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EXPLORING POLICY IMPLEMENTATION: THE CARE DEPENDENCY GRANT

by

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COLLEGE OF HUMANITIES

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Abstract

The White Paper for Social Welfare of 1997 was created in order to address past inequalities. The main goal was to ensure that all citizens are provided with the equal chance of a better standard of living. The White Paper then gave rise to the Social Assistance Act 13 of 2004 in order to make provisions for social assistance for the most vulnerable groups in society, such as the elderly and persons with disabilities. The Social Assistance Act 13 of 2004 covers the disability grant, the care dependency grant, the child support grant, the foster care grant, war veterans grant, old person's grant, as well as relief of social distress. This legislation was then supported by other legislations such as the South African Social Security Agency Act, then gave rise to SASSA which is an agency that is responsible for implementing these grants.

The purpose of the study was to explore policy implementation in relation to the care dependency grant. In order to achieve this, the study utilized the systematic approach and secondary data collection techniques from previous studies in order to establish the efficacy of the government's response to the needs of children with disabilities.

Policy implementation plays a crucial role in the policy process. There are certain conditions that need to be met so that the policy objectives are implemented successfully. However, the findings suggest that the current disability policy is not sufficiently implemented since these conditions are not met. Some crucial challenges faced here range from failing to align policies between departments to the lack of human resources within government; this subsequently denies a high number of children with disabilities their right to social protection.

Keywords: Care Dependency Grant, Disability, Policy Implementation, Accessibility Constitution, SASSA, Social Assistance and Medical Assessment.

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List of Abbreviations

ECD	Early Childhood Development
DWCPD	Department of Women, Children and People with Disabilities
GEAR	Growth, Employment and Redistribution
MO	Medical Officer
NGO	Non-Governmental Organization
NDP	National Development Plan
OSDP	Office of the Status of Disabled Persons
RDP	Reconstruction and Development Programme
SAHRC	South African Human Rights Commission
SASSA	South African Social Security Agency
UNCRRDP	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations International Children's Emergency Fund

CHAPTER 1: Introduction

1.1. Background and Outline of Research Problem

The late nineties were a period of societal, political, and economic reform. During that time, a range of policies was drafted by the new government. Many were intended to handle the adverse effects of their discriminatory pre-democratic policies directly. When the white paper for social welfare came to fruition in 1997, it turned into an increasingly important policy that would focus on human evolution and promote self-sustainability by providing South African citizens with some form of social help. The development of the white paper eventually led to the formation of this Southern African Social Security Agency (hereafter referred to as SASSA or "The Agency"). SASSA is a schedule 3A public entity, which means that The Agency is an extension of a public entity with the mandate to fulfill a specific economic or social responsibility of the government.

The role of SASSA is to manage and administer social grants. The success of SASSA depends on the efficiency and productivity of its staff, as well as implementation. Therefore, implementation remains an integral part of the policy cycle for SASSA. However, a lack of consistency in this process can make it difficult to assess the results of the policy cycle. Namely: how great an impact the policy has made, the misuse of funds or payment to incorrect beneficiaries, awarding grants to wrong beneficiaries and assessing whether the policy has brought some level of change and development to society (Khan, 2016:7). The study focused on the execution stage and the policy cycle concerning the CDG and analysed the scope of the coverage and questions whether it benefits its intended recipients. This endeavour was assisted by exploring previous research on similar topics.

According to Smith (1973: 200), viewing the public policy cycle through the lens of social and political change is imperative. Policies are a tool to develop society, and the formulation of the White Paper for Social Welfare of 1997 was intended to deviate from past policies that only benefited a few. Smith (1973:200) noted that implementation, which is often ignored in the public policy process, plays a vital role in enacting change in society. Khan (2016: 1) described implementation as a procedure that involved transforming policy aims into action. Therefore, implementation can be tested using SASSA as it plays the crucial role of policy implementer. Brinkerhoff & Hoff (2002) stated that 'focusing on their implementation process and strategies could be key in assisting the agency to achieve social security that is beneficial to eligible and current beneficiaries,

and it also assists the agency to measure the outcomes and impact of their policies.’

The policy process usually begins when a problem has been identified and has made its way onto the agenda, after which numerous proposals are formulated to address it. The government then goes on to set policy goals and decides on a path to attain them. The knowledge and effort dedicated to materializing policy decisions comprise the policy cycle implementation stage (Howlett, Ramesh & Perl, 2009:161). Thus, policy implementation is a complex multidimensional part of the policy cycle that is attempted at different levels of government. In addition, policy implementation is often pursued in conjunction with society, non-profit organisations, and the private sector (Brynard as cited in Cloete and Wissink, 2006: 165).

1.2. Preliminary Literature Study

During the apartheid era, most disabled people were disadvantaged when it came to accessing essential services. In addition, most services were provided to white disabled people who lived in city areas, and those who lived in rural areas had limited access. The services were based on a welfare model that viewed disabled people as unable to fend for themselves. Due to this perception, they did not get access to opportunities to develop themselves and were inevitably trapped in a cycle of poverty (Philpott, 2004). Since the dawn of democracy, the new government has faced the challenge of providing equitable service and shifting the medically-based paradigm in which disabled persons were viewed. As a result, the government had to create policies that would address the inequalities in service provisions and promote the inclusion of disabled children (ACPF, 2011: 11). Although changes have been made to welfare policies to redress the inequities caused by the pre-1994 era, children with disabilities continue to experience neglect, ignorance, and marginalization due to institutional failures (DSD2009:5) cited in ACPF (2011: 11).

The policies that are created and implemented are meant to fulfill the constitutional obligations to children with disabilities. Still, there has been a failure in the national and provincial processes to link these policies consistently. The lack of information on service delivery and restricted budget distributions seems to be the blockade to regulating and safeguarding the civil liberties of children who are disabled. Parsons (as cited in Meyer & Cloete, 2000: 250) asserted that: ‘South Africa has gone through a significant review of policies, followed by a period that emphasized service delivery; and thereafter emphasis being placed on implementation during the Mbeki era.’

Brynard stated that the development of policies, implementation, and service delivery have to be combined to allow them to create clear policies (Brynard, 2005). There has also been consensus on previous research that South Africa has a policy gap that needs to be addressed. Khosa (2005) pointed out that “the discrepancies between policy and implementation are largely caused by unrealistic policies, and a lack of managerial expertise. Another key finding is that policy implementation has suffered from the absence of a people driven process. Insufficient coordination of policy implementation is cited in virtually all sectors and has significantly hampered the implementation of policies. In addition, insufficient staffing and capacity of all three spheres of government, as well as the linkages between them, have largely worked against the successful implementation of policies”.

Tebele (2016: 38) further noted that there had been a lot of effort on the part of the government to establish policies that aim at the wellbeing of all South Africans. However, there are discrepancies in the government’s attempts to implement these policies. It seems that the government shows a lack of what Meier (as cited in Tebele, 2016: 38) describes as “robust clientele; knowledge; leadership and cohesion”; that has to be evident in the policy process. Omitting these factors causes the government to fail to respond adequately to policy issues. Tebele (2016: 39) also stated that there was a lack of consensus amongst policymakers and that this eventually led to a breakdown in implementation.

The policy would offer direction for planned policies to provide adequate and appropriate welfare services. The focal goal of the welfare policy of 1997 was to make strides towards providing disabled children with protection and promoting their wellbeing through policy reform. In addition, it ensures that it is in line with the “Bill of Rights,” “the Integrated National Disability Strategy,” and the “National Disability Policy Framework,” which reflects the “United Nations Convention on the Rights of Persons with Disability” (UNCRPD); which also makes specific provisions for disabled children (ACPF, 2011:7).

In accordance with these strategies and conventions is the CDG, an arrangement of social assistance administered to children with disabilities. The legal definition as specified by the Constitution of The Republic of South Africa 1996 28(3) is a child is an individual that has not yet reached the age of 18’. The Bill of Rights of South Africa makes clear provisions for the

rights of the child to be protected by social services, which include multiple layers of social security of children in need of special care and protection, especially those with disabilities.

Parents, caregivers, and foster parents of a child who “requires and receives permanent care and support services” due to the child’s disabilities are eligible to receive the CDG. The grant requires a child to be assisted with other expenses that may arise due to the child being disabled, which includes ensuring that they are fully integrated and participate fully in society. The CDG is a cash transfer. It is an acknowledgment by the government that there is a legitimate need for additional support in a frequently socially and economically isolating environment (DSD n.d.).

Children who are disabled are considered a group susceptible to various risks, and they comprise one of the most neglected groups in the policy sphere. The majority of children with disabilities face numerous socioeconomic barriers that negatively affect their social, physical, and intellectual development and their wellbeing. As with other vulnerable groups, a large majority of children who are disabled are not provided with their fundamental needs. In addition, their social lives are affected due to social stigmas that affect the disabled in their communities. Some disabled children even experience deprivations from their own families, and often children with disabilities are hardly mentioned in the national policy agenda (ACPF, 2011:8).

The plight of the numerous scarcities in these children’s lives are interlinked to the government’s systematic failures, which inadvertently goes against the goals of the Care Dependency Grant, which is supposed to assist children with disabilities to have a quality of life that is as normal and healthy as that of their peers. Despite numerous policy reforms, disabled adults and children are still excluded from service provisions, and negative attitudes towards disability still exist. In addition, services for disabled children are usually not sufficiently synchronized, and methods for early identification and follow-up of these children are inadequate. The research has indicated that the causes of this include inadequate alignment of programmes and policy, a lack of financial, human resources, the absence of monitoring and evaluation, and inefficient systems for early identification of childhood impairments. In addition, the government usually only highlights its successes and not its failures; thus, making it harder to identify areas of improvement and limitations of CDG implementation, ACPF (2011:8).

Petrenchik (2008:7) noted that the connection between childhood poverty and disability is complex. Children who live in poverty have a higher predisposition to develop an

impairment, and children with disabilities are highly predisposed to falling into the poverty trap. In addition, if a disabled child lives in poverty, there is a great likelihood that many of their needs will go unfulfilled, which ultimately leads to delays in their development. The care dependency grant plays a vital role in assisting families with money to care for a disabled child. Childhood disability in the context of poverty means that they also must deal with poverty-related inequalities such as limited access to health services, special transport, and medication and educational assistance (Petrenchik, 2008:8).

1.3. Significance of the Study

Kidd, Wapling, Bailey-Athias & Tran (2018: 73) asserted that there are several issues around the Care Dependency Grant, which include an insufficient number of medical officers, the limited capacity of staff and medical officers, a high opportunity cost, a lack of time for appropriate assessments, the absence of translation for eligible and potential beneficiaries, and physical barriers to offices, among others. This research study explored these issues and ultimately provided recommendations that will improve knowledge of the CDG and improve implementation to determine how effective the CDG is.

1.4. Limitations of the Study

One of the limitations this research faced was the type of sampling that was to be utilised. Secondly, non-probability techniques are not representative and therefore encounter the problem of generalizability. There is no national database on disability research, and therefore, the researchers had to use their personal data identification and collection methods. The researcher also took advantage of information received through word of mouth or a network. In accordance with the method of sampling chosen, the researcher focused on available information that fits the specified criteria of this research. Another limitation that the researcher had to overcome was the issue of not acquiring information on disability-specific services and assistive devices and information on government databases. Much of the prior research that was conducted was outdated, making it difficult to assess which data was still accurate.

The study was initially supposed to collect primary data. However, with life disrupted by Covid-19, the researcher could no longer conduct interviews with participants safely. In addition, government agencies such as SASSA were severely understaffed, and people were unwilling to give their time for any form of an interview due to their strenuous workloads. The other group of participants would have comprised caregivers and nurses

from a special needs school. However, the researcher had to cancel due to safety concerns. Eventually, the research had to become a full desktop study.

1.5. Justification or Rationale of the Study

This research aims to fill in a knowledge gap. As mentioned previously, there has not been much information published about the Care Dependency Grant. This research explored a range of themes under this topic and contributed to existing research. This research was also of social and developmental importance as recommendations could assist in developing cohesive policies.

1.6 Theoretical Framework

A theoretical framework in research is of the utmost importance as it assists the researcher find the direction their research will take. Moreover, a theory is a crucial component of research as it helps to account for or understand social phenomena. According to Sarantakos (1993: 8), research and theory have become closely intertwined, notably in two ways; on the one hand, theories influence research by giving basic structured assumptions; on the flip side, the research stipulates the method of establishing, inventing, strengthening and lengthening a theory. A theory is a structured set of assertions about a standard behaviour or arrangement that is supposed to hold through a considerably broad range of specific instances, Sutherland (1976: 9).

Policy implementation is a crucial stage in the policy cycle, and learning from the issues that arise in implementation assists in creating a more effective way to structure policies. This will assist policymakers in ensuring that the policies they create have the effects that they seek, Birkland (2011: 265). This research focused mainly on two theories. First, the "top-down" or "bottom-up" theories of implementation focused on interpreting policy design. In addition, methods of organising policy implementation boost the probability of implementation success (Birkland, 2011:265).

1.6.1 Top-down Approach

Birkland (2011:265) states that this theory is relevant to the study as the insight of government research participants will provide insights into issues faced with implementation.

1.6.2 The Bottom-up Approach

This approach to policy implementation, on the other hand, Birkland (2011:268) considered this theory was crucial to the study as these street-level bureaucrats are the people who interact with people who they provide with social services. It also offers a unique perspective of implementation.

1.6.3 5 C Protocol

The 5 C protocol recognises the complexity of the implementation process. The 5 C protocol identifies critical variables that most scholars believe are central to understanding implementation. These variables help us understand that the policy process's implementation stage is not an administrative problem (Brynard, 2005:176). Instead, the variables focus on the notion that implementation is a multidimensional complicated process and politics, not just a bureaucratic function (Brynard, 2005:178).

Each variable (content, context, commitment, capacity, and clients and coalitions) is associated with and often influences the others to a certain extent, depending on the circumstance (Brynard, 2005:178). The theories apply to the South African context as they illustrate what is needed for the successful implementation of the care dependency grant or explain the reasons for the shortcomings of the care dependency grant implementation.

1.7 Research Objectives

- Establishing the regulatory framework in relation to the CDG in South Africa.
- Establishing how policy regulates access to the CDG.
- Determining the understanding and interpretation of the medical assessment criteria by implementers.
- Determining the accessibility of the CDG.
- To establish the systematic failures of government CDG implementation and what can be done to remedy this policy issue.
- To make recommendations to improve CDG accessibility.

The above objectives formed an integral part of this research. They ensured that the researcher was able to provide accurate information which has contributed to the research.

1.8 Research Questions

- What is the regulatory framework in relation to the Care Dependency Grant in South Africa?

- What is the level of understanding of the Care Dependency Grant by policy implementers?
- What is the level of understanding and interpretation of the medical assessment criteria by implementers?
- What can be done to remedy the systematic shortcomings of government in relation to the Care Dependency Grant?
- What advice be provided to the Department of Social development to enhance CDG implementation?

