniform definition is the basis of the untargeted functioning of the DG.

Four themes were highlighted in the results chapter as they occurred frequently throughout the interviews with SASSA GOs and DTOs, Policy Informants and DG Applicants. These are 1) The adverse manner in which the crisis of poverty in South Africa affects how the DG is understood, administered, and used by administrators and recipients respectively as a basic income grant; 2) The concomitant need for an alternative to the DG, 3) The culture that Social Welfare in South Africa may create and following on

from this, 4) Attempted changes within DG Policy. This chapter will discuss the significance of these themes and conclude with a discussion of what attempts to change DG policy have consisted of as well as making my own recommendations for change. I will address these themes in the order given above.

While all the themes are understood as playing out within the changing definition of disability, the chapter on Defining Disability addresses the way in which the changing definition of disability effects the administration of the DG in far more detail. It is useful to consider the backdrop that the definition of disability plays in relation to the four themes but this is not considered a discussion point in this chapter.

Having utilized the three points of intersection in the Findings and Analysis Chapter, this chapter will continue to make use of them.

Three important discussions can be highlighted within each point that draws upon the research findings. The discussions can be listed as such:

10.1) IDEOLOGICAL: The effects of the Crisis of Poverty in SA on the conceptualization and use of the DG

10.2) PRACTICAL; The need for and the lack of an alternative to the DG

10.3) PHYSICAL: The Culture of dependency that Social welfare may create

I will proceed by listing the main distinctions 1), 2) and so on to help the reader to follow.

#### 10.1) IDEOLOGICAL: THE EFFECTS OF THE CRISIS OF POVERTY IN SA ON THE CONCEPTUALISATION AND USE OF THE DG

Welfare is defined as being “government provision of economic assistance to persons in need” (Taylor, 2002:101). This begs the question, what are the current greatest needs in South Africa and to what extent are social welfare interventions enabling the eradication of such problems?

The targeted nature of the South African Welfare State means that social welfare is simply not designed to assist people of working age who are unable to provide for themselves as a result of protracted unemployment. Lower paid workers and the working poor simply have to make their incomes stretch further. At the moment the mainstay of social protection against income poverty is the mis-targeted system of social grants. This is evident in the reoccurring themes within interviews. Confusion over the definition of disability results in the practical understanding that 'everyone has the right to apply for a DG'.

As shown in the interviews with SASSA Staff, poverty is not simply a problem understood within theory, but also by those administering social welfare. This is well articulated by a SASSA GO who stated "*we [Grant Administrators] are dealing with the poorest of the poor, those who have nothing and only on grants*". This raises the question as to why, if poverty and unemployment are understood as major social problems within the literature on both social welfare and specifically the DG there is no specific social welfare program to combat and alleviate it. The viewpoint of GOs rings true in that the DG is making a positive impact in helping the "*poorest of the poor*" but in this, it is failing in its targeted disability purpose.

What is interesting to note at this point is that it is not the entire social welfare system that is adapting to its context, but simply one grant. The practical implementation of the DG is being misused so as to respond to societal need.

The culture of dependency will be further discussed in relation to the physical dependence on the DG.

## 10.2) PRACTICAL: THE NEED FOR AND THE LACK OF AN ALTERNATIVE TO THE DG

As evident in the interviews with SASSA GOs and DTOs, there is an understanding and appreciation of the need for an alternative to the DG.

Schneider<sup>14</sup> notes that while not all households with a disabled person are critically poor, many become critically poor, especially if the head of the household is disabled. With such high unemployment and poverty, the lack of appropriate food and medicine are likely factors that can lead to sickness,

<sup>14</sup> continued unemployment and if untreated - sickness to the point of disability. The vicious cycle is made more complex with the prevalence of HIV/AIDS. Chronic Illness, sickness and disability have to be seen as being entwined with poverty, which in itself is often a cause of unemployment.

As shown above, the DG, despite being a grant with a specific target is being purposefully mis-targeted upon practical implementation due to the social problems that its administrators encounter. However, as previously discussed, the social problems in South Africa are inextricably linked. Unemployment affects poverty which will affect the severity of sickness, HIV and potential disability. With such interlinked problems, the integration of government departments is crucial. However, government departments are not well integrated; in terms of inter-department communication. Poor service delivery by one department affects the efficiency of other departments. This results in further systemic problems and continuous miscommunication. As emphasised by Schneider<sup>15</sup> the functioning of disability is not simply influenced by medical factors but often affected by the hostile environment that many DG applicants find themselves within.

It is evident that not only is there no welfare alternative to the DG but also that the system is exacerbating systemic problems within the functioning of the DG as well as providing more room for error and miscommunication. This is a

well-researched problem, highlighted by the Taylor Report of 2002 as well as the Task Team Report of 2000, which noted, “There are no uniform objective assessment procedures. Assessment of disability is highly subjective and varies from one medical officer to another” (South African Human Rights Commission, 2001:36).

