A case study on the experiences of persons with disabilities of the disability grant processes occurring at SASSA Springbok in the Northern Cape

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DECLARATION

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ABSTRACT

Introduction: Persons with disabilities (PWDs) living in rural areas are known to have a higher risk of living in poverty as they have the lowest levels of employment. To assist persons with disabilities to overcome these challenges, the South African government has developed interventions such as social assistance programmes which aim to prevent poverty and assure the basic minimum standard of living. Over the past five years minimal research has been published which focused on the disability grant in the South African context. More specifically, no research has been conducted in the Northern Cape, home to a high proportion of persons with disabilities. Of the research conducted in other parts of South Africa, no studies have sought to understand the experiences of persons with disabilities while engaging in the disability grant process. The research question for this study was, "How are PWDs experiencing the disability grant processes occurring at the SASSA Springbok branch in the NC?" This study therefore aimed to describe the experiences of disabled persons with the disability grant processes as they occurred at the South African Social Security Agency (SASSA) in Springbok, Northern Cape.

Method: A single instrumental case study research design was utilised. Five participants were purposively sampled. Data were collected through document review of pertinent SASSA documents, non-participant observation, and semi-structured interviews. Data were analysed inductively, taking a thematic approach.

Findings: The theme that emerged was *Respecting differences is part of humanity*. The main findings reveal that engaging with persons with disabilities as humans and not disregarding their humanity because of their disability are imperative to how they experience the disability grant process. Two categories, *For us, human dignity matters*, and the *Impact of context on occupational rights*, encapsulate two specific areas that relate to the theme.

Conclusion: The experience of the disability grant process in this case study was influenced by stakeholder engagement with participants, mandatory protocols implemented due to the novel coronavirus, and the administrative aspects of the process. Recommendations for an improved overall experience of the disability grant process include streamlining the disability grant application process, the implementation of consistent *Batho Pele* principles by all stakeholders, suitably accommodating the disability grant application process for all types of disabilities, as well as maintaining the logistical structures put in place (albeit unintentionally) from the year 2020.

Key Words: person with a disability, disability grant, medical officer, South African Social Security Agency, Namakwaland, occupational therapy, Northern Cape

DEFINITION OF TERMS

Apartheid: Legislated segregation based on race (South African History Online, 2016)

Batho Pele Principles: Principles found in The Batho Pele White Paper which have a focus on the transformation of public service delivery with the aim of providing good customer service to those who use government services (Department of Public Service and Administration, 2019)

Black: Refers to people in South Africa of mainly African ancestry who speak an African language (South African History Online, 2015)

Coloured: Refers to people in South Africa of mixed ancestry – primarily includes the Nama and the Khoisan (South African History Online, 2015)

COVID-19: An infectious disease caused by the recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019 (World Health Organization, 2020a)

Disability: The term is understood as the dynamic interaction between individuals' health conditions and the contextual factors in which they find themselves. It is a term that encompasses impairments and activity limitations, as well as participation restrictions, and suggests that if there are negative aspects within these, then an individual is termed a 'person with a disability'. The concept is evolving, but the definition agrees that an individual does not have a disability based solely on his or her individual attributes (World Health Organization, 2011).

Disablism: Discrimination in the form of negative attitudes, behaviours, practices and environmental infrastructure against persons with disabilities which create barriers to equitable participation in occupations within society (Department of Social Development [DSD], 2016).

Functional Capacity Evaluation: An assessment that evaluates a person's ability to participate in work, and evaluates other instrumental activities of daily living that support work performance (Ramano & Buys, 2018).

Poverty: A complex and multi-layered concept where individuals and/or large sectors of the population live in the monetary condition of being extremely poor (Kidd, Wapling, Bailey-Athias, & Tran, 2018). Those who live in poverty are underprivileged in terms of social wealth and individual agency which stem from historical disadvantage (Ellison & De Wet, 2016). Apartheid in South Africa and centuries of colonisation prior to that contributed to this poverty.

Persons with disabilities (PWDs): People who have either a physical or mental condition that limits their movement, senses, or impedes their daily activities (Kidd et al., 2018).

South African Social Security Agency (SASSA): A national agency created in April 2005 by the South African government to distribute social grants on behalf of the Department of Social Development (Kidd et al., 2018)**.**

White: Refers to people in South Africa of mainly European and Dutch ancestry (South African History Online, 2015).

LIST OF ABBREVIATIONS AND ACRONYMS

BSc	Bachelor of Science
COVID-19	Coronavirus Disease
DG	Disability Grant
DoH	Department of Health
EC	Eastern Cape
FHS	Faculty of Health Sciences
GT	Gauteng
HIV	Human Immunodeficiency Virus
HREC	Human Research Ethics Committee
KZN	KwaZulu-Natal
LP	Limpopo
MO	Medical Officer
MP	Mpumalanga
MSc	Master of Science
NC	Northern Cape
NW	North West
OLM	Open Labour Market
OT	Occupational Therapist
PWDs	Persons with Disabilities
PLWHA	Persons Living with HIV and Acquired Immunodeficiency Syndrome
SA	South Africa
SAHRC	South African Human Rights Commission
SASSA	South African Social Security Agency
SOCPEN	South Africa's information management system to process social grants
StatsSA	Statistics South Africa
UCT	University of Cape Town
WC	Western Cape
WMA	World Medical Association

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1. CHAPTER: INTRODUCTION

1.1. Introduction

Persons with disabilities (PWDs) have the same basic and safety needs (Maslow, 1943) as persons without disabilities (Kidd et al., 2018). Research shows that PWDs face many environmental and societal barriers in order to meet their basic and safety needs of food, shelter, clothing, personal security, employment, resources and access to healthcare (Kidd et al., 2018). Barriers to accessing health services are particularly challenging for PWDs owing to poverty and social exclusion (World Health Organization, 2020b). In addition, there is a strong link between poverty and disability (Kidd et al., 2018), as the inability to work is a major contributing factor towards poverty. Children with disabilities are less likely to attend school than children without disabilities; this puts children with disabilities at a disadvantage in entering the labour market when they are older. The term 'disability' no longer applies only to an individual's physical or mental impairment, but rather the relational complexities of an individual's impairment and the society in which he or she lives (World Health Organization, 2020b). It is an umbrella term which includes impairments in body function and/or structure, difficulties participating in and executing daily activities, and the restriction of participating in certain societal activities due to little or no accommodation made infrastructurally for the individual's impairment (World Health Organization, 2020b).

PWDs living in rural areas are known to have a higher risk of living in poverty (Armstrong, Lekezwa, & Siebrits, 2008) with the lowest levels of employment (StatsSA, 2014). PWDs are caught in a 'vicious cycle' where their disability may lead to a loss of employment and increased healthcare costs. In addition, rurality may lead to poor access to healthcare and other services, and increased transport costs due to long distances for PWDs to travel. These challenges perpetuate a cycle of poverty for persons living with disabilities (Mitra, 2010). To assist PWDs overcome these challenges, the South African government has introduced interventions such as social assistance programmes. Social assistance programmes form part of social security provided by the South African government, and aim to prevent poverty and to assure a basic minimum standard of living. The White Paper on Social Welfare (2007) defines social security as:

> A wide variety of public and private measures that provide cash or in-kind benefits or both, … to avoid poverty and secondly, in order to maintain children. The domains of social security are: poverty prevention, poverty alleviation, social compensation and income distribution (Department of Welfare, 1997, p. 50)

Social assistance is provided via social grants: one such grant is the Disability Grant (DG). Other social grants include: the State Old Age Pension Grant, the Child Support Grant, the Foster Child Grant, the

Grant-in-Aid, War Veterans Grant, and the Care Dependency Grant (Samson, MacQuene, & Van Niekerk, 2006). The DG constitutes an important part of social assistance in South Africa (SA) for PWDs. If a citizen is unable to work owing to a disability, the citizen is eligible to apply for a DG at the local South African Social Security Agency (SASSA) branch (Western Cape Government, 2018). SASSA is a semi-autonomous state agency which reports to the Department of Social Development. The head office is in Pretoria, with decentralised regional SASSA branches within SA (Kidd et al., 2018).

The DG medical assessment, which follows the application process and is set on a predetermined date and time, is conducted by a Medical Officer (MO) who confirms the identity of applicants through their identity card and the disability for which they are seeking the grant (Kidd et al., 2018). SASSA describes the MO's role within the medical assessment process as: 1) completing a form in a designated book for capturing medical assessments, 2) detailing the applicant's disability, and 3) stating whether the applicant qualifies for a temporary (6–12 months) or a permanent DG with review after five years. These designated books are collected each week by SASSA officials and copies of the assessments made within the medical assessment process are placed into applicants' files. Results of disability assessments are entered into an information management system to process social grants (SOCPEN) along with any recommended medical review dates. No other information is logged. Applicants in the Western Cape (WC) are advised by MOs to return to the SASSA branch after two weeks from the assessment date to receive the outcome. If grants are not approved, applicants may appeal the result within 90 days of receiving the outcome (Kidd et al., 2018).

Many MOs undertaking disability assessments do not have adequate training or capacity to do this to the required standard (Kidd et al., 2018). Given the breadth of disability that they must assess, there are aspects of disability that go beyond the competence of general practitioners. SASSA provides a four-hour initial training for MOs which is presented by SASSA administrative staff. This training, however, only focuses on the legislative and policy framework of the disability grant process and does not include training on how to undertake medical assessments that would comprehensively assess a DG applicant's physical functioning (Kidd et al., 2018, p. 7).

Consequently, there is inconsistency with assessment results (Kidd et al., 2018). In Limpopo province (LP) and the WC, research indicates the DG assessment process is experienced not only as a medical process, but relational as well (Kelly, 2017; MacGregor, 2006; Tumbo, 2008). The DG appeared to be given as a reward to DG applicants who were medically compliant or gained 'insight' into their condition according to the MO assessing them (MacGregor, 2006; Tumbo, 2008). Applicants were seen as

'deserving' or 'undeserving' of the DG (MacGregor, 2006). Research conducted in the WC (Kelly, 2017) concurs with these findings and shows that the assessment process is a social interaction between the MO and applicant. Kelly (2017) urged policymakers and SASSA to intervene in the dynamics of the assessment process by providing objective assessment tools and examining whether MOs are competent to conduct functional assessments, regarded as the baseline for entering the open labour market (OLM). Tumbo (2008) agrees, and emphasises the need for objectivity and uniformity in the DG assessment process, specifically, "the role of the doctor has to be defined, healthcare practitioners must be trained in disability assessment, institutional committees should be established and intersectoral initiatives should be encouraged to address issues of poverty and dependence" (Tumbo, 2008, p. 65).

The positive effects that the social security system, notably the DG for PWDs, have had on the poverty and inequality rate have been highlighted in DG research (Ellison & De Wet, 2016; Engelbrecht, Van Niekerk, Coetzee, & Hajwani, 2017; Govender, Fried, Birch, Chimbindi, & Cleary, 2015; Hofman, Cook, & Levitt, 2014; Kelly, 2017; Kidd et al., 2018; Rosen et al., 2014; Woolgar & Mayers, 2014; Wright, 2015). Within communities with high levels of unemployment, poverty, and ill health, SASSA struggles to manage the rapid increase in DG applications and the approval process (Kidd et al., 2018).

Kelly (2016) found a tendency for MOs to demonstrate leniency and approve DGs for those close to pension age. This sympathy extended to those living in areas of high unemployment and poverty. Disability, particularly in rural impoverished areas, is a complex situation (Vergunst et al., 2017). Research has shown that MOs experience compassion fatigue as they attempt to navigate the burden of poverty and seek to understand the definition of 'disability' in a context of high DG applicant turnover (Kelly, 2017). With a lack of clear guidelines when approving DGs (Venkataramani, Maughan-Brown, Nattrass, & Prah Ruger, 2010), interactions between MOs and DG applicants are subjective and dependent upon the MO, potentially straining the MO–applicant relationship (Kelly, 2017). This is concerning as Govender et al. (2015) highlight the crucial role the social relationship of MO and DG applicant plays in medical treatment adherence and success.

Of the processes which occur in the DG programme, the DG medical assessment process concerns the researcher most, as past patients of the researcher who had applied for the DG reported negative experiences of the medical assessment process. Past patients reported that MOs, viewed metaphorically by DG applicants as gatekeepers to accessing DGs (Govender et al., 2015), did not assess them thoroughly and were disrespectful towards them. Complaints also included minimal amounts of time (less than five minutes) spent on deciding on the applicant's DG eligibility. Research on the DG and PWDs in

SA is limited, with no available or published research on the DG in the Northern Cape (NC). This is concerning considering the proportion of PWDs and the high levels of poverty and unemployment in the NC (Lehohla, 2014). Although research on the DG has been conducted in Mpumalanga (MP), Kwa-Zulu Natal (KZN), Limpopo (LP), Gauteng (GT) and the Western Cape (WC), no current research is available in the NC. There is therefore a need for further information on the DG assessment process for PWDs in the NC. Noting this, the researcher sought the opportunity through her master's degree to include exploring the thoughts and feelings of PWDs as they participated in the DG assessment process in the NC. Considering the application and medical assessment processes of the DG, and the paucity of knowledge within both in the NC, the research question for the study was, "How are PWDs experiencing the disability grant processes occurring at the SASSA Springbok branch in the NC?"

1.2. Context of the study

This study was conducted in Springbok, the largest town within the Namakwa District. The Namakwa District is located in the largest province of SA, the Northern Cape (NC) (StatsSA, 2014) (refer to map in Figure 1).

Figure 1. Map of Namakwaland (Namakwa District Municipality, 2017)

Namakwaland is classified as a rural area with minimal formal employment opportunities (Young, 2017). With the NC being one of two provinces with the highest recorded proportion of PWDs (Lehohla, 2014), and lowest employment rates for PWDs, no income, poor access to healthcare services, increased risk of secondary complications, poor structural housing, and increased social exclusion, PWDs are trapped in a vicious cycle of poverty (Mitra, 2010). In a country battling with high unemployment rates (in 2020 the unemployment rate in SA stood at 28.48 percent (Statista, 2020) and severe poverty, Knight, Hosegood, and Timæus (2013) highlighted that citizens in KwaZulu-Natal (KZN) applied for a DG for several reasons. One of the reasons for DG application included additional financial support in poorer income households. With the DG providing a financial source for meeting the immediate family's basic and safety needs such as food, healthcare and economic security, MOs have demonstrated empathy by qualifying ineligible DG applicants, thereby increasing the number of ineligible grant recipients (Knight et al., 2013). Research in Mpumalanga (MP) concurs with that conducted in KZN that the DG is used as a means of providing access to food, medication, transport, and assistance with schooling, mostly for children under the age of ten years (Wright, 2015).

The local SASSA branch for those living in the Namakwaland district is in the town of Springbok. While the branch is structurally easily accessible to PWDs, transport to the branch is not. Namakwaland is geographically the largest district in the country. It consists of more than 40 smaller communities which are mostly serviced by government departments based in Springbok, such as the SASSA branch. Communities in Namakwaland range from 5km to 300km from Springbok, with no public transport available apart from private vehicles, taxis, and privately owned buses (Namakwa District Municipality, 2017).

SASSA Springbok was established on 1 April 2006, servicing 11 communities, the farthest being 105.3km from the branch. The structure of SASSA Springbok, found overleaf, is as follows:

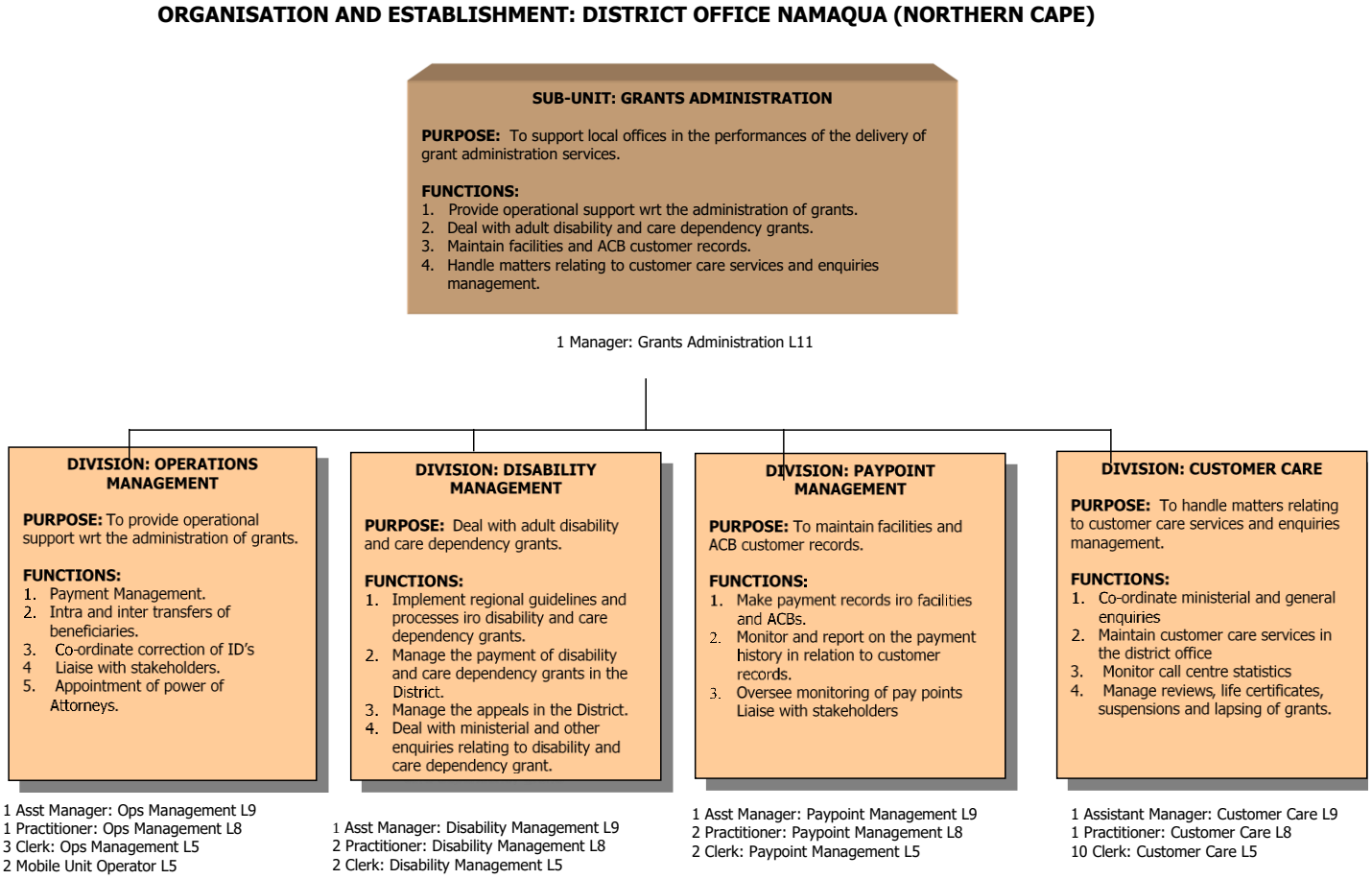

Figure 2. Structure of SASSA Springbok branch

The criteria for a DG application state that the applicant should be between the ages of 18 to 59 years old, and have an accompanying medical report detailing the disability and the reason the applicant is unfit to obtain or return to work (South African Social Security Agency [SASSA], 2015). The screening, assessment, and eligibility of an applicant for a DG form part of the DG programme (which includes various other processes such as the application, means test calculation, provision of outcome, etcetera). The outcome of an applicant's eligibility for a DG is crucial as it involves financial consequences for the economy, the applicant and for their family (Spanjer, Groothoff, & Brouwer, 2011). While research has been conducted on other forms of social grants, minimal research has been conducted on the DG (Mitra, 2009). The steps within the DG programme are visually depicted in Figure 3 overleaf.

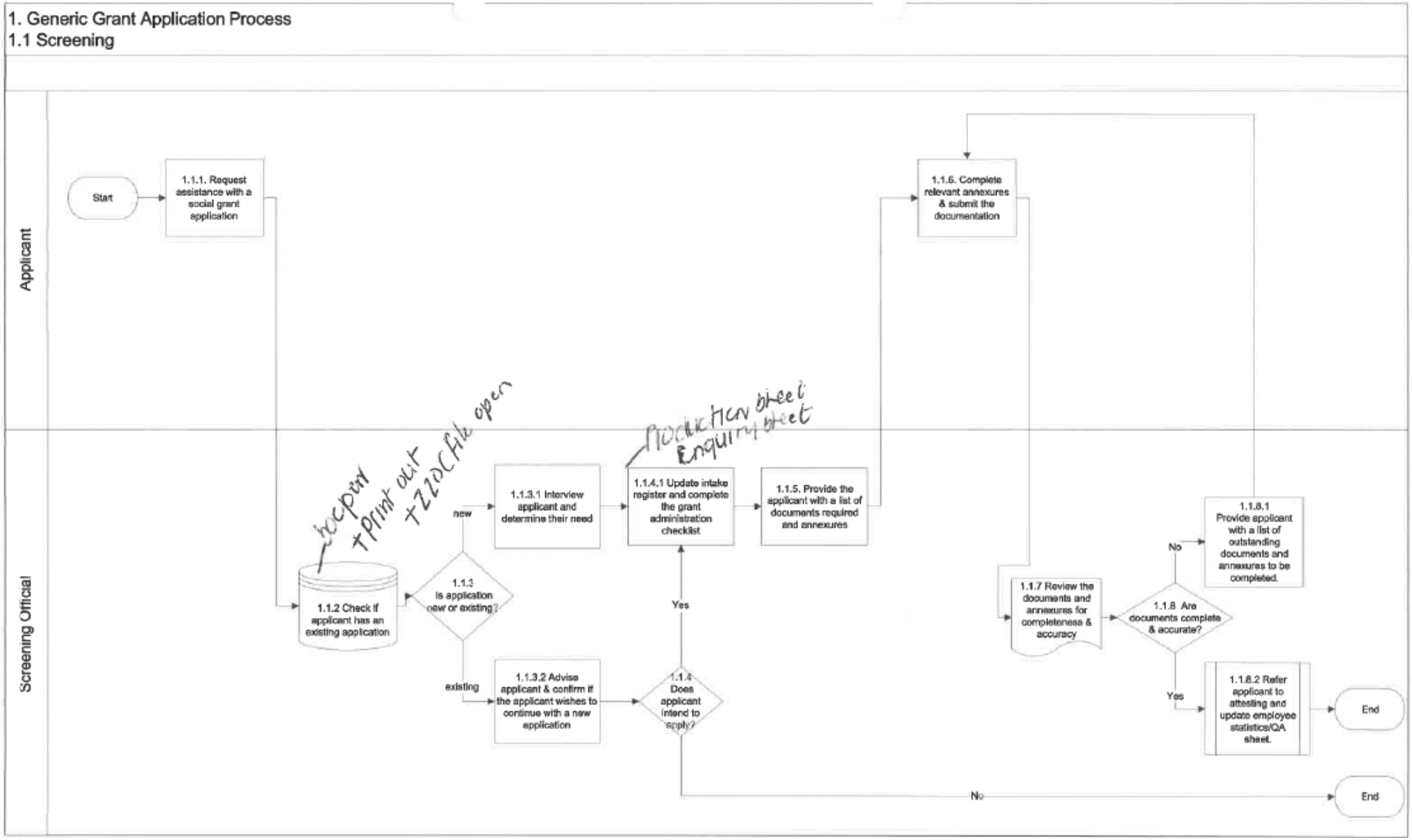

Figure 3. Steps of the DG Process

1.3. Research Question

The research question for the study was, "How are PWDs experiencing the disability grant processes occurring at the SASSA Springbok branch in the NC?"

1.4. Aims and objectives

The aim of this study was to describe the experiences of PWDs regarding the disability grant process as administered by SASSA in Springbok, NC.

The objectives of the study were:

- To identify and describe factors which may influence a PWD to apply for a DG
- To describe the disability grant process as experienced by a PWD

1.5. Purpose

The purpose of the research was to add to the body of knowledge on the DG processes occurring at SASSA branches in order to improve the overall experience of the programme for its users and highlight possible areas where improvements can be made regarding the uniformity and effectiveness of those processes. It was also necessary to address the paucity of knowledge regarding the experiences of PWDs as they participated in the processes in obtaining DGs.