1.9 Research Methodology

The previous sections have highlighted the foundational literature for this research. This section will focus on the research methodologies that were employed for this research.

1.10 Research Design

Before exploring research design, one needs to define research. Research can be considered as a form of systematic enquiry that explores a problem or concern using scientific methods. A research design is an important part of research. Huysamen (1987) described research design as follows: 'Research designs are a type of enquiry with quantitative, qualitative and mixed method approaches that give the Investigator a clear-cut path for procedures in a study'. The researcher's choice of design was influenced by the problem to be studied (Denzin & Lincoln, 2011). Research design is chosen by the researcher, based on the worldview that the researcher espouses.

This research utilized qualitative document analysis as a research design. Like most qualitative methodologies the focus is on discovery and description, as well as exploring underlying meanings, patterns or processes (Altheide, 2000:290). Qualitative document analysis is interpretive, but still remains empirical; meaning that assumptions made can be tested through conducting research (Altheide, 200:290). A qualitative document analysis involves reviewing and evaluating documents that may be presented in electronic or printed form. These materials may include academic documents such as journals or previous research studies, letters, newspapers etc (Bowen, 2009:27).

1.10.1 The Research Approach.

The research adopted a systematic approach. A systematic approach allows the researcher to systematically select and exclude studies that are relevant to the research

question. Due to the nature of the study, the researcher found it appropriate to adopt this approach in order to adequately address the research question.

1.11 Data Collection Methods

The methods that were used in this research to collect data involved secondary data collection methods. This is research that was previously conducted by someone else. This data can be compiled by studying journals, newspaper articles, private or public organisations' papers, photographs etc. The data collection method is relatively inexpensive and is usually chosen by researchers who are pressed for time.

Identifying Secondary Data Set

The data set: Social Protection and Disability in South Africa.

Children with disabilities in South Africa: The hidden reality regarding implementation of social grants.

Improving Delivery and Increasing the access profile of persons with disabilities in South Africa (Census, 2011).

1.12 Data Analysis

This research utilized secondary data analysis. This form of data analysis involves the collection of secondary data from existing research and previous studies to assist with attaining the objectives of this research (Long-Sutehall et al). Secondary analysis of qualitative data aims to address new questions by analysing existing data.

1.13 Reliability and Validity

Validity involves the investigator assessing and exploring the truth of results using specific processes, whereas qualitative reliability requires the researchers' methods to be consistent across various studies (Gibbs, 2007). Validity is important in research because the concept focuses on whether the results of the study are considered accurate from the point of view of the researcher, the participant and the reader (Creswell & Miller, as cited in Creswell, 2014:250). To produce research that is trustworthy and authentic, Creswell (2014:250) recommended using numerous methods to improve the ability of the researcher to analyse whether the findings are accurate and also to ensure that the reader is assured of such accuracy.

Validity and reliability of data will be determined by triangulating data sources and assessing evidence from different sources to justify themes. Then, if themes are established based on converging different sources, this process can assist with adding validity to the study by assuring the following:

- Providing a thick description of results.
- Explaining any biases, the researcher might bring into the study.
- Spending long periods of time on the study site to allow the researchers to gain a deeper perception of the phenomenon.

The researcher will be careful to ensure that the data collected is reliable, free of misunderstandings, omissions, layout problems and grammatical errors. The researcher ensured that the subjectivity of the researcher does not compromise the ethics of this research nor the other concepts concerning research, namely, reliability and validity (in which the researcher attempts to achieve validity, not through “the manipulation of variables but through the orientation towards, and the study of, the empirical world” (Sarantakos, 1993:76). These outcomes would be achieved by the use of reliable data collection methods and analysis, and adequate representativeness.

1.14 Ethical Considerations

The Ethical clearance for the study was approved by the University of KwaZulu-Natal.

CHAPTER 2: Literature Review and Legislative Framework.

2.1 Introduction

This chapter will discuss previous research into the Care Dependency grant. This chapter will also focus on the several existing national and international legislation underpinning the Care Dependency Grant.

2.2 Previous Research

In 2016, research on the use of the CDG was carried out in Orange Farm. This research explored how the CDG is accessed and used by caregivers to address the disabilities in Orange farm, South Africa. The findings of this research revealed the inconsistency between the Social Assistance Act of 2004 and the South African Social Security Agency regulations, which, in turn, made it difficult for a caregiver to apply for and qualify for the grant (Letsie, 2016:64).

Caregivers stated that there were numerous barriers at an institutional level to obtaining a social Grant. These barriers included incorrectly diagnosing applicants, which delayed the diagnosis, as well as unclear eligibility criteria (Letsie, 2016:64). In addition, even though grants were provided to caregivers to cover transportation, nutrition, health, and education requirements, the study also found that the grants were spent on stokvels as an important saving strategy, in addition to fixing needs which were closely influenced by communities' understanding of maintenance for people who were suffering under the circumstances of disabilities (Letsie, 2016:65). The CDG, in the study, was likewise found to be affected by environmental and social effects that affected both the child and the caregiver (Letsie, 2016:65).

Another study found that people with disabilities faced numerous challenges throughout their lives. However, children with disabilities faced a more significant risk with challenges such as living in a household with inadequate water and sanitation and limited access to preschool (Kidd, Wapling, Athias & Tran, 2018:4). Furthermore, women with disabled children were particularly at a greater risk of becoming single parents because of the stigma associated with disability and exclusion from economic and social activities that could offer support (Kidd et al., 2018:4).

Although in the past decade the gap has been decreasing, children living with disabilities are still less likely to attend a school which, consequentially, has adverse effects on children (Kidd et al., 2018:25). The study noted that 63,9 percent of children with impairments compared to the 96.1 percent of children without impairments were positioned at a

disadvantage to enter the employment market and being unable to get into the workforce is a significant contributor to the high rates of poverty among disabled people (Kidd et al., 2018:25).

In South Africa, social grants are viewed as entitlements specially meant for those living in poverty. However, access to a grant is still determined by a means test that may be unreliable (Kidd et al., 2018:26). South Africa was an early adopter of the United Nations conventions of the rights of persons with disabilities (Kidd et al., 2018:26) and reflected its obligation to disability that is apparent in South Africa's progressive constitution. However, the study found that South Africa still has not created legislation that is geared towards disabled people, and this gap in legislation means that implementing adequate legislation that would advance the lives of people who are disabled would not be possible (Kidd et al., 2018:26).

The study's findings also observed that the application process for a child support grant and an old age grant is simple compared to disability grants, where the process is complex and drawn out (Kidd et al., 2018:65). Applicants need to undergo two medical assessments (referral letter before they state the pre-application process) and have to undergo SASSA's medical assessment process. The application process for a disability grant is lengthy, time-consuming, and expensive (Kidd et al., 2018:65). SASSA currently implements a disability management model as a means of standardizing the medical assessment process for the disability grant, a care dependency grant, and the grant in aid. Medical officers need to determine the level of the applicant's disability, expressed in the form of the percentage of incapacity (Kidd et al., 2018:65). The study also found that the main reasons children living with disabilities are excluded from receiving the CDG included the following:

- The severe lack of human resource capacity within the state.
- Employing doctors continues to be an uphill battle for the Department of Health.
- A large number of medical offices that are conducting assessments are often not thoroughly trained.
- Sometimes decisions are taken at random, with medical officers using their own criteria to qualify applicants.
- SASSA offices are not part of the medical assessment and do not monitor this process. Instead, they only focus on the administrative side (Kidd, et al., 2018:7).

Another study conducted by the Disability Action Research Team found inconsistencies around the grant eligibility criteria. For example, with the CDG, an assessment needs to be conducted to verify children's disability and their need for support (Philpott as cited in Delany & Jehoma, 2016:65). This process requires a treating doctor to confirm the child's disability

and thereafter be examined by a medical officer appointed by SASSA, to verify that a child is disabled to such a level that they need lasting support or care. The study found that this assessment process posed the most significant challenge concerning the CDG. It led to inconsistent interpretation of the eligibility criteria (Philpott, cited in Delany & Jehoma, 2016:65). It also posed the challenge of a long, delayed process that may be time-consuming and may cause additional expenses for the caregiver, such as traveling expenses.

Another finding reflected in the study was that children with conditions that are harder to diagnose, such as conditions on the autism spectrum, without having extensive assessments, may be overlooked and excluded (Philpott as cited in Delany & Jehoma, 2016:65). "The result typically is [that] where the child is seen as physically able, irrespective of other possible considerations; he or she is not determined as eligible" (Philpott as cited in Delany & Jehoma, 2016:65). The CDG, therefore, is only awarded to children who suffer from more severe disabilities. Consequently, it leaves out those who are considered to have moderate disabilities but still need round-the-clock care (Philpott as cited in Delany & Jehoma, 2016:65).

2.3 Legislative and policy framework underpinning the Care Dependency Grant

2.3.1 The Constitution of the Republic of South Africa

The South African constitution was negotiated between May 1994 and October 1996 after Completing the inaugural democratic election. The constitution then laid the groundwork for an equal society, underpinned by democratic values and free of oppression and discrimination. The Bill of Rights in the constitution; states every South African citizen has the right to life, equality, human dignity, and privacy. The new constitution aimed to reverse the discriminatory practices of the apartheid regime. This included the Social Security system, which offered welfare exclusively to whites and coloureds. Only in the 1970s were reforms made reluctantly to provide black people with limited social assistance (White Paper for Social Welfare, 1997). Since then, the post-apartheid government, which previously hindered social development for majority groups, worked to undo these legislations and administrative reforms to provide citizens in need with health care, education, and social services. The government realized it would need to develop a social welfare approach that would aid in the development of public services, especially since the constitution recognizes social assistance as a right.

Section 27 (1)(c) stipulates Social security is a right that all citizens should have access to,

especially if they are unable to provide adequately for themselves and their dependents. Section 27 (2) of the constitution requires the government to explore the necessary legislative steps, if feasible and dependent on the availability of resources, to achieve progressive legislation to realize these rights. In addition, the constitution makes specific provisions for the social services for the child. In the context of the constitution, the child is an individual who has not yet reached the age of 18 (Constitution of the Republic of South Africa, 1996). Section 28(1)(b) provides guidelines on the rights of children, which include being provided with family care or act alternative care and the case that the child is removed from the family home. Section 28(1)(c) adds that children are to be provided with basic necessities required for survival such as health care, nutrition shelter, and social services to be protected from mistreatment, neglect, and/or abuse. Section 28(2) further reinforces these ideals by stating that the child's best interests are of utmost importance and all matters pertaining to the child (Constitution of the Republic of South Africa, 1996).

These legislations are important to aid in protecting children as they are one of the most vulnerable groups in South Africa. In addition, these legislations allow for the government to provide social services for the children who suffer from mental and physical abuse, injury, and those who have been removed from their homes or caregivers, mentally and physically disabled children, and children who suffer through poverty. However, with the insertion of section 36 of the constitution, it may seem that the right to social assistance is not absolute (Constitution of the Republic of South Africa, 1996).

As mentioned above, the Bill of Rights also encompasses the right to social services for children. There are layers of services that include social security and provisions for children in need of special care and protection, such as children with disabilities. A child who "requires and receives permanent care or support services" due to their disability is eligible for the Care Dependency Grant (CDG) (Constitution of the Republic of South Africa, 1996). The intended use of this grant is to help caregivers cover other expenses that arise from a child's disability, allowing the caregiver to provide the child with the appropriate care, in addition to this ensuring that he is cared for in such a way that it increases their chances of full participation in society. Modeling the CDG as a cash transfer provides a palpable source of income for caregivers. It represents an acceptance of the state that children with disabilities have additional requirements and That the need for support, especially when living in an environment that isolates them socially and economically is valid.

Limitation of rights

Section 36 (1) Implies that "the rights spelt out in the Bill of Rights may be limited in terms of the general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality, and freedom considering all the relevant factors" (Constitution of the Republic of South Africa, 1996). Such conditions stipulated in section 36 imply that there are conditions set for obtaining grants. The requirements are not regulated, and the same conditions may be a limiting factor in attaining a social grant. Therefore a citizen may be denied their basic rights to social services.

The constitution of South Africa includes basic values and principles governing public administration in section 195. This is paramount as these guidelines govern how SASSA employees should behave toward potential and grant recipients (Constitution of the Republic of South Africa, 1996).

Section 195 (1) of the constitution outlines the basic conduct and ethics that govern public administration. Section 195 (1)(a) states that the public administration has to be guided by democratic values enshrined in the constitution. Section 195 (1)(b) economic resources should be handled and used efficiently and effectively. Section 195(1)(d), in addition to these services, shall be provided to Citizens and an impartial manner.

The section implies that SASSA employees should ensure that the resources of the state are used without malpractice. Section 195 (1)(d) ensures that the human dignity of SASSA grant recipients and potential grant recipients is always protected and is given the necessary provisions without bias and prejudice of any other discriminatory behaviour that may compromise human dignity (The Constitution of The Republic of South Africa, 1996).

2.3.2 White Paper for Social Welfare in 1997

South Africa has been experiencing deteriorating economic growth for the past 20 years. This caused a decline in the earning power of people, which subsequently led to the rise of poverty and placed a large amount of pressure on the welfare system to provide some form of economic relief.

In a country where great poverty existed alongside great wealth, When the white paper was developed 35, 2 percent of all South African households lived in poverty. Most affected by this poverty were African households, households in rural areas, especially women-headed homes. The most affected overall were South African children, with the figure then standing at a shocking 54 percent (The White Paper for Social Welfare, 1997).

Inequalities

During the pre-democratic era, welfare policies, legislation, and programs were equally inadequate and ineffective when addressing poverty and basic needs.

Racial, gender, structural, and geographic disparities have created significant distortions in the delivery system welfare and service provisions had an urban and racial bias.

Unemployment was an essential part of the agenda in 1997 as the country was characterized by high unemployment rates in the formal sector. Unemployment was more prevalent among women, especially those residing in rural areas and young people under the age of 24. Unemployment among people with disabilities was also prevalent. The White Paper recognized that the South African economy could not provide enough employment opportunities for all those who want to work. It also recognized that unemployability increased the risk of vulnerability for many households. Although the market made provisions for those with special needs, such as people with disabilities, people still did not have secure and sustainable income streams. Many eventually turned to the welfare system for some form of maintenance and support.

The White Paper for Social Welfare of 1997 became the blueprint for social, political, and economic reform. Although it recognized that the economic policies were essential for growth and job creation, by themselves, they were insufficient. The white paper recognized that the government needed to invest in its citizens. Investing in its human capital would increase productivity and essentially move people out of poverty. The White Paper also asserts that welfare limits the impact of market and policy failures. It assists workers transition smoothly if there are any changes to working or living conditions.

Welfare policies cover citizens and various ways, including cash transfers, social relief, and services that promote development to ensure that the citizens of the country have enough economic and social protection in times of uncertainty, such as loss of employment, becoming ill, or even disabled. These types of programs aimed to decrease the poverty gap. The White Paper also acknowledged that there are critical problems that were identified within the social welfare system. The prominent problem is the government's inability to reach a consensus on the social welfare policy framework and its relation to a national reconstruction and development strategy. Information was fragmented and incomplete, leading to the inability to understand the need, impact, or consequences of wealthy spending.