### 10.3) PHYSICAL: THE CULTURE OF DEPENDENCY THAT SOCIAL WELFARE MAY CREATE

As highlighted in the interviews with Applicants and SASSA staff, dependence on the DG is a reoccurring theme. Similarly, the culture of entitlement is highlighted by SASSA staff as well as being evident in the response of applicants. As described by Margie Schnieder there is a tension between the need to tighten the DG and what that would mean in practical terms. The constructive change to the DG was specifically blocked by the Department of Health who realised that any change that would result in people being unable to access the DG would result in upheavals, strikes and protests. It is clear then, that the change was prevented for political reasons and the implications of public outcry and the likelihood of mass protest-action.

The likelihood of protest-action is evidence of the reliance on social welfare and the need of masses to resist changes that would remove many from accessing the grant. For PADG, who are unemployed, impoverished and reliant on the DG, to adjust the DG without putting a viable alternative in place would seem to be legitimate grounds for insurrection.

As highlighted by Schnieder<sup>16</sup>, if the definition of disability was to drastically change, this would result in many individuals being thrown off the DG (as they no longer qualify as ‘disabled’). While this may be a positive thing for the streamlining of the DG and its role as a targeted grant, the reality of poverty and high unemployment mean that the DG is needed. As one SASSA GO put it, *“What is a viable alternative [to the DG] though? You say you want to change the policy, there’s got to be something that’s going to catch those that have no immediate income. In some instances people are only dependent on the social grant. How can we take that away?”*

However, as highlighted in the Key Discussions chapter, the notion of welfare dependency is an ideological issue. Research highlights that the social effects of welfare are seen to be positive in South Africa, with social grants being correlated with a higher success rate in finding employment.

Similarly, the Economic and Social Impact of Social Security (2004) stated that South African social policy was developmental in nature and had positive effects on education, nutrition and good household spending.

The 2012 National Budget stated that the Departments strategy is to implement integrated policy interventions that respond to immediate needs of vulnerable individuals and communities. This is done in conjunction with policy and research that explores long-term strategies for addressing systematic poverty and inequality.

For welfare dependency to be a reoccurring ideology despite evidence to the contrary is telling of an ideological unease with the extent of South Africa's welfare system. This is useful to consider in the discussion of why previous research has been side-lined.

#### 10.4) ATTEMPTS TO CHANGE THE DG: WHY HAS PREVIOUS RESEARCH BEEN SIDELINED?

The findings of the 2002 Taylor Report indicate that:

- There is no income support for poor children (9-18)
- There is no income support for poor adults (18-64) including those with HIV/AIDS
- There is no social welfare for unemployment
- UIF covers less than 40 percent of the labour force

In short, the most vulnerable are unable to access social welfare.

In response, the TR had many institutional recommendations, including, the introduction of a BIG, the revision of the organizational structure as well as the implementation of a social security agency to operationalize the administration of Social grants. At the forefront was that policy development needed to be the prerogative for government.

Two years after the TR, in 2004, Mbeki passed the SA Social Act, which saw the establishment of SASSA. This took the administration of social welfare from National and Provincial Departments to an individual agency. Pre 2004, an individual could be granted the DG in one province but not in another due to the difference definition of disability according to Provincial department.

Idasa (2003) reports that apart from Minister Skweyiya's rhetoric of approval, the TR was side-lined and repressed within government circles. The BIG was seen as a threat to macro-economic strategy as well as being ideologically challenging for some (Idasa, 2003).

This is furthered by Taylor, who notes that,

*“Strangely enough, the resistance wasn't based on the lack of understanding on the scale of the problem of poverty and inequality and HIV/AIDS pandemic – this I did indicate in the report. The evidence was put forward but there was a block, from an ideological perspective and it wasn't necessarily from only conservative political parties but across the board, the belief that people shouldn't be getting something for nothing. That's a belief that's very hard to change, because it's based on a set of values and assumptions and in South Africa's case, there's a lot of people who are ashamed of the poverty that they are living in within the system believe that if they have made it then others can make it without recognising the new risks, the new vulnerabilities, the new problems that people are facing, and so there was that latent resistance to such a big ticket item like the BIG”*

The blocking of a BIG due to an ideological problem of being unable to 'get something for nothing' shows both a discrepancy in the adherence to the

values enshrined in the 1996 Constitution as well as a lack of understanding of the magnitude of the unemployment and HIV/AIDS crisis in South Africa.

The Poverty and Inequality Report (1998) assisted the Government in identifying appropriate indicators and monitoring mechanisms through which the process of transformation can be monitored. As well as providing useful measurements for poverty and inequality in South Africa, the PIR also noted the need of assertive action by the government to reduce poverty and inequality, extending beyond the maxim of 'getting institutions right' and move towards the reform of public administration, encompassing strategic market guided forces (Budlender et al, 1998).

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## **CHAPTER 11: CONCLUSION AND RECOMMENDATIONS FOR CHANGE**

As highlighted by the findings of this research project, change is needed, both in the policy of the DG (redefining disability, making provision for poverty alleviation within the National Budget, to name a few) as well as in the practical implementation of the DG (tightening up on fraud and corruption). Three aspects of change will be briefly discussed as viable options for DG change:

11.1) FISCAL POLICY

11.2) EMPLOYMENT

11.3) REIMAGINING SOCIAL POLICY

It is important to remember at this point that these discussions of change are theoretical and do not provide any structure or actual plan for practical change.