1.6. Rationale

This research has important ties with the profession of occupational therapy, as one aspect which concerns occupational therapists is their clients' ability to access employment opportunities after rehabilitation (Buys & Van Biljon, 2007). Occupational therapists working in Namakwaland are aware that many clients apply for a DG during or after rehabilitation as a means of acquiring an additional income if wages are exceptionally low. Kidd et al. (2018) published a comprehensive working paper on social protection and disability in South Africa. Their working paper was thorough, detailing barriers to accessing the DG for PWDs, the current disability assessment model, causes of possible exclusion for PWDs from accessing the DG, and the impact of social grants on PWDs. All information sourced for this working paper was gained in the WC (Kidd et al., 2018). From the extant literature, there is a paucity of information regarding the experiences of PWDs in the assessment process for obtaining DGs, especially in the NC. Therefore, having an informed knowledge base of the DG programme in the NC is fundamental to adding to the body of knowledge on experiences of persons with disabilities.

1.7. Summary

This chapter provided the background to and rationale for the study. Aspects such as disability, PWDs and rurality, and social assistance for South African citizens (mainly the DG and its processes), including the context of the study, were discussed. The provision of background information to the DG medical assessment was linked with the research question, aims and objectives, purpose and rationale. Chapter 2 reviews literature relevant to the study, specifically, the application process for the disability grant and the administrative challenges associated with it; the perception of the disability grant assessment process for healthcare workers; the possible trade-off regarding health in the context of extreme poverty and high unemployment rates; the role of the disability grant in a recipient's household; grant negotiations between the applicant and medical officer; and whether a medical officer has the training or knowledge to measure functional capacity.

2. CHAPTER: LITERATURE REVIEW

2.1. Introduction

This literature review covers research on the DG application and assessment process. The sections of the literature review include the application process for the DG and administrative challenges associated with it; healthcare workers' perceptions of the DG assessment process; the possible trade-off of health for income in the context of extreme poverty and high unemployment rates; the role of the DG within a recipient's household; grant negotiations within the assessment process between the DG applicant and MO; and whether an MO has adequate training or knowledge to measure functional capacity. Finally, the chapter is summarised, followed by the methodology chapter.

2.2. The application process for the disability grant and associated administrative challenges

The application process for other social grants such as the Child Support Grant is relatively simple compared with the application process for the DG (Kidd et al., 2018). Goldblatt (2009) discussed administrative problems associated with the DG system and the financial costs, among others, which burdened DG applicants in the North West (NW) and Gauteng (GT) provinces. Administrative problems included inadequacies in the completion of the application form, with many illiterate individuals complaining that SASSA officials were not willing or did not take the initiative to help in completing the application form. This resulted in incomplete forms, missing documentation and unnecessary rejected DG applications. Throughout their research in the WC and Eastern Cape (EC), Jelsma, Maart, Eide, Toni, and Loeb (2008) found an increasing number of DG applicants reporting that the attitudes of SASSA officials were some of the issues within the application process. Further challenges included a complicated and lengthy application process that Goldblatt (2009) also commented on, which included PWDs having to acquire a variety of documents from several departments as supporting documentation in applying for a DG. Departments included the Department of Home Affairs for missing identity documents or marriage certificates; the Department of Health for clinic folders and an MO's report detailing the disability; the South African Police Service to certify affidavits; local municipalities to provide proof of residence; and other documents required for means testing. Considering the applicant's disability, and at times illiteracy, and the lack of transport and finances, the process of applying for a DG was extremely problematic for applicants. Further research in the EC suggested that shortage of staff at SASSA branches could be the main challenge for the lack of assistance regarding the completion of application forms and the officials' attitudes as experienced by applicants (Phaswana-Mafuya, Peltzer, & Petros, 2009). Phaswana-Mafuya et al. (2009) highlighted the lack of information provided to applicants,

the inaccessibility of DG access points, and the impact of no transport for PWDs as problematic in engaging with the application and assessment process in the EC. In their research in the WC, De Paoli, Mills, and Grønningsæter (2012) echoed the confusion DG applicants experience while applying for the DG, noting the assessment process being particularly unclear.

In the NW and GT provinces, Goldblatt (2009) found administrative challenges within the assessment process, causing further confusion. Certain branches utilised assessment panels, while at others the MO was the only assessor. Panel members comprised members from the community, which left applicants feeling increasingly uncomfortable in disclosing their medical condition to those whom they knew from the community. At times, the panels did not include any medical professionals. This was concerning for applicants as they could not understand how they were being assessed for disability. DG applicants were expected to arrive early for their appointed assessment, and many waited for lengthy periods without adequate facilities such as wheelchair ramps, lifts, or toilets, while panels were reported as starting late. Inconsistencies with the reporting of the DG outcome after the assessment included certain panels reporting the outcome of the DG application immediately to the applicant, while others told the applicants to come back at a later time even though a decision had already been made. Hardy and Richter (2006), in their research in the WC, GT, KZN and Free State (FS) provinces, noted that certain individuals waited longer than three months to hear if their application had been approved or not, with the assessment process varying from province to province.

In KZN, administrative challenges appeared to continue well after the application and assessment processes, with Knight et al. (2013) noting a third of those participating in their research were still receiving the DG after their review period had expired or lapsed. Others received a DG despite being employed in steady work or self-employment for a period longer than a year prior to DG application. Venkataramani et al. (2010) concurred with these findings, with their research participants in the WC receiving DGs longer than the stipulated duration and receiving DGs while engaged in work. There are growing concerns that the benefits associated with the DG may discourage PWDs from seeking or engaging in work (Mitra, 2010). Mitra (2009) recommends that considering the possibility of work disincentives and the DG programme, further research is required on the effect of labour supply within the context of high unemployment and poverty in developing countries such as SA.

Research reviewed considered DG applicants' views on the application process, and the requirements expected of them in applying for the DG, especially the difficulties they faced in acquiring the necessary documentation and completing the DG application forms. Further administrative challenges were noted in the assessment process, where processes were unclear and outcomes not uniformly given; and where

DG recipients continued receiving the DG even after their review period had lapsed or they had begun engaging in steady work. The research reviewed did not investigate further into DG recipients' views on work disincentives as DG recipients. Further investigation regarding attitudes of SASSA officials and certain problems they posed during the application process would also be beneficial.

None of the research reviewed was conducted in the NC; this should be addressed considering the high proportion of PWDs coupled with generational and rural poverty. This study seeks to address the paucity of research in the NC. Using the observation template, based on the researcher's experience verified by the researcher's supervisors as being important for the study, the researcher addressed these gaps in literature for the NC and corroborated them with literature conducted in other provinces. Aspects from the *Batho Pele* Vision White Paper (Department of Public Service and Administration, 2019), including courtesy and respect towards DG applicants, full and accurate information provided, assisting of applicants, and good use of DG applicants' time were observed.

2.3. Healthcare workers' perception of the disability grant assessment process

Healthcare workers' perceptions of the disability grant assessment process is one of confusion (Baron, 1992). In his research in the WC, Baron (1992) details how healthcare workers' experiences of the DG assessment process is clouded by unclear guidelines of the assessment of an applicant, especially in terms of function and return to work. The term 'disability' has been found by many to be confusing, with the term mostly falling within a medical model and not defined adequately as expressed by healthcare workers. Uniformity of the assessment process across provinces is lacking, with considerable lack of clarity in how to evaluate disability (Nattrass, 2006). In the WC, NW, and GT provinces, it was found that there was significant variation in assessing disability, varying not only from branch to branch in provinces (Goldblatt, 2009; Mitra, 2009; Nattrass, 2006), but from MO to MO (De Paoli et al., 2012).

In the WC, MacGregor (2006) felt that DG eligibility should not only be at the discretion of MOs, but should incorporate panels that consisted of a variety of skilled personnel. A further in-depth disability assessment was also recommended to measure function. Tumbo (2008) found that MOs' personal life experiences were a major determinant of DG applicants' outcomes. He agreed that MOs should not be the sole judges of DG eligibility. Tumbo (2008) found that the unclear guidelines apparent in Baron's (1992) research almost two decades earlier contributed greatly towards the problems experienced within the assessment process and outcome. Guidelines remain unclear, not uniform, indefinite, and at times completely absent regarding certain aspects of the system, with vital terms such as 'disability' and 'illness' not defined

adequately enough across all provinces in SA (De Paoli et al., 2012; Goldblatt, 2009; Govender et al., 2015; Kelly, 2017; Knight et al., 2013; Phaswana-Mafuya et al., 2009). It is clear through research that comprehensive, detailed, uniform, and well-defined guidelines and terms are necessary within the assessment process. Without them, MOs struggle to balance economic and physical welfare when assessing DG eligibility: social criteria are often used when determining who qualifies for a DG, the assessment process is open to bias, and a process which should be objective in measuring how a disability impacts on an applicant's capability to function within the OLM is fraught with high subjectivity from MOs and filtered through the lens of social disparity (De Paoli et al., 2012; Kelly, 2017; Tumbo, 2008).

The research reviewed demonstrated a comprehensive account of healthcare workers' perceptions of the DG assessment process, especially the account of MOs. The research highlighted that assessing disability requires more than guidelines, but an in-depth understanding of what the definition of 'disability' encompasses, and the contextual factors which influence it. The research placed emphasis on DG applicants and their lived reality; that within contexts of high unemployment rates, poverty, historical injustices, and lack of access to education, the MO is subjectively moved by these factors and he or she intentionally/unintentionally influences the outcome of DG eligibility. Guidelines and policies have a monumental role to play in the effectiveness of the assessment process, and this should be addressed with urgency to solidify uniformity of the assessment process across all provinces in SA. Documentation on what areas of policies or guidelines are confusing for healthcare workers is lacking, and so there may be confusion for policymakers in attempting to revise guidelines. Specific policy documents are also not mentioned, adding to the confusion of which policies specifically are unclear and which sections are not detailed well enough. No background into how policies were developed is provided: by whom, when, or if the DG system was based on other social assistance programmes in other parts of the world, etc. None of the research reviewed was conducted in the NC.

2.4. Poverty, disability, and trading health for income

High unemployment rates and entrenched poverty were highlighted in the research reviewed. It is therefore in that context that Nattrass (2006) questions whether DG recipients would be prepared to trade their health for the DG as an income. As many South Africans' lives are marked by poverty and hardship (Leclerc-Madlala, 2006), lack of access to education, employment and healthcare, the relationship between poverty, disability and the DG being the only source of income in many households has become a complex entanglement that challenges the very purpose of the DG (Baron, 1992; Govender & Mji, 2009; Hardy & Richter, 2006; Mitra, 2009; Phaswana-Mafuya et al., 2009; Tumbo, 2008). In their research,

Ellison and De Wet (2016) comment that poverty is complex and multi-layered, and that those who live in it are vulnerable to ill-health and demonstrate minimal agency coupled with minimal opportunity to change their "at-risk" status. In their research in KZN, Knight et al. (2013) highlight how the poor heavily rely upon social grant income, and how early access to the DG leads to improved health outcomes and decreased poverty and vulnerability in recipients' households. While Nattrass (2006) questions the health trade-off of a DG recipient for the benefits of the DG, she does not provide any evidence that health is being traded, but rather concludes her research arguing for a Basic Income Grant for all citizens living in poverty. Venkataramani et al. (2010) provide a more definite answer to the trade-off of health for a DG in their research within the WC, demonstrating that there is no evidence that DG recipients are indeed trading their health for a DG. While the DG was vital for the functioning of households, recipients valued their health and sought to improve it as best they could in the context of their lives.

The research reviewed rightly addressed the possibility of trading health for an income, considering the economic climate of SA. Unfortunately, the research only took into account persons living with HIV and Acquired Immunodeficiency Syndrome (PLWHA) as possible persons to trade health for the DG but did not investigate whether persons with impairments who would benefit from rehabilitation and other forms of therapy excluding medication would also trade their health or improvement of function for the DG. Suggestions for the way forward in addressing poverty were also not noted, even though poverty was underscored. A comprehensive holistic plan is required to address the complex and multi-layered concept of poverty, and not one article attempted to provide suggestions for how such a plan could be developed and how it would function.

Research remains lacking in the NC, which is concerning, considering PWDs living in the Namakwa District face not only poverty and disability, but rurality as well. As my study addressed the lack of research in the NC, it also attempted to investigate whether PWDs living in the NC would be prepared to trade their health for the DG as an income.

2.5. The role of the disability grant within the recipient's household

The trade-off of health for the DG as an income is closely related to the role the DG plays within the functioning of the DG recipient's household. The original intent for the DG was to provide financial assistance to those, who as a result of severe disability, were rendered unable to work (Kidd et al., 2018; Knight et al., 2013; South African Social Security Agency [SASSA], 2015). Research reviewed has demonstrated that many DG applicants do not understand the purpose of the DG, and that many apply hoping to source income in combating the poverty they face (Leclerc-Madlala, 2006; Wright, 2015).

Frequently the DG was used to support entire households, covering costs of food security, transport, access to healthcare, school fees, funeral policies, debt, buying clothes, and caring for the ill in the household (Hardy & Richter, 2006; Tumbo, 2008). At times the DG was used as grant capital to start small shops in the community (Leclerc-Madlala, 2006). Research participants in a study conducted by Leclerc-Madlala (2006) noted that many took their children to DG assessments to help persuade the MO to grant the DG for food security. Jelsma et al. (2008) found that 75% of their participants indicated that the DG was their only source of income. This is a staggering number, as it reflects the inability of all individuals within a family to access the OLM. Food security is important to note as a role of the DG within a recipient's household, as PLWHA health improved while receiving the DG as they were able to buy food (Phaswana-Mafuya et al., 2009). Problems for PLWHA and the DG arose when recipients' CD4 count rose above 200, and they no longer qualified for the DG as it was assumed they were physically healthy enough to return to the OLM. Not factoring in the high unemployment levels and inaccessibility to enter the OLM, especially in rural areas, PLWHA health once again deteriorated as they struggled to find work and were unable to buy food. Presently, the DG per month is ZAR1800.60 (USD123.55 exchange rate as of 28 December 2020).

The research reviewed highlighted that though the original intent of the DG was to be used for PWDs themselves, most times it was used as the only income within an entire household. The functioning of the household was considered a priority, and the PWD accepted and agreed to the way the DG was utilised. High unemployment rates influence the ability of individuals to enter the OLM, though the research did not specifically mention whether attempts had indeed been made by the DG recipients and/or their family members to enter the OLM. Once again, no research was conducted in the NC. Further investigation is needed in terms of detailing difficulties experienced by PWDs and their family members in accessing the OLM. It would also have been helpful to know whether other forms of income exist for PWDs, and what challenges may be experienced in trying to access those. The reviewed research should also have investigated what the overall impact (short term/long term) was on the PWDs since the DG was not spent entirely on their medical needs, and if there were their repercussions to their health?

2.6. The disability grant medical assessment process: A negotiation space

From the few articles which have either highlighted the assessment process in their research or commented on it, it is clear that the DG assessment process is not uniform, not standardised, and not objective (Baron, 1992; Govender et al., 2015; Kelly, 2017; MacGregor, 2006; Tumbo, 2008; Venkataramani et al., 2010). The assessment process has been demonstrated to be influenced by subjective emotions, thoughts and opinions of the MO (Baron, 1992; Tumbo, 2008; Venkataramani et al.,

2010), negotiations from the DG applicant (Govender et al., 2015), and noted observations from both the MO and DG applicant having motives other than objective assessment of the applicant's disability during the assessment process (De Paoli et al., 2012; Kelly, 2017; Tumbo, 2008). While applicants sought mostly empathy from MOs in terms of their societal circumstances (Phaswana-Mafuya et al., 2009), MOs held varying views of DG applicants – many founded on their worldviews (Tumbo, 2008). In her research in the WC, MacGregor (2006) found that many DG applicants were seen as "worthy or unworthy" by MOs, and through this MOs used the DG as a bartering strategy in persuading applicants to be compliant with their medical regimes and therapy. When compliant, applicants were seen as "worthy" and "rewarding" of the DG. These findings were echoed in Baron's (1992) research, 14 years earlier. Applicants therefore viewed MOs as being gatekeepers to the DG. This view was held in other parts of the WC, where De Paoli et al. (2012) documented the ideas held by their research participants, who consisted of DG applicants and DG recipients, viewing MOs as God.

In the LP, this theme of MOs as gatekeepers to the DG was maintained (Tumbo, 2008). Repeatedly, Tumbo (2008) highlights how the process of assessment is influenced by emotions; how the mood of the MO on the day influences the MO's ability to assess the DG applicant for a DG; and how the MO's perception of the community either results in DG approval or not. The main component of the assessment, 'disability', is described as inadequately objectively measured and quantified. Furthermore, as DG applicants sought empathy from MOs, MOs responded with being unable to solve 'social problems', and reportedly felt overwhelmed in dealing with DG applicants' poverty, resulting in frustration and despondency with the DG assessment process (Baron, 1992; Kelly, 2017). Owing to multiple factors influencing the DG assessment process, a strained patient–provider relationship was noted as a result in the following provinces: WC, GT, LP and KZN (Govender et al., 2015; Kelly, 2017).

The research conducted regarding negotiations between MOs and DG applicants during the assessment process revealed the complexities present in the attempt to assess 'disability' objectively. The research reviewed has demonstrated how the attempt from SASSA to implement a uniform, objective, standardised assessment for DG assessments across most provinces has failed. The research detailed the subjective aspects, which while not desired in the DG assessment process, are anticipated considering the societal context in which the assessments took place. The research noted the strained patient–provider relationship as a result but did not detail the impact thereof on the MO or the applicant, who is a PWD and does require intermittent medical care. While the subjective aspects of the DG assessment were detailed, the assessment process itself was not. There is still no clear documentation of the stages in the assessment process: for instance how the process can be separated into sections,

and perhaps in which sections were the negotiations the most prominent. As with previous research conducted, none of the research reviewed provided information on the assessment process in the NC.

2.7. Medical officers and their capacity to adequately measure functional capacity and disability

While SASSA has deemed an MO 'fit' to measure disability and functional capacity (De Paoli et al., 2012; Kidd et al., 2018), MOs interviewed in various studies have disagreed (Baron, 1992; Kelly, 2017; MacGregor, 2006; Tumbo, 2008). Throughout the research reviewed, MOs have reported that they are not familiar with and not trained to measure functional capacity and disability (Govender & Mji, 2009; Govender et al., 2015; Tumbo, 2008). Comments on the medical model and the limitations thereof for assessing function, leave MOs feeling ill-equipped in measuring function, especially concerning PWDs with physical impairments (Kelly, 2017). Addressing these frustrations is attempted through researchers' recommendations to SASSA, where they request re-examining of the role of the MO, and suggest that experts in rehabilitation and disability who are better able to assess the impact of the health condition on the DG applicant's functioning would be better suited to determine DG eligibility (Jelsma et al., 2008).

In Tumbo (2008), the need to re-examine to the role of the MO is also highlighted. A suggestion in this research was the possible introduction of an interdisciplinary team that would consider the holistic management of the DG applicant. Tumbo's (2008) research also highlighted the medical model is simply 'not enough' in measuring disability, as disability transcends an impairment and moves towards factors of society at large (Vergunst et al., 2017). There is thus a need to determine a definition of the term 'disability', and unfortunately this is not provided adequately by SASSA within their guidelines (Govender & Mji, 2009; MacGregor, 2006; Mitra, 2010). Research reviewed has also shown whereas there is a lack of clarity on the term 'disability' within their guidelines, SASSA has also not provided a standardised, objective tool which can appropriately measure an applicant's disability. A tool such as this has been increasingly proposed in past research, dating as far back as 1992 (Baron, 1992; Govender & Mji, 2009; Govender et al., 2015; Kelly, 2017; MacGregor, 2006).

The research reviewed identified that an objective assessment tool was needed in the medical assessment of an applicant for DG eligibility, and that this tool would discourage negotiations between the MO and DG applicant in determining DG eligibility. The tool would assist in accurately determining whether an individual could enter the OLM, and if not, be awarded the DG. The research unfortunately did not describe what such a tool would look like, who could develop such a tool, and how it might be utilised. An interdisciplinary team or expert/s in rehabilitation was alluded to in assessing disability and

measuring functional capacity, but specific reference to health professionals who would form part of this team was missing. This study does not specifically address any of these gaps mentioned, though further research ideas and suggestions to SASSA have been made in the conclusion and recommendations section, specifically touching on what an objective assessment tool would look like, how it has been developed, how it would be utilised, and who would be the best suited health professionals to utilise the tool and measure functional capacity.

2.8. Summary

In summary, the research reviewed the application process for the DG and the administrative challenges associated with it; the perception of the DG assessment process for healthcare workers; the possible trade-off of health for income in the context of extreme poverty and high unemployment rates; the role of the DG within a recipient's household; grant negotiations within the assessment process between the DG applicant and MO; and whether an MO has adequate training or knowledge to measure functional capacity. Research highlighted administrative issues faced by DG applicants regarding the requirements expected of them in applying for the DG, and the difficulties they faced in acquiring the necessary documentation and completing the DG application forms. Further administrative challenges were noted in the assessment process, where processes were unclear, and outcomes not uniformly given. The research reviewed gave a comprehensive account of healthcare workers' perceptions of the DG assessment process, especially the accounts of MOs. The research highlighted that assessing disability requires more than guidelines, but an in-depth understanding of what the definition of 'disability' encompasses, and the contextual factors which influence it. Guidelines and policies have a monumental role to play on the effectiveness of the assessment process and this should be addressed with urgency to solidify uniformity of the assessment process across all provinces in SA. Considering the economic climate of SA, the research rightly reviewed the possibility of trading health for an income. Unfortunately, the research only took into account PLWHA as possible persons to trade health for the DG, but did not investigate persons with other forms of impairment such as physical and mental health conditions and how they might trade their health for income. The functioning of the household was considered a priority, and how the DG was utilised within the DG recipient's household was also noted. Research further noted the negotiations between MOs and DG applicants during the assessment process and revealed the complexities present in the attempt to assess 'disability' objectively. To discourage such negotiations, the research reviewed concluded with the implementation of an objective assessment tool which should be used during the assessment process. Such a tool has been suggested by researchers and MOs since 1992; however, an adequate assessment tool has yet to be developed which can appropriately measure functional capacity and disability.

3. CHAPTER: RESEARCH DESIGN

3.1. Introduction

In this chapter the researcher provides a rationale for the study methodology and the choice of sampling. The processes followed for collecting, analysing, and interpreting the data are described, and the principles used to ensure ethical research standards are explained. The chapter concludes with comments on the methodological approach used and confirms trustworthiness and ethical research practice.

3.2. Researcher's positionality

The researcher is a middle-class, coloured South African woman, pursuing an MSc at a university (historically, many individuals of colour were allowed to study but only in certain disciplines). The researcher's positionality is influenced by life experiences, spiritual beliefs, and the historical context of her country. The researcher grew up in a working-class home, and through a loan her parents afforded her the opportunity to pursue a BSc in Occupational Therapy. This enabled her to earn a middle-class salary, and with her husband's middle-class salary, increase the family's quality of life. After seven years of working for the Department of Health (DoH), she opened the first private occupational therapy practice in the Namakwa District. This practice has a focus on Vocational Rehabilitation. The researcher has knowledge and experience of assessing the functional capacity of persons with disability, especially in the workplace. The research study evolved through her interest in how marginalised people negotiated a process which could give them access to supplementary income. Throughout the study she anticipated that she would need to be continually reflexive in how she negotiated her position as a researcher and as a coloured South African woman, able to identify with a marginalised race of lower socio-economic status, while living a middle-class life.

3.3. Researcher assumptions

The researcher operated under the following assumptions during the study:

- Participation in administrative processes required to apply for the DG was complex and lengthy, and disadvantaged the PWD applying in terms of accessing the SASSA branch, waiting times, forms required to be filled in along with compulsory supplementary documentation, and poor communication of processes from the SASSA official to the DG applicant.
- The DG assessment process was a negotiation space between the MO and the DG applicant for the DG, and not an objective assessment solely focusing on the applicants' ability to enter the OLM or not.