Restructuring priorities

The White Paper asserts that to create an inclusive and formal welfare system, restructuring priorities is key to these developments.

- Working towards having a national consensus on the national welfare policy framework.
- Creating a sole welfare department that would have departments at a provincial level as well as explaining the duties or functions of local governments to ensure smooth service delivery.
- Removing all discrepancies and all existing welfare policies.
- A complete overhaul of the structure of partnerships between stakeholders and order to create a system that will be equal, financially feasible, and practical in ensuring that the needs of impoverished people are met.
- Legislative reform.
- Human resource development
- Changing and rationalising the current welfare delivery system into a more comprehensive and integrated approach which would include social welfare, social development etc., developing a welfare system that is financially feasible and practical.

2.3.3 Integrated National Disability Strategy

At the time this national strategy was formulated, lawmakers realized there was insufficient data on the types and pervasiveness of disability in South Africa. However, in 1995 it was an estimated 5 percent of the population. It was also recognized that people with disabilities were ostracized from society and faced difficulties accessing basic rights. In addition to this, the integrated national strategy also recognized a strong link between disability and poverty (The integrated National disability Strategy). The main premise behind this disability poverty relationship was that poverty causes people to become more vulnerable to disability, and disability reinforces and deepens poverty.

People particularly vulnerable in South Africa are people with severe mental disabilities, people disabled by violence, people with aids, and children. The integrated framework also

recognized that disabled people are usually placed in a medical and welfare perspective, often identifying people with disabilities as ill and in need of care, ultimately neglecting the wider social needs. Which often leads to the breakdown of relationships due to severe isolation (The integrated National disability Strategy). The integrated framework drew information from years of research on disability from all parts of the world, especially research that altered the view of disability into a concept that was seen as a human rights issue. The result of this recognized the social model for disability had to change. Society had to change its physical environment so that people with disabilities could play a full participatory role in society.

The integrated national disability strategy was inspired by the changing ethos taking place internationally, such as the UN standard rules on the equalization of opportunities for persons with disabilities, which also aligned itself with the vision of society with a social model that involved people with disabilities in the process of transformation. Therefore, the integrated national development strategy emphasized assimilation of issues related to disability in all government plans. In addition to this, an efficient management system of implementation and monitoring, capacity, and wide public education.

People living with disabilities are given special protection by the constitution. The state has departments that ensure people living with disabilities can gain access to their constitutional rights and their responsibilities like any other citizen. However, as mentioned before, there is inadequate information on the types of disabilities and the extent of their disability. This was largely due to how disabilities were viewed from a health and welfare perspective. This subsequently led to the government failing to consolidate disability in the government's statistical processes (The integrated National disability Strategy).

Unreliability due to:

1. Different definitions of disabilities.
2. Negative perceptions people usually have towards those who are living with disabilities.
3. Inadequate infrastructure for people living with disabilities, especially in underdeveloped places.
4. Violence experienced during the apartheid could negatively impact the collection of data or stopped it altogether.

Poor people have a higher possibility of developing an impairment or disability. The occurrence of disability in a family usually causes a lot of pressure, pushing them into deeper poverty. As a result, there is a high proportion of disabled people among the very

poor. The Integrated National Disability Strategy asserts that the number of families living in poverty has increased due to disability.

Exclusion through legislation

Past laws were a major contributor to people living with a disability being socially excluded as they could not protect the rights of those who were disabled. Also, through existing legislation, barriers were created to prevent people with disabilities from accessing equal opportunities.

South Africa has attempted to identify and eliminate discriminatory legislation from statute books. However, at the same time, South Africa has failed to meet international human rights standards and principles concerning people with disabilities.

Reasons why legislative discrimination takes place:

- The nature of the regulations.
- The process in which acts and regulations are implemented.
- Inappropriately interpreting the law.
- Failure to monitor legislation.

Although the rights of people with disabilities are enshrined in the constitution, there is yet to have disability-specific legislation.

Children with disabilities, particularly black disabled children

The national disability strategy recognized that South African society still regarded children with disabilities as incapable and burdened society. This led to them being represented as a problem that needed to be dealt with separately from other children's issues.

With more than 80 percent of black children living in extreme poverty, they have inadequate appropriate health care centers. Moreover, society treating these children as a social responsibility usually takes a toll on their emotional wellness and frequently deems them unworthy.

Children are unable to defend themselves, leaving them vulnerable to physical, sexual, and emotional abuse. Children with disabilities are less likely to attend school, go to outings, or be exposed to situations where they can learn problem-solving. As a result, these children may develop to become disempowered adults, rarely able to resolve problems, which consequently causes elevated unemployment figures among adults with disabilities. Children with disabilities experience grief from a very young age. Non-disabled children wind up believing that the exclusion of disabled kids is the standard and so socially acceptable, which reinforces the approval of segregation in later life.

2.3.4 Children's Act 38 of 2005

This Act aims to give effects of the rights of children mentioned in the constitution and clarify the fundamental principles that relate to the care and protection of children.

The constitution aims to create a society that respects democratic values and social justice and improves the standard of living for all of its citizens. In contrast, every child has the rights set out in section 28 of the constitution-the State must respect, protect, promote and fulfill those rights. Chapter two of the Act spells out the general guidelines for children with chronic illnesses and disabilities”. Schedule 11 specifies that in any case concerning a child with disabilities, the child must be provided with the appropriate parental care, family care, or special care. The Act further states that the State is obligated to ensure that all necessary measures are taken to ensure that the child fully participates in social, cultural, and educational activities while also making provisions for the special needs that the child may have to participate. The Act also emphasizes that the child needs to be in an environment where their dignity, self-reliance, and active participation in the community are promoted. In addition to that, the child and the caregiver need to be provided with the necessary support services. Schedule 11(3) further stipulates that a child that is disabled or suffers from a chronic illness may not be forced into any situation that may compromise their health.

2.3.5 Social Assistance Act 13 of 2004

This Act aims to ensure that social assistance and providing cash transfers through SASSA are efficient and effective. In addition to this, ensuring that the standards and norms are followed when distributing social assistance to its recipients.

The Act also spells out the procedure to be followed when applying for a social grant. Schedule 10 of the Act specifies:

- That an individual or representative applying for a social grant must present themselves to the Agency's office or any other designated place to fill in the relevant application forms.
- The Agency must assist the person or representative in completing the application form if the applicant cannot do so themselves.
- The application form should have all the required documents which are mentioned in schedule 11.
- The form must be signed by the applicant or their representative in front of a designated officer who will confirm that the application complies with the requirements.
- The certification needs to be verified by another designated officer.

The regulations further state that the person or their representative Should be finished with a receipt that acknowledges their application. The receipt should have a date as well as a stamp from SASSA. Additional information that should appear includes the name and identification number of the applicant and the officer that was assisting. In addition to this, the Agency has to keep records of all the applications received to date. The records have to reflect the applicant's personal information, the date of the application, the type of grant the applicant has applied for, and the name of the SASSA employee.

Schedule 11 of the Act lists the documents (original or certified) that should accompany a social grant application which includes:

- Identification documents of the person making the application.
- In the case of a care-dependency grant, a child support grant, or a foster care grant, an identity document and a valid birth certificate need to be produced.
- Proof of spousal relationship status, and when it cannot be produced, a sworn statement or an affidavit in a format provided by an agency is accepted.

2.3.6 Regulations (R898 of 2008) to Social Assistance Act 13 of 2004

The regulations were an addition to the social assistance act. They were promulgated to provide clarification and provide more information on the rules mentioned in the social assistance act. It is important to note that these regulations have to be read together with the social assistance act. These regulations substantiate the requirements that are stated in the Acts for all of the grant types. However, regulation number 8 states that South Africans and permanent residents are eligible to receive the CDG, as refugees are now also able to apply for the grant. Regulations also confirmed that medical assessments are still required to confirm disability and that the medical assessment should be conducted by a medical professional employed by the state or provided with a contract issued by the government.

CDG eligibility

Parents, a primary caregiver, or foster parents are eligible for a care dependency grant in respect of a care-dependent child. If (a) an assessment confirmed that the child, due to their physical or mental disability, requires and receives permanent care or support services and meets the requirements as set in an annexure D.

The act does not stipulate the type of assessment nor whether specific guidelines govern or regulate assessment; to ensure that there is no subjectivity in diagnosing. However, the determination of the financial criteria for the Care Dependency Grant is as follows:

A = B X 10; where-

1. A = annual income threshold, and

2. B = annual value of the care dependency grant.

2.3.7 South African Social Security Agency Act of 2004

The SASSA Act of 2004 was promulgated due to the realization of the state's constitutional obligation to make social assistance available to its citizens. The national DSD formed SASSA to fulfill its social welfare mandate. The agency was to be established as a juristic person, subject to the public finance management act of 1999. According to section 4 (1)(a), the purpose of this agency is to oversee the administration of social assistance in terms of the social assistance act of 2004 and perform any other functions delegated to it under the provisions of that act. (b) In addition, the agency's purpose is to ensure that payments or transfers of funds are reconciled and that a national database should be built that comprises all beneficiaries and applicants of social security benefits.

Section 4 (3) the main objectives of SASSA include:

1. Acting as the primary agent will make sure the payments and administration of social assistance are efficiently and effectively managed.
2. Handling all future administration and payments of social security.
3. Providing services that relate to these payments.

Section 7 (3)(d) advocates for the protection of the dignity of applicants for social assistance, and section 24 (b) ensures that the right to social assistance for recipients is not interrupted in any manner, whether by discontinuing or decreasing the grant amounts, in accordance with the social assistance act of 1992 24. Section (c) ensures that the transfer of the social assistance to the agency contemplated in paragraph (a) does not in any way cause discomfort, stress, or interruption of payments to recipients thereof.

2.3.8 The Public Management Finance Act

The act was put in place to establish transparent, accountable public institutions and proper management of revenue expenses and liabilities of those institutions, including but not limited to; government departments and public entities listed in schedule 2 or 3. SASSA is an entity that falls under state-owned enterprises, which are described in the act as a: "juristic person under the ownership control of the national executive, which has assigned a financial and operational authority to carry on a business entity". Public funds fund social assistance in South Africa. Therefore, this implies that the administration of social grants must be in line with this act. Other legislation concerning social assistance should conform to the provisions of the constitution; it should also comply with the PFMA. SASSA is tasked with ensuring that social security payment to recipients is as efficient and effective as possible. The PMFA binds SASSA as an SOE to act accordingly. SASSA is a tool for the DSD to implement its

national policy for Social Security. As SASSA makes payments to beneficiaries, they must also ensure they have relevant anti-fraud devices to uphold the integrity of the Social Security system and that there is no mismanagement of expenditure during the disbursement of social security funds.

2.3.9 The Promotion of Administrative Justice Act 3 of 2000

This act specifically states: "to give the right to administrative action that is lawful, reasonable and procedurally fair and the right to written reasons for administrative action as contemplated in section 33 of the Constitution of the Republic of South Africa, 1996, and to provide matters incidental thereto". This legislation obligates state entities such as SASSA to provide written reasons for decisions they have taken, such as successful or unsuccessful grant applications."

Administrative justice is important to social assistance, as the law ensures that every citizen has fair access to social assistance. It also ensures that the government officials, entrusted with fulfilling the state constitutional obligations, act within their powers under the Social Assistance Act.

2.3.10 Promotion of Access to Information Act

This act aims to implement the rights of individuals to access any data or information retained by the government or information in possession of any individual that could be seen as necessary to exercise the protection of rights. This act requires SASSA to allow grant applicants access to information on the progress or status of the application and the outcome. In addition, it is necessary to provide reasons why applications are successful or not.

2.3.11 The Promotion of Equality and Prevention of Unfair Discrimination Act Number 4 of 2000

This act obligates the government to take the necessary steps to guarantee that children who are impaired are able to access their rights. This includes making sure that persons with disabilities are not biased against, by denying them access or removing a person with disabilities from facilities that are supposed to support them; or creating an environment that is not accessible or failing to remove barriers that would restrict persons with disabilities, thus infringing on their right to enjoy equal opportunities. All failures in respect of these provisions infringe negatively against the rights spelled out by this act.

2.3.12 The White Paper on the Rights of Persons with Disabilities (2015)

This policy obligates the state to adopt laws, policies, and plans within a social model of disability. This paper aimed to ensure that children who are disabled have enough support to encourage their growth and remove barriers to accessing services (White Paper on the rights of persons with disabilities, 2015:1).

2.3.13 The White Paper on the Rights of Persons with Disabilities - The Implementation Matrix 2015 – 2013.

This paper spelled out measures the government should take to fulfill the obligations mentioned in the white paper. The implementation matrix included plans to remove barriers to access and participation (creating awareness plans and developing a human rights-based terminology, integrating disability awareness to the mainstream school curriculum, access transport, etc.) and to protect persons with disabilities at risk of marginalization (such as protecting their right to life and ensuring equal recognition before the law) (Implementation Matrix, 2015:6).

The paper supported sustainable integrated community life by building communities that are socially cohesive and are seen to be implementing community development programs (Implementation Matrix, 2015:8), by promoting and supporting the empowerment of persons with disabilities (such as promoting equitable service to early childhood development programs and facilities (Implementation Matrix, 2015:12), by developing a national referral and tracking system; by reducing economic vulnerability by aligning social assistance with the cost of disability and strengthening representation of persons with disabilities, and by including them in all design, planning, implementation, and monitoring of policies and programmes.

2.3.14 National integrated early childhood development policy 2015

The purpose of this plan was to guarantee equal access to ECD services through an integrated national system (national integrated early childhood development policy, 2015: 18); to establish a monitoring and evaluation system intended for the delivery of quality early childhood development services; as well as to ensure that there was enough public funding to ensure that the phase had equal access to quality and comprehensive early childhood development programs (National Integrated Early Childhood Development Policy, 2015:18).

2.3.15 Education white paper 6: special needs education building an inclusive

education and training system (2001)

This paper recognised that the special needs education sector was negatively affected by the Apartheid system. The paper acknowledged that in addition to the effects of the Apartheid system, children with disabilities experienced a higher degree of difficulty in accessing Education (Education White Paper 6, 2001:9). Therefore, the white paper aimed to:

- Move away from segregating children who are living with a disability.
- Providing the necessary support for children with disabilities.
- Emphasizing support in ordinary schools that are usually biased towards children with disabilities.
- Setting up policies and additional resources to support children with disabilities.
- Introducing programs to assist teachers with teaching a diverse group of students. (Education White Paper 6, 2001:10).

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2.3.16 International perspective on social assistance

UN Convention on the Rights of the Child

Article (3). The state should take the appropriate measures with an available resource to assist parents or caregivers in implementing these rights. The government should also provide material assistance and support programs whenever deemed necessary. Article 26 (1). This article obligates the state and relevant stakeholders to recognise that all children should benefit from social security and ensure that the state takes the appropriate steps to ensure that these rights operate under the government's constitutional principles. (2) These assurances ought to, wherever fitting, be allowed to take into consideration the conditions under which the child and the persons having responsibility for the maintenance of the child must live; as well as any other considerations that are relevant to an application for benefits made by or for the child.