As evident in the interviews with Policy Informants, recommendations for policy change in South Africa are not new. However, in discussing the way forward for South African social policy, with particular emphasis on the DG, the significant concern is the revalidation of social policy - along with recognition of the failure of recent economic and social policies to realise social welfare, development and equality. Moreover a consensus is emerging on the need to synergistically relate economic and social policy rather than treat them as separate entities in which social policy is reduced to a residual status that is "only required to deal with widows and orphans, the lame and the sick" (Elson, 2004: 63).

I will proceed by listing the main distinctions 1), 2) and so on to help the reader to follow.

### **11.1) FISCAL POLICY**

Fiscal policy within South Africa cannot wholly be trusted to effect on-the-ground change due to the amount of corruption within government. Whilst it is only fiscal policy that can affect welfare change, change within the

macroeconomic context is as much the responsibility of monetary policy as it is of fiscal policy. It may be argued that monetary policy is what will make the key difference to poverty alleviation, employment whilst fiscal policy can bring about the necessary welfare reforms.

In order to see meaningful change, there needs to be a combination of macro and micro policy changes made; macroeconomic policy change in conjunction with local authorities spear heading the implementation of welfare policies. The interaction of these two could form interventions to fast track service delivery at a local level.

The magnitude of HIV/AIDS, poverty and high unemployment has to be realized as being public issues and thus requires a comprehensive policy response. There is a sense of urgency to this.

### 11.2) EMPLOYMENT

The DG is an interesting object of study, given that it is the only social grant available to persons in the working age population. However, the term 'Working Age Population' has to be seen as paradoxical when discussed in the context of South Africa as despite being in the working age bracket, a 40 percent national unemployment rate indicates that unemployment is becoming increasingly persistent, despite active job-searching and fitness for work.

Seekings (2008) corroborates this by arguing that many working-age poor are considered deserving of welfare because of the high unemployment rate; so despite being in good health, many are poor not because of laziness but because they have too few opportunities for employment or earning a living.

As Schneider highlights,

*"it's difficult to get back onto it. The European model of 'back to work' is pushing a big effort [so] that there's a very close relationship between the social assistance program and the employment program, so you go off on a reduced social assistance while you start working, you can go back to social assistance quite easily, whereas here it's a whole*

*rigmarole and process each time because there is no working together between the Department of Employment and the social assistance programmes”.*

As emphasised in the TR; employment is the healthiest way to solve the unemployment crisis in South Africa. This is done through public works programmes and ‘back to work’ schemes. However, within the South African context of such high unemployment and poverty, public work programmes are not economically viable. In the same way, the social welfare system does not include a welfare grant to encourage job-seeking behaviour (like the jobseekers grant in the United Kingdom). As Schneider highlights, there is no middle-ground or financial relief between work and unemployment.

However, Taylor notes that,

*in the report [Taylor Report of 2002] what we did say that the preferred option would be for people to be given work, in the absence of work though, even for those who have graduated from University, we’re just not creating jobs and the scale of job creating has to be such that it would allow for people who are unskilled, semi-skilled and skilled to be employed but we are not able to do that given the way our economy is growing and the growth points in the economy and also given the lack of skill training, further education and training, especially vocational training or retraining for new skills that are required in the labour market. The link between social assistance and work or social insurance and work has broken down<sup>14</sup>*

It is evident that at this point that Social Welfare in South Africa is not economically or systematically developed enough to facilitate public works programmes or ‘back to work’ initiatives.

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<sup>14</sup> Information provided during an in-depth interview with Vivienne Taylor in 2012

### 11.3) REIMAGINING SOCIAL POLICY

It is crucial to keep in mind that the poor “are not a demographic category: largely unproductive, destitute and in need of handouts, inadvertently setting the poorest against the poor. Instead, it is a policy category” (Adesina, 2009:8)

Mkandawire (2004:4) argues that in Africa especially, there is a criticism that structural adjustment policies with their short term focus have worked to undermine long-term development by destroying social capacity, weakening legitimacy of the state, reducing social and physical investment and worsening inequalities in income distribution that have led to accentuating conflict. Hence, there needs to be pressure to ensure consistency between a country’s macroeconomic, structural and social policies, and the goals of poverty reduction and social development.

Progress requires the type of dialogue between economists and other social scientists that is often lacking in social development debates. Foundationally, there must be a government-led admittance of, and commitment to providing meaningful, long term solutions to the current poverty and unemployment crisis in South Africa. As highlighted by Mkandawire, social policy consists of major transformative instruments many of which are simply unavoidable for any meaningful policy of “catch-up” and development. The need for change within South African social policy, and particularly the DG is unavoidable and urgent. The continuation of the current policy framework will serve to further entrench structural poverty and the mis-targeting of social welfare. As emphasized by both Mkandawire and the United Nations Research Institute for Social Development, there is much to learn from a reassessment of the familiar.

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