- MOs did not consider themselves adequately trained to assess disability and determine whether an individual is able to enter the OLM or not.
- Socio-economic factors, especially of those living in rural areas, influenced them to apply for the DG.
- No objective tool was used by the MO to assess disability and determine DG eligibility within the medical assessment process.
- DG eligibility criteria were confusing, and this was frustrating for the MO in determining eligibility.
- MOs were inconsiderate of PWDs by disrespecting them and not paying enough attention to their medical condition or medical history. They also did not provide appropriate referral pathways to ascertain holistic patient care, thereby not practising the 11 principles of *Batho Pele*.

3.4. Methodology

The research question for this study is "How are persons with disabilities experiencing the disability grant processes occurring at the SASSA Springbok branch in the Northern Cape?" To answer this research question, a qualitative approach was deemed appropriate as it was necessary to gain qualitative rather than quantitative data to describe PWDs' experiences of the DG processes as they occurred. As the qualitative approach is interpretative (Stake, 2010), it would best allow the researcher to understand the processes occurring at SASSA Springbok as a case of the overarching DG programme.

3.5. Research design

A single instrumental case study research design was utilised. An instrumental case study uses a specific case to gain a better understanding of a phenomenon (Stake, 2003). The specific case in this research was the experiences of PWDs regarding the SASSA application and medical assessment processes. This was instrumental in gaining a deeper understanding of the phenomenon, which is the DG programme and determination for DG eligibility. The key role players in the processes were clerical SASSA officials, the DG applicants, and the MO who determined DG eligibility. Crucial stages of the case study design are selecting and defining the case, bounding the case, collecting and analysing the data, interpreting data, and reporting the findings (Stake, 2003). The selected case comprised the experiences of PWDs concerning the DG application and medical assessment processes. The case was defined as a process which focused solely on the DG application and medical assessment at SASSA Springbok branch. The case of the DG application and medical assessment processes was limited contextually to the Springbok SASSA branch. Bounded in time, the process lasted from 25 August to 26 August 2020. The once-off process began with DG applicants applying for the DG, then waiting in the waiting area for

their medical assessment to determine DG eligibility, followed by entering the office where the MO conducted the medical assessment, and ending with the applicant exiting the office upon completion of the assessment. Five DG applicants were selected by the researcher (see **3.6.2** below), after she had gained ethical approval (Appendix P) from the Human Research Ethics Committee (HREC) of the Faculty of Health Sciences (FHS) at the University of Cape Town (UCT) and permission from the SASSA Head Office in Pretoria (Appendix Q) to conduct the research in March 2020. The ethics number is 679/2019. The entire research project was conducted over a period of ten months (August 2020 – May 2021). Research was delayed from March 2020 to August 2020 owing to lockdown levels implemented because of the novel coronavirus COVID-19. Two research participants chose to own their participation in the study by using their full names, and three research participants chose to remain anonymous and provided pseudonyms. Research participant table of information can be found below.

The central principle of case study research is to understand the issue in depth within its natural context (Stake, 2003). This principle aligns with the qualitative research approach (Denzin & Lincoln, 2005) and allows the researcher to utilise multiple forms of data. Data for this study were collected through non-participant observation, semi-structured interviews, and document review. A total of approximately 12 hours and 50 minutes of data (all forms included) was obtained.

3.6. Logistics, structure and process

3.6.1. Recruitment

The researcher distributed information sheets (Appendix A [English] & Appendix B [Afrikaans]) to all persons in the outside waiting area at SASSA Springbok branch on 25 and 26 August 2020 from 8am – 12pm. Photographs of the outside waiting area are attached as part of the case study design (Appendix N).

The researcher introduced herself, stating the purpose of the research and the research question to each person before handing out the information sheet. All COVID -19 protocols were complied with by the researcher and the research participants.

The researcher invited each person to read the information sheet and asked if they had any questions: most questions were regarding the need for the study. Very few DG applicants were willing to participate in the research study owing to time commitments for the semi-structured interview that was to take place after the DG eligibility assessment process, and many individuals noted a lack of signal in the areas where they lived, hindering the process of member checking scheduled to take place a few weeks later.

Prospective participants who matched the selection criteria and who were willing to participate in the research received an informed consent form (Appendix E [English] & Appendix F [Afrikaans]).

Once the informed consent was completed and returned to the researcher, data collection began with non-participant observation in the outside waiting area and DG eligibility assessment, and the semi-structured interview which took place once all administrative requirements were completed.

3.6.2. Sampling

To gain an understanding of the DG assessment process, and to collect rich and appropriate data, purposive sampling was utilised (Etikan, Musa, & Alkassim, 2016).

The following selection criteria were applied:

- Must reside in the Namakwa District, NC.
- Must have applied for a DG at Springbok SASSA branch, NC.
- Must have had a DG eligibility assessment date on 25 or 26 August 2020.
- Must have been prepared to participate in an approximate 90-minute interview with the researcher on their DG eligibility assessment date (interview to commence after DG assessment).
- Only participants who could converse in either English or Afrikaans were considered. The predominant language spoken in the Namakwa District is Afrikaans, and the researcher is only able to converse in English and Afrikaans.

Participants in a case study design should offer the best opportunity to learn from the phenomena, and so a balance and variety of participants are selected (Stake, 2003). To achieve this, the researcher chose five participants for inclusion in the study. Five participants were willing to participate in the study and were all interviewed once during the study. The socio-demographics of the research participants are presented in tabular format overleaf.

Table 1: Research participant table of information

	Participant 1 - Denville	**Participant 2 - Malinda**	**Participant 3 - Brenda**	**Participant 4 - Catherine Grace**	**Participant 5 - Jacques**
Area	Okiep, Nama Khoi	Kouroep, Nababeep, Nama Khoi	Nababeep, Nama Khoi	Concordia, Nama Khoi	Springbok, Nama Khoi
Gender	Male	Female	Female	Female	Male
Age	44	44	49	20	18
Type of disability	Physical – Back Psychiatric (Schizophrenia?)	Physical – Arm & Neck	Other – Brain injury / joint / womb diagnosis	Other – Tuberculosis	Intellectual disability
Cause of disability in participant's own words	"Ek was 'n granite werker gewees… en ek het net in my rug seer gekry" (I was a granite worker… and I just got hurt in my back)	"…ek was [in] 'n motorongeluk gewees." (I was in a motor vehicle accident.)	"…ek het al basies nog van laerskool af altyd die kop pyne gehad" (I have just basically always had headaches since primary school.)	"…extrapulmonary… TB" (Extrapulmonary TB)	"Seker maar hoe ek, [hoe] my ma-hulle my grootgemaak het." (Probably how I, how my mother-them raised me.)
Previous DG applicant?	Yes	Yes	Yes	No	No
Marital status	Single	Married	Divorced	Single	Single
Highest level of education	Grade 10	Grade 10	Grade 12	Diploma / Level 5 / Beauty Therapy	School of Skills: Year 3
Work status	No	Employed, part-time	No	No	No
Do you work for yourself / someone else?	N/A	Someone else / Domestic worker	N/A	N/A	N/A
Reason for not working	Looking for work	N/A	Does not know	Looking for work	Looking for work
Adults in household >18 years old	3	5	7	3	3
Children in household <18 years old	5 (?)	3	3	0	0

3.7. Data-collection processes

3.7.1. Non-participant observation

Overt non-participant observation was used (McCurdy & Uldam, 2014). This form of data collection was used to address the study's objectives of identifying and describing sociocultural, and economic factors which may impact PWDs as they experience the assessment process in the DG programme. Refer to Table 2 for observational data collected. The physical infrastructure of the waiting area in the SASSA Springbok branch building, and the adoption of the *Batho Pele* principles in the assessment process and medical observations, as well as *Batho Pele* principles within the social SASSA setting, were observed. An observation template (Appendix I) was used to record observations (Creswell, 2009). This form of data collection was time-consuming owing to large quantities of data collected and analysed. Non-participant observation occurred on the same day as the DG assessment of the five participants, 25 – 26 August 2020. Observations chosen were selective (Stake, 2010) and at the discretion of the researcher.

It is important to note that qualitative research involves subjective judgements and interpretations, and therefore bias cannot be 'removed'. The researcher recognised that the MO could behave differently than usual and influence the assessment process. To manage this carefully, she was reflexive, flexible, adaptive, a good listener, and attempted to look at the whole picture and not only parts to provide data which could corroborate data sourced from other data-collection strategies. The researcher also re-iterated to the MO that he was not being assessed, and the DG applicant was the research participant (see Information Sheet for Medical Officer; Appendix C [English] & D [Afrikaans]). This information sheet was emailed to the MO from the Grants Administration Manager at SASSA Springbok to read a week before the assessments took place. The researcher then gave a physical copy to the MO on the days of data collection and requested that he read it again. After all questions had been satisfactorily answered, the MO signed the Informed Consent Form (Appendix G [English] & Appendix H [Afrikaans]).

Table 2: Observational Data

Object of observation	Comments & notes made				
	Participant 1 - Denville	**Participant 2 – Malinda**	**Participant 3 – Brenda**	**Participant 4 - Catherine Grace**	**Participant 5 - Jacques**
Physical environment					
- **Proper ventilation**	- Yes	- Yes	- Yes	- Yes	- Yes
- **Access to decent toilet facilities for both the PWD & persons without disabilities**	- Yes: persons without disabilities & no – PWDs	- Yes: persons without disabilities & No – PWDs	- Yes: persons without disabilities & No – PWDs	- Yes: persons without disabilities & No – PWDs	- Yes: persons without disabilities & No – PWDs
- **Emergency exit clearly shown**	- No	- No	- No	- No	- No
- **Comfortable seating**	- Yes	- Yes	- Yes	- Yes	- Yes
- **Security guards visible and active**	- Yes	- Yes	- Yes	- Yes	- Yes
- **Appropriate assistive adaptations made to environment to accommodate a variety of limitations/ disabilities (i.e., ramps and visual indicators for those with hearing impairments, etc.)**	- Ramps yes, with no other adaptations	- Ramps yes, with no other adaptations	- Ramps yes, with no other adaptations	- Ramps yes, with no other adaptations	- Ramps yes, with no other adaptations
- **Flat terrain and clearly marked paths**	- Flat terrains, no clearly marked paths	- Flat terrains, no clearly marked paths	- Flat terrains, no clearly marked paths	- Flat terrains, no clearly marked paths	- Flat terrains, no clearly marked paths
- **Refreshments available or on sale at establishment**	- No: But branch is located to a shop that is in walking distance. +- 50 metres	- No: But branch is located to a shop that is in walking distance. +- 50 metres	- No: But branch is located to a shop that is in walking distance. +- 50 metres	- No: But branch is located to a shop that is in walking distance. +- 50 metres	- No: But branch is located to a shop that is in walking distance. +- 50 metres
- **Translators, including sign language interpreters, made available**	- Yes: Sign language No other formal translators available. Staff from other nationalities / who speak several languages used as translators	- Yes: Sign language No other formal translators available. Staff from other nationalities / who speak several languages used as translators	- Yes: Sign language No other formal translators available. Staff from other nationalities / who speak several languages used as translators	- Yes: Sign language No other formal translators available. Staff from other nationalities / who speak several languages used as translators	- Yes: Sign language No other formal translators available. Staff from other nationalities / who speak several languages used as translators
- **Adequate lightning**	- Yes	- Yes	- Yes	- Yes	- Yes
DG eligibility assessment					
- **Medical diagnosis and history taken**	- Dr attempted to take medical diagnosis; very limited history taken	- Medical diagnosis and history taken	- Yes: More focus placed on applicant's father's medical diagnosis	- Medical diagnosis taken; no other medical history taken	- No
- **Medication/s, allergies, and possible side-effects recorded**	- Yes: Side-effects not requested or recorded, allergies not requested or recorded	- Yes: Side-effects not requested or recorded, allergies not requested or recorded	- Yes: Side-effects not requested or recorded, allergies not requested or recorded	- Yes: Side-effects not requested or recorded, allergies not requested or recorded	- No
- **Previous therapeutic intervention requested from applicant**	- No	- Yes	- Client complained that medication not available at client several	- No	- No

- **Applicant's reasoning why they are unable to work and should be granted a DG enquired**	- Yes	- Yes	times impacts on client's medical diagnosis - Yes	- Yes	- Yes: Applicant spoke a lot about social circumstances, mother who is unable to find a job, and client who is struggling to find work.
- **Work experience recorded (enabling factors or barriers noted)**	- Yes: Enabling factors not requested, barriers noted and reasons for leaving work enquired	- No	- Yes: Brief and limited	- Yes: Enabling factors and barriers noted	- Yes: Enabling factors and barriers discussed
- **Functional levels noted in the following areas: Feeding, bathing, grooming, dressing, toileting, transfers, mobility, stair use (Wade & Collin, 1988)**	- No	- No	- Yes: Not detailed	- No	- No
- **Full physical assessment conducted, including an attempt to determine possible functional limitations DG applicant might experience in a work environment**	- No	- No	- No: Dr only asked to view hands. No physical assessment done. Dr did not touch client's hands or request hands to be actively moved through range of motion or enquire upon strength / sensation / function	- No: Dr listened to lungs only	- No: Dr listened to client's heartbeat and lungs
- **Appropriate referrals discussed on red flags MO noted throughout the interview (i.e., depression/anxiety – referral psychologist, negative side-effects of medication - referral back to clinic doctor)**	- No	- No	- Y – Back to the clinic	- No	- Yes: Social worker and Psychologist
- **Clear phases / stages of the assessment process evident? I.e., Initial Contact, Information Exchange, Assessment, Feedback, Conclusion, Referral / Follow Up**	Initial contact Y	Initial contact Y Information exchange – Y	Initial contact Y Information exchange – Limited medical history	Initial contact Y Information exchange – Limited medical history taken	Initial contact Y Information exchange – No medical history taken

	Information exchange: Limited medical history taken Assessment: Not adequate: Psychiatric questions only asked i.e. – Do you hear voices, questions required for a mental health patient. No physical assessment done. Feedback – No Conclusion / Referral – No Follow-Up – N/A	Assessment – No physical assessment done. Feedback – N Conclusion / Referral – N Follow- Up – N/A	taken of DG applicant – DG applicant spoke mostly about father's medical diagnosis Assessment – Not adequate - No physical assessment done. Feedback – N Conclusion / Referral – Y; and referred to SASSA again for grant-in-aid for caring for father Follow-Up – N/A	Assessment – No physical assessment done. Only lungs were assessed Feedback – N Conclusion / Referral – N Follow- Up – N/A	Assessment – No physical assessment done. Feedback – Y Conclusion / Referral – Y Follow- Up – N/A
The Batho Pele Vision (Department of Public Service and Administration, 2019) adopted within MO DG eligibility assessment and within social SASSA setting					
1. Consultation / interview expectations investigated and addressed.	Yes, but not detailed enough	Yes, but not detailed enough	Yes, but not detailed enough	Yes, but not detailed enough	Yes, but not detailed enough
2. DG applicant informed of the level and quantity of service they will experience in interview and in the expectation for an outcome.	No	No	No	No	No
3. Equal access granted to a DG.	Yes	Yes	Yes	Yes	Yes
4. DG applicant treated with courtesy and consideration	Yes	Yes	Yes	Yes	Yes
5. Full, accurate information provided to applicant regarding the service they will experience	No	No	No	No	No
6. DG applicant has access to how national and provincial departments run and who is the head	Unknown	Unknown	Unknown	Unknown	Unknown

7. Standard of service not delivered, full apology given or if complaints made appropriate and sympathetic response provided **8. Value for money: are DG applicants' time utilised well at SASSA, are they assisted** **9. Encouraging and rewarding social / working setting** **10. Good overall customer impact** **11. Leadership and strategic direction visible in setting**	N/A No: Long waiting lines. Appointment times not provided Yes Yes Yes	N/A No: Long waiting lines. Appointment times not provided Yes Yes Yes	N/A No: Long waiting lines. Appointment times not provided Yes Yes Yes	N/A No: Long waiting lines. Appointment times not provided Yes Yes Yes	N/A No: Long waiting lines. Appointment times not provided Yes Yes Yes
COVID-19 Protocols adhered to?	Yes: Each person screened; each person wears a mask (masks not always correctly worn); all surfaces sanitised regularly; DG applicants shared pens; hands sanitised upon entry; poor social distancing protocols adhered to: not at least 1m distancing from one DG applicant to the next	Yes: Each person screened; each person wears a mask (masks not always correctly worn); all surfaces sanitised regularly; DG applicants shared pens; hands sanitised upon entry; poor social distancing protocols adhered to: not at least 1m distancing from one DG applicant to the next	Yes: Each person screened; each person wears a mask (masks not always correctly worn); all surfaces sanitised regularly; DG applicants shared pens; hands sanitised upon entry; poor social distancing protocols adhered to: not at least 1m distancing from one DG applicant to the next	Yes: Each person screened; each person wears a mask (masks not always correctly worn); all surfaces sanitised regularly; DG applicants shared pens; hands sanitised upon entry; poor social distancing protocols adhered to: not at least 1m distancing from one DG applicant to the next	Yes: Each person screened; each person wears a mask (masks not always correctly worn); all surfaces sanitised regularly; DG applicants shared pens; hands sanitised upon entry; poor social distancing protocols adhered to: not at least 1m distancing from one DG applicant to the next

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019 (World Health Organization, 2020a). The following protocols was required to be put in place by SASSA Springbok branch when accommodating clients for their DG medical assessments:

- Each DG applicant was screened using the screening criteria as indicated by the Department of Health, i.e., questions asking: 1) *Do you have a high fever? Do you have a cough? Do you have a sore throat? Do you have difficulty breathing?* 2) *Have you travelled in the past 14 days? In the past 14 days, have you had contact with a person with confirmed Coronavirus disease?*
- All surfaces were sanitised regularly.
- Each DG applicant was expected to wear a face mask before entering the building and hands were sanitised.
- Temperature checks were also done, and no one with a temperature higher than 38˚, which indicates a possible viral fever, was allowed into the building.

Figure 4. Room in which the DG eligibility medical assessments with the PWD and MO took place: SASSA Springbok branch

3.7.2. Semi-structured interviews

An interpretivist approach (Ryan, 2018) was used when interviewing the research participants. Semi-structured interviews were used to address the study's objectives of describing the thoughts, perceptions, and feelings of PWDs concerning the assessment process of the DG programme. An interview guide was made available in English and Afrikaans (Appendix J [English] & Appendix K [Afrikaans]) and was used to structure the interview (Creswell, 2009). It included socio-demographic information such as the location of participant (district, municipality), type of disability, gender, age group, population group, marital status, housing, employment status, and educational level. This information was collected before the interview commenced. The section exploring the DG assessment process included several open-ended questions and focused on the thoughts, ideas and feelings of the DG applicants and their experience of the assessment process. Questions such as, "If you think about your experience today, how would you describe the experience?" and "Were there any moments in the assessment process which stood out for you?" and "In your opinion, do you feel that you were assessed fairly?" were asked.

Interviews commenced once research participants returned from the administrative desks after the DG eligibility assessment process. DG applicants were required to approach the administrative desks at SASSA Springbok once their DG eligibility assessment was complete. This was to hand in forms to SASSA officials who worked through the MO's recommendations for DG eligibility and access further outstanding administrative documents (such as copy of identity document, bank statements etc.). Once research participants returned from the SASSA administrative desks, they were given a 20-minute period refreshment break before commencing with the semi-structured interview. The researcher provided the research participants and caregivers, if there were any, with a light lunch during this refreshment break. The interviews took place in a private available room on the SASSA Springbok branch property. Private space for interviews was negotiated with the district director at the SASSA branch prior to the research. Interviews lasted approximately 37 minutes, with the shortest semi-structured interview being 28 minutes and the longest 41 minutes. These interviews were one-off with each individual participant and recorded with a Dictaphone, provided the participant granted permission in the consent form and prior to commencement of the interview.

The researcher took into consideration the ethical principles of research, local/national guidance, the community risk of the pandemic in participants' locale, staffing strain, and the risk involved to each participant, to decide on the course of action when including research participants in her study, given the constraints of the novel coronavirus, COVID-19. Specific protocols are required to conduct research during the COVID-19 pandemic (Mourad, Bousleiman, Wapner, & Gyamfi-Bannerman, 2020). If the

participant or their caregiver decided to participate in the semi-structured interview on the day of the eligibility assessment (telephonic interviews for the semi-structured interview were optional, although no research participants took this offer), the researcher ensured that the room was well prepared to handle the visit through implementing the following:

a. Each participant was screened for COVID-19 using the screening criteria as indicated by the Department of Health. 1) *Do you have a high fever? Do you have a cough? Do you have a sore throat? Do you have difficulty breathing?* 2) *Have you travelled in the past 14 days? In the past 14 days, have you had contact with a person with confirmed Coronavirus disease?* If a participant answered 'yes' to any questions from (1) in combination with a 'yes' from any questions from (2), the participant would have been referred immediately to the hospital located less than 1km from Springbok SASSA branch for further investigation. No research participants answered 'yes' to any of the questions above.
b. Group interactions were avoided.
c. The private room for interviews had persons spaced two metres apart from each other.
d. All surfaces were sanitised regularly.
e. There was minimal contact with the participants.
f. Standard operating procedures for the facility were followed.
g. Nothing was shared, i.e., pens for signing forms.
h. Triple-layered face masks and hand sanitisers were provided for both participants and researcher and worn continuously.
i. Extra time was taken to address any questions that the participants or their caregivers might have concerning COVID-19 before commencing with the semi-structured interview. The researcher also continuously assessed the participant for any undue mental stress and ensured that appropriate resources or referral services were made available. None of the research participants displayed any undue mental stress relating to COVID-19, and none were referred.

Interviews were transcribed by a reputable transcription company in South Africa. Upon completion of transcriptions, a colleague of the researcher who is fluent in Afrikaans, holds an undergraduate degree, and who is originally from Namaqualand, re-read the transcriptions while listening to the interview recordings, noting and correcting any inaccuracies or possible misinterpretations. Inaccuracies and misinterpretations were handed to the researcher to re-read again with transcriptions while listening to

the interview recordings, noting and correcting any further inaccuracies and possible misinterpretations. Inaccuracies and misinterpretations were amended on the transcripts; however, these were minimal. These extra measures were put in place as while the researcher can fully converse in English and Afrikaans, Afrikaans is not her first language, therefore problems may have occurred owing to pronunciation of certain Afrikaans words and/or phrases during the semi-structured interviews. Furthermore, participant bias could be problematic, as participants might have responded to questions with what they believed was the correct or socially acceptable answer, rather than what they genuinely thought or felt. To counteract this, the researcher used open-ended questions, and steered away from using 'yes' or 'no' questions.

Interviews in research must be conducted by a researcher who is professionally trained in interview techniques (Creswell, 2009). The researcher is an occupational therapist by profession and acquired the necessary interviewing techniques during her undergraduate degree. She also completed two Research Methods courses in the master's coursework programme (2016–2017) at the University of Cape Town.

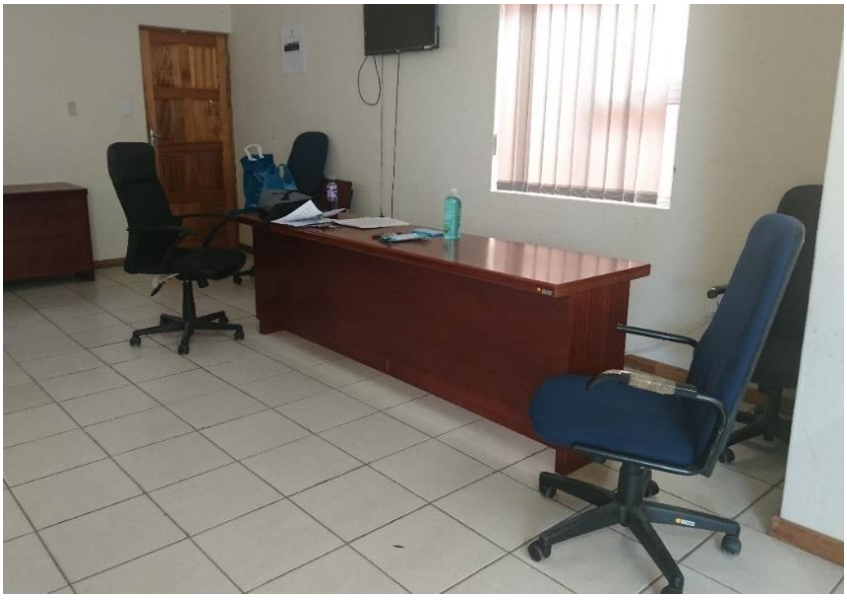

Figure 5. The private area which was allocated for the semi-structured interviews between the researcher and the research participants following COVID-19 protocols and privacy guidelines.