African Charter on the Rights and Welfare of the Child

Article 13 of the African Charter on the Rights and Welfare of the Child also makes provisions for children with disabilities. The Charter affirms that children that are disabled have the right to special protection and that the state should ensure that they are under conditions that do not compromise the children's sense of self, dignity, autonomy, and ability to participate in their communities. In addition, the Charter needs the state to ensure, within its obtainable resources, that assistance is provided to those responsible for the disabled child's care, and also to ensure that the disabled child has access to training, preparation for

employment, and recreation opportunities. The state must also ensure, within its available resources, that it creates an environment that allows for the free movement of disabled people, which includes providing accessible public buildings and public highways.

Millennium development goals and disability

The MDGs are a group of objectives geared towards addressing the needs of society's most disadvantaged and marginalized people. Although disability was not explicitly stated in the MDG objectives, the objectives on the list affect the disabled one way or another by:

1. Ending poverty and hunger.
2. Accomplishing or bringing about common primary Education.
3. Endorsing gender equality and empowering women.
4. Decreasing mortality rates among children.
5. Improve the health of pregnant women.
6. Fighting against prevalent diseases and viruses such as HIV and AIDS.
7. Building a sustainable environment.
8. Bringing countries together to establish a global partnership that will lead to development.

2.4 Key government departments

2.4.1 The Health Department

The government's objective for healthcare is "an accessible, caring and high-quality health system." This vision is guided by legislative mandates guided by the constitution that ultimately allow disabled people to receive free healthcare and enhance their access to all health-related facilities (ACPF, 2011:22).

2.4.2 Social Development

The most important use of the section of societal development would be to supply something along the lines of providing social growth services that encourage human development. As with health services, the DSDs jurisdictional directive is dictated by the constitution. The constitution stipulates the best usage of social aid for people who cannot give themselves, in addition to the security of rights of kids regarding appropriate maintenance, nutrition, shelter, and health (ACPF, 2011:25). Until the adoption of this INDS, the Department of social development used the medical system to assist the disabled, which presumed that disabled individuals were powerless, not only powerless to help themselves but also in terms of their need for continuous attention. With the maturation of this White Paper for welfare, the way

disabled individuals were perceived changed from a health approach into a welfare system that "eases the growth of human capacity and self-reliance within caring and empowering socioeconomic surroundings" (Department of Social Development, 1997:5). The white paper highlighted the significance of disabled individuals engaging both in society and notably in projects which affected them.

With the White Paper boosting an inclusive strategy, at the time when the liberty of disabled persons was enhanced, their faith could also be protected. The DSD also published an incorporated national plan on the delivery of services to children with disabilities. This tactic was employed with the intent of improving the standard of life of children with disabilities in South Africa. The plan placed a major focus on creating an empowering environment whereby children could find a way to access and promote their own capacity to operate independently and fundamentally enjoy a better standard of living.

The five components of the policy relate to intercontinental and countrywide frameworks and parts of service distribution concerning:

- Ensuring the survival as well as the wellbeing of people.
- Providing protection.
- Promoting the development of children.
- Ensuring that there is participation by citizens.
- Mobilizing relevant resources.

2.4.3 Education

The South African constitution guarantees all children the right to basic and further Education. The state has to ensure that all necessary measures are taken to realise this right. The South African Schools Act makes it obligatory for children between the ages of 7 and 15 to attend school and does not allow unfair and dissimilarity admission policies. The Department introduced white papers to provide guidelines that would assist the state in achieving its goals of an all-embracing schooling system. The Department of Education has made strides in investigating and addressing the barriers to learning and ultimately creating an environment where the diversity of learners is recognised and accommodated. The White Paper issued by the Department of Education aimed to address the shortcomings of the current schooling system and improve access to Education for children who are not in school yet.

The White Paper also represented a change from the previous policy. This includes the premise that all children have the potential to learn, especially if provided with support. The barriers experienced by people are caused by the system failing to recognise and

accommodate their various needs (ACPF, 2011:28).

2.4.4 Sports and Recreation

The Department of Sports and Recreation practices supervision on the development of sports and recreation in South Africa. The DSR, in its 2008 annual report, stated that sport could promote social cohesion by bringing communities together, beating social challenges, and being an instrument of empowerment. The section emphasizes the fact that kids with disabilities have the right to be in a position to take part in sport and recreation, leisure, and other cultural pursuits, by ensuring that the Department has policy objectives that guarantee handicapped children's equal access to such tasks as sports are important for the reintegration of disabled children. The Department sees sport as an important component for the holistic development of human beings. It states that sporting opportunities should be provided to humans from a young age until they are old.

2.5 Monitoring Bodies

Office on the Status of Disabled Persons (OSDP)

The OSDP was created in 1988 to manage and oversee the execution of the INDS. The primary goal of the OSDP was to work in conjunction with other government departments, including NGOs, to help create an environment that would be disability-friendly.

The Joint Monitoring Committee on Women, Children, Youth, and People with Disabilities

The national disability framework mandates that the performance of government departments should be reported to the joint committee to improve the quality of life of children, youth, and persons with disabilities.

South African Human Rights Commission (SAHRC)

The SAHRC is a body established to receive grievances from citizens who have been violated and then take the necessary legal action to address them. However, the commission has received few reports regarding rights violations perpetrated on disabled people.

Non-governmental Organizations (NGO's)

The South African Disability Alliance comprises 12 national organizations that represent disabled citizens, as listed below:

- Autism SA.
- Cheshire Homes.
- Deaf Federation South Africa.
- Disabled People South Africa.

- Disabled Children's Action group.
- Down's Syndrome South Africa.
- Epilepsy South Africa.
- National Council for People with Physical Disabilities in South Africa.
- National Association for Persons with Cerebral Palsy.
- Quad Para Association of South Africa.
- South African Federation for Mental Health.
- South African National Council for the Blind.

NGO's plays a key role in helping to guard and endorse the civil liberties of children that are living with disabilities. They can:

- Raise awareness, challenge stereotypes, and misinformation.
- Being able to present themselves in all matters that concern them.

NGOs can collaborate with the government to consult and assist in developing better policies for the disabled. NGO's are also able to practice oversight on government implementation of disability policy. They also play a crucial role in securing independent funding. However, over the years, they have been struggling to do so because of global recessions.

2.6 Conclusion

As this is a desktop study, this chapter outlined the literature review and legislation that will contribute to the analysis of proceeding chapters. The chapter discussed previous research into the CDG and its outcomes. The legislative framework was also covered as it serves as the blueprint for the government to create sound policies for developmental welfare. The White Paper for social welfare is a result of the government's constitutional obligation to provide social assistance for disabled children. The rest of the legislation discussed in this chapter provides the basis from which social assistance is provided, with reference to the care dependency grant. The white paper for social welfare and the social assistance act were the most significant pieces of legislation, as they relate to disabled children. This

CHAPTER 3: Care Dependency Grant a Conceptual Overview

3.1 Introduction

SASSA is part of the public sector which means it must adhere to or be guided by the various public policies that direct and govern its operations. In addition, SASSA ensures that there is well-organized and effective service delivery of social grants, as per its constitutional obligations. The implementation stage of public policy is the central core that should be used by the South African Social Security Agency, hereafter referred to as SASSA, to operationalize its plans. SASSA is a subcomponent of the Department of Social Development and should also adhere to the implementation process that other parts of the public sector are subjected to. Furthermore, there should be a level of responsibility and accountability for public policy implementation at all levels at all stages. This is also to ensure less ambiguity on policy directives from national to sub-national to local government. In addition to responsibility and accountability, there should be consistent inter-dependability at all levels.

So, for SASSA to provide adequate service delivery, a focus must be placed on the implementation stage of the public policy process. Scholars such as Williams (1975:48) observed that "there is a Kafkaesque aspect to the implementation era... It is a crucial area, yes people act as if it didn't exist", in addition, Najam (1995:1) stated that the implementation processes are inherently complex. Cloete et al. (2003:3) suggested that the public policy process has several stages: initiation, design, formulation, dialogue, implementation, and evaluation (Mthethwa, 2014:14). The chances of deviation and variation after the implementation stage are heightened because the implementation stage takes place after numerous levels of surging policy objectives (Mthethwa, 2014:14).

SASSA has the responsibility of ensuring effective implementation when providing social assistance. Brynard (2005:660) stated that even though a policy might have an administrative structure, the implementation process may be impaired if those tasked with carrying out the policy are not committed to it. The willingness of actors involved to support the policy process will improve the effectiveness of implementation.

This research will discuss the nature of public policies and the models and theories that impact public policy implementation. The various stages of public policy will be briefly mentioned. Since the implementation is the core of the study, critical components of this policy stage will be outlined in detail and the causes of policy failure. The vital variables of implementation will be summarized and explained and show how it impacts public policy and the actors that participate in the implementation stage.

This chapter will also discuss previous research into the Care Dependency grant and cover

the history of the Social Security System in South Africa. Furthermore, programmes that have been implemented over the years to improve service delivery will be discussed briefly. Due to child disability being medically based, the discussion will include elements of health. Disability and child disability concepts will be discussed, and issues surrounding the accessibility of care dependency grants. Data sources from the South African census will also be referred to elicit a better understanding of these issues.

3.2 South Africa's approach to policymaking post 1994

The democratic government focused on creating new ideas, transparency, and active participation of several stakeholders (Mthethwa, 2014:16). Hence, the nature of the public policymaking process in South Africa seems to become more transparent, inclusive, and consultative (Mthethwa, 2014:17).

The post-1994 government moved from centralized decision-making or rather a top-down approach to policymaking. Nel and Van Wyk (2003:51) noted that the commitment of the democratic government was: to ensure that the basic accommodation of all citizens was met, build the economy, democratize the state and society, as well as to promote nation-building. This gave rise to new policies, such as the welfare policy of 1997, until today's objective of achieving national unity; as well as Involving the public in shaping public policies by issuing government Gazette proclamations before legislators pass laws; all of which showed that democratizing the public policy process promoted inclusivity.

3.3 Public policy

Public policy remains a contested concept for policy scholars. There are competing definitions of public policy. These definitions can range from simple to complex. Although there are variations, the common point is that policies culminate from some form of accord or agreement that has been made by the state which aims to preserve the status quo (Howlett & Ramesh, 2003:131). Thomas Dye describes public policy "as anything a government chooses to do or not to do." William Jenkins conceptualization is a bit more precise; he goes on to describe public policy as "a set of interrelated decisions taken by a political actor or group of actors concerning the selection of goals and the means of achieving them within a specified situation where those decisions should, in principle, be within the power of those actors to achieve" (Jenkins:1978).

Jenkins's definition is especially useful as it interprets public policy as a process and also recognises that policy is often a series of connected decisions, meaning that the state does not try to solve an issue with a single decision but rather through a set of decisions which

could be unintended. However, when combined, these decisions establish a policy (Howlett & Ramesh, 2003:132).

3.3.1 Policy cycle

Policymaking has often been referred to as a "conveyor belt." The conveyor belt analogy refers to the sequence in which problems are identified. Firstly, actions are contemplated. Then policies are agreed upon and then implemented by relevant stakeholders. These are then evaluated, changed, or terminated, based on their success or lack thereof (Lester & Stewart Jr, 2000:5). Although this meaning seems to oversimplify the complex process, it is still the process that all public policies go through over a period of time.

Over the years, progress has been made by scholars to understand the policy cycle. Scholars go on to identify five stages in the policy process:

Agenda Setting: John Kingdon defined an agenda as a set of issues that state actors give adequate attention to. In short, this definition implies that agenda-setting is how issues are brought to the attention of the State (Lester & Stewart Jr, 2000:5).

Policy Formulation: The following stages in the policy process can be thought of as the process whereby laws are passed to cure prior difficulties or protect against prospective future issues (Lester & Stewart Jr, 2000:6). In its simplest form, policy formulation is how policy choices are created within the government.

Decision Making: This is a course of action whereby a government prepares a plan of action.

Policy Implementation: This is the way a government executes policies and brings them into effect.

Policy Evaluation is how coverage is monitored by a country and its various social actors; the upshot may be the re-conceptualization of a policy (Howlett & Ramesh, 2003:13).

3.3.2 Agenda-setting

The agenda-setting stage in the policy process can be seen as the most crucial part because it determines "who" influences or controls the policymaking and "how" various stakeholders carry out an agenda. Hence, this stage can be considered to be both substantial and procedural (Meyer & Cloete, 2000:97). In simple terms, agenda-setting is about recognizing that there is a problem on the part of government and what, when, and how a planned procedure will take place to solve it (Howlett & Ramesh, 2003:121).

John Kingdon defines the stage in this manner: "The agenda as I conceive of it, is the list of subjects or problems to which governmental officials, and people outside of governments

closely associated with those officials, are paying some serious attention at any given time...Out of the set of all conceivable subjects or problems to which officials could be paying attention, they do in fact seriously attend to some rather than others. So, the agenda setting process narrows the set of conceivable subjects to the set that actually becomes the focus of attention" (Kingdon, 1984:3-4).

Cobb and Elder define agenda setting as "a set of political controversies that will be viewed as falling within the range of legitimate concerns meriting the attention of the polity; a set of items scheduled for active and serious attention by a decision-making body" (Lester & Stewart Jr, 2000:67). Agenda setting is vital because if a problem fails to make it onto the agenda, it will not be addressed, and necessary measures will not be put into place to solve the problem at hand. Issues must be understood, and problems must be recognised before a public policy choice can be made. Everything that occurs in the early stages impacts the entire policy cycle and its outputs. The way issues are identified, if they are even identified at all, is crucial to understanding how they will be given attention by state actors (Howlett & Ramesh, 2003:120).

Numerous elements need to be considered for it to make it onto a public policy agenda, and it will probably only be considered when it reaches the stage where The issue can no longer be overlooked, and it has reached boiling point; If it is an issue that attracts media attention because it has an emotive aspect; its impacts may be far-reaching; especially if it brings about inquiries about legitimacy and power in society; or if It is fashionable (Lester & Stewart Jr, 2000:67).

South Africa, as a new democracy, faced a significant challenge in restructuring the existing welfare system. The problem that was identified and needed immediate remedying was that a welfare system to benefit the poor was needed and essential; to pull its citizens out of poverty, increase living standards, and produce more productive people in society. Therefore, the problem of social welfare was placed high on the political agenda. Poverty made people vulnerable.

3.3.3 Policy formulation

Once the government has recognised that a public problem exists, policymakers go on what measures can be taken to address the public issues that have been identified. Policy formulation, the second phase of the policy cycle, comprises assessing possible solutions to addressing policy problems.