3.7.3. Document review (Stake, 1995)

Documents found within the Compliment, Suggestion and Complaints Register at the SASSA Springbok branch, as well as the compiled National Quarterly 1 and 2 Complaints Reports according to standard operating procedures, were reviewed (Department of Planning, Monitoring and Evaluation, 2015). The

review of these documents added to, and corroborated data collected through the semi-structured interviews, and allowed the researcher to further comment on the study's objective of describing the thoughts, perceptions, and feelings of PWDs concerning the assessment process of the DG programme. Further documents reviewed to help better understand the DG assessment process included: the Internal Reconsideration Mechanism Register, the SASSA pamphlet on Disability Grants (Appendix R), the Medical Assessment Register for the DG (Appendix V), the Programme of Excellence In-Service Training Manual 2014 Module 1 (Appendices S – U), the Procedure Guidelines for Grants Administration, and the Department of Public Service and Administration (2019) *Batho Pele* Vision. These documents contain vital information on how PWDs should be experiencing certain systems and processes in SA. These document reviews were done with the purpose of sifting relevant information to support the research question. A document review template (Appendix L) was used to collect this data. Document review took place two weeks after non-participant observation and semi-structured interviews. This took place later than the other forms of data owing to the researcher's work commitments.

Table 3 presents an analysis of the nine documents reviewed.

Table 3: Documents reviewed

	Name of document	Purpose of review	What was sourced	Objective's data spoke to
1	Compliment, Suggestion and Complaints Register	Documents applicants' experiences in their own words of the service they receive at SASSA Springbok.	Only four comments / remarks were documented in the register. One positive experience, three negative experiences. None were captured with dates. A page of this register was scanned (see Appendix W). Slips which should be handed to clients to note their reference number for the remark, and to assist with follow up for the remark, were still attached and therefore had not been given to applicant – doubting follow up on remark was ever conducted. All three negative remarks requested urgent feedback, and follow-up. Positive remark: Thanked the branch for exceptional service. Negative remarks were related to: Poor processes in place as DG applicants waited for the medical assessment by the MO. Complaints included long waiting times, no refreshments made available at the branch. Clients complained of small spaces for large numbers of persons to wait for the medical assessment. Clients complained that the MO was at times seeing more than 40 clients a day. Complaints of long stretches of an MO's availability to conduct the medical assessments were an issue. Certain applicants passed on while waiting for the MO medical assessment to take place 6–8 weeks after application for a DG at the SASSA branch. Only one MO serves the Namakwa District, contracted from Williston or Calvinia to do medical assessments. This is more than 250km from Springbok and further from other SASSA branches in the Namakwa District. Suggestions include contracting MOs who live and work in Springbok to do medical eligibility assessments. This would allow for medical assessments to be conducted more regularly. The register was placed in an inaccessible location at the SASSA Springbok branch. It was placed on a small table in the corner of the SASSA branch where few to no clients pass. It was close to a door	To describe the application process for a DG as experienced by a PWD To describe the disability grant eligibility medical assessment process as experienced by a PWD

			which was for staff only as an entry and exit point. There were no clear indications on the table or wall above it to draw clients' attention to the register. The register can also only be utilised by applicants who can read and write. This excludes several types of disabilities from using these services, as well as a large proportion of the Namakwa District population, considering school dropout levels.	
2	National Quarterly 1 Complaints Reports – 2018/2019	Quarterly report informs SASSA regarding complaints from all provinces in SA (not branch specific) and assists with improving service delivery. Report details the nature of the complaints received and the actions taken because of them.	Four complaints logged in Quarter 1 for region NC. Branches not specified. No details provided on any complaints.	To describe the disability grant eligibility medical assessment process as experienced by a PWD
3	National Quarterly 2 Complaints Reports – 2018/2019	Quarterly report informs SASSA regarding complaints from all provinces in SA (not branch specific) and assists with improving service delivery. Report details the nature of the complaints received and the actions taken because of them.	Twenty-two complaints logged in Quarter 1 for region NC. Branches not specified. Minimal details provide on complaints. Those which were documented related to bank verification failure for loading DG, officials explaining the Internal Reconsideration Mechanism to disqualified applicants, and no South African Post Office officials available to assist with paying DG amounts or issuing DG card holders with new PINS.	To describe the disability grant eligibility medical assessment process as experienced by a PWD
4	Internal Reconsideration Mechanism Register	This register is only intended to be used by SASSA officials at the local office. It is the register which is filled in if the applicant wants to appeal the outcome of the DG eligibility assessment. The applicant has 90 days after receiving the outcome to appeal the decision.	Minimal appeals documented. Fifty-one DG applicants applied to appeal their outcome over the period 23/03/2014 - 29/06/2020. It can thus be assumed there are few persons who disagree with the process, and clients are satisfied with the result provided. Only assumptions can be made regarding DG applicants' experiences when using this document.	To describe the disability grant eligibility medical assessment process as experienced by a PWD
5	SASSA pamphlet on Disability Grants	This document is provided to all DG applicants to inform them of the application and medical assessment process in qualifying for a DG (Appendix R).	Full details specified for DG applicants from applying for a DG until receiving the outcome and the appeal process if necessary / re-application is provided. Each page is important as it documents the process for the DG applicant.	To describe the application process for a DG as experienced by a PWD

6	Medical Assessment Register – DG	Only for SASSA officials and the Medical Officer contracted with SASSA to conduct medical assessments determining DG eligibility (Appendix V).	Assists the researcher with observations in noting what the MO is requesting from the DG applicant and what is being physically assessed during the medical assessment.	To identify and describe factors which may influence a PWD to apply for a DG To describe the disability grant eligibility medical assessment process as experienced by a PWD
7	Programme of Excellence In-Service Training Manual 2014 Module 1	The application to outcome process is detailed in the Programme of Excellence In-Service Training Manual 2014 Module 1. This manual is specifically intended for SASSA officials who are located at the front desks and who work with DG applicants daily (Appendices S - U).	Relevant to the framework for the application and medical assessment processes of the DG. Appendices T - V detail the administrative steps for all processes within the application and medical assessment processes.	To describe the application process for a DG as experienced by a PWD To describe the disability grant eligibility medical assessment process as experienced by a PWD
8	Procedure Guidelines for Grants Administration	Specifically intended for SASSA officials. Supplementary document to the Programme of Excellence Manual but provides in-depth documentation of Acts and policies for the DG programme.	Acts and policies informing the DG programme at SASSA Springbok.	To describe the application process for a DG as experienced by a PWD To describe the disability grant eligibility medical assessment process as experienced by a PWD
9	*Batho Pele* White Paper	The White Paper for transforming public service delivery in giving good customer service to all who utilise government services. All government officials are expected to practise the 11 principles of *Batho Pele* (Department of Public Service and Administration, 2019).	11 Principles of *Batho Pele*: Consultation, Service Standards, Access, Courtesy, Information, Openness and Transparency, Redress, Value for Money, Encouraging Innovation and Rewarding Excellence, Customer Impact, Leadership and Strategic Direction.	To describe the disability grant eligibility medical assessment process as experienced by a PWD

3.8. Data management

Each semi-structured interview was recorded on an audio recorder, downloaded onto the researcher's laptop, and backed up onto the researcher's personal cloud. Access to this data was protected by a password on the researcher's laptop and cloud. As soon as the data was downloaded onto the laptop, it was erased from the recording device. All hard copy documents (including interview notes made by the researcher and the researcher's reflexive journal) were safely stored in the researcher's personal safe at home. These hard copy documents included the non-participant observations made for each research participant and the templates on which each document was reviewed.

3.9. Data analysis and interpretation

An inductive approach to analysing the data was taken (Braun & Clarke, 2006), which incorporated the four-stage approach to thematic analysis (Bryman, 2001). The researcher utilised *NVivo 12* data management software to manage the data electronically. Data analysis for the semi-structured interviews commenced once the transcribed interviews were returned, and the researcher had finalised any inaccuracies. Qualitative thematic analysis was used in analysing and interpreting the data.

The stages that follow document how the data, semi-structured interviews, non-participant observation forms and the review of document sheets were analysed:

- In Stage 1, the data (transcripts / non-participant observation forms / review of documents) were read, and electronic notes were made. The researcher sought to establish what the data was 'about' by looking for major themes and noting them as the data were analysed. Any unusual issues or events were noted, and themes were grouped into categories relevant to the research question.

- In Stage 2, the researcher read through the data again and began to mark the text by highlighting sections of data which may have had significant meaning; these included data repeated several times and text which was similar to articles or documentation read by the researcher. The researcher than started using codes for representation of selected data. Any analytic ideas were noted throughout the process within the notes section of the data management software.

- In Stage 3, the researcher went through the data again and began to code it systematically. Every occurrence of an issue had a code. The researcher selected which codes were the most important in answering the research question and simultaneously eliminated and/or renamed

codes to best represent the combined data and answer the research question. Similar codes were combined and grouped into categories.

- In Stage 4, the researcher began to add her interpretation to the analysis. Categories were labelled, and those which were the most important in answering the research question were chosen and connections between the categories were made. The researcher sought to identify what was significant for the respondents and what stood out as key ideas and refined the categories correspondingly. Once this happened, categories began to resort under major thematic ideas which presented the researcher with the opportunity for data interpretation. The researcher aimed to prioritise the codes and categories chosen back to the research question and the study's objectives.

3.10. Research rigour

3.10.1. Credibility

Credibility is concerned with how believable the data and data analysis are (Thomas, 2010). To increase the researcher's credibility, the criterion of member checking was done with research participants once transcripts had been made available. Considering the geographic breadth of the NC (StatsSA, 2014), a form of member checking which was not expensive and time-consuming for either the researcher or the research participant was needed. The researcher sent the transcripts to participants in the most accessible way for them to receive text or a document. Transcripts were sent via the postal service (with a tracking number), by electronic mail, or by cellular text transfer methods such as short message service (SMS) or WhatsApp. Permission was requested twice from participants who chose to receive transcripts via cellular methods: firstly, within the informed consent form, and secondly, telephonically before the transcripts were sent. Two research participants chose to receive their transcripts via registered post, one participant preferred email, the other WhatsApp, and the fifth participant preferred to collect the transcript in person at the researcher's place of work. Each research participant was also given a confirmation form which requested that the participant either agreed or disagreed with how the interview was transcribed and how their opinions during the semi-structured interview were interpreted. If they did not agree, they had to inform the researcher what required editing, clarification, or should be completely removed from the transcripts. The researcher agreed to each request. Minimal requests were made, with one research participant asking that detailed personal information be removed. Data triangulation occurred using multiple sources in this study, and this enhanced the study's credibility (Denzin & Lincoln, 2005; Mays & Pope, 1995). Multiple sources used within this study included semi-structured interviews with the research

participants, informal interviews with key stakeholders, pertinent documents which were reviewed, and observations of the processes which occurred throughout data collection.

3.10.2. Transferability

Transferability was achieved through providing a detailed and thorough description of the research setting to assist the reader in determining whether the findings were applicable to other contexts (Mays & Pope, 1995). This is useful as the assessment process occurs within each SASSA branch in SA, and findings may be applicable in those branches, highlighting possible 'generalisability'.

3.10.3. Dependability

Dependability refers to the possibility that should the study be conducted again, similar results and findings would arise (Mays & Pope, 1995). Changes or unexpected occurrences in the setting that could directly affect the findings were noted. Thorough records of interviews and observations were kept and included detailed documentation for possible future reference.

3.10.4. Confirmability

Confirmability is when research findings can be corroborated by others (Thomas, 2010), demonstrating that no inappropriate biases from the researcher impacted the data analysis. In this research, the researcher attempted, through journaling, to demonstrate that her perceptions and biases did not infiltrate the study. Each decision was clearly stated in her journal, and appropriate and logical responses were documented, demonstrating minimal to no bias. Member checking was done with all the participants, and Appendix O demonstrates the in-depth approach taken in the coding process.

3.10.5. Reflexivity

To achieve effective and impartial analysis, researchers need to constantly examine their assumptions and preconceptions as these may have undesirable impacts on the data collected, analysed, and interpreted (Wilkie, 2015). The researcher developed a reflexive journal which was used for regular journal entries throughout the research process. This documented why decisions were made, how the context impacted the researcher, the emotional state of the researcher, and any further experiences the researcher may have had. This journal was helpful in reflecting on emotions and taking them into consideration as the researcher wrote the findings of the study.

Upon reflection and revisitation of the researchers assumptions the researcher confirms that her assumptions remain the same regarding: participation in the administrative processes required to apply for the DG; the DG assessment process being a negotiation space between the MO and the DG applicant;

the MO not considering themselves adequately trained to assess disability; the fact that no objective tool was being used by the MO to assess disability; socio-economic factors do have an influence on PWDs applying for the DG; and that the DG eligibility criteria was confusing and hindered the MO in determining eligibility.

The researcher feels that the following assumptions have changed throughout the process of the research: Not all MOs are inconsiderate of PWDs, and the findings of this research demonstrate the importance of the MOs attitude toward the PWD.

3.11. Research ethics

3.11.1. Informed consent

The process of obtaining informed consent took a format similar to that suggested by the World Health Organization Research Ethics Review Committee (ERC) (2016). Once prospective participants had acquainted themselves with the information sheet and informed consent form, and were confident regarding participation, participants were then expected to complete and sign the informed consent form and return it to the researcher. The participants were made aware of their right to participate and their right to withdraw from the study at any time. The MO received a separate information sheet and informed consent form (Appendices C, D, G, H). Information sheets and informed consent forms were made available in English and Afrikaans.

3.11.2. Autonomy

The participants were selected on a voluntary basis with informed consent, and the purpose of the study and requirements were explained in writing and verbally. They all received an information sheet and informed consent form (Appendices A [English], B [Afrikaans], E [English], & F [Afrikaans] respectively). The participants were informed that they could choose to withdraw at any time. No research participants chose to withdraw from the study.

3.11.3. Non-Maleficence

This study presented no undue harm to the research participants. No participant required debriefing or support or requested it. If intervention proved necessary, options for referral had been put in place at Springbok Hospital at no cost to participants.

3.11.4. Confidentiality

Participants had the option of remaining anonymous or owning their participation within the study (Creswell, 2009). Site-specific measures to protect participants' privacy included not addressing participants by name in public areas and using 'sir' or 'madam' instead, removing all identifying

characteristics in data, and utilising a private space on the property to conduct the semi-structured interviews. These measures safeguarded both the participants and the MO's privacy and confidentiality. Anonymity and confidentiality were ensured by removing names during the transcription and using pseudonyms; these excluded participants who chose to own their participation within the study. Two research participants chose to own their participation in the study by using their full names, and three research participants chose to remain anonymous and provided pseudonyms.

The research audience includes, but is not limited to, high-ranking officials at the DSD, SASSA Springbok, provincial offices in Kimberley, and the head office in Pretoria; research participants, their families and communities; occupational therapists working within the Namakwa District; and the wider research community. All data (soft and hard) are stored securely in an electronic password-protected safe which is located on the researcher's private property. All data will be kept for five years and then destroyed so it is unsalvageable (University of Cape Town, 2018).

3.11.5. Risks and benefits

There are no known risks to the community or any group of people who participated in the study. The researcher understood that she was viewed as a professional by participants and confirmed with them regularly that their participation had no impact on their DG application. The researcher reiterated before the DG medical assessment process that the researcher was only an observer of the assessment process and would not be allowed to say anything throughout the process. Upon completion of the DG medical assessment process, the researcher reiterated that although she could observe the participant's DG assessment process, she had no influence on the outcome of the participant's DG application. Prior to commencing the semi-structured interview, the researcher once again stated that participation in the interview, as well as the assessment process that occurred prior to the interview, would have no impact on the participant's DG application. The location of the study was adequate to ascertain that the participants felt safe and comfortable while participating. Owing to the personal nature of the study, emotional discomfort could have been experienced. Should counselling have been necessary, arrangements had been made with counsellors, social workers, and psychologists at Springbok Hospital for referrals. Springbok Hospital is less than 1km from the SASSA Springbok branch. No emotional discomfort was reported during the study and so these services were not utilised. There were no known safety concerns for the researcher. All necessary precautions for the coronavirus disease were implemented while the study was conducted (point **3.5.1.2.** above).

The population from which the study participants were selected may still benefit from the research if the research recommendations are implemented by the government departments of SASSA and DSD.

3.11.6. Reimbursement

The researcher provided a light lunch for the research participant and caregiver if one was present. An amount of R300,00 was provided for travel expenses to each research participant. Funding provided by the Health and Welfare Sector Education and Training Authority (HWSETA) was used to allow for this.

3.11.7. Justice

The Declaration of Helsinki (World Medical Association [WMA], 2018) is a statement of ethical principles widely regarded as a foundation for research if involving human subjects. As PWDs form part of a vulnerable group (World Health Organization, 2008) who face poverty and limited access to health services, endeavours to be sensitive of compromised autonomy were made through confirmation of participation in the study, insight into research questions, demonstration of their role in the study, and clarification of their willingness to participate.

Further safeguards included:

- Respecting the research site.
- Committing to not using words or language biased towards gender, sexual orientation, race or ethnicity, disability, or age. Appropriate guidelines were followed concerning unbiased language (American Psychological Association, 2010).
- Articulating the research objectives verbally and in writing so that they were clearly understood by the participants (a description of how data was used was included).
- Asking participants to complete an informed consent form which follow the guidelines stated by the HREC of the FHS at UCT.
- Incorporating the general principles detailed within the United Nations (2016) Convention on the Rights of PWDs to ensure the protection of the rights and welfare of PWDs, namely: respecting the individual's dignity, autonomy, independence; having a stance of non-discrimination; encouraging their participation and inclusion in society; respecting difference as part of humanity; and seeking equal opportunity for PWDs, with reference to equality among gender.
- Short, simplified sentences were used in the consent form to enhance subjective understanding, as the larger percentage of PWDs in the NC have only some primary schooling (Silverman, 2011; StatsSA, 2014).

Ethical considerations regarding the MOs were:

- Obtaining informed consent (Appendix G & H)
- Informing them of their rights to enter discussions with their employer should they prefer not to have their work observed.
- Endeavouring to minimise the disruption which the researcher's presence might cause.
- Ensuring confidentiality and anonymity (point 3.10.4 above)

3.12. Summary

This chapter has provided details regarding the choice of qualitative descriptive research methodology, and has outlined specific details of research rigour, data collection, data analysis and ethical procedures. The methodological approaches followed in this research study were adhered to in sufficient detail to ensure trustworthiness and ethical research. The next chapter describes the findings obtained from the data.

4. CHAPTER: FINDINGS

4.1. Introduction

One overarching theme as an instrumental case emerged from the data, namely, *Respecting differences is part of humanity.* This theme portrays a powerful description of how the influence and attitude of persons without disabilities significantly impact the experiences and feelings of PWDs of the DG process in the Namaqualand region at SASSA Springbok offices. The categories within this theme are represented in Table 4.

	Table 4: Theme and categories	
	Theme name	Categories
Theme	Respecting differences is part of humanity.	1. For us, human dignity matters 2. Impact of context on occupational rights

Each quotation is presented in the language in which it was captured, Afrikaans, which is the predominant language in the Namaqualand region. The English translation for each quotation is presented below the original in brackets.

4.2. Theme: Respecting differences is part of humanity

The theme *Respecting differences is part of humanity* highlights the importance of engaging with PWDs as humans and not disregarding their humanity because of their disability. The extract overleaf from Denville captures how PWDs are disregarded at times by persons without disabilities in everyday interactions (albeit unintentionally or intentionally) and how these interactions may convey a sense of indifference toward the PWD, thereby negating their human dignity. It can be inferred while reading Denville's quotation that the respect shown towards him by the MO meant something to him, it mattered that he was called by his name. As Denville further explains, not many people call him by his name nor speak openly with him. The impact of this on Denville can be assumed to be negative, especially considering most of these experiences would be assumed to occur within his community and possibly among his extended and immediate social groups, where his sense of belonging is found. Denville's statement begins to describe the concept of disablism, where negative attitudes or behaviours towards

PWDs impact on their engagement within society (Department of Social Development [DSD], 2016). It can be understood from Denville's comment that while he experiences disablism within his community, within the DG process he was respected and experienced humanity from the MO, safeguarding his human dignity. The two categories, *For us, human dignity* matters and *the Impact of context on occupational rights*, encapsulate two specific areas that relate to the theme. Each category is explained in separate sections within this chapter.

> Die dokter het my op my naam genoem. Baie mense noem my nie op my naam nie of gesels met my nie openlik nie, of deel my problem deur te vra dat ek wel miskien bietjie mistroostig is, so besering te hê nie, niks te kan doen nie ... - Denville
>
> (The doctor called me by my name. Many people don't call me by my name, or don't talk openly to me, or share my problem by asking if I feel sad to have an injury like this, not being able to do anything.)[1]

Category 1: For us, human dignity matters

In its basic sense, human dignity is attributed to all human beings regardless of achievement, merit, or usefulness. It refers to a kind of worth that belongs to all humans and cannot be taken away (Steinmann, 2016). It is understood that within the fundamentals of human dignity is "the acknowledgement and acceptance of diversity and differences in human beings" (Steinmann, 2016, p. 11). Data retrieved from the semi-structured interviews suggested that most participants had a positive experience with the DG process. Research participants Malinda and Catherine Grace commented: "This was the first time that I felt this good [regarding the DG process]" and "It [DG process] was a very nice experience" respectively. Brenda and Catherine Grace both specifically commented on the DG process as being significantly positive because of the specific MO who conducted the DG eligibility assessments at the SASSA branch on the day of data collection. The MO's attitude, personality, and the way he spoke to and acknowledged the participants were a highlight. As Brenda stated, "He set me at ease to be able to speak," with Catherine Grace further elaborating that, "The doctor's personality and how he treats people. Like I said he was very nice to me and he helped me quite well." Catherine Grace's comment in particular, "*how he treats people"*, alludes to an individual who respects others' dignity simply because they are human beings.

[1] For the sake of authenticity, the grammatical structure of the sentences has not been changed.

The influence of this specific MO's interactions with the participants made such an impression that a comparison of previous MOs who conducted DG medical assessments for SASSA at the Springbok branch with the specific MO in this case was made by two of the three research participants who had participated in the DG process previously, Brenda and Malinda. They noted improvement in terms of how they were seen as persons and not persons with disabilities as follows: Just the interaction of having the MO look Brenda in the eye and speak directly to her, made the experience a positive one which signifies the vital importance of acknowledging the PWD as a human and treating them accordingly.

> Hierdie dokter het baie verbeter op die vorige dokter… Hy kyk jou in die oë en hy praat met jou; daardie dokter het glad nie met my gepraat nie. - Brenda, Semi-structured interview
>
> (This doctor has improved a lot on the previous doctor. ... He looks you in the eye and talks to you; that other doctor didn't even talk to me.)
>
> O, daar was nooit 'n ordentlike groet nie en, 'n hoe gaan dit, of 'n niks. Daar is totaal, die ander drie kere niks gevra nie. Daar word niks vir ons gevra nie. Hy het net kop onderstebo gesit en net geskryf in sy lêer. Dit was basies al. Daar is nie gevra waarvoor is jy hier is en watter kwaal het jy, en is jy op medikasie of soos dit? Niks van die aard.- Malinda, Semi-structured interview
>
> (Oh, there was never a decent greeting, how are you, or nothing. The other three times totally nothing was asked. Nothing is asked. He just sat there with his head down and writing in his folder. That was basically all. The questions why are you here, and what is wrong with you, and are you on medication or like that were never asked. Nothing of the sort.)