The proposed solutions could come from the policy agenda-setting process, as the issue and the proposed solutions are located together on the state's agenda, or they could also be

formulated after being placed on the official agenda (Kingdon,1984). The likely outcome of this stage is some form of resolution to solve a public issue. According to Deborah Stone (as cited in Lester & Stewart, 2000:87), there are five types of policy solutions: (1) inducements, which could be positive or negative (2) rules or other forms of regulations (3) using facts or information to influence people to act in a specific manner (4) rights (5) authority where decision-makers are given special authority to enhance decision making. In all instances, available options are considered and narrowed down to those that policymakers can accept (Howlett & Ramesh, 2003:143).

After it was determined that access to social welfare was unequal, this social problem was placed high on the agenda and the White Paper for Social Welfare 1997 was formulated to address the problem.

3.3.4 Public policy decision making

The decision-making stage in the public policy process is the one from which emerges some formal and internal statement of intent on the part of the authorized public actors to undertake or refrain from undertaking the action (Howlett & Ramesh, 2003:163).

Brewer and DeLeon (1983:197) characterize the decision-making stage of the public policy process as: "the choice among policy alternatives that have been generated and their likely effects on the problem estimated...it is the most overtly political stage in so far as the many potential solutions to a given problem must somehow be winnowed down and but one or a select few picked and readied for use. Obviously most possible choices will not be realized and deciding not to take particular courses of action is as much a part of selection as finally setting on the best course".

This definition of the decision-making stage implies that this stage is not one and the same as the other stages but is a precise stage established solidly in the preceding phases of the policy cycle. It also highlights that a policy decision-making process can have different outcomes, either positive and in a way that might change the status quo or negative in the sense that it fails to do so. This definition also points out that decision-making is not a technical exercise but rather an inherently political process (Howlett & Ramesh, 2003:162). After the welfare, the problem has been identified, and the social welfare policy was formulated, with the objectives clearly defined, the decision was made to create SASSA to administer grants.

3.3.5 Policy Implementation

Policy implementation is a phase in the policy cycle. It is the part of the policy cycle that is

crucial, yet people act like it does not exist. Early policy scholars regarded implementation as an administrative choice, which; once the policy has been legislated by institutions charged with bureaucratic authority (Brynard, 2000:164).

Once a social problem has ended up on the policy agenda, numerous strategies are proposed to remedy it. What then remains is executing the decision. This is the policy implementation stage of the policy cycle, where programs or policies are carried out and translated from plans into practice (Howlett & Ramesh, 2003:185).

3.3.5.1 What is implementation?

Goggin et al. assert, "there is still no widespread agreement among those who do implementation research about what actually constitutes a case of implementation. there is still some confusion over when implementation begins, and when it ends, and how many types of implementation there are" (Goggin, Bowman, Lester, & O'Toole, 1990:9).

Developed nations have already progressed through various stages of implementation research, while South Africa still remains in the betwixt and between the implementation arena. Theorists such as Wildavsky began implementation research in the 1960s and 1970s. However, a widely accepted implementation theory still does not exist. Perhaps the confusion about what constitutes implementation and the lack of a common theory is rooted in the meaning. Several scholars have offered up their explanations. According to Paul Berman, Implementation is simply the process of carrying out an authoritative decision (Berman & McLaughlin, 1977:1). Van Meter and Van Horn (1975) offer up a more precise definition stating that "policy implementation encompasses these actions by public or private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions" (Van Meter & Van Horn, 1975:147). This definition clearly distinguishes the interrelated concepts of implementation, performance, and impact and stress.

However, a universally accepted implementation process model is what Hargrove referred to as the missing link. Hargrove (as cited in Brynard) points out that time policy types and several policies have often restrained implementation studies and therefore defining implementation became difficult due to these restraints. These scholars have all made a point to highlight the complexity of the implementation phase and understand it (Brynard, 2000:165).

3.3.5.2 Key components of implementation

Policy scholars are often misguided into thinking that it will automatically be implemented once a policy has been drafted. This assumption undermines and neglects the policy implementation process (Smith, 1973:197). Governmental policies have been defined as a

"deliberate action by a government to establish new transaction patterns or institutions or to change established patterns within old institutions" (Smith,1973:197)

During the implementation process, policy implementers and those who are affected by the policy often experience tension, strain, and conflicts. These experiences of tension often create transaction patterns or even the establishment of institutions that will implement the policy and achieve the policy goals (Smith, 1973:202).

Smith (1973:202) identified four key components that are important in the policy implementation process (1) the idealized policy, (2) the implementing organisation, (3) the target group, and (4) environmental factors:

1. Smith (1973:203) defines idealized policy as "the idealized patterns of interaction that the policy makers are attempting to induce."
2. Implementing organisations refers to those who are tasked with implementing the policy. The organisation is a unit of the government, e.g., SASSA is the unit of government that is tasked with implementing the welfare act.
3. The target group refers to those who are the consumers of the policy (Smith, 1973:204).
4. Environmental factors refer to the factors that can affect the execution of a policy.

For example, In South Africa, whether a disability policy is being implemented in a rural area or an urban area, environmental factors should be taken into consideration. In the case of rural areas, the landscape and cultural and social interactions of communities must be considered, and failure to do so may lead to policy failure. If the above-mentioned components are managed improperly, tensions will likely arise, and the implementation process will be interrupted (Smith, 1973:202).

3.3.5.3 Actors in the policy implementation

The involvement of different policy actors primarily characterizes the public policy process, and these actors come together to pool resources and use them in a consistent and meaningful way (Ijeoma, 2008:106). The level of involvement of others also determines the nature of the policy (Roux, 2005:83).

The bureaucracy is a significant actor and determinant of policy implementation. Various administrative agencies within the government are responsible for implementing policy (National, provincial, and local) and are involved in implementing policy. Each of these levels has its own ambitions or interests that impact the implementation stage and shape its outputs (Howlett & Ramesh,2003:187). The legislature is instrumental in implementing public policy when they draft specific and detailed legislation. Finally, the courts are important

actors in the implementation process, as they are involved in influencing this stage of the policy cycle through the way acts are viewed and how legal regulations and their appraisal of authoritative decisions are brought before them (Lester & Stewart, 2000:107).

Pressure groups also seek to influence guidelines and regulations that will benefit them. Community organizations are actors who usually get involved in implementing public programmes at a local level (Lester & Stewart, 2000:107). These actors' involvement in the policy process sometimes centers around the interests of those actors. Sharing of their voices is heard on behalf of the stakeholders (Ijeoma, 2008:106). Ijeoma (2008:106) and Cloete and Meyer (2006:112) further singled out other key participants in the public policy process, namely: family (which shapes personal beliefs and values); religion, academic institutions (which can bring social issues to the policy agenda, e.g., Fees must fall protests), elected officials and appointed officials.

As mentioned before, the involvement of actors in the public policy process is often influenced by self-interest, which shapes their commitment to the policy. South Africa's public policy process is driven by creating partnerships with society (Gumede, 2008:07). This is an attempt by the government to embody and embrace all spectrums of society in the public policy process, and therefore, public participation is the cornerstone of implementation. Cloete and Meyer (2006:114) suggested four categories of public participation, whilst acknowledging that participation could also be through leaders of organisations, political representatives, or individual opinions.

Ratification: approving or legitimizing a decision once taken (this is considered a weak form of participation).

Consultation: actors make suggestions or provide their opinions on an issue before and after policy decisions have been made.

Negotiation: involves actors in direct policy discussions, leading to a joint decision.

Execution: actors are directly involved in the planning, formulation, implementation, and evaluation of the policy (Cloete & Meyer, 2006:114).

Negotiation and execution involve a great deal of public participation. Both forms advocate for the direct involvement of actors. They suggest that public participation is significant in the policy process to ensure relevant stakeholders' acceptance of the policy (Cloete & Meyer, 2006:114).

3.3.5.4 Three generations of research into implementation

Implementation research has matured throughout the years. As a result, there have been three generations of scholarly thinking on implementation research, briefly mentioned below:

The first generation

The classical generation regarded administration as "scientific, rational, predictable, and ultimately machine-like. This theory of policy focused on three notions that helped shape the machine metaphor. It shaped the idea that implementation was a cog in the machine that operated automatically within an administrative machine (Brynard, 2000:167). A Weberian framework underpinned the first concept. The Weberian framework advocated for an ideal bureaucracy with a rigid and thoroughly organized system, with autocratic legal structures comprising a small number of decision-makers at the top to formulate policies and subordinates to carry the policies out at the bottom dutifully.

Secondly, Woodrow Wilson suggested that the formulation of policy and the implementation of the policy should be done independently of each other. In addition, should clearly distinguish the activities between these two stages, with policy implementation being neutral, professionalized, and non-political. Thirdly, Frederick Taylor provides a rationale for adopting "efficiency" as the basic criterion for evaluating administrative performance. This criterion resulted in a rational model based on three concepts: organizational hierarchy, the separation of politics, and efficiency. These concepts ultimately minimize the importance of implementation (Brynard, 2000:167).

The second generation

This generation was in response to the limitations of the classic model. It was clear that the public process did not work like a well-oiled machine but more like a process that needed to be muddled through. The first generation was criticized for oversimplifying complicated multi-layered processes (Brynard, 2000:167). This generation aimed to understand the complexities of policy implementation by way of thorough empirical studies. Second-generation scholars meticulously recorded case studies to display the complexity of the implementation process that showed itself to be complicated and showed how remiss it was of scholars to think that once a policy was formulated, it would automatically implement itself (Brynard, 2000:168).

The Third generation

Third-generation scholars recognized that it was important to establish causal understanding and coordinate frameworks, and predict theories to understand implementation (Brynard, 2000:168) fully.

Top-down

The top-down theory of implementation is often popular among policy scholars. The top-down approach focuses on how policy decisions begin at the highest level of government (Sabatier, 1986:22).

Bain (1992:112) stated that the top-down model is often seen as the original policymaking and policy implementation approach. According to Parsons, the top-down perspective was influenced by the black-box model of the policy cycle that was influenced by systems analysis (Pulzl & Treib, 2007:90). Scholars of the top-down theory assume a direct connection between plans and outputs and often ignore the role of implementation in the policy process. The policy is interpreted as an input for top downers, and implementation is just an output (Pulzl & Treib, 2007:91).

Pulzl and Treib (2007:91) identify classic top-down scholars as: "Pressman and Wildavsky (1973), Van Meter and Van Horn (1975), Bardach (1977) and Sabatier and Mazmanian (1979, 1980, 1983)". Pressman and Wildavsky focused mainly on the rational model approach. The first assumption made by these scholars was that the aims of the policies were established by the main policy actors (Pulzl & Treib, 2007:91). Pressman and Wildavsky (1973) and Van Meter and Van Horn (1975) proposed a detailed theoretical model. Similarly, Pressman and Wildavsky started with the hypothesis that policy decisions are made by those in central authority (Pulzl & Treib, 2007:91). However, these authors were more interested in the study of whether the outputs of implementation aligned with the initial policy goals. Van Meter and Van Horn were more focused on building a solid intellectual analysis than providing recommendations to policymakers on achieving successful implementation (Pulzl & Treib, 2007:92).

Sabatier and Mazmanian (1975) also suggested that the central government made policy decisions. This analysis assumed a clear separation of policy formation from policy implementation (Pulzl & Treib, 2007:92). The suggested model has six benchmarks that would be crucial to effective implementation. The policy aims have detailed clearly and consistently that:

1. The programs have to be grounded on a valid causal theory.
2. The execution of the implementation itself ought to be well structured.
3. The actors tasked with implementing programs ought to be devoted to the goals.
4. Interest groups in society and the government have to be supportive.
5. The policies should not cause changes that would be detrimental to an individual's socio-economic condition (Pulzl & Treib, 2007:92). Sabatier and Mazmanian (1975) acknowledged that control of implementation would be difficult to achieve and that

unfavorable circumstances lead to implementation failure. However, they argued that policymakers' sound planning and program design could positively shape the implementation process (Pulzl & Treib, 2007:93).

Bottom-up approach

This approach developed in the late 70s and early 80s as a critique of the top-down perspective. Criticisms of the approach would include bottom-uppers asserting that analysis of a policy should be evaluated by those who are tasked with implementing the policy and not those who develop it (Palumbo & Colista, 1987). The bottom-up approach addressed the weakness of the top-down approach and suggested alternatives to those weaknesses. Several research studies have concluded that the output of a policy does not necessarily reflect the initial goals of the policy and that the presumed connection should always be questioned (Pulzl & Treib, 2007:92). Bottom-uppers recommend observing the events that transpire at the recipient level and evaluating the cases that impact service response in the field (Pulzl & Treib, 2007:92).

Bottom uppers started by identifying the actors that are involved in actual policy delivery (street-level bureaucrats). Bottom-up scholars refused the notion that the central authority determines plans, and implementers have to follow that hierarchy in perfect order (Pulzl & Treib, 2007:92). Instead, bottom-up theorists proposed that the availability of discretion at the stage of policy delivery was a beneficial factor as these "street-level bureaucrats" were closer to the real problems than the central policymakers (Pulzl & Treib, 2007:92). Pulzl and Treib (2007:92) identified the classic bottom-up scholars as Lipsky (1971, 1980), Elmore (1980), Hjern (1982), and other collaborators such as Porter and Hull.

Lipsky used his analysis of the behaviour of public service workers, which he referred to as street-level bureaucrats, to formulate the argument that policy analysts need to focus on the interactions between social workers and citizens (Pulzl & Treib, 2007:92). Hudson (1989) contended that the amount of autonomy held by street-level implementers influences the behaviour of citizens. Street-level implementers also enjoy some level of self-determination. Therefore, they have an ample amount of discretion at their disposal (Pulzl & Treib, 2007:93). Some bottom-uppers even went on to suggest that discretion at the lower levels is expected and necessary because it is necessary for policies to evolve so they can serve local needs better.

3.3.5.5 Hybrid models

Ambiguity conflict model

Matland (1995:153) synthesized the models of implementation. Due to combining these approaches, a model then emerged that would guide policy actors to apply these approaches in the correct context. Reviewing implementation literature, Matland suggested that it is apparent that top-down and bottom-up scholars choose to study different policies. The top-down scholars usually lean towards straightforward policies, whereas the bottom-up theorists tend to study policies with greater uncertainty inherent in the policy (Matland, 1995:155).

The ambiguity conflict model sought to provide a clearer understanding of implementation (Matland, 1995:155). Matland (1995:160) identified implementation from perspectives in the ambiguity conflict model, based on a policy's ambiguity and conflict level.

Administrative implementation:

Low policy ambiguity and low policy conflict

The result that policy-makers desire is usually guaranteed, assuming that there are enough resources set aside for the policy (Matland, 1995:160). The implementation process here is equated to a machine, and the top part of the machine is considered the central authority (Matland, 1995:160). This authority has the information, resources, and sanction capabilities to help translate desired policy into action. Information is top-down, and implementation orders are done in a hierarchical manner. The policy is explained in great detail at each level, and at each level, actors clearly understand what is expected of them (Matland 1995:161).

Low levels of ambiguity mean that the policy is clear. Therefore, it is easy to identify which actors are going to be involved in implementing the policy. Over time, these actors will develop standard ways of operating to expedite the work (Matland, 1995:161).

Political implementation:

Low policy ambiguity and high policy conflict

Allison (1971), as cited in Matland (1995:163), states that this model is often applied in decision making. Those involved in decision-making often have goals that are already defined, and in the instance of conflict, these goals can no longer be actualised (Matland, 1995:163). The main idea of implementation is that a stakeholder may have enough power to influence other actors in some cases, and some may use bargaining (Matland, 1995:163). The top-down model closely reflects implementation, especially under these conditions. In contrast, the bottom-up model fails due to its failure to acknowledge the power that can be brought to bear upon an issue when it is unambiguously and explicitly formulated (Matland,

1995:165).

Experimental implementation

High policy ambiguity and low policy conflict

Matland (1995:165) suggests that if a policy shows a high level of ambiguity and low levels of conflict, the outcome will be dependent on which actors are involved and active in the implementation process. The fundamental principle of this implementation is that the outcome of this implementation relies on the resources and actors present in the macro implementing site. As a result of policy ambiguity, the implemented program differs from site to site. Also, the ambiguity here should be seen as an opportunity to create more goals and means (Matland, 1995:166).

The bottom-up approach is superior to the top-down approach in describing the conditions in this category. Tolerance for ambiguity is also much greater in the bottom-up than in top-down models. The top-down models accentuate command and consistency and fall short of acknowledging the diversity in the implementation process (Matland, 1995:167).

Symbolic implementation

High policy ambiguity and high policy conflict

The fundamental belief of this implementation is that local level "coalition strength" controls the outcome. The outcome of the policy is determined by the coalition of actors at the local level who control the available resources; however, with symbolic implementation policies, ambiguity levels are likely to be high along with high levels of conflict (Matland, 1995:168). Symbolic implementation policies are conflictual, which are similar to political implementation. The major difference between the two is that symbolic implementation uses coalition strength at the micro-level, not at the macro level, determines the implementation outcome.

The top-down and bottom-up both appear not to be suitable in describing this implementation process.

DeLeon and DeLeon (2002:471) note that each of the models mentioned above presents its own shortcomings. For example, the top-down model focuses heavily on policy output and ignores some crucial stages in the public policy process, such as the formation stage. The top-down approach also focuses on the central authority that it regards as the decision-makers. It neglects the local actors or street-level bureaucrats tasked with implementing policy and interacting with members of society daily (Lipsky, 1978:391-401). Whereas ensuring level bureaucrats play a crucial role in ensuring that successful

implementation of policies is detrimental to the approach (DeLeon & DeLeon, 2002:470). DeLeon and DeLeon (2002:477) summarised top-down policy implementation as a process characterised by hierarchal, unduly optimistic expectations. In contrast, the bottom-up implementation approach reflects communal interests by narrowly focused interest groups, which are more than likely made up of the clientele that the policy may directly affect. DeLeon and DeLeon (2002:478) suggest that bottom-up implementation is likely to be more realistic and practical. They based this assumption on the idea that the Vox populi have greater input in how the policy will be implemented. In addition to this, the bottom-up approach is more conducive in a democratic setting than the top-down approach (DeLeon & DeLeon, 2002:478).

3.4 Theoretical statement

The White Paper for Social Welfare of 1997 aimed to reverse the adverse effects of the apartheid system. The goal was to create an egalitarian society where all South Africans in need would have access to the social provisions. However, since its inception there has been a failure to implement the policy as intended. Therefore, children with disabilities continue to face challenges accessing the Care dependency grant.

The top-down, bottom-up perspectives debate is not concluded; however, both offer valuable perceptions into the implementation process; both demonstrate noteworthy illustrative strengths, as well as limitations. Although each may be more applicable to specific cases than others, they both may be applicable (Brynard, 2000:175).

Brynard attempts to simplify the implementation process by naming five variables that are key to implementation success.

The five variables will be the theory that underpins this research. These variables underpin this study as all five need to be present in order for the government to successfully implement the Care Dependency Grant.

The 5C protocol

It is important to understand implementation is a complicated political process rather than a mechanical, administrative one to understand the complexities that a policy transitions through this stage. The five variables emerged as important factors adhering to the otherwise divergent top-down, bottom-up perspectives, each of the five variables linked to and influenced by the others.

Content

According to Lowi (1963), policies are categorised as distributive, regulatory, or redistributive. Distributive policies utilise government resources to provide citizens with general welfare that is non-zero-sum in nature. Regulatory policies, however, have specific rules for implementation and impose sanctions when governments fail to adhere. Redistributive policies aim to redistribute wealth or power to some groups at the expense of another group.

According to Lowi (1963), policies affect politics, and that governments do, in fact, use means of coercion in politics. The content of the policy, then, is a function of the level and type of coercion by the government. Thus, the content of a policy is important not only in the means it employs to achieve its ends but also in its determination of the ends themselves and in how it chooses the specific means to reach those ends.

For the purpose of this research, it is important to note that the South African social welfare paper 1997 is a distributive policy. Distributive policies usually involve allocating services or benefits to certain parts of the population, which includes individuals, groups, corporations, and communities. Distributive policies usually make use of public funds to assist groups, communities, or industries (Brynard, 2000:179). True to this definition of a distributive policy, the White Paper for Social Welfare of 1997 made provisions to provide those in need with social Security, which included social insurance and social assistance; social assistance is often referred to as social grants in South Africa. It requires no contribution from those who require assistance and is only financed by the government's revenue. The CDG is a form of social assistance. It is a cash transfer from the government to a child in need, specifically for children with mental and physical disabilities.

Context

The focus here is the institutional context. These are the structures that the policy must go through and how, in those structures, the policy can be limited in the process of implementation (Brynard, 2000:180). The institution that is responsible for social welfare policies is the Department of Social Development. The department of social development mandates SASSA to deliver social assistance in the form of social grants. Therefore it is the duty of SASSA to ensure that children with disabilities are provided with access to the Care Dependency Grant.

Commitment

This refers to the commitment of those who are tasked with the implementation of the policies. For example, governments may have logical and sound policies. However, if the

actors are given the responsibility to carry out this task, the policies will not be able to be implemented. This is mainly a view that is associated with bottom-uppers. However, both bottom and top-down perspectives consider the commitment variable to be important to effective implementation. According to Brynard (2000:181), the top-down view sees the commitment of those tasked with executing policies as being influenced significantly by capacity and content of the policy, which are variables managed by the government; however, the bottom-up is assert that commitment is determined by clients and coalitions as well as context. Brynard (2000:181) synthesizes key implementation variables that reinforce the importance of the commitment factor and makes two further propositions.

Commitment is crucial at all stages of the policy process and not just the street level; and in continuing with the idea that all the five critical variables influence each other's commitments will be influenced by all remaining variables content, context, capacity, and clients and coalitions (Brynard, 2000:181). As individuals who are tasked with implementing welfare policy, they should ensure that there are certain measures in place, such as providing communities with the necessary information, to remove barriers to access.

Capacity

Capacity for the purpose of this research refers to the ability of the government to deliver policy objectives that it has set out to raise the Standard of life of its people. However, this would be determined by the number of resources available (human, financial, material, or technological).

Capacity also includes intangible resources such as leadership, commitment, willingness, etc., which are important to transform policy objectives into action. The political, administrative, economic, political, technological, and social environments action must also be conducive to successful implementation (Brynard, 2000:181).

Capacity is needed for effective implementation. The most minimal circumstances required for implementation to be successful is to have the human resources to carry out the required tasks. In order for services to be delivered timelessly and in an efficient manner, researchers propose that there should be a change from a centralized to a decentralized system of planning, for delivery and control to be transferred to lower levels of government by delegation or devolution of power and functions (Brynard, 2000:182),

By this virtue, the government should be able to make a decision where it does not bear the burden of making social provisions by itself but facilitating the delivery of services by other organizations within the public services or involuntary or private sectors. The South African government has adopted the decentralized model of governance. It allows for a lower level

of the state to make decisions in order to ensure the efficiency and effectiveness of service delivery. The government, through delegation, transfers decision-making authority responsibility and administrative authority for the task that is given. These semi-independent units are typically under indirect government control, such as SOEs. The national department of social development delegates SASSA, an SOE, to make decisions on who qualifies for the social assistance criteria and the authority to reject or approve an applicant. Delegation is the semi-autonomous lower-level units such as urban or regional development corporations with aspects of government or delegated through legislation or under contract.

In simple terms, the Department of Social Development is accountable for the implementation of the care dependency grant and does so through SASSA as an SOE. Refers to an entity that is created by the state and is run by officials who are placed by the state. The department of social development delegates SASSA; it is not completely controlled by the department of social development but is legally accountable to them. By using this form of decentralization, the national department of social development is increasing its capacity as there are more human resources to assist in effective implementation. In addition to this, it is the duty to ensure that the relevant government departments are adequately staffed to ensure successful implementation.

Clients and Coalitions

Rein and Rabinowitz (as cited in Brynard, 2000:185) remind us that the change of power between external interest groups creates a change in the policy execution stage; this insinuates the support of clients and coalitions is a critical variable.

It is important to determine the potential, influential clients, and coalitions. Actors who could be affected by the implementation stage in a direct manner or an indirect manner may also have the desire to influence or change the implementation process. Limiting the scope of inquiry to leave out key actors is both real and may have negative consequences. It is important then to underscore the saliency of purposely identifying key actors (Brynard, 2000:185).

3.5 Monitoring and Evaluation

Monitoring and evaluation are important stages in the public policy process. These are the main tools for achieving effective evidence-based policy analysis (Cloete, 2009:295). Cloete (2009:295) defines monitoring as an ongoing collection of information in order to determine if there is any progress and if they are achieving the set goals. This suggests that the public policy process's monitoring stage guides the implementation stage to achieve the pre-set

policy goals.

Evaluation is defined as systemically assessing the outputs of a policy (Cloete, 2009:295). This assessment can include resources an organisational process is utilised to transform these resources in the two policy outcomes. The policy outputs are then measured against the original policy goal to determine the progress, success, or failure of a policy (Cloete, 2009:295). Monitoring and evaluation are a normal part of the policy management process that must be undertaken to achieve policy success. There are varying categories of evaluations that can be attempted at various points of the policy cycle (Cloete, 2009:296). Cloete (2009:296) summarises these evaluations as follows:

A formative evaluation is usually undertaken in the early stages of the planning procedure; this is usually done to measure the feasibility of the different policy alternatives.

Ongoing or process performance evaluation is undertaken in the policy execution phase. The progress of the policy is being monitored to ensure that it is on track in terms of time, spending, and objectives. This evaluation focuses on the effectiveness and level of public participation in the implementation process.

A summative evaluation is conducted when the policy programme is completed. Evaluations are done to determine the progress made in achieving policy objectives and assess the policy results.

The policy framework for the government-wide monitoring and evaluation system published by The Presidency (2007:2) notes that monitoring and evaluation revolve around a few key concepts, which include:

Inputs: which refers to the resources utilised for service delivery outputs (The Presidency, 2007:2). **Activities:** the processes that use inputs to produce the desired outputs (The Presidency, 2007:2). **Outputs:** the final product of the inputs, whether it may be goods or services ready to be delivered (The Presidency, 2007:2).

Outcomes: the medium-term results for specific beneficiaries resulting from achieving certain outputs (The Presidency, 2007:2).

Impacts: the result or consequences of achieving specific outcomes, such as poverty reduction (The Presidency, 2007:2).

3.6 Policy failure and policy implementation

The success of a policy is dependent on the outcome of the implementation process (Hudson, Hunter & Peckham, 2019:1). Hudson (et al., 2019:2) identifies four elements that could cause policy failure: "overly optimistic expectations," "implementation and dispersed governance," "inadequate collaborative policy making," and "the vagaries of the political

cycle."

Overly optimistic expectations

Hudson (et al., 2009:2) states that it is often thought that large projects would be a thoroughly assessed risk. However, over-optimism has been found to contribute to the failure of some policies. The National Audit Office (2013 as cited in Hudson et al., (2009:2) in the UK identified factors that contribute to over-optimism: Complexity (undermining the service delivery challenges that may arise), evidence-based (insufficient analysis of the risk, time scale, and cost), misunderstanding of stakeholders (overconfidence in the ability to consolidate differing opinions), behavior and incentives (involved parties looking out for their own self-interests), and challenge and accountability (decision-makers seeking short term recognition).

Hudson (et al., 2019:2) recognise that this issue is not unique to the UK. A comparative study from the OECD (2015) concluded that successful service delivery is an ongoing challenge for centers of government, especially if the policies are long-term.

Implementation dispersed governance.

Hudson (et al., 2019:3) suggest that policy that is created at a national level could face the issue of not being consistently implemented at the sub-national level, more so if the sub-national level has some degree of political authority (Woris et al., 2014 as cited in Hudson).

Braithwaite (et al., 2018) adds; that even when the government is more decentralized, the implementation stage would primarily be dependent on the local context. This may be due to what is known from literature on complex systems: that what may work in one location may not deliver the same results elsewhere.

Inadequate collaborative policymaking

The absence of joint policymaking weakens the ability to align ideas for public problem solving is a key reason for implementation difficulties. This view is echoed by Khosa (2003:49), who posits that "those who make the decisions may lack the capacity to implement," this implies that over time translating policy decisions into practice may become unbalanced. Disability rights coordination. According to the White Paper for rights of people with disabilities, relations between the different government departments are important to ensure effective implementation (White Paper on The Rights of People with Disabilities, 2015:126). The White Paper acknowledges that government interrelations need to be

strengthened at:

- An institutional level should provide strategic direction and support to ensure that discrimination against people with disabilities is eliminated.
- The inter-departmental level should also provide strategic direction.
- The inter-provincial level should, at this level, make sure actors are responsible for oversight, managing and coordinating, and implementing programmes for people with disabilities.
- District-level should coordinate actions and share experiences between local municipalities.
- Local level should be responsible for providing support to Ward committees. This will help Ward committees drive local action that aims to protect the rights of people with disabilities. (White Paper on The Rights of People with Disabilities, 2015:126).

3.7 Roles and responsibilities of actors in the policy process

The impact of disability-related policies relies on the extent that different policy actors take responsibility and play respective roles in implementing policy (White Paper on The Rights of People with Disabilities, 2015:125).

Executive authorities:

The executive has a crucial role in enhancing and protecting the civil liberties of people who are disabled (White Paper on The Rights of People with Disabilities, 2015:125). Other duties include but are not limited to:

- Providing leadership for the mainstreaming of disability.
- Ensuring policies translate into costed programmes.
- Ensuring actors in the policy process are held accountable.
- Ensuring platforms for consultations that include representative organizations of people with disabilities are established.

Accounting officers/officers' roles

Accounting officers play a key role in Guaranteeing that there are accounting systems established to ensure that the white paper is implemented effectively (White Paper on The Rights of People with Disabilities, 2015:125). Systems should include:

- Equitable planning, budgeting, implementation, and reporting.
- Creating an intra-institutional disability rights coordination mechanism.
- Training personnel on disability rights.
- Establishing consultative platforms so that there is equal access to information.
- Ensuring the provision of financial and material resources to disability programs.