Observational data revealed that while participants may have experienced their interaction with the MO in a positive light, the service they received noticeably failed one of the *Batho Pele* principles, value for money. This principle was not evident in the long waiting lines at SASSA Springbok for DG applications, as the DG applicants' time was not well utilised, and the participants were at times poorly assisted [mostly by SASSA clerks]. Malinda highlighted this as a frustrating issue for her by saying,

> As daar ene is wat na vore kom en hulle verduidelik omtrent wat, wat dit [OG proses] behels en waaromtrent dit gaan en hoe dit vir hulle kan help… As dit mooi kan verduidelik word... – Malinda, Semi-structured interview
>
> (If there is one person that can come forward and explain about what, what this [DG process] entails and what it is about, how this can help them… If it can be explained clearly.)

Though the principle of poor value for money was not consistently practised at SASSA Springbok, three other principles documented in the observational data and highlighted during participant interviews as consistently practised by the MO were: being treated with courtesy and consideration; full, accurate information of the service being provided; and good overall customer impact. These three principles that were implemented consistently by the MO contributed to the view of most participants that the DG process was a positive one. Catherine Grace summarised these three principles in her following comment, with which other participants largely concurred, of how the MO's actions significantly contributed towards how she felt about the DG process:

> Ek waardeer dit as mense, mense kan hanteer op 'n goeie manier en hulle nie verkleineer of sleg laat voel nie. Ek waardeer dit baie, client care. - Catherine Grace, Semi-structured interview
>
> (I appreciate it when people can treat people in a good way and not humiliate them or make them feel bad. I appreciate it a lot, client care.)

Data gathered about the feelings PWDs have of the DG process at SASSA Springbok demonstrate that PWDs want to engage in a process where their dignity is respected; where they are seen and engaged with for whom they are, and not for the type of disability they have. If this is achieved, the DG process as an experience would be a positive and meaningful one for PWDs.

Category 2: Impact of context on occupational rights

The COVID-19 pandemic influenced the DG process in several ways at the SASSA Springbok branch in 2020. Data from informal and semi-structured interviews suggested that though there were negative influences on the process as described by stakeholders, the participants experienced the process as having more positive highlights. Informal interviews with key stakeholders reported that there were longer waiting lists resulting in longer waiting periods for DG eligibility medical assessments due to the lockdown levels implemented throughout the year, which were felt to be a negative influence:

> So wat beteken is ons het verskriklik baie mense gehad wat gewag het om te kan dokter sien. – Key Stakeholder 3, Informal interview
>
> (So this means that we had a whole lot of people that were waiting to see the doctor.)

Long waiting times for assessment by an MO for DG eligibility assessment appeared to be an issue for DG applicants well before COVID-19. Data gathered from the document review in the Complaints, Suggestions and Compliments Register from previous years noted that DG applicants complained about

waiting for 6–8 weeks before an MO became available to conduct the necessary DG eligibility medical assessments. In informal interviews, key stakeholders mentioned that there was only one MO serving the Namakwa District. The MO is contracted from Williston, NC, to do the DG eligibility medical assessments. Williston is approximately 498.1km (±4 hours 44 minutes) from Springbok. Catherine Grace, in her semi-structured interview, concurred with data from the document review and stated:

> Die eerste keer wat ek hiernatoe gekom het om te kom aansoek doen toe was die dokter nie hier nie en toe het hulle basies net my kontak nommer gevat en toe het hulle my seker, meer as 'n week na die tyd gebel om te sê ek moet nou soos paar dae daarna inkom, so ek voel daai hele proses kan 'n bietjie, dit was nie nodig nie in die sin van die dokter kom so min in, so ek voel as hy bietjie meer inkom dan kan ek al soos laas week gehelp wees. – Catherine Grace, Semi-structured interview
>
> (The first time I came here to apply, the doctor wasn't here, so they basically just took my contact details and then they called me back about a week after that to tell me that I had to be there in a few days' time, so I feel the whole process could have, it wasn't necessary in the sense that the doctor comes here so seldom, so I feel if he comes here more often, then I could have been seen the previous week.)

While the waiting periods were longer for assessment by the MO for DG eligibility, the mandatory COVID-19 protocols, such as social distancing, allowed fewer DG applicants to be booked on medical assessment days, resulting in shorter waiting times on the day of the DG eligibility assessment. Furthermore, the DG medical assessment was moved to a weekday and no longer held on a Saturday. This shift was significant for participants in terms of convenience, i.e., the ability to do shopping afterwards, and not having to pay extra for private transport as public transport is only available on weekdays in Springbok. These adjustments to the DG process were experienced as positive influences for the participants and facilitated the overall experience of the process for them as documented in Brenda's interview:

> Kyk 'n mens, soos nou ons is nou mos nie baie mense wat nou, ons is ook COVID het nou ook maar, want hier is ook baie mense gesien, want hulle het dit altyd op Saterdae gedoen, en dan is hulle probleem, want baie van die ouens het nie privaat vervoer nie en dan maak die winkels, by twee uur op die laatste, twee uur ry die laatste vervoer busse, openbare vervoer. - Brenda, Semi-structured interview

(See a person, like us now are not a lot of people that, we are also COVID, now also have, because many people were seen here, because they always did it on Saturdays and then the problem is, because many of the guys don't have their own private transport, then the shops close at two o' clock latest, two o' clock the last buses, public transport leaves.)

Data gathered from the document review in the Complaints, Suggestions and Compliments Register concurred with Brenda's comment and highlighted the poor processes in place as DG applicants waited on the day of their DG eligibility assessment. The long waiting times were documented to be inconvenient and the lack of access to refreshments at SASSA Springbok branch made the experience more unpleasant. Data gathered from the document review of the register also included comments specifically addressing the small spaces which were made available for PWDs as they waited for their consultation with the MO on the day of their DG eligibility medical assessment. Comments in the register included previous DG applicants noting that the MO was assessing more than 40 clients on any given medical assessment day. With the mandatory COVID-19 protocols in place, these issues were resolved. Brenda commented on these points specifically. Data from a key stakeholder showed that fewer assessments were being conducted at that present stage, during 2020, than previously.

Want laas keer was ons hierdie kamertjie vol en hier was nog mense hier buitekant, en dit op 'n Saterdag. - Brenda, Semi-structured interview

(Because last time this room was full of people and there were people outside as well, and this on a Saturday.)

Ek doen [assesseer] nou minder mense as wat ek gewoonlik gedoen het. – Key Stakeholder 2, Informal interview

(I do [assess] fewer people now than what I used to do.)

Further data gained from the document review of the Programme of Excellence In-Service Training Manual 2014, Module 1 (Appendix U), stipulated a maximum of 40 applicants on DG medical assessment days. These documented norms and standards did not concur with the data, as noted earlier. Though not specifically stated, it is probable that a maximum of 40 clients per day was set to allow for productivity for the MO, but also for quality service delivery for SASSA users. If the MO was assessing more than 40 clients a day as documented in the register by a previous DG applicant, then certain *Batho Pele* principles may have been impacted, namely, the consultation and the service standards of the MO (Department of Public Service and Administration, 2019). Consultation time is important as it gives the MO time to interact with, listen to, and assess the PWD for DG eligibility. If the consultation time is not sufficient or is rushed, inaccuracies could occur. Service standards impact the DG process; if a greater number of clients are

booked on medical assessment days, PWDs must wait in longer queues and for longer periods on the day. This impacts the time spent at SASSA and the quality of the experience: sitting in cramped spaces, inconvenience in terms of transport, and lack of access to facilities where refreshments can be bought.

Data gathered from semi-structured interviews noted that the DG application process was experienced as lengthy and confusing for the research participants. Participants expressed frustration regarding the functioning of the administrative process, especially form filling. Catherine Grace expressed this in her comment,

> So, ek dink hulle kan meer duidelik wees om te verduidelik soos om te sê waantoe jy moet gaan en dan, soos ek mos nou gesê het, uhm, jy wag baie lank. – Catherine Grace, Semi-structured interview
>
> (So, I think they can be more clear to explain like in to tell you where to go and then like I said, uhm, you wait very long.)

Data from informal interviews suggested that key stakeholders were cognisant of PWDs experiencing the application process as confusing at times:

> Maar baie van hulle het nie al die dokumente daai oggend as hulle vir dokter kom sien nie. – Key Stakeholder 1
>
> (But many of them don't have all those documents that morning when they come to see doctor.)

Further key stakeholders alluded to the confusion of the DG process resulting not only in missing documentation, but also resulting in incomplete application forms and unnecessary rejected DG applications.

In occupational therapy, "occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do" (World Federation of Occupational Therapists, 2006, p. 2). Participating in the DG process and all the aspects involved (i.e., completing forms) is an activity in which the DG applicant must participate to receive the DG which could contribute positively toward his or her well-being. Enabling meaningful participation for DG applicants as they engage with the DG process is, according to the World Federation of Occupational Therapists (2006), a human and occupational right. The occupational right to engage meaningfully within the DG process appears stunted, as further data gathered from semi-structured interviews highlighted how the participants felt that DG

applicants were being misdirected to incorrect queues. Observational data gathered also documented a lack of clear directions, leading to seating confusion for the medical assessments, impacting their experience of the process. Poor assistance at times from the SASSA clerks at the branch also impacted the experience, as Catherine Grace commented,

> ... die dame wat my gehelp het, sy was nie baie vriendelik nie. - Catherine Grace, Semi-structured interview
>
> (... the lady who helped me, she was not very friendly.)

While not explicitly stated, it can be assumed that the research participants would have appreciated support, especially administratively and logistically, as they navigated the DG process at the branch. With this extra input or assistance not provided to the participants by SASSA clerks, data gathered highlighted the DG process as being experienced as lengthy, confusing, and frustrating for the research participants.

4.3. Summary

The instrumental case that emerged from the data, *Respecting differences is part of humanity*, highlighted the importance of engaging with PWDs as humans and not disregarding their humanity because of their disability. The theme contained two categories: *For us, human dignity matters* and the *Impact of the context on occupational rights*. The first category described the value of human dignity for the participants, with engagement based on their humanity and not their disability, i.e., the person before the disability (South African Human Rights Comission [SAHRC], 2020). The second category demonstrated the notable impact the novel coronavirus COVID-19 had on the functioning of the DG process in the year 2020. While not explicitly stated, it can be assumed that considering COVID-19 and certain mandatory protocols that were put in place, certain aspects of the DG process occurring at SASSA Springbok had shown marked improvement and had influenced the experience of the DG process of the research participants for the better. The second category also included the experience the participants had while engaging with the administrative aspects of the DG process. Extra relational and logistical input from clerical SASSA officials was expected to ascertain that DG applicants (who are PWDs) could meaningfully participate in the DG process without confusion or frustration. Chapter 5 discusses these findings in relation to the literature.

5. CHAPTER: DISCUSSION

5.1. Introduction

The purpose of the research was to add to the body of knowledge on the DG programme through documenting PWDs' experience of the DG application and medical assessment processes to improve the overall experience of the programme for its users. This chapter discusses those findings in relation to literature and is structured with the following conceptual themes: The case of human dignity; occupational rights; and policy and reasonable accommodation.

5.2. The case of human dignity

"Human dignity in its most basic form is an attribute of humanity" (Steinmann, 2016, p. 5). This claim about human nature refers to a person's inherent qualities which are irreplaceable, which comprise dignity, and are ascribed to each, irrespective of status, achievement, or difference. It is thus understood that dignity is attributed to each person acknowledging and accepting the diversity and differences in humans all over the world. In the Bill of Rights, Section 10 of the Constitution, it states that, "Everyone has inherent dignity and the right to have their dignity respected and protected" (Constitution of the Republic of South Africa, Act No. 108 (1996). Dignity is the right of each person to be recognised and treated ethically, with respect, and as valuable (Steinmann, 2016). As humans 'do' and participate in life's occupations, their dignity should be respected (Van der Merwe, 2010).

PWDs who participate in the DG process at SASSA Springbok have the right to their dignity being respected and protected by all stakeholders as they engage within the DG process. Previous research has shown that this is unfortunately not always the case (Baron, 1992; MacGregor, 2006; Phaswana-Mafuya et al., 2009; Tumbo, 2008). While DG applicants seek empathy stemming from societal challenges from MOs (Phaswana-Mafuya et al., 2009), MOs' unsympathetic views on DG applicants (Tumbo, 2008) lead them to see DG applicants as "worthy or unworthy" (MacGregor, 2006), resulting in either patriarchal or indifferent treatment for the DG applicant. Besides their views on applicants influencing the manner in which they treat DG applicants, MOs have also being observed to handle applicants disrespectfully depending on their mood on the day (Tumbo, 2008). This does not accord with the safeguarding of the applicant's human dignity as is their constitutional right as SA citizens or inherent qualities as human beings. Furthermore, the *Batho Pele* White Paper for transforming public service delivery in giving good customer service to all who utilise government services details how all government officials are expected to practise the 11 principles of *Batho Pele* (Department of Public Service and

Administration, 2019). MOs, as government officials, are expected to treat DG applicants with courtesy and consideration as detailed in the *Batho Pele* principles of courtesy and consideration. Previous research highlights how MOs discriminate (albeit intentionally or unintentionally) against PWDs and create unpleasant experiences for PWDs as they participate in the DG process. This can be understood within the concept of disablism, and it goes against human diversity which seeks respect for and acceptance of all persons regardless of difference or disability (Department of Social Development [DSD], 2016). While participants in this study experienced courtesy and consideration from the MO doing the medical assessments on research days at SASSA Springbok, Brenda spoke of two prior separate incidents when she experienced disablism at SASSA Springbok from previous MOs. The discrimination was in the form of negative attitudes and behaviours as Brenda illustrates in the first comment relating to when she went with her mother to apply for a DG and the second comment when she previously applied for a DG:

> … 'n vorige dokter wat op 'n keer saam met my ma gewees het, was baie onbeskof, sulkes [MO's] soos hulle is veral [so] met grootmense, want baie keer het hulle nie 'n [regte] manier om met die grootmense te kommunikeer nie.
>
> (… a previous doctor who at one time was with my mother, he was very rude, those [MOs] like them, especially with older persons, because many times they do not have a [proper] way of communicating with older persons.)
>
> … ek weet nie of hy my eers gesien het nie.
>
> (… I do not know if he even saw me.)

In this study, most participants had a positive experience with the DG process, with the positive link directly related to the MO and his treatment of the PWD. In contrast with how MOs treated PWDs in previous research, the courtesy and consideration shown by this MO to the participants as they engaged within the DG process at SASSA Springbok was a highlight. Research participants who had engaged with the DG process previously at SASSA Springbok noted that the MO who conducted the medical assessments in this instance was a different MO from previous MOs used at SASSA Springbok. One participant alluded to human dignity through the phrase, "how he treats people", as she tried to explain why her experience of the DG process was a positive one. While this MO acknowledged and respected DG applicants at SASSA Springbok, comments were made by participants who had been DG applicants previously; their experience of the DG process had been a negative one. The negative attributes of the DG process thus also were directly related to the way past MOs handled DG applicants at the branch.

The literature and findings of this study indicate that human dignity and the safeguarding thereof by all stakeholders, especially MOs, are specifically related to DG applicants' overall experience of the DG process at SASSA Springbok branch. Literature has highlighted how disrespecting PWDs who are DG applicants negatively impacts their experience of the DG process and militates against their right to dignity as they participate in the DG process.

5.3. Occupational rights

In occupational therapy, "occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do" (World Federation of Occupational Therapists, 2006, p. 2). Participating in the DG process and all the aspects involved in this (i.e., form filling and medical assessment) is an activity in which the DG applicant must participate to receive the DG which could contribute positively towards his or her well-being. Enabling meaningful participation for DG applicants as they engage with the DG process is, according to the World Federation of Occupational Therapists (2006), a human and occupational right. The occupational right to engage meaningfully appears stunted, as participants felt that aspects of the DG process were not assisting DG applicants to participate optimally within the DG process. The activity of completing a form for a PWD may for several reasons be challenging: in the case of a person who is blind the problem may be obvious, though for a person with a psychological disorder or intellectual disability, who has arrived at the branch without familial assistance, the issue may not be obvious to a SASSA clerk.

In his research, Goldblatt (2009) observed how SASSA officials (not specified though assumed clerical) were not willing or did not take the initiative to help PWDs complete the DG application form. This resulted in incomplete forms, missing documentation, and unnecessary rejected DG applications. The unhelpful attitudes of SASSA officials (assumed clerical) were also documented in research in the WC and EC (De Paoli et al., 2012; Jelsma et al., 2008). The application process was noted to be not only complicated, but also lengthy, as PWDs were expected to acquire various documents from several departments to provide as supporting documentation in applying for a DG (De Paoli et al., 2012; Jelsma et al., 2008; Kidd et al., 2018; Phaswana-Mafuya et al., 2009). Considering the applicant's disability, as well as illiteracy, the lack of transport and finances, the process of applying for a DG was time and resource intensive (Kidd et al., 2018).

In this study the research participants expressed frustration with the DG application process and concurred with research conducted at other SASSA branches in SA, that the DG application process was lengthy and confusing. The study also revealed that key stakeholders of the DG process at SASSA Springbok were cognisant of PWDs experiencing the application process as confusing, though offering no suggestions for reducing the confusion. Participants in this study also highlighted how they felt that they were misdirected to incorrect queues in the process. The researcher noted a lack of clear directions which led to seating confusion in the waiting area for medical assessments. Furthermore, attitudes of the clerical SASSA officials were also experienced as an issue for research participants as they commented on the unfriendliness of the officials impacting the overall participation in the DG process.

Phaswana-Mafuya et al. (2009) highlighted DG access points being inaccessible to PWDs, and the impact no transport for PWDs has on their ability to engage with the application and assessment process as barriers to the DG in the EC. It is documented that transport is required for multiple journeys to the SASSA branch over the course of application, and this is a significant expense for PWDs and their families. These costs are exacerbated for wheelchair users as they pay extra to transport wheelchairs, and for PWDs requiring the assistance of a caregiver (Kidd et al., 2018). SASSA has attempted to bring their services to PWDs, thereby reducing costs, but this is not achievable for everyone, especially for those living in rural areas. Compensation for transport costs is also not made available to PWDs, even when the inconvenience is caused by SASSA. An example is MOs not arriving on days booked for medical assessments (Kidd et al., 2018). In this study, the mandatory COVID-19 protocols, such as social distancing, allowed for fewer DG applicants to be booked on medical assessment days, and that medical assessment days be moved to weekdays. The shift from medical assessments at weekends to weekdays made a significant impact on participants in terms of convenience regarding transport, as PWDs no longer had to pay extra for private transport at weekends. These adjustments to the DG process were experienced as positive influences for the participants and increased their satisfaction with the overall experience of the process.

With fewer DG applicants booked on medical assessment days, DG applicants waited for shorter periods before being assessed by the MO. Consultations were also longer, as the MO had only a limited number of applicants to assess for the day. This study demonstrated the significant impact the novel coronavirus had on the convenience of participating in the DG process for PWDs. Previous research documents how PWDs participating in the DG process as applicants were expected to arrive early on medical assessment days, and had to wait for extended periods to see the MO without suitable facilities such as wheelchair ramps, lifts, toilets, and places to acquire refreshments (Goldblatt, 2009). Research also indicates the very limited consultation time MOs had with DG applicants, with some assessments being only a few

minutes in length, most of which was time devoted to MOs filling in the Medical Assessment Register (Kelly, 2017; Kidd et al., 2018). Kelly (2016) found that in many instances in the medical assessment the DG applicants were not physically examined or even spoken to. Findings in this study concur with previous research conducted in the areas of medical assessments and facilities present at SASSA branches. Observational data and the research participants highlight the long waiting times and the lack of access to refreshments to be inconvenient for PWDs at SASSA Springbok branch. In the review of the Complaints, Suggestions and Compliments Register, comments by previous DG applicants note the MO assessing more than 40 clients on any given booked medical assessment day, resulting in longer waiting times and shorter consultation times.

Research on the engagement in meaningful occupation highlights equitable participation as a human right, and that, if necessary, individuals should be justly supported as they participate in occupations (Whalley Hammell, 2015b). Occupational rights are defined as "the right of all people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities" (Hammell, 2008, p. 62). As human beings, by nature, have human rights, the same is granted in terms of occupational rights irrespective of age, status, or (dis)ability (Whalley Hammell, 2015a). The concept of occupational rights is understood though not always possible, especially for the vulnerable and marginalised (Whalley Hammell, 2015a). In fact, despite SASSA branches across SA dealing with PWDs daily, no commitment has come from the agency to enlighten and equip their officials to better understand types of disability and actions which can be taken to assist in equitable participation of the DG process for PWDs. With no guidance on disability provided, SASSA officials, including MOs, function on their own understanding of how to approach and treat a PWD, demonstrating, as research shows, a lack of insight into and appreciation for making the necessary adjustments in order to accommodate the different needs of PWDs as they participate in applying for a DG (Kidd et al., 2018).

5.4. Policy and reasonable accommodation

The South African Human Rights Commission's 2017–2018 Equality Report revealed that "government policy and conduct is failing persons with disabilities by not ensuring accessibility in the universal design of goods, services, equipment and facilities, and failing to reasonably accommodate persons with disabilities" (South African Human Rights Commission [SAHRC], 2020, p. 8). It is with this in mind that the SAHRC highly recommends the adoption of a "comprehensive approach" to ensure equitable participation of PWDs within all sectors of society and the economy (South African Human Rights Commission [SAHRC], 2020).

In the White Paper on the Rights of Persons with Disabilities, the Department of Social Development [DSD] (2016) expands on this notion of a comprehensive approach where the facilitation of socio-economic development would enable PWDs to participate optimally in all spheres of society. At the core of facilitating socio-economic development for PWDs is the universal human right of inclusion (Department of Social Development [DSD], 2016). By definition, the universal human right of inclusion can be equated with the right to human dignity. Inclusion aims to embrace human diversity, creating equal access and opportunities, dismantling discrimination, and establishing a sense of belonging, respect, value and "a level of supportive energy and commitment from others so that you can best fully participate in society with no restrictions or limitations" (Department of Social Development [DSD], 2016, p. 21). Inclusion necessitates reasonable accommodation. Reasonable accommodation refers to the necessary and fitting changes and adjustments needed to secure PWDs the enjoyment of equitable access to participation in occupation, regardless of difference (Department of Social Development [DSD], 2016). PWDs "have the right to be supported to participate in occupation and, through engaging in occupation, to be included and valued as members of their family, community and society" (World Federation of Occupational Therapists, 2006, p. 1). It therefore is essential for SASSA to invest in developing a comprehensive approach to PWDs to ensure equitable access to participation in applying for DGs. The design and incorporation of appropriate and accessible communication strategies for all types of disabilities would be a start, considering the confusion experienced by most PWDs throughout the DG application process.

In fulfilling its purpose, this study on the experiences of PWDs of the DG application and medical assessment processes occurring at SASSA Springbok has provided valuable insights into and information on how to improve the overall experience of the DG process for PWDs. The two categories under the theme allow us to focus on the following aspects and how they add to the improved experience of the DG process for PWDs: how persons without disabilities should engage with PWDs, and the necessity of reasonable accommodations to be implemented to ensure access to equitable participation for PWDs as they engage in applying for a DG at the Springbok SASSA branch.

5.5. Summary

This chapter discussed PWDs' right to ensure their human dignity is protected and respected as they participate in the DG process. The concept of occupational rights and the necessity of implementing reasonable accommodations within the DG process were highlighted as central to enhancing the experience. Ensuring that occupational rights are afforded to PWDs as they participate in the DG process,

becomes paramount in maintaining human dignity. The next chapter provides recommendations from this research and concluding statements.

6. CHAPTER: CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

The aim was to describe PWDs' experiences of the process of disability grant applications through the collection of multiple data sources. The study utilised a single instrumental case study with the experiences of PWDs as the phenomena through which the DG process can better be understood. Findings from the study identified that PWDs' overall experiences of the DG process are influenced by two factors: firstly, being treated with dignity and respect by all stakeholders in the process, specifically seeing the person first and then the disability; and secondly, accessing their occupational right to meaningfully participate in applying for a DG. It was evident that reasonable accommodations are required to be implemented at SASSA Springbok for PWDs to be able to participate meaningfully in applying for a DG.