South Africa is unique in the sense that it has a top-down approach to policy implementation since it usually the national department of social development that issues a white paper on social welfare to be implemented. However, the bottom-up approach is equally important as many discussions and dialogues took place at a street level before the policy was implemented. In addition to this, the five critical variables are all apparent in the welfare policy implementation.

3.8 Social Security

3.8.1 History of Social Security

During the apartheid era, the previous government's policies placed many people living with disabilities who were at a more significant disadvantage last when it came to accessing basic services. Services were mainly reserved for white disabled people. In addition, these services were mainly available in urban areas, meaning that they were inaccessible to people who lived in rural communities. Facilities were also built on a medical or charity model, which often saw people living with impairment as ill, defective, and in constant need of care. This resulted in disabled people being left out and unable to access developmental opportunities, who were then trapped in the poverty cycle and subjected to social exclusion (Philpott as cited in Brockerhoff, 2013:20).

3.8.2 Definition of Social Security

The ILO defined social security as protection that the government provides to its citizens in order to allow them to have adequate access to healthcare, as well as job security. These protections are mainly aimed at old and/or unemployed people, those who fall ill or sustain injuries and thus eventually lose earning power (ILO, nd:1).

The White Paper for Social welfare of 1997 stated that social security offers private and public coverage in the event that a person loses their earning power when earning power is interrupted or never develops at all. These cash or in-kind benefits assist people with avoiding poverty as well as maintaining children (The White Paper for Social Welfare, 1997).

The social security system is designed to help alleviate poverty, and in South Africa, it has had a noteworthy impact on decreasing poverty and narrowing the income inequality gap. Kidd (et al., 2018:87) noted that social security cash transfers had decreased the national poverty rate from 47,9 percent to 41,6 percent, while the poverty gap has been reduced to 37 percent. In addition, the poverty rate amongst persons with disabilities has decreased from 71,9 percent to 59 percent, and the poverty gap has reduced to 46,8 percent. However,

the cost of disability in a household account for around 40 percent of the household income, whereas the disability-related grants only provide 23 percent of the average income. This means that the disability-related grants are not sufficient to cover the actual cost of disability. This impacts the disabled person's wellbeing as they may not receive all the necessities to make their lives easier. This also negatively impacts the wellbeing of the household that must bear the additional costs and may eventually lead to food insecurity.

Social security covers aspects that include preventing, alleviating poverty, providing social compensation, and income distribution.

In South Africa, social security comes in four forms:

1. Private savings: This is money that individuals put away voluntarily in case there is a loss of income due to disability, retirement, and/or chronic diseases.
2. Social insurance: This is money that citizens have to contribute to. It could also be subsidized by employers or even the government. This contribution is to provide for an event that citizens lose their earning power or income.
3. Social assistance: These are cash transfers from the government to help people who cannot meet their own minimum needs for survival, especially those living with disabled parents who are not supported by anyone or are elderly people and children.
4. Social relief: Short-term payments that are non-contributory and means-tested. These payments help tide an individual or community over during a crisis.

3.9 Redistributing the Economy Post 1994

To comprehend policy development on social assistance through the legislative frameworks made by the government, it is important to contextualise policy developments that occurred during this time in South Africa. This section will look at the Reconstruction and Development Programme (RDP) transition into the Growth, Employment, and Redistribution (GEAR) Plan in 1996. When policies are proposed around societal aid, poverty consideration is always central (Brockerhoff, 2013:67).

3.9.1 RDP

The main objectives of the RDP were to spell out a new vision of a democratic society, where all South Africans had access to services, which in turn would develop human capital, and citizens would be able to take part in society. The main premise of the RDP was to grow the economy by means of redistribution. The government aimed to increase spending on

service provision and to create jobs, thereby addressing the issues of marginalization, inequality, and unemployment. This approach was not only people-centered but people-driven as well (Brockhoff, 2013:66). The African National Congress (ANC), the Congress of South African Trade Unions (COSATU), and the South African Communist Party (SACP) came together to form the Tripartite Alliance. The alliance formed expected that there would be economic growth if there was appropriate spending, and redistribution of resources would be the key to alleviate poverty.

The focus of the early post-1994 era was to develop policies that would lead to an increment of jobs as well as improving the service delivery system. There was not much focus on using cash transfers as a redistributive mechanism but rather on restructuring the State and bringing people into jobs. The RDP also included affirmative action to address historical discrimination. The main principles of the RDP were to use employment rather than grants to alleviate poverty (Brockhoff, 2013:67). However, the programme did recognise that many families and communities depend on their pension or disability grants as a source of income. Therefore, the RDP highlighted that it would need to be efficient in delivering welfare to those who needed it. In addition, the goals of welfare under RDP were to create technology that would assist local and provincial authorities with doing their jobs. This, in turn, would decrease excessive waiting periods. Lastly, the RDP recognised the importance of engaging with civil society to enhance the State's potential to deliver services. (RDP).

The RDP was eventually phased out as the economic growth rates did not meet the expected 4 to 6 percent growth per annum. The implementation of the RDP was also undermined by competition between ministers over budget allocation, although most funding for the RDP was from international donors (Brockhoff, 2013:70).

3.9.2 GEAR

The GEAR programme was adopted at a time when the country was facing economic difficulties. The government needed an economic growth strategy that would reassure domestic and foreign investors. GEAR emphasized decreasing the national budget deficit. Brockhoff (2013:71) stated that "growth through redistribution" was replaced by "redistribution through growth". This was in part due to the realization by the government that the focus needed to be on solving existing problems rather than on changing things for the better (Brockhoff, 2013:71).

The GEAR programme aimed to decrease poverty and inequality by creating a surge in economic growth (Streak, 2008:272). Growth was to be achieved by using fixed investments and exports (Streak, 2008:272). However, Woeks (1999:800) suggested that the effects of

foreign trade on domestic demand were unfavourable due to the unequal levels of imports and exports. Woeks further noted that gear assumed that the role of the public sector investment in the demand stimulus was small (Streak, 2008:272).

According to Streak (2008:272), GEAR was viewed as a plan which focused only on macroeconomic policy measures, however many microeconomic policies that were included in GEAR under sections entitled "trade, industrial and small enterprise policies"; "social and sectoral policies", "public investment and asset restructuring policies", "employment wages and training policies," and "towards a national social agreement" (Streak 272:273). These called for:

- Budget reform measures.
- A rapid tariff reduction.
- More focus on public spending as well as further improving social and basic service delivery.
- Increment of budgets focusing on infrastructure.
- Supply-side industrial policy measures
- Institutional reform
- Human resource development and measures for promoting small business development.

Creating more work opportunities was essential for the reduction of poverty and discrimination (Streak, 2008:273). This rested on three pillars: "economic growth "; "institutional reform in the Labour market," and "government programmes." Focus, however, rested highly on the first two pillars as government plans were only accountable for a small fraction of job creation (Streak, 2008:273).

Brockerhoff (2013:73) also noted that the major variance between the RDP and GEAR programmes was that the former anticipated that the government would develop people-oriented policies, and the latter saw that to pull South Africa out of economic turmoil was to increase private capital accrual in a capitalistic system. The government's main aim was to refrain from monetary interference and focus rather on creating an environment for private investments.

GEAR represented a major shift in governmental policies. The government was no longer expected to deliver on the ideologies of RDP. However, cash transfers were found to be something that the government could do to accomplish its constitutional commitments when it came to social assistance (Brockerhoff, 2013:73).

3.9.3 NDP

Like its predecessors, the fundamental purpose of the NDP was to work on poverty reduction and eradicating inequality. The NDP ambitiously set out to achieve this goal by the year 2030 (NDP, nd:14). The NDP suggested the use of economic growth, education, and skills to achieve its objectives. The three main priorities of the NDP included:

- Increasing employment through growing the economy rapidly.
- Working on increasing the standard of education by promoting the development of skills as well as innovation.
- Improving and strengthening the capabilities of government (NDP, nd:17).

The NDP is underpinned by the idea of capabilities. The key capabilities mentioned include:

- Political freedom, societal prospects arising from education, public transport, and healthcare, social security and safety nets.
- A culture of transparency, disclosures, and accountability.
- Economic facilities.

The NDP suggested that alongside hard work, individuals could live the lives they wish to live. Furthermore, the NDP suggested that if the developmental State invested in the capabilities of its citizens, citizens would be able to improve their own lives (NDP, nd:17).

On the issue of social protection, the NDP aspires to have a comprehensive social protection system by 2030, which includes social security grants, mandatory retirement savings, and risk benefits (NDP, nd:43). Part of this approach is to offer social protection through a social wage, which includes non-fee-paying schools, free basic services, subsidized transport, and broadening public employment programmes (NDP, nd:43).

3.10 Disability

Disability is a part of the human condition; governments have continually faced the moral and political issue of incorporating and supporting people who have disabilities. Nevertheless, the response to people with disabilities has radically changed since the 1970s, largely because of the associations of people with disabilities, and the expanding view of disabilities has become a human rights issue (Who World report, 2011:3).

Historically, people with disabilities are often dealt with by segregating them in residential institutions and special schools. However, government policy has now made efforts to ensure that people who are disabled are included in the community and education; as well as the fact that medically focused resolutions have given way to a more interactive approach as the realization has crept in that people are disabled by environmental factors as well as by the nature of their bodies. This led to national and international initiatives such as The UN convention on the Rights of Persons with Disabilities, which was formulated to incorporate

civil liberties for people who are disabled.

3.10.1 Definition of disability

The concept of disability is complex, multi-layered, and often difficult to define. Over the years, scholars from the medical and social disciplines have revealed an integral part that social and physical barriers play in disabilities. Progressing from a medical to a social standpoint of disability has often been seen as a move from a medical to a social model that saw people living with disabilities as individuals disabled by society rather than their bodies (WHO, 2011:4).

Both of these models of disability are often presented in a dichotomous form. Still, it is vital to note that disability must not only be seen as being completely social or completely medical. People living with disabilities may encounter issues stemming from their health conditions or from societal issues, or both. Researchers believed that balancing the approaches would be crucial to give the appropriate attention to the various aspects of disability.

The ILO (1989:74) categorized disability into three forms:

Physical disability - which could be the total or partial loss of usage of a part of the body or any physical and mental faculty/

Occupational disability - Losing your earning power as a result of being unable to perform a previous occupation.

General disability - the loss of earning capacity that makes one unable to enter the labour market.

Disability is a term used to categorise all impairments, activity limitations, and the inability to participate in society fully. Disability refers to the difficulties encountered in any or all three areas of functioning mentioned. The CRDP sees disability as a constantly changing concept and recognises that disability is often a product of interaction between those living with an impairment and environmental restrictions that limit their participation in their communities in a way that makes them equal to others. Defining disability as an interaction means that "disability" is not merely an attribute of a person.

The difficulties in accurately providing a definition of disability may be attributed to the long legacy of persons with disabilities being socially excluded and being seen as people who do not belong in mainstream society (white paper on the rights of persons with disabilities, 2015:17). Souiden and Baxen (2006) stated that "each definition is embedded within the broader constructs of how society works, who is in and who is out, under what conditions decisions are made, how definitions work to frame, organise and create policies and the

social practices that flow from them. That is nowhere clearer than in the field of education (white paper on the rights of persons with disabilities, 2015:17). it is important that the definition can be seen as emerging from certain histories and discursive formations".

Defining disabilities should consider certain realities:

- The existing definitions of disabilities have evolved to reflect a more progressive view of disability.
- There is still no consensus among different bodies.
- The definition should take into account that disabilities can be temporary, episodic, or permanent.

It is recommended that disability is defined within the situation of the realities of people who are disabled; so that they may be provided with adequate support (white paper on the rights of persons with disabilities, (2015:17).

3.10.2 White Paper on the Rights of Persons with Disabilities: Approaches to Disability

Using the social model to address disability.

The key tenet of the social model is that disability is a social construct. The social model evaluates the socio-economic environment and the barriers that impact the lives of people who are disabled (White Paper on the Rights of Persons with Disabilities, 2015:21). The model focused on the abilities of a person rather than their differences and on promoting their active participation in society.

The key features of the social model include:

- Recognising the fact that the environment disabled people live in impacts their involvement and inclusion in society.
- Disability is the product of social interactions.
- It is key to emphasize the abilities of persons who are living with disabilities.
- Changing negative attitudes in society.
- Reinforcing the idea that society as a whole should participate in the transformation process to improve the lives of people who are disabled.

The White Paper adopts a social model to address disabilities. The model is based on a rights-based approach, a mainstreaming approach, and a lifecycle approach.

A rights-based approach

This approach is to ensure that the government and other actors are held accountable for human, social and economic rights (white paper on the rights of persons with disabilities (2015:45). The idea of a human rights-based approach is enforced in terms of equality and

non-discrimination. Therefore, policy actors should keep human rights in mind when formulating and implementing policies. This approach is also in line with the democratic goals South Africa set out to achieve after Apartheid (white paper on the rights of persons with disabilities (2015:45)).

Mainstreaming approach

This approach is centered around ensuring that disability is always considered in the policy process and showing how people with disabilities are affected by policy outcomes (The White Paper on the Rights of Persons with Disabilities, 2015:45). The aim is to develop long-term sustainable solutions for disabled people. This approach transpires on two interconnected levels. The first is to ensure that disability is a present characteristic in all disability programmes and that people who are disabled are always included as a target group. The other is to ensure adequate spending on the accommodation measures required to provide universal access to disability services (white paper on the rights of persons with disabilities (2015:45)). In addition, there are four pillars that guide the mainstream approach:

- The rights pillar requires the policy process to be centered on economic, social, human, and political rights in the constitution ((white paper on the rights of persons with disabilities (2015:46)).
- The empowerment pillar refers to policies and programmes geared towards ensuring equal access, treatment, inclusion, and participation. It also considers structural inequalities that affect entire social groups, while promoting self-sufficiency (white paper on the rights of persons with disabilities (2015:46)).
- The equality pillar: The equality pillar focuses on the rights of people with disabilities. The central theme of this pillar is that inequality is measured in such a way that it may influence policies or programs to produce change (white paper on the rights of persons with disabilities (2015:46)).
- The results pillar: This approach directs policies and programs to focus on outcomes with anticipated impacts. Results-based planning includes outlining strategies that consider past performance and information on how organizations will fulfill their goals (white paper on the rights of persons with disabilities (2015:46)).

A life cycle approach

The White Paper advocates for a lifecycle approach. This would mean the provision of social services should begin at gestation. This approach requires that children be provided with assistance through the various stages of their lives. The approach is "people-centred", which

is a concept mooted in the RDP, which was the government's first transformation programme (White Paper on the Rights of Persons with Disabilities, 2015:47).