6.2. Recommendations

Based on the findings of this study, the following are recommended:

Recommendations for SASSA Springbok branch

- All stakeholders in the DG process should regularly (minimum once per annum) receive training in the successful implementation of the White Paper on the Rights of Persons with Disabilities (Department of Social Development [DSD], 2016) and the White Paper on Transforming Public Service Delivery (Department of Public Service and Administration, 2019) from qualified professionals with specific focus on putting the *Batho Pele* principles into practice.
- A strategy should be developed to streamline the DG application process so that persons with all types of disabilities can participate in the application process effectively and with reduced costs.
- SASSA should work alongside professionals working with PWDs such as occupational therapists, social workers, physiotherapists, and speech-language pathologists as well as include aspects from the guidelines on reasonable accommodation measures for employees in the public service (Department of Public Service and Administration, 2014) to implement the necessary adjustments required within the DG process to meet the different needs of PWDs as they participate in applying for a DG.

- SASSA should contract MOs who live and work in Springbok to conduct the DG medical assessments at SASSA Springbok branch, thus allowing for the medical assessments to be conducted more regularly.

- The mandatory protocols put in place in 2020 due to the novel coronavirus should be maintained and implemented as a norm within the DG process, namely, fewer DG applicants booked on medical assessment days and medical assessments to be booked for weekdays and not at weekends as conducted before 2020.

- SASSA should appoint or contract professionals who can assist with project planning and engineering design to adjust their built environment infrastructure to include all concepts of universal design and allow for barrier-free access.

6.3. Recommendations for future research

- It would be beneficial if research were conducted on the tool used by the MO to measure whether a person is eligible for a DG in terms of its appropriateness in measuring impairments to determine whether an applicant's medical condition is severe enough to warrant a DG. Research could further investigate what a more fitting assessment tool would be to measure DG eligibility, who would be equipped to develop it, and who would be best suited to utilise it as they assess PWDs for DG eligibility. Occupational therapists, MOs or professional persons interested in conducting research aimed at disability studies or issues would be appropriate to conduct this research.

- Further research on the use of assessment panels to determine DG eligibility is required, with a specific focus on which professionals should attend according to their expertise relating to PWDs. This research will also be conducted best by professionals as noted above.

- Further theorising on PWD, human rights and human dignity in the SASSA context would be beneficial. Disability activists and health professionals such as those mentioned above, with the inclusion of social workers and policymakers, should play a role in devising theories and/or frameworks.

6.4. Recommendations for occupational therapy practice

As the researcher is an occupational therapist who is passionate about justice for all, the message of re-directing attention from individual-based intervention to population-based intervention resonated well with the researcher. As a profession, occupational therapists need not solely focus on the individual's abilities or limitations but rather "address the forces that limit occupational options and that violate the occupational rights of disabled and other marginalized people." (Whalley Hammell, 2015b, p. 5). In this

study, the inequitable access to participation for a PWD in applying for a DG was revealed. It is the researcher's hope that SASSA Springbok will adjust the context in which the PWD has to apply for a DG so that PWDs will no longer be disadvantaged and 'disabled' in a process targeted at them.

6.5. Strengths and limitations of the study

Strengths

This study was the first to be conducted on PWDs in Springbok, NC. Very little research has been done overall in the Northern Cape and this study strengthens the research base in the province. This study is also the first which focuses on the experiences of PWDs as they participate in the DG process, and therefore the recommendations are directly related to the findings which resonate with how PWDs would prefer to engage with a process targeted at them. Multiple methods were used to gain data for this study, and this strengthened the validity of the findings and provided more detailed information in understanding the complex nature of the DG process occurring at SASSA Springbok.

Limitations

Minimal research has been conducted on the DG in SA up until now. Of the research conducted, none sought to understand the experiences of PWDs as they participate as users of the DG process when applying for a DG. This made finding literature challenging. As this research had a small sample size, the findings cannot be generalised to the population of PWDs applying for a DG across all SASSA branches in SA.

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APPENDICES

APPENDIX A: INFORMATION SHEET – PARTICIPANT (English)

Research Study

University of Cape Town | Department of Rehabilitation Sciences | Occupational Therapy division

The UCT FHS Human Research Ethics Committee can be contacted on 021 XXX XXXX in case participants have any questions regarding their rights and welfare as research subjects on this study.

INFORMATION SHEET - PARTICIPANT

RESEARCHER

Stacey Louisa Bock

066 XXX XXXX (Cell phone, WhatsApp)

027 XXX XXXX (Landline)

XXXXXXXXX@myuct.ac.za (E-mail)

TITLE OF STUDY

A case study on the experiences of persons with disabilities of the disability grant process

Introduction: Dear Reader,

My name is Stacey Louisa Bock and I am an occupational therapist doing my master's degree in Occupational Therapy at UCT. I need to complete a research assignment as part of the degree.

The research is being done to describe the thoughts, perceptions and feelings of persons with disabilities (PWDs) concerning the assessment process of the disability grant (DG) programme.

The research question is: "How are persons with disabilities experiencing the disability grant processes occurring at the South African Social Security Agency (SASSA) Springbok branch in the Northern Cape?"

PURPOSE

The purpose of this research is to add to the body of knowledge on the DG programme in order to improve the overall experience of the programme for its users and highlight possible areas where improvements can be made regarding the uniformity and effectiveness of the assessment process. Through this research, the assessment process for a DG at SASSA in Springbok will be described. The aim of this study is to describe the experiences of PWDs regarding the assessment process.

STUDY PROCEDURES

As a research participant, you will be required to be involved in the research process three times.

Firstly, the researcher requests permission that she observes your DG eligibility assessment with the doctor.

Secondly, you be will required to participate in one interview for about 90 minutes with the researcher which will take place at the SASSA Springbok branch, 30 minutes after your DG eligibility assessment. The interview will take place in a private room or space. Your experience of the DG assessment process will be discussed. There are no right or wrong answers. These interviews will be recorded with your permission using a voice recorder. You can choose to continue with the interview and not use the voice recorder.

And lastly, the researcher will send you a summary of the findings approximately two weeks after the interview. The researcher will call to discuss your thoughts and opinions regarding the summary. The researcher wants to make sure that you agree with the findings and establish if you wish to add anything further. The summary of findings can be sent to you in various ways. You can choose a way that is most convenient for you. Cellular text transfer methods such as short message text (SMS) or WhatsApp messaging will also be used. Please indicate on the consent form which method you would prefer to receive the findings. You can change the way you receive the summary any time during the process. Please let the researcher know.

To participate in the study your DG eligibility assessment date must be any day on or between 25 and 26 August 2020. The researcher understands that she may be viewed as a professional by you, a prospective participant. Please note that your participation in the study will have no impact on your DG application. The researcher will reiterate this point before the DG eligibility assessment process and once more before the interview. The researcher would like to repeat that your participation in the study,

including the observation of your DG eligibility assessment and the interview afterwards, will have no impact on your DG application.

The information will be analysed to describe the experiences of PWDs of the DG assessment process. Feedback will be made available to the participants, their families and communities, as well as to the wider research community through peer-reviewed scientific journals, conference presentations, and a summary report to officials (including the doctors) at the Department of Social Development, Northern Cape and SASSA, Springbok, the provincial office in Kimberley and head office in Pretoria. If there is an intention to use the information for any other purpose, then additional consent will need to be obtained from you, and further ethics approval will need to be obtained.

RISKS

Your responses will be kept confidential. There is, however, the risk that confidentiality may be broken. The researcher will guard against such a risk by removing identifying information from the data collected and keeping all information in locked storage and on password-protected computers. If during the interview it is noted that you would require debriefing, counselling or other social or medical intervention, then such referral processes will be discussed with you, and should you agree to it, the most appropriate referral source of such a service would be Springbok Hospital.

The interview will require you to share your experience of the assessment process with the researcher. Your input will be treated with respect. You may refuse to answer any or all questions and you may end your involvement in the study at any time if you choose.

REIMBURSEMENTS

The researcher will provide a light lunch to you and a caregiver if one is present. The researcher will also provide an amount of R300,00 to both you and your companion, if you have one, for transport. These amounts will be paid to you upon completion of your interview with the researcher.

If you would like the researcher to explain in detail how the reimbursements work, please ask her to explain again when you hand this informed consent form back to her.

CONFIDENTIALITY

All discussions will be confidential. This means that your name will not be linked to any of the data when the data are recorded. You will have the option of owning your participation within the study if you so

choose. You must let the researcher know if you want to use your name, otherwise she will number the interview and remove your name when transcribing the interview. There is only an interest in the content of the interviews. The researcher will also protect your identity by not speaking your name when in public areas and using 'sir; or 'madam' instead. These measures will be used to protect your privacy and confidentiality.

Although every effort will be made to keep your identity confidential, please note that there is still a risk that these may be evident to some people who read the findings. Please note your information will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience negative effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher, you may contact her supervisors, Associate Professor Helen Buchanan (021-XXXXXXX) or Dr Amshuda Sonday (021-XXXXXXX).

The chairperson of the UCT FHS Human Research Ethics Committee, Associate Professor Marc Blockman, can also be contacted on 021 XXX XXXX in case you have any questions regarding your rights and welfare as a research subject in this study.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed. Your identity will not be disclosed in any published and written material resulting from the study.

COVID-19

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally. The most common symptoms of COVID-19 are

fever, dry cough, and fatigue. Practising hand and respiratory hygiene is always important and is the best way to protect others and yourself.

It is necessary to maintain at least a one-metre distance between you and others. When you take part in this research study you will be provided with a medical mask, hand sanitiser, and will sit at least one metre away from the researcher during the medical assessment and interview process. This is to protect you and the researcher from possibly spreading COVID-19, as many people who are infected may not know it. You will be screened for COVID-19 symptoms before beginning with the interview, and you will also receive your own pen if you need to write things down. Extra time will also be taken to address any questions that you or your caregiver, if you have one, may have concerning COVID-19 before the interview. If you are stressed regarding COVID-19, the researcher will refer you to someone who can assist you. Please let the researcher know if you have any further concerns.

Please sign and return the informed consent form included with this letter should you wish to participate in the study.

The researcher's work address is XXX XXXX, Springbok, Northern Cape. The researcher will also be able to collect your signed informed consent form on the day of your DG eligibility assessment if you prefer.

Thank you for reading this information sheet and considering to be a part of the study!

APPENDIX B: INLIGTING BLAD – DEELNEMER (Afrikaans)

NAVORSINGSTUDIE

Universiteit van Kaapstad | Departement van Rehabilitasie Wetenskappe | Arbeidsterapie Afdeling

Indien deelnemers enige vrae het rakende hul regte en welstand in terme van hul deelname aan hierdie navorsingstudie, kan die UK FGW Menslike Navorsing Etiese Komitee telefonies kontak word by 021 XXX XXXX.

INLIGTING BLAD - DEELNEMER

NAVORSER

Stacey Louisa Bock

066 XXX XXXX (Selfoon, WhatsApp)

027 XXX XXXX (Landlyn)

XXXXXXXXX@myuct.ac.za (E-pos)

TITEL VAN DIE STUDIE

'n Gevallestudie omtrent die ervaringe van persone met gestremdhede tydens die proses vir 'n ongeskiktheid toelaag.

Inleiding: Geagte Leser,

My naam is Stacey Louisa Bock en ek is 'n arbeidsterapeut tans besig met my meestersgraad in Arbeidsterapie by die Universiteit van Kaapstad. Deel van my graad vereis dat ek 'n navorsing projek moet voltooi.

Die doel van die navorsing is om die gedagtes, persepsies en gevoelens te beskryf van mense met gestremdhede, rakende die evaluering proses van die ongeskikteid toelaag program.

Die navorsing vraag is as volg: Hoe ervaar mense met gestremdhede die proses van die ongeskiktheid toelaag program by die Suid Afrikaanse Sosiale Sekuriteit Agentskap (SASSA) Springbok tak?

DOEL

Die doel van die navorsing is om by te dra tot die bestaande kennis rakende die Ongeskiktheid Toelaag program sodat die algehele ervaring van die program verbeter kan word vir sy gebruikers en moontlike areas waar verbetering kan plaasvind, met betrekking tot uniformiteit en effektiwiteit van die evaluering proses, identifiseer kan word. Die evaluering proses vir 'n ongeskiktheid toelaag by SASSA in Springbok sal deur hierdie navorsing beskryf word. Die doel van die studie is om die ervaringe van mense met gestremdhede tydens die evaluering proses te beskryf.

STUDIE PROSEDURE

As 'n deelnemer aan die navorsing sal van u verwag word om drie keer betrokke te wees in die navorsing proses.

Eerstens: Die navorser vra toestemming dat sy u mag waarneem tydens die Ongeskiktheid toelaag evaluering saam met die dokter.

Tweedens: Die navorser sal van u vereis om deel te neem aan 1 onderhoud van omtrent 90 minute by die SASSA Springbok tak, ongeveer 30-minute na u ongeskiktheid toelaag evaluering. Die onderhoud sal in 'n privaat kamer of spasie plaasvind. U ervaring van die Ongeskiktheid toelaag proses sal bespreek word. Daar is geen reg of verkeerde antwoorde nie. Die onderhoud sal met u toestemming opgeneem word met behulp van 'n stem opnemer.

Laastens: Die navorser sal 2 weke na die onderhoud vir u 'n opsomming daarvan stuur. Die navorser sal u telefonies kontak om u gedagtes en opinies rakende die opsomming te bespreek. Die navorser wil seker maak dat u saamstem met wat die bevindinge was en ook vasstel of enige byvoegings gemaak moet word. Die opsomming van die bevindinge kan aan u gestuur word deur middel van verskeie metodes. U kan self kies watter metode vir u meer gemaklik is. Sellulêre boodskap metodes soos SMS en Whatsapp boodskappe kan ook gebruik word. Dui asseblief op toestemmingsbrief aan watter metode u sal verkies om die bevindinge te ontvang. U kan enige tyd gedurende die proses besluit om die manier hoe u die opsomming wil ontvang te verander. U moet net asseblief die navorser in kennis stel.

Om deel te neem aan hierdie studie moet die datum waarop u evalueer word, vir 'n ongeskiktheid toelaag, tussen of op 25 en 26 Augustus 2020 wees. Die navorser verstaan dat sy as 'n professionele persoon beskou kan word deur u, die voornemende deelnemer. Wees verseker dat u deelname in hierdie studie geen invloed sal hê op u aansoek vir 'n ongeskiktheid toelaag nie. Die navorser sal hierdie punt benadruk voor die Ongeskiktheid toelaag evaluering en weer na die onderhoud voltooi is.

Die inligting sal ontleed word om die ervaring van mense met gestremdhede te beskryf tydens die ongeskiktheid toelaag evaluering. Terugvoering sal beskikbaar gemaak word vir deelnemers, hulle families en gemeenskappe, asook die wyer navorsing gemeenskap deur middel van wetenskaplike joernale, konferensie voordragte en 'n opsommende verslag aan amptenare (insluitende dokters) by die Departement van Sosiale Ontwikkeling, Noord Kaap en SASSA Springbok, provinsiale kantoor in Kimberley en Hoofkantoor in Pretoria.

RISIKO'S

U antwoorde sal konfidensieel gehou word. Daar is egter die risiko dat vertroulikheid verbreek mag word. Die navorser sal hierdie risiko verminder deur enige identifiserende inligting weg te laat uit die ingevorderde data en om alle inligting veilig te stoor in 'n area wat gesluit word en ook gebruik te maak van wagwoord beskermde rekenaars. Indien die navorser tydens die onderhoud oplet dat u enige ontlading, berading of ander sosiale of mediese ingryping benodig, sal hierdie verwysing proses met u bespreek word en indien u instem, sal die mees toepaslike verwysing bron vir bogenoemde dienste by Springbok Hospitaal wees. Tydens die onderhoud sal van u verwag word om u ervaring van die evaluering proses met die navorser te deel. U insette sal met respek hanteer word. U is geregtig om te weier om enige of alle vrae te antwoord en u mag u deelname in die studie op enige tydstip staak.

BETALINGS

Die navorser sal middag-ete voorsien vir elke deelnemer asook een versorger indien nodig, na afloop van die evaluering. Die navorser sal ook 'n bedrag van R300.00 verskaf om vervoer onkoste te dek vir u en u versorger ingesluit. Die geld sal betaal word sodra die onderhoud met die navorser voltooi is.

Indien u verlang dat die navorser weer die besonderhede van betaling aan u moet verduidelik, vra asseblief die navorser om te verduidelik wanneer u hierdie ingeligte toestemming vorm aan haar oorhandig.

VERTROULIKHEID

Alle besprekings sal vertroulik wees. Dit beteken dat u naam geensins gekoppel sal word aan die ingevorderde informasie nie. U het egter die reg om u deelname aan die studie te eien indien u so sou verkies. U moet die navorser in kennis stel indien u wil hê u naam moet gebruik word, andersins sal die navorser die onderhoud nommer en u naam verwyder wanneer die onderhoud opgeteken word. Die inhoud van die onderhoud is meer van belang. Die navorser sal u identiteit beskerm deur nie u naam in

openbare areas te gebruik nie, maar eerder gebruik te maak van meneer of mevrou. Hierdie maatreëls sal gebruik word om u privaatheid en vertroulikheid te beskerm.

Alhoewel die navorser ten alle koste u identiteit vetroulik sal hou, moet u in ag neem dat die risiko steeds bestaan dat u identiteit bekend kan word vir sommige mense wat die bevindinge lees. Wees ook bedag daarop dat u inligting vertroulik gehou sal word behalwe waar die navorser wetlik verplig word om spesifieke insidente te raporteer. Hierdie insidente sluit in, maar is nie beperk tot, insidente van mishandeling en selfmoord risiko.

KONTAK BESONDERHEDE

Indien u enige vrae op enige tydstip het rakende die studie, of u ervaar negatiewe effekte as gevolg van die studie, mag u die navorser kontak wie se kontak besonderhede op die eerste bladsy verskyn. Indien u vrae het rakende u regte of indien probleme opduik, wat u voel u nie met die navorser kan bespreek nie, mag u haar toesighouers, Mede Professor Helen Buchanan (021-XXXXXXX) of Dr Amshuda Sonday (021-XXXXXXX) kontak.

Die voorsitter van die UK FGS Menslike Navorsing Etiese Komitee, Mede Professor Marc Blockman, kan ook kontak word by 021 XXX XXXX indien u enige vrae het rakende u regte en welstand in hierdie studie.

VRYWILLIGE DEELNAME

U deelname aan hierdie studie is vrywillig. Dit is u besluit of u wil deel neem aan die studie. Indien u besluit om deel te neem aan hierdie studie sal u gevra word om ‘n toestemming vorm te onderteken. Nadat u die toestemming vorm onderteken het, kan u steeds enige tyd onttrek sonder om redes te verskaf. Onttrekking uit die studie sal nie u profesionele verhouding, indien enige, met die navorser affekteer nie. Indien u onttrek van die studie voordat die informasie invordering voltooi is, sal u informasie aan u terug besorg word of vernietig word. U identiteit sal nie bekend gemaak word in enige van die publikasies en geskrewe materiaal wat vanaf hierdie studie verkry word nie.

COVID-19

COVID -19 is ‘n aansteeklike siekte wat veroorsaak word deur die nuutgevonde korona virus. Hierdie nuwe virus en siekte was onbekend voor die uitbraak daarvan in Wuhan, China in Desember 2019. COVID -19 is tans ‘n pandemie wat meeste lande wêreldwyd affekteer. Die mees algemene simptome van COVID -19 is koors, droë hoes en moegheid. Die beste manier om uself en andere te beskerm is om ten alle tye goeie hand en repiratoriese higiëne toe te pas.

Dit is noodsaaklik om ten minste een meter afstand te hou tussen uself en andere. Indien u gaan deelneem aan hierdie studie sal u voorsien word van ‘n mediese gesigmasker, hand saniteerder en u sal omtrent een meter weg van die navorser sit tydens die mediese evaluering en onderhoud proses. Hierdie maatreels is in plek om u en die navorser te beskerm teen COVID 19 verspreiding, aangesien baie mense met die virus infekteer is en nie daarvan bewus is nie. U sal voor die onderhoud ondervra word omtrent COVID 19 simptome en u sal ook u eie pen ontvang indien u enigiets moet neerskryf. Daar sal genoeg tyd spandeer word op enige vrae wat u of u versorger dalk mag hê omtrent COVID 19 voordat die onderhoud sy aanvangs neem. Indien u besorgd is omtrent COVID 19, sal die navorser u verwys na iemand wat u kan help in hierdie verband. Stel asseblief die navorser in kennis indien u enige verdere navrae het.

Onderteken en oorhandig asseblief die Ingeligte Toestemming vorm ingesluit by hierdie bylae aan die navorser, indien u wil deelneem aan die studie.

Die navorser se werksadres is XXX XXXX, Springbok, Noord-Kaap. Die navorser kan ook u ondertekende ingeligte toestemming vorm opneem op die dag van u ongeskiktheid toelaag evaluasie indien u so sou verkies.

Baie dankie dat u die tyd geneem het om hierdie bylae te lees en oorweeg om deel te neem aan hierdie studie!

APPENDIX C: INFORMATION SHEET – MEDICAL OFFICER (English)

Research Study

University of Cape Town | Department of Rehabilitation Sciences | Occupational Therapy division

The UCT FHS Human Research Ethics Committee can be contacted on 021 XXX XXXX in case participants have any questions regarding their rights and welfare as research subjects on this study.

INFORMATION SHEET – MEDICAL OFFICER

RESEARCHER

Stacey Louisa Bock

066 XXX XXXX (Cell phone, WhatsApp)

027 XXX XXXX (Landline)

XXXXXXX@myuct.ac.za (E-mail)

TITLE OF STUDY

A case study on the experiences of persons with disabilities of the disability grant assessment process

Introduction: Dear Medical Officer,

My name is Stacey Louisa Bock and I am an occupational therapist doing my master's degree in Occupational Therapy at UCT. I need to complete a research assignment as part of the degree.

The research is being done to describe the thoughts, perceptions and feelings of persons with disabilities (PWDs) concerning the assessment process of the disability grant (DG) programme.

The research question is: "How are persons with disabilities experiencing the disability grant processes occurring at the SASSA Springbok branch in the Northern Cape?"

PURPOSE

The purpose of this research is to add to the body of knowledge on the DG programme in order to improve the overall experience of the programme for its users and highlight possible areas where improvements can be made regarding the uniformity and effectiveness of the assessment process. Through this

research the assessment process for a DG at SASSA in Springbok will be described. The aim of this study is to describe the experiences of PWDs regarding the assessment process.

STUDY PROCEDURES

Overt non-participant observation will be used. The physical infrastructure of the waiting area in the SASSA Springbok branch building, the adoption of the *Batho Pele* principles in the assessment process, and the social SASSA setting will be observed. An observation template will be used to record observations. With your permission, I would like to observe how you conduct five separate DG eligibility assessments with PWDs. Ethical approval from the Human Research Ethics Committee of the Faculty of Health Sciences at the University of Cape Town has been granted and SASSA Head Office in Pretoria has given permission. The district manager of SASSA Springbok has also approved the study.

The data gathered will be analysed to describe the experiences of PWDs of the DG assessment process. Feedback will be made available to the participants, their families and communities, as well as to the wider research community through peer-reviewed scientific journals, conference presentations, and a summary report to officials (including medical officers) at the Department of Social Development, Northern Cape and SASSA, Springbok, the provincial office in Kimberley and Head Office in Pretoria. If there is an intention to use the information for any other purpose, then additional consent will need to be obtained from you, and further ethics approval will need to be obtained.

Please note: You are not being assessed in any manner during this research. The researcher is focused on the experience of the assessment process for the DG applicants. In no way is your ability to clinically assess the DG applicant or fill in DG forms determining whether the DG applicant is eligible for a disability grant being evaluated.

RISKS AND BENEFITS

There are no known direct risks or benefits from your participation in the study. The researcher will remove identifying information from the data collected and keep all information in locked storage and on password-protected computers.

CONFIDENTIALITY

Your name will not be linked to any of the data when the data is recorded, and the researcher will protect your identity by not speaking your name when in public areas and using 'sir' or 'madam' instead. These measures will be used to protect your privacy and confidentiality.

Although every effort will be made to keep your identity confidential, please note that there is still a risk that your identity may be evident to some people who read the findings. Please note your information will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

COVID-19

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally. The most common symptoms of COVID-19 are fever, dry cough, and fatigue. Practising hand and respiratory hygiene is always important and is the best way to protect others and yourself.

It Is necessary to maintain at least a one-metre distance between you and others. As the medical officer, you can request a medical mask from the researcher as well as hand sanitiser during the medical assessment process. The researcher will sit at least one metre away from you and the disability grant applicant during the medical assessment. This is to protect you, the researcher, and the disability grant applicant from spreading COVID-19, as many people who are infected may not know it. Please let the researcher know if you have any further concerns.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience negative effects as the result of this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights, or if problems arise which you do not feel you can discuss with the researcher, you may contact her supervisors, Associate Professor Helen Buchanan (021-XXXXXXX) or Dr Amshuda Sonday (021-XXXXXXX).

The chairperson of the UCT FHS Human Research Ethics Committee, Associate Professor Marc Blockman, can also be contacted on 021 XXX XXXX in case you have any questions regarding your rights and welfare in this study.

Please sign and return the informed consent form included with this letter should you agree to the terms in this study.

The researcher's work address is XXX XXXX, Springbok, Northern Cape. The researcher is also willing to collect your signed informed consent form on the days of the PWDs DG eligibility assessments if you prefer.

Thank you for reading this information sheet and for your willingness to participate in your capacity in this research!

APPENDIX D: INLIGTING BLAD – MEDIESE DOKTER (Afrikaans)

NAVORSINGSTUDIE

Universiteit van Kaapstad | Departement van Rehabilitasie Wetenskappe | Arbeidsterapie Afdeling

Indien deelnemers enige vrae het rakende hul regte en welstand in terme van hul deelname aan hierdie navorsingstudie, kan die UK FGW Menslike Navorsing Etiese Komitee telefonies kontak word by 021 XXX XXXX.

INLIGTING BLAD – MEDIESE DOKTER

NAVORSER

Stacey Louisa Bock
066 XXX XXXX (Selfoon, WhatsApp)
027 XXX XXXX (Landlyn)
XXXXXX@myuct.ac.za (E-pos)

TITEL VAN DIE STUDIE

'n Gevallestudie omtrent die ervaringe van persone met gestremdhede tydens die proses vir 'n ongeskiktheid toelaag.

Inleiding: Geagte Mediese Dokter,

My naam is Stacey Louisa Bock en ek is 'n arbeidsterapeut tans besig met my meestersgraad in Arbeidsterapie by die Universiteit van Kaapstad. Deel van my graad vereis dat ek 'n navorsing projek moet voltooi.

Die doel van die navorsing is om die gedagtes, persepsies en gevoelens te beskryf van mense met gestremdhede, rakende die evaluering proses van die ongeskikteid toelaag program.

Die navorsing vraag is as volg: Hoe ervaar mense met gestremdhede die proses van die ongeskiktheid toelaag program by die Suid Afrikaanse Sosiale Sekuriteit Agentskap (SASSA) Springbok tak?

DOEL

Die doel van die navorsing is om by te dra tot die bestaande kennis rakende die Ongeskiktheid Toelaag program sodat die algehele ervaring van die program verbeter kan word vir sy gebruikers en moontlike areas waar verbetering kan plaasvind, met betrekking tot uniformiteit en effektiwiteit van die evaluering proses, identifiseer kan word. Die evaluering proses vir 'n ongeskiktheid toelaag by SASSA in Springbok sal deur hierdie navorsing beskryf word. Die doel van die studie is om die ervaringe van mense met gestremdhede tydens die evaluering proses te beskryf.

STUDIE PROSEDURE

Openlike nie-deelnemende observasie sal gebruik word. Die fisiese infrastruktuur van die wag area in die SASSA Springbok tak gebou, die aanwending van die Batho Pele beginsels in die evaluering proses, en die sosiale opset binne SASSA Springbok tak sal waargeneem word. Waarnemings sal volgens 'n observasie templaat opgeneem word. Ek sou u graag, met u toestemming, wou observeer terwyl u 5 aparte ongeskiktheid toelaag evaluasies uitvoer met mense met gestremdhede. Etiese goedkeuring vanaf die Menslike Navorsing Etiese Komitee van die Fakulteit van Gesondheidswetenskappe van die die Universiteit van Kaapstad is alreeds toegestaan en toestemming is ook alreeds verkry van SASSA Hoofkantoor in Pretoria. Die distrik bestuurder van die SASSA Springbok tak het ook goedkeuring toegestaan vir die studie.

Die inligting sal ontleed word om die ervaring van mense met gestremdhede te beskryf tydens die ongeskiktheid toelaag evaluering. Terugvoering sal beskikbaar gemaak word vir deelnemers, hulle families en gemeenskappe, asook die wyer navorsing gemeenskap deur middel van wetenskaplike joernale, konferensie voordragte en 'n opsommende verslag aan amptenare (insluitende dokters) by die Departement van Sosiale Ontwikkeling, Noord Kaap en SASSA Springbok, provinsiale kantoor in Kimberley en Hoofkantoor in Pretoria.

Indien die informasie vir enige ander doel gebruik moet word, sal addisionele toestemming van u aangevra word en verdere etiese goedkeuring sal nodig wees.

LET WEL: U word geensins evalueer tydens die navorsing nie. Die fokus van die navorser is op die ervaring van die ongeskiktheid toelaag aansoeker tydens die evaluering proses. U vermoë om die aansoeker klinies te evalueer en vorms te voltooi wat bepaal of die aansoeker kwalifiseer vir 'n ongeskiktheid toelaag, word geensins evalueer nie.

RISIKO'S EN VOORDELE

Daar bestaan geen direkte risiko of voordeel vir u deelname aan hierdie studie nie. Die navorser sal enige identifiserende inligting weglaat uit die ingevorderde inligting en alle inligting veilig stoor in 'n area wat gesluit word en ook gebruik maak van wagwoord beskermde rekenaars.

VERTROULIKHEID

U naam sal nie gekoppel word aan enige van die inligting wat opgeneem word nie. Die navorser sal u identiteit beskerm deur nie u naam in openbare areas te gebruik nie, maar eerder gebruik te maak van meneer of mevrou. Hierdie maatreëls sal gebruik word om u privaatheid en vertroulikheid te beskerm. Alhoewel die navorser ten alle koste u identiteit vetroulik sal hou, moet u in ag neem dat die risiko steeds bestaan dat u identiteit bekend kan word vir sommige mense wat die bevindinge lees. Wees ook bedag daarop dat u inligting vertroulik gehou sal word behalwe waar die navorser wetlik verplig word om spesifieke insidente te raporteer. Hierdie insidente sluit in, maar is nie beperk tot, insidente van mishandeling en selfmoord risiko.

KONTAK BESONDERHEDE

Indien u enige vrae op enige tydstip het rakende die studie, of u ervaar negatiewe effekte as gevolg van die studie, mag u die navorser kontak wie se kontak besonderhede op die eerste bladsy verskyn. Indien u vrae het rakende u regte of indien probleme opduik, wat u voel u nie met die navorser kan bespreek nie, mag u haar toesighouers, Mede Professor Helen Buchanan (021-XXXXXXX) of Dr Amshuda Sonday (021-XXXXXXX) kontak. Die voorsitter van die UK FGS Menslike Navorsing Etiese Komitee, Mede Professor Marc Blockman, kan ook kontak word by 021 XXX XXXX indien u enige vrae het rakende u regte en welstand in hierdie studie.

COVID-19

COVID -19 is 'n aansteeklike siekte wat veroorsaak word deur die nuutgevonde korona virus. Hierdie nuwe virus en siekte was onbekend voor die uitbraak daarvan in Wuhan, China in Desember 2019. COVID -19 is tans 'n pandemie wat meeste lande wêreldwyd affekteer. Die mees algemene simptome van COVID -19 is koors, droë hoes en moegheid. Die beste manier om uself en andere te beskerm is om ten alle tye goeie hand en repiratoriese higiëne toe te pas. Dit is noodsaaklik om ten minste een meter afstand te hou tussen uself en andere. Stel asseblief die navorser in kennis indien u enige verdere navrae het.

Onderteken asseblief die ingeligte toestemming vorm, ingesluit by die bylae, en handig dit in by die navorser indien u instem om deel te neem aan die studie.

Die navorser se werksadres is XXX XXXX, Springbok, Noord Kaap. Die navorser kan ook u ondertekende ingeligte toestemming vorm opneem op die dag van u ongeskiktehied toelaag evaluasie indien u so sou verkies.

Baie dankie dat u die tyd geneem het om hierdie bylae te lees en oorweeg om deel te neem aan hierdie studie!

The University of Cape Town

Informed Consent Form - Participant

Research Study: A case study on the experiences of persons with disabilities of the disability grant assessment process

I _____ have read (or had read to me by _____) the Information Sheet. I understand what is required of me and I have had all my questions answered. I do not feel that I am forced to take part in this study, and I am doing so of my own free will. I know that I can withdraw at any time if I so wish and that it will have no bad consequences for me.

	Please tick box
1. I agree to take part in the above study.	☐
7. I understand that the interview with the researcher will be audio recorded.	☐

	Please tick box	
	Yes	**No**
8. I agree to the interview being audio recorded.	☐	☐

I choose the following option to receive feedback from the findings for later telephonic discussion with the researcher: *(Please tick ✓ at least ONE option, maximum of two options will be accepted)*

☐**Postal Service:** PO Box address: _____

☐**Email:** Email address _____

☐**SMS:** Cell phone number _____

☐**WhatsApp:** WhatsApp number _____

Signed:

_____ _____

Participant **Date and place**

_____ _____

Research **Date and place**

APPENDIX F: INGELIGTE TOESTEMMING VORM – DEELNEMER (Afrikaans)

DIE UNIVERSITEIT VAN KAAPSTAD

INGELIGTE TOESTEMMING VORM - DEELNEMER

Navorsingstudie: 'n Gevallestudie omtrent die ervaringe van persone met gestremdhede tydens die evaluering proses vir 'n ongeskiktheid toelaag.

Ek _____het die Inligting Blad gelees (of vir my voorgelees deur_____). Ek verstaan wat verwag word van my en al my vrae is beantwoord. Ek voel nie dat ek forseer word om deel te neem aan die studie nie en ek doen dit uit my vrye wil. Ek weet dat ek op enige tydstip kan onttrek indien ek so sou verkies en dat dit geen negatiewe nagevolge vir my sal hê nie.

	Merk asb die blok	**JA**	**NEE**
1.	Ek stem in om deel te neem aan bogenoemde studie	☐	☐
9.	Ek verstaan dat 'n stem opname van die onderhoud met die navorser gemaak sal word	☐	☐
10.	Ek stem saam dat 'n stem opname van die onderhoud gemaak word.	☐	☐

Ek verkies die volgende opsie om terugvoer van bevindinge te ontvang vir latere telefoniese bespreking met die navorser: *(Merk asb ✓ten minste EEN opsie, maksimum van TWEE opsies sal aanvaar word)*

☐**Poskantoor diens;** POS ADRES: _____

☐**E- pos;** E-pos adres _____

☐**SMS;** Selfoon nommer _____

☐**WhatsApp;** WhatsApp nommer _____

Geteken:

_____ _____

Deelnemer **Datum en plek**

_____ _____

Navorser **Datum en plek**

APPENDIX G: INFORMED CONSENT FORM – MEDICAL OFFICER (English)

The University of Cape Town

Informed Consent Form – Medical Officer

Consent form:

Research Study: A case study on the experiences of persons with disabilities of the disability grant assessment process

I _____ have read the Information Sheet. I understand what is required of me and I have had all my questions answered. I grant permission for the researcher to observe disability grant eligibility assessments that I conduct on the grounds of the South African Social Security Agency, Springbok branch.

Signed:

_____ _____

Medical Officer **Date and place**

_____ _____

Researcher **Date and place**

APPENDIX H: INGELIGTE TOESTEMMING VORM – MEDIESE DOKTER (Afrikaans)

DIE UNIVERSITEIT VAN KAAPSTAD

Ingeligte Toestemming Vorm – Mediese dokter

Toestemming vorm:

Navorsingstudie: 'n Gevallestudie omtrent die ervaringe van persone met gestremdhede tydens die evaluering proses vir 'n ongeskiktheid toelaag.

Ek _____ het die Inligting Blad gelees. Ek verstaan wat verwag word van my en al my vrae is beantwoord. Ek gee toestemming dat die navorser my mag waarneem terwyl ek ongeskiktheid toelaag evaluerings uitvoer op die gronde van die Suid Afrikaanse Sosiale Sekuritiet Agentskap, Springbok tak.

Geteken:

_____ _____

Mediese dokter **Datum en plek**

_____ _____

Navorser **Datum en plek**

APPENDIX I: OBSERVATION TEMPLATE

Observation template

Date: _____ Time observations begun: _____

Time observations ended: _____

OBJECT OF OBSERVATION	IF PRESENT MARK ✓ _____ IF MISSING / INCOMPLETE MARK ✖	COMMENTS, INCLUDING REFLEXIVE NOTES
Physical environment - Proper ventilation - Access to decent toilet facilities for both the PWD & persons without disabilities - Emergency exit clearly shown - Comfortable seating - Security guards visible and active - Appropriate assistive adaptations made to environment to accommodate a variety of limitations/disabilities (i.e., ramps and visual indicators for those with hearing impairments, etc.) - Flat terrain and clearly marked paths - Refreshments available or on sale at establishment - Translators, including sign language interpreters, made available - Adequate lightning - Other _____ _____ _____		
- DG eligibility assessment - Medical diagnosis and history taken - Medication/s, allergies, and possible side-effects recorded - Previous therapeutic intervention requested from applicant - Applicant's reasoning for why they are unable to work and should be granted a DG - Work experience recorded (enabling factors or barriers noted) - Functional levels noted in the following areas: Feeding, bathing, grooming, dressing, toileting, transfers, mobility, stair use (Wade & Collin, 1988) - Full physical assessment conducted, including an attempt to determine possible functional limitations DG applicant might experience in a work environment - Appropriate referrals discussed on red flags MO noted throughout the interview (i.e., depression/anxiety – referral psychologist, negative side-effects of medication – referral back to clinic doctor) - Clear phases / stages of the assessment process evident? Initial Contact, Information Exchange, Assessment, Feedback, Conclusion, Referral / Follow Up		

The *Batho Pele* Vision (Department of Public Service and Administration, 2019) adopted within MO DG eligibility assessment and within social SASSA setting: - Consultation /interview expectations investigated and addressed - DG applicant informed of the level and quantity of service they will experience in interview and in the expectation for an outcome - Equal access granted to a DG - DG applicant treated with courtesy and consideration - Full, accurate information provided to applicant regarding the service they will experience - DG applicant has access to how national and provincial departments run and who is the head - Standard of service not delivered, full apology given or if complaints made appropriate and sympathetic response provided - Value for money, is DG applicants' time utilised well at SASSA, are they assisted? - Encouraging and rewarding social / working setting - Good overall customer impact - Leadership and strategic direction visible in setting		
Anything extra observed?		

APPENDIX J: INTERVIEW GUIDE (English)

Interview guide

The information form below will be collected before interview commences.

Date: _____ Time interview began: _____

Time interview ended: _____

Name of research participant: _____

Chosen pseudonym (if any): _____

Venue: _____

The participant will choose either Afrikaans or English as the language they feel most comfortable to conduct interview in. The researcher will introduce herself, explain the research, and reiterate that the informed consent form that they signed prior to participating in the research identifies their consent to be a part of the research, and allows for the use of a voice recorder to be used in this section of the research. The researcher will confirm with the participant that the researcher can continue with the voice recorder and that the participant may at any time request that it no longer be used. The researcher will then point out the voice recorder and ascertain that it is functioning correctly. The researcher will inform the participant that the interview will be approximately 90 minutes and that the goal is to explore their experience of the DG assessment process.

Socio-economic and demographic background questions

Researcher: Before we begin with the interview questions on the DG assessment process, I am going to ask you a few questions about you and those who live with you in your household.

Location	Sub-district:	Town:
Sex	Male	Female
Age: How old are you?		
Type of **disability**	Visual impairment	Deaf / hard of hearing
	Mental health condition	Intellectual disability
	Physical disability	Other (specify):

What is your current **marital status**?	Married	Living with partner
	Widow / Widower	Divorced / separated
	Single	Other (specify):
What is your highest level of **education**?		
Are you currently **employed or earning money** through working?		
Are you self-employed or are you working for someone else?		
What are the reasons that you are not working?	Studying	Looking for work
	Retired or pensioner	Sick / injured (Temporary)
	Person with disability (More permanent)	Caring for children
	Caring for sick / injured / PWD	Retrenched
	Do not know	Other (specify):
Including yourself, how many adults (18 years or older) live in your house?		
How many children (younger than 18 years) live in your house?		
How would you describe the **structure of your home**?	Brick and mortar	Wooden
	Thatch roofing	Zink
	Other (specify):	

Interview:

Researcher: We will now move to the interview questions.

1. Before we start talking about the DG eligibility assessment, I would like to get to know a bit about you. Can you tell me about the major events in your life? Perhaps we can start with when and where you were born?

11. Let's now talk about living with a disability. How did you acquire your disability? [prompts: What happened next? And then? Tell me more about …].

12. Could you try and explain to me how it feels to be PWD? What has your experience been like as a PWD? [Prompts: What do you struggle with as a PWD? How do you feel now that you have a disability?]

13. Do you think persons with disabilities are able to work? [Could you explain why you say so?]

14. Have you tried to work since you have had a disability? What has your experience been while attempting to find work as a person with a disability?

15. Are there other forms of income for persons with disabilities? Are there challenges in accessing those forms of income?

16. Do you think that PWDs are still able to contribute meaningfully towards society, or in the community in which they live? [Please explain further why you think so, and what their contributions may look like.]

17. Is this the first time that you have applied for a DG? [If not], please will you tell me about the other time(s) you applied. [Prompts: When? What was the outcome?]

18. Could you perhaps explain to me the reasons for your DG application?

19. If your application for a disability grant is approved, and you begin to receive the grant monthly from the government, how, in your opinion, do you think the money will be spent monthly?

20. If you think about your experience today, how would you describe the experience?

21. Were there any moments in the assessment process which stood out for you? [Prompts: Could you tell me a bit more ...]

22. In your opinion, do you feel that you were assessed fairly? [Prompts: Please tell me more ...]

23. Could you describe your interaction with the doctor?

24. Could you provide me with any ideas in which the assessment process could be improved?

25. Is there anything you would like to add, which can help us to better understand your experience?

26. Are you prepared to receive medical treatment or rehabilitation for your disability, even if that would mean you would lose your disability grant and be expected to find work?
27. What are your thoughts and feelings regarding the high unemployment rate in South Africa?
28. What do you think are the reasons for these high unemployment rates?
29. Do you have any ideas about how South Africa can address the high unemployment rates?
30. Have you got any further questions or comments for the researcher?

The researcher will then thank the participant and clarify that the participant can expect a summary of the interview findings in approximately two weeks from the interview date. The researcher will confirm the method in which the findings will be sent to the participant, as provided on the informed consent form. The researcher will clarify that the participant can expect a phone call from the researcher within two weeks from receiving the findings to be sure that the participant agrees with the findings, and if they wish to add anything extra. Participants will be encouraged to contact the researcher of they have any further queries. An updated referral list with relevant service provider contact details, including counselling services, will be given to the participant.

APPENDIX K: ONDERHOUD RIGLYN (Afrikaans)

Onderhoud riglyn

Die onderstaande inligting sal ingevorder word voordat die onderhoud begin.

Datum: _____ Tyd begin: _____

Tyd eindig: _____

Naam van deelnemer: _____

Skuilnaam (indien enige): _____

Plek: _____

Die deelnemer kan kies tussen Afrikaans of Engels as die taal waarin hul meer gemaklik sal wees om die onderhoud te voer. Die navorser sal haarself voorstel, die navorsing verduidelik en benadruk dat die ingeligte toestemming vorm wat die deelnemer geteken het voor hul deelname, hul toestemming identifiseer om deel te wees van die navorsing en ook toelaat vir die gebruik van 'n stem opnemer tydens hierdie deel van die navorsing. Die navorser sal weer bevestig met die deelnemer dat sy met die stem opnemer kan voortgaan en dat die deelnemer op enige tydstip kan versoek dat dit nie meer gebruik moet word nie. Die navorser sal dan die stem opnemer aanwys en seker maak dat dit korrek funksioneer. Die navorser sal die deelnemer inlig dat die onderhoud ongeveer 90-minute sal duur en dat die doel van die onderhoud is om die ervaring van die ongeskiktheid toelaag proses te ondersoek.

<u>Sosio-ekonomiese en demografiese agtergrond vrae</u>

Navorser: Voordat ons begin met die onderhoud rakende die ongeskiktehied toelaag proses, gaan ek u eers 'n paar vrae vra omtrent u self en die mense wat saam met u bly in die huis.

<table>
<tr><td>Area</td><td>Sub-distrik:</td><td>Dorp:</td></tr>
<tr><td>Geslag</td><td>Manlik</td><td>Vroulik</td></tr>
<tr><td>Ouderdom, hoe oud is u?</td><td colspan="2"></td></tr>
<tr><td rowspan="3">Tipe gestremdheid</td><td>Sig aantasting</td><td>Doof / Swak gehoor</td></tr>
<tr><td>Geestes versteuring</td><td>Verstandelike aantasting</td></tr>
<tr><td>Fisiese gestremdheid</td><td>Ander (spesifiseer):</td></tr>
</table>

Is u getroud?	Getroud	Bly saam met maat
	Weduwee/ wewenaar	Geskei/ vevreemd
	Enkel	Ander (spesifiseer):
Wat is u hoogste vlak van opleiding? Skool en na skool		
Het u tans 'n vaste werk of verdien u geld deur te werk?		
Werk u vir u self of vir iemand anders?		
Wat is die redes dat u tans nie werk nie?	Studeer	Soek werk
	Afgetree of pensionaris	Siek / Tydelik beseer
	Gestremd (meer permanent)	Versorg kinders
	Versorg siekes, beseerdes of gestremdes	Afgelos
	Weet nie	Ander (spesifiseer):
Insluitend u self hoeveel volwassenes (18 jaar en ouer) bly in u huis?		
Hoeveel kinders (jonger as 18 jaar) bly in u huis?		
Hoe sal u die struktuur van die huis beskryf?	Sement en stene	Hout
	Grasdak	Sink
	Ander (spesifiseer):	

Onderhoud:

Navorser: Ons sal nou begin met die onderhoud.

1. Voordat ons begin praat omtrent die ongeskiktheid toelaag evaluering, sal ek graag eers meer omtrent u wil weet. Kan u my vertel omtrent die groter gebeurtenisse in u lewe. Ons kan dalk begin met wanneer u gebore is en waar?

2. Kom ons praat ‘n bietjie omtrent u huidige gestremdheid. Wat het veroorsaak dat u nou hierdie gestremdheid het. [Leiding: Wat het volgende gebeur? En toe? Vertel my meer hieromtrent ….]
3. Kom ons praat nou omtrent hoe u dit ervaar om met die gestremdheid te lewe. [Leiding: Waarmee sukkel u tans weens die gestremdheid? Hoe voel u omtrent die feit dat u nou ‘n gestremdheid het?
4. Dink u mense met gestremdhede kan ooit weer werk? [Verduidelik hoekom u so sê?]
5. Het u al probeer om ander werk te soek sedert u gestremdheid en wat was die uitdagings wat u ervaar het tydens die soektog vir werk?
6. Is u bewus van enige ander vorm van inkomste vir mense met gestremdhede, anders as die ongeskiktheidstoelaag? Indien wel, wat is die uitdagings om toegang te verkry tot daardie vorm van inkomste?
7. Dink u mense met gestremdhede kan nog ‘n betekenisvolle bydrae lewer in die gemeenskap waarin hulle woon? [Verduidelik vir my hoekom u so sê?]
8. Is dit die eerste keer dat u aansoek doen vir ‘n ongeskiktheid toelaag? (Indien nie), vertel my asb van die vorige keer wat u aansoek gedoen het. [Leiding: Wanneer? Wat was die resultaat?] Wat is die rede dat u weer aansoek doen? Het enigiets intussen verander sedert u vorige aansoek?
9. Kan u dalk vir my redes verskaf hoekom u dink dat u kwalifiseer vir ‘n ongeskiktheid toelaag.
10. Indien u aansoek vir ‘n ongeskiktheid toelaag toegestaan word en u ontvang die maandelikse uitbetaling van die Staat af, waaraan, in u opinie, sal u die geld maandeliks moet spandeer.
11. As u dink aan u ervaring vandag met die ongeskiktheid toelaag evaluering. Hoe het u gevoel toe u instap by die dokter se kamer?
12. Het u alles ten volle verstaan wat tydens die evaluering gedoen was? [Wat het jy nie verstaan nie?]
13. Was daar enigiets spesifiek omtrent die evaluering wat vir u uitgestaan het? [Vertel my bietjie meer…]
14. In u opinie, voel u dat u regverdig evalueer was? [Vertel my meer hieroor….]
15. Hoe het u gevoel terwyl die dokter u ondersoek het?

16. In u opinie. Kan daar enige verbeteringe aangebring word in die proses van die evaluering of is u tevrede met hoe dit tans gedoen word?
17. Is daar enigiets wat u graag nog wil byvoeg wat ons sal help beter verstaan hoe u die proses ervaar het?
18. Sal u bereid wees om mediese behandeling of terapie te aanvaar vir u huidige gestremdheid, indien dit sou dit beteken dat u die ongeskiktheid toelaag aansoek moet laat vaar en weer sal kan werk.
19. Hoe voel u omtrent die hoë werkloosheid syfer in ons land Suid Afrika?
20. Wat dink u is die redes vir hierdie hoë syfer?
21. Het u enige idees van hoe hierdie uitdaging in ons land moontlik aangespreek kan word?
22. Het u dalk enige vrae vir my?

Die navorser sal dan die deelnemer bedank en herinner dat die deelnemer 'n opsomming van die bevindinge kan verwag omtrent twee weke na die onderhoud datum. Die navorser sal bevestig op watter wyse die bevindinge aan die deelnemer gestuur sal word soos aangedui in die ingeligte toestemming vorm. Die navorser sal dit duidelik maak dat die deelnemer 'n oproep kan verwag vanaf die navorser vanaf twee weke na die deelnemer die bevindinge ontvang het om seker te maak dat die deelnemer saamstem met die bevindinge en of hul enigiets wil byvoeg. Deelnemers sal aangemoedig word om die navorser te kontak indien hul enige navrae het. 'n Opgedateerde lys van relevante dienslewerars se kontak besonderhede, insluitende berading dienste sal aan die deelnemer gegee word.

APPENDIX L: DOCUMENT REVIEW TEMPLATE

Document review (Bowen, 2009)

Review date: _____ Time review begun: _____

Time review ended: _____

Section	Item	Y	N	Comments
Overview	Page includes required organisation information (e.g., SASSA, details, heading).	☐	☐	
	Was the document accessible?	☐	☐	
	The purpose of the document is clear and complete.	☐	☐	
	Target audience described thoroughly and accurately.	☐	☐	
	The scope of the document is accurate and complete.	☐	☐	
Procedure/ Body Text	All safety, privacy, and/or other details are specified.	☐	☐	
	Content has a contribution towards answering research question? How / why?	☐	☐	
	Pertinent information in document noted that assists with answering research question. Please note, page number and paragraph. Please quote pertinent information	☐	☐	
	Acronyms are spelled out completely in the first instance.	☐	☐	

(TECH WHIRL, 2019)

APPENDIX M: BEVESTIGINGSVORM – DEELNEMER (Afrikaans)

DIE UNIVERSITEIT VAN KAAPSTAD

BEVESTIGINGSVORM - DEELNEMER

Navorsingstudie: 'n Gevallestudie omtrent die ervaringe van persone met gestremdhede tydens die proses vir 'n ongeskiktheid toelaag.

Ek verstaan die inligting wat in die onderhoud opgeneem is op band sowel as op papier korrek is.

	Merk asb die blok	**JA**	**NEE**
Ek stem saam dat die inligting op band en papier korrek oorgedra is.		☐	☐

Indien nee, wat sal u aanbeveel moet verander word?

Geteken:

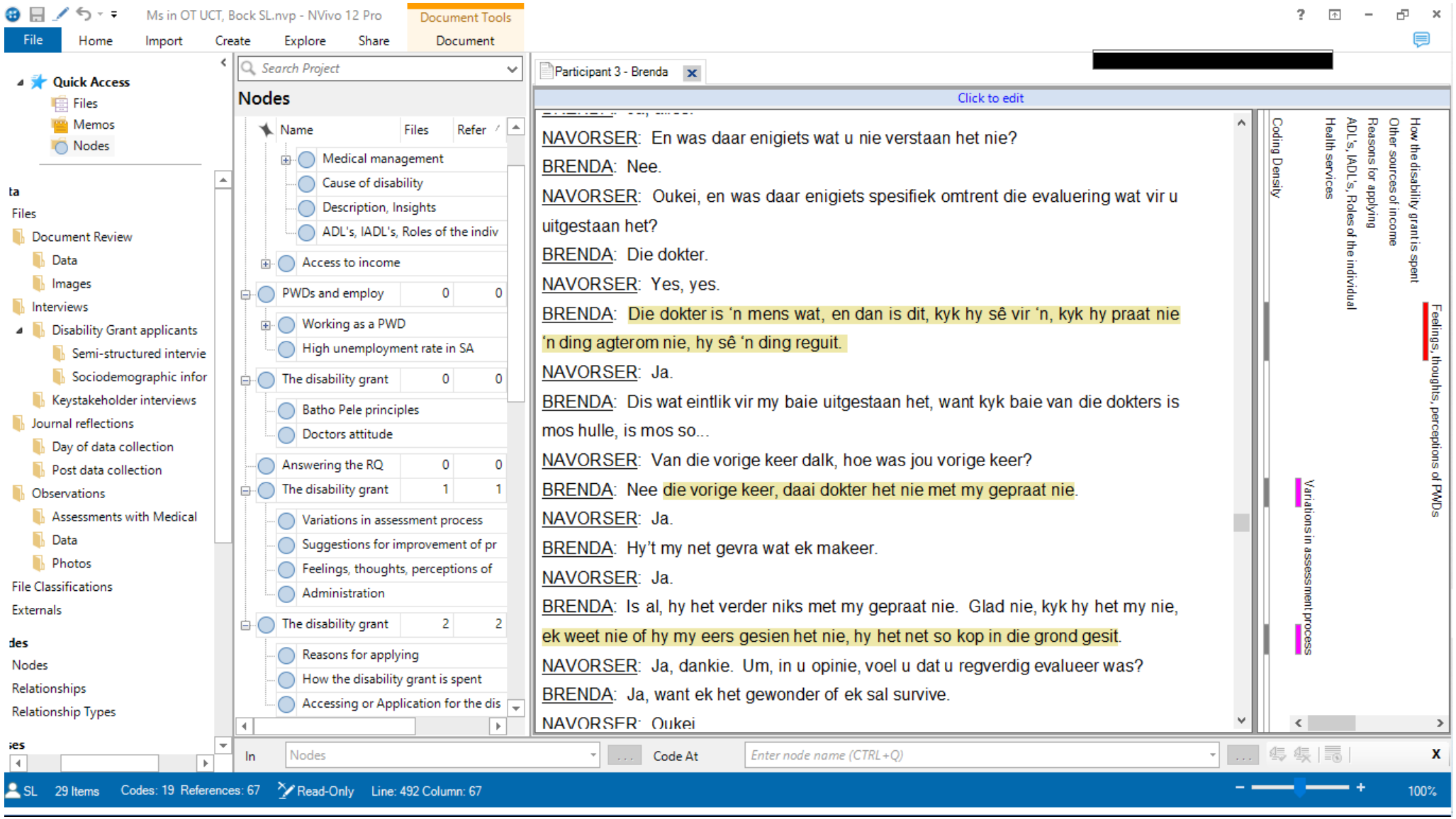
_____ _____

Deelnemer **Datum en plek**

APPENDIX N: PHOTOGRAPHS

Photographs taken of the outside waiting area for DG applicants as they await medical assessments with the MO. Taken on the days of data collection, 25 and 26 August 2020. An outside waiting area was implemented because of the mandatory COVID-19 protocols.

APPENDIX O: EXAMPLE OF THE CODING PROCESS



APPENDIX P: ETHICAL APPROVAL

UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee

Room G50- Old Main Building
Groote Schuur Hospital
Observatory 7925
Telephone [021] 406 6492
Email: hrec-enquiries@uct.ac.za
Website: www.health.uct.ac.za/fhs/research/humanethics/forms

02 March 2020

HREC REF: 679/2019

Dr A Sonday
Division of Occupational Therapy
Health & Rehab Sciences
Room 76, F56, OMB

Dear Dr Sonday

PROJECT TITLE: A CASE STUDY ON THE EXPERIENCES OF PERSONS OF DISABILITIES OF THE DISABILITY GRANT ASSESSMENT PROCESS (MSC CANDIDATE- MRS STACEY LOUISA BOCK)

Thank you for your response letter dated 13 January 2020, addressing the issues raised by the Faculty of Health Sciences Human Research Ethics Committee (HREC).

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30 March 2021.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.
(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

We acknowledge that the student: Mrs Stacey Bock will also be involved in this study.

Please quote the HREC REF in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

Yours sincerely

Signature Removed

PROFESSOR M BLOCKMAN
CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number: FWA00001637.
Institutional Review Board (IRB) number: IRB00001938

HREC 679/2019sa

APPENDIX Q: INSTITUTIONAL APPROVAL

Emily Raisibe Maluleke <EmilyM@sassa.gov.za> Thu, Jun 11, 2020, 1:34 PM

to me, Thabo, Kerneels

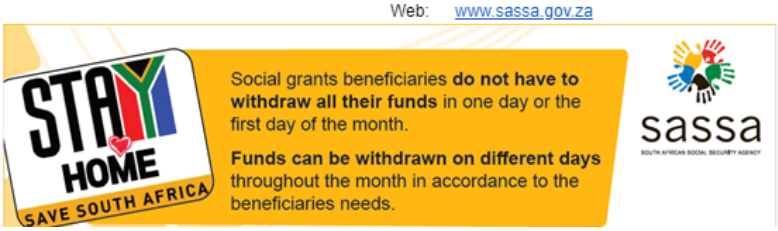
Hi Stacey

Mr Valentyn is aware that Head Office stance is that they have given you approval to conduct interviews. His office will therefore provide you with the necessary support.

Do let us know if you experience challenges in conducting the research.

Kind regards

Emily Raisibe Maluleke
Senior Manager: Human Capital Management
South African Social Security Agency (SASSA)
Tel: 053-802-4989
Mobile: 079-493-0419
Email: EmilyM@sassa.gov.za
Web: www.sassa.gov.za



APPENDIX R: SASSA PAMPHLET GIVEN TO THE PUBLIC

Qualification requirements

- You must be a South African citizen, permanent resident or refugee;
- You must live in South Africa;
- You must be between18 and 59 years of age;
- You must submit a medical / assessment report confirming your disability;
- The medical assessment must not be older than 3 months at date of application
- You and your spouse must meet the requirements of the means test;
- You must not be maintained in a State institution; and
- You must not receive another social grant for yourself.

Where do you apply for a grant?

- You apply at the SASSA Office nearest to where you live;
- If you are too old / or sick to travel to the office to apply for a grant, a family member or friend can apply on your behalf;
- Your application form will be completed in the presence of an officer from SASSA;
- When your application is completed you will be given a receipt;
- Keep this receipt – it is your only proof of application;
- You do not have to pay any money to apply;
- If your application is not approved by SASSA, you must be given the reasons in writing;
- You have the right to request SASSA to reconsider its decision, if you are unhappy with the decision made. If the reconsidered decision is still unfavourable, you have the right to appeal to the Minister of Social Development. The request for SASSA to reconsider its decision must be informed by the outcome of your application, and must be lodged with SASSA within 90 days of you being informed of the outcome of your application.

Date of award of grants

If your grant is approved, you will be paid from the date on which you applied.

How to apply for a disability grant?

A disability grant requires that yoube assessed and diagnosed by a medical practitioner recognized by SASSA. The medical practitioner will asses you and make a recommendation to SASSA as to whether your impairment is severe enough to qualify for a disability grant. SASSA makes the final decision to award the grant or not, not the medical practitioner. After the medical assessment has been done, the application process can begin.

During the process, a SASSA official will assist you to complete the application forms.

A disability grant will be awarded if you meet the legislated requirements and where the medical assessment confirms that you are unable to work because of your condition or disability. Whether the grant is provided as a temporary grant or a permanent grant is determined from the medical assessment. The assessment also indicates whether a medical review will be required in the future.

APPENDIX S: PROGRAMME OF EXCELLENCE, IN-SERVICE TRAINING MANUAL 2014 MODULE 1, p. 35

Application to Outcome: Norms and Standards

	AREA	NORM	STANDARD
1	Application process	- All applicants of social grants **must be screened to ensure availability of all required critical and supporting documents**	- Screening of one applicant should not take more than 15 minutes to complete - No missing critical documents - 100% accuracy should be achieved
		- Application forms **must be completed for all applicants**	- An application should not take more than 20 minutes to complete
		- The application must be **correctly and accurately completed**	- An application should not take more than 10 minutes to quality control - 100% of all applications should be quality controlled
		- **Approval** of all the applications must be done **by designated and delegated officials**	- A designated and delegated official must be appointed in writing to perform approvals of applications in line with the approved delegations of authority - Approval may not take longer than 10 minutes to complete
		- All applicants **must be informed in writing of the outcome** of their applications within a prescribed time frame - The **letter** of outcome will be posted **via registered mail** to the applicant, if an applicant fails to collect in person - A **register of registered** mail to be maintained and all returned letters should be followed up. Returned letters to be placed on file	- Completion of the application process from start to finish, will not take longer than 55 minutes per application. - Every applicant must be informed in writing of the outcome of his/her application. - Finalisation of applications taken from service points to be done within 21 working days. - No application must take more than 21 days from date of application to approval.

APPENDIX T: PROGRAMME OF EXCELLENCE, IN-SERVICE TRAINING MANUAL 2014 MODULE 1, p. 36

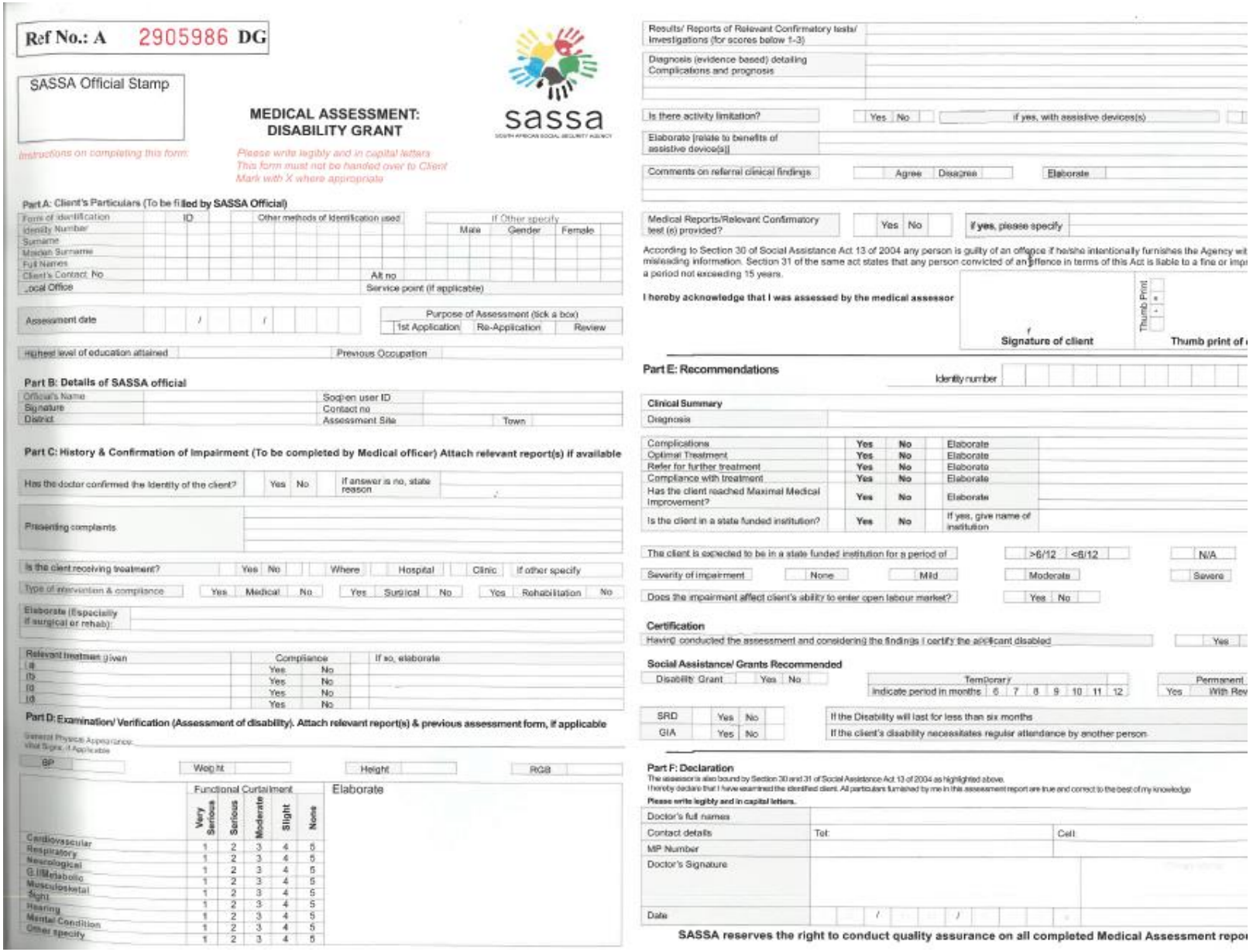
Disability Management: Norms and Standards

	AREA	NORM	STANDARD
1	Booking of medical assessment	- All customers who need to apply for disability related grants i.e. disability grant, care dependency, and grant-in-aid **must be booked for medical assessment** - The booking official to adhere to booking guidelines	- It must not take more than 15 minutes for booking a customer for medical assessment - A medical assessment should be done within 30 days from the date of booking.

APPENDIX U: PROGRAMME OF EXCELLENCE, IN-SERVICE TRAINING MANUAL 2014 MODULE 1, p. 37

	AREA	NORM	STANDARD
2	Medical assessment	- Assessments to be conducted in line with medical guidelines. - Doctors trained by SASSA on Social Assistance requirements are to conduct assessments. - A register of sample signatures, Medical Practitioner (MP) numbers and Practice Numbers (PR No.) of assessing doctors to be maintained.	- A maximum of 40 medical assessments per doctor per day. - Assessment by the doctor to take not more than 12 minutes per customer.

APPENDIX V: MEDICAL ASSESSMENT REGISTER: DISABILITY GRANT



Ref No.: A 2905986 DG

SASSA Official Stamp

MEDICAL ASSESSMENT: DISABILITY GRANT

sassa

Instructions on completing this form:

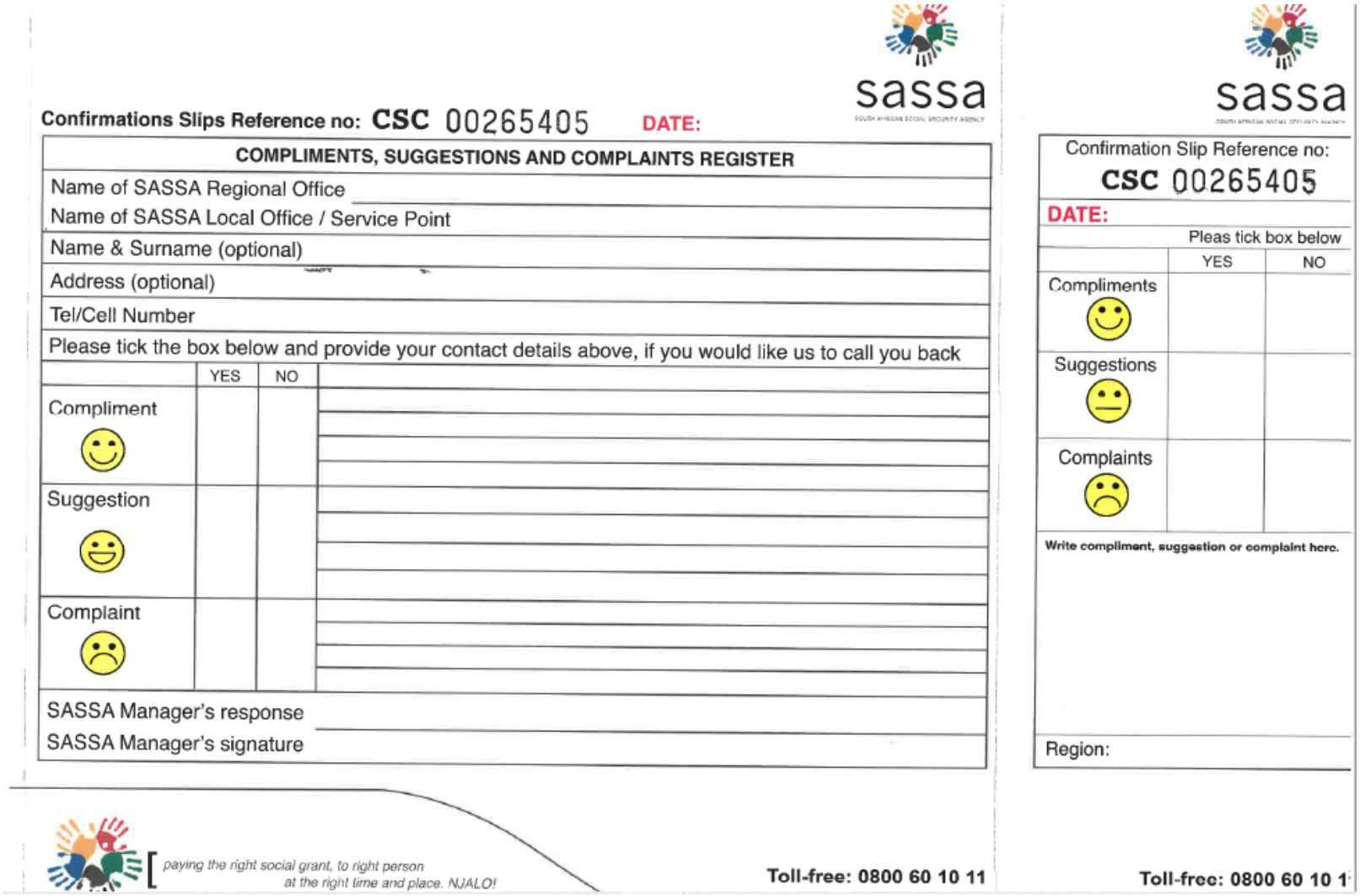
Please write legibly and in capital letters
This form must not be handed over to Client
Mark with X where appropriate

Part A: Client's Particulars (To be filled by SASSA Official)

Form of identification	ID		Other methods of identification used			If Other specify			
Identity Number							Male	Gender	Female
Surname									
Maiden Surname									
Full Names									
Client's Contact No					Alt no				
Local Office					Service point (if applicable)				

| | | | | | | | | |

APPENDIX W: COMPLIMENTS, SUGGESTIONS, AND COMPLAINTS REGISTER



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Confirmations Slips Reference no: CSC 00265405 **DATE:**

COMPLIMENTS, SUGGESTIONS AND COMPLAINTS REGISTER

Name of SASSA Regional Office

Name of SASSA Local Office / Service Point

Name & Surname (optional)

Address (optional)

Tel/Cell Number

Please tick the box below and provide your contact details above, if you would like us to call you back

	YES	NO	
Compliment			
Suggestion			
Complaint			

SASSA Manager's response

SASSA Manager's signature

paying the right social grant, to right person at the right time and place. NJALO!

Toll-free: 0800 60 10 11

sassa

Confirmation Slip Reference no:

CSC 00265405

DATE:

Pleas tick box below

	YES	NO
Compliments		
Suggestions		
Complaints		

Write compliment, suggestion or complaint here.

Region:

Toll-free: 0800 60 10 1