3.11 Realities of People with disabilities in South Africa

Stats South Africa showed that in the 2007 community survey, it was found that:

- Many people with disabilities live below the poverty line. In addition, people living in poverty are more likely to become disabled.
- People with disabilities face discrimination, especially women and girls.
- Women and girls are more vulnerable to poverty, violence, and varying levels of discrimination.

Disability impacts the individual on several fronts, including accessibility, human rights, development, HIV/AIDs. This section reveals how those with disabilities are limited in their daily lives, leading to further impairments.

Disability and the environment

An individual's setting has an enormous influence on the experience and degree of disability. An unreachable environment creates disability by causing blockades to participation and inclusion. Examples of the negative impact of the environment include:

- Being deaf but having no interpreter.
- Being a wheelchair user but having to negotiate a building that does not have elevators or wheelchairs.
- Being blind but not being provided with a computer that has screen reading software.

Disabled people's health is also affected by environmental factors such as lack of safe water and sanitation, nutrition, poverty, working conditions, climate, or access to healthcare. The WHO Commission and social determinants of health have put forward that any inequality is a major cause of poor health (WHO, 2011:4).

Disability and human rights

Disability is a human rights issue due to the challenges people with disabilities face, such as exclusion from employment, education, and political participation and not having equal access to healthcare. In addition, people with disabilities are often vulnerable and may be subjected to violence, prejudice, and abuse (WHO, 2011:4).

Disability and development

Disability can also be viewed as a development issue since disability has a bidirectional link

to poverty. A disability may increase the risk of poverty, and poverty may increase the risk of disability. Empirical evidence suggests but people living with disabilities and their families are more likely to experience economic and social disadvantages than those without disabilities (WHO, 2011:10).

The onset of disability leads to a worsened social and economic state. This eventually increases the risk of poverty and has a negative impact on education, employment, and earnings.

Children who are disabled are most susceptible and are less likely to pay attention. This leads to limited opportunities to form human capital. This also leads to these children facing a future of reduced employment opportunities and reduced productivity in adulthood (WHO, 2011:10).

Households with a disabled member are more likely to experience material hardship, including food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to healthcare.

Disability and language

Language plays a significant part in strengthening ethics and behaviors. It can be used as a tool to bring about change, new attitudes, and social integration (white paper on the rights of persons with disabilities (2015:22)). However, misguided language is often used when referring to people with disabilities. Negative words lead to discrimination and create a barrier to understanding the realities of people with disabilities. Negative words perpetuate the idea that people with disabilities are sick, disadvantaged, and needy. Negative language also promotes the "them and us" mentality, ultimately leading to the exclusion of disabled people. It is imperative to note that there are laws to protect people who are disabled from hate speech, such as the promotion of equality and prevention of unfair discrimination act 2000 (white paper on the rights of persons with disabilities (2015:22)).

Disability and family

People with disabilities and children with disabilities especially are often deprived of family life due to the inadequate support services available to their families (White Paper on the Rights of Persons with Disabilities, 2015:74). Disability has a huge impact on family life. Family members often have to take over the role of primary caregivers and usually have to make life-changing choices in the best interests of their children (White Paper on the Rights of Persons with Disabilities, 2015:70). As mentioned earlier, women are often tasked with caring for people who are disabled or children who are disabled in their families, and more

often than not, community-based services are inadequate or non-existent. This consequently disempowers these women. In order to remedy the social problem, the white paper on families 2012 suggested that the government adopt appropriate economic and non-economic measures such as care subsidies, income tax relief, accessible childcare, after school care, among other things (White Paper on the Rights of Persons with Disabilities, 2015:75).

Disability and HIV

South Africa has the biggest HIV AIDS epidemic in the world, with an estimated figure of 7.7 million people, or about 20 percent of the general population. In a 2019 journal article by Pengpid and Peltzer (2019), it was found that the prevalence of infection was 16.7 percent in persons with disabilities (Disability & HIV policy brief, n.d:1). In addition, people with disabilities were found to have less knowledge about HIV and AIDS in comparison to people with no disabilities. Although there is a high occurrence rate of HIV infection among people with disabilities, the social issue still does not receive appropriate attention (Disability & HIV policy brief, n.d:1). The relationship between disabilities and HIV is important to note. People with disabilities are at a greater chance of contracting the virus, whereas those living with HIV may develop impairment as the illness progresses. This may lead to disability and consequently affect their full and active participation in society (Disability & HIV policy brief, n.d:1).

3.12 The relationship between poverty and disability.

Poverty increases the risks to the disabled. A study concluded that disadvantaged people often have more health issues than their advantaged counterparts. Poverty itself increases the likelihood of individuals experiencing poor health conditions connected with a disability, including a low birth rate, malnourishment, and unavailability of clean drinking water, decent sanitation, and unsafe living conditions. In addition, a person with an existing health condition may become disabled due to a lack of appropriate healthcare or an inaccessible environment (WHO, 2011:10).

Poverty, like disability, is a multidimensional concept that is determined by various socio-economic factors. People with disabilities are often unable to improve their livelihoods due to limited access to services such as health and education and the discrimination they face from staff and community members (White Paper on the Rights of Persons with Disabilities, 2015:90). A lack of education is often cited as a cause of poverty among people with disabilities. Children with disabilities who do not have access to education are more

likely to experience poverty in adulthood. Reducing earning power is also often associated with disabled people's functional requirements, which are costly. The lack of financial backing and low earning potential results in people with disabilities living below or near the poverty line (White Paper on the Rights of Persons with Disabilities, 2015:92).

The White Paper focused on four key areas that would accelerate reducing the economic vulnerability of people with disabilities to ensure self-reliance:

- Disability and poverty.
- Ensuring people with disabilities have access to work and work opportunities, thus ensuring that people with disabilities participate equally in the economy and reducing disability-related costs.

3.13 Prevalence child disability in SA

Statistical data on the commonness of child disability in South Africa has been found to be inadequate, unreliable and at times conflicting. Previous studies found that this is due to the lack of recent child disability prevalence studies, and the absence of comparable survey procedures in childhood disability prevalence studies. Most existing childhood disability prevalence studies are outdated, so most of the data cannot be used to reflect the most recent situation (ACPF, 2011:12). Other studies that focused specifically on children under the age of 10 found that there was a lack of consistency when it came to defining disability, particularly because disability is "culturally produced and socially constructed" (McLaren et al., as cited in ACPF, 2011:12). There was also the challenge of chronic illness and disease going undiagnosed and the resulting impairments not being recognized.

The absence of dependable, comparable occurrence rates for children has posed a key issue. Without these, it becomes difficult to know where to target development and appropriate services, and consequently, undesirably restraints are placed on the civil liberties of disabled children. In addition, the failure to assimilate disability in government statistical procedures has contributed to the lack of prioritization of the needs of disabled adults and children in economic and social planning (ACPF, 2011:12).

3.13.1 The realities of children living with a disability.

The government and other key stakeholders have made great progress with legislative and policy reforms. However, the situation of children living with impairments has remained the same. The Department of Social development acknowledges this by noting in their 2009 report that services meant for children living with disabilities are still fragmented and distributed unequally. The government departments still work independently of each other,

and therefore their services are not well organised and coordinated. There is still also minimal progress in creating systems that track and identify children living with disabilities from birth to school-going age. This is due to the lack of alignment of policy and action. Other researchers attribute this to the lack of coordination of resources and services of government departments and NGOs and inadequate budgeting for children with disabilities. Monitoring and evaluation also form a barrier to implementation due to the lack of tools. Nkeli (2008:87) noted that the "monitoring processes are not uniform and standardised and lack benchmarking." In addition, the Department of Education found that data collection systems are not sufficient to capture and track enrollment trends. The Department of Social Development (2009:11) concluded that children with significant impairments continue to endure bias and discrimination in all spheres of society. They are often left out of services that are inadequately resourced and inexpensive but are easily accessible. Children living with disabilities often cannot gain access to services due to inaccessible buildings, communication barriers, and negative perceptions from communities and service providers who are improperly trained or lack experience.

3.13.2 Child disability and poverty

The link between childhood disability and poverty is convoluted and multi-layered. Children who live in poverty face a higher risk of disability, and children with disabilities face a higher risk of poverty and developmental delays. Poverty increases the likelihood of the child's needs being unfulfilled. As a result, these children will likely engage in developmentally enriching experiences that will remain out of reach (Masten, as cited in Petrenchik, 2008:7). Poverty also places stress on the family unit, and often, caregivers are unable to engage in parenting behaviours that encourage a child's development (Petrenchik, 2008:7).

The children who live with disabilities frequently experience isolation. They are also often stigmatized, discriminated against, and side-lined by their communities. Social segregation and bullying are recurring themes for children with disabilities and often result in them having a negative perception of themselves, depression, and long-term adjustment. Although this is also devastating for children without disabilities, it is especially devastating for children with disabilities; and living in poverty amplifies the effects of these negative interactions and creates unique challenges for families (Petrenchik, 2008:8).

When it comes to the issue of child disability and poverty in families, the disabled often have to deal with the disability as well as other burdens that are often related to their dire economic situation, in terms of access, social disadvantage, inadequate social and health

services, and extra costs related to the child's disability, such as the need for special transportation, time, medication, etc.). Disabled children are less likely to receive appropriate services, which include routine health care, which can cause further medical complications, and secondary disabilities, which, in turn, increases family distress and financial burdens (Petrenchik, 2008:8).

There are various causes of childhood disability. Some may occur before birth, such as FAS, some during birth, and some after birth, due to factors such as poverty, illness, abuse, and injury. However, some researchers found that 40 percent of the time, disability can be prevented, especially with adequate prenatal care. However, in some instances, society believes that childhood disability is the result of Witchcraft or the will of God (Mathye & Eksteen, n.d: 596).

3.13.3 Inconsistencies in the prevalence of childhood disability mortality

There is little to no information about the long-term survival and mortality rates of children in South Africa. However, some research has indicated that children with disabilities are at a greater risk for premature death, although these mortality rates vary, depending on the person's health condition (Department of Social Development et al., 2012:48).

3.13.4 Immunization

There are inadequate statistics available on immunization coverage among children who are disabled in South Africa. Initial data from a small body of literature shows that children and adults are less likely to receive immunization than previously and are consequently at a higher risk for contracting a preventable illness (Department of Social Development et al., 2012:48).

3.13.5 Disability and education Early childhood development

The government acknowledged that without an integrated ECD system, the development of disabled children would not progress. The department of education policy is of the view that children with disabilities would develop better in mainstream ECD centers, where they would be accommodated and where their independence could be promoted. Previous research by the department of social development found that some of the major challenges faced by the ECD sector were poverty, HIV and AIDS, death, and orphanhood. In addition, disabled children are usually discriminated against and stigmatized by those who do not understand disability (ACPF, 2011:43).

Access to Early Childhood Development programmes is paramount in providing children with the necessary cognitive, physical, communication, and social aspects to navigate society. The Constitution of the Republic of South Africa (1996) stated that all children have the right to access education and placed emphasis on the importance of ECD programmes. Education policies make it compulsory for all children from the age of 5 to attend grade R programmes, regardless of disability.

3.13.6 Child disability and nutrition

Little attention has been placed on nutrition and disability, although they are closely linked. The lack of food or a poor diet that lacks important vitamins and minerals can leave children vulnerable to several illnesses or certain circumstances that may cause sensory, physical, or intellectual disabilities.

Children with disabilities are at a high risk of becoming undernourished. Children born with an impairment also face a significant risk of severe nutritional implications due to chewing or swallowing difficulties. In addition, children who suffer from some types of physical or intellectual disabilities may have difficulty feeding themselves (DSD, DWCPD and UNICEF, 2012:48).

In addition, children with impairments often require special diets to provide them with the essential calorie intake required to maintain a healthy weight. UNICEF conducted a review of data collected in over 20 countries and found that children who are at high risk for disabilities might also be at risk of starvation and nutrient deficits. UNICEF also found that an inquiry on this issue was necessary for South Africa (DSD, DWCPD and UNICEF, 2012:48).

3.13.7 Child disability and health and rehabilitation

The UNCRC requires the South African government to ensure that children that are disabled enjoy "the highest attainable standard of health and access to facilities for the treatment of illness and rehabilitation of health." However, in South Africa, evidence-based research on South African children with impairments and their access to health services is limited. Previous research found that National health surveys usually make no differentiation between children with disabilities and children without them. The gap in the literature poses a problem as it makes it difficult to identify trends, common indicators, and disparities. Due to this limitation, it is difficult for the government to create sound policies for disabled people and children (DSD, DWCPD and UNICEF, 2012:49).

3.13.8 Child abuse and neglect Abuse

As mentioned before, children with impairments are at an increased risk for neglect and abuse than their non-disabled peers. Cases of these abuses often go unreported. A study found that some cases of sexual abuse and rape never reach the court system. The study also found that this was due to parents not reporting incidents, fearing that the child might lose their space in school if the abuse happened in a school, or fear that the abuser may retaliate.

According to the study, children with certain forms of impairments are predisposed to certain types of abuse, with mentally and physically disabled children at a higher risk for sexual abuse and those with learning disabilities at a higher risk for neglect. Another study by the Disabled Children's Action Group (DICAG) used a sample of 36 cases of abuse of children with disabilities that were presented before the courts, 14 of those cases were withdrawn, 8 resulted in acquittals and 14 perpetrators were convicted. The reason given for that was that "witnesses were ineffectual." Given that there is a low chance of getting convicted and facing a lengthy court trial, those who suffer from abuse may be discouraged to report it due to these factors and the fear of being ostracized by their communities (DSD DWCPD, and UNICEF, 2012:53).

3.14 Disability Assessment Mechanisms

Disability assessments are still not clearly defined by legislation. Therefore, there is difficulty with regulating them. Without a comprehensive definition, government officials are left to their own devices to figure out what qualifies as a disability.

3.14.1 Background to disability assessment mechanisms and South Africa

In the 90's South Africa adopted a medical disability assessment mechanism. This meant that the Department of Welfare undertook assessments through local medical officers, which was then substantiated by pension medical officers. The PMOs only relied on the medical report from the MO's to decide on the assessments and never actually met the applicants (Kidd et al., 2018:59). Applicants were eligible for government assistance if it was determined they had a disability of 50 percent or higher. Using this system, there was a concern that people were being excluded. There was around 30 percent receiving grants, and the figure was expected to be greater due to the high levels of poverty (Kidd et al., 2018:59).

Due to this problem, the government shifted from the medical disability mechanism to a more needs-based model that would include more people in the decision-making process (Kidd et al., 2018:60). In addition, provinces were given the choice of continuing with the

medically-based selection process or introducing a new panel-based mechanism. Four provinces adopted this new disability assessment mechanism, one kept both, and the other four provinces retained the old process without the PMOs (Kidd et al., 2018:60).

The new panel process consisted of community representatives and other professionals. However, the system was flawed. Among the issues that applicants raised was a lack of confidentiality, especially revealing personal information to a panel that comprised people from the community they might be familiar with (Kidd et al., 2018:60). Some panels had no medical professionals. Some were being ineffectively run or did not respect the dignity of applicants, or were not transparent in the decision-making process (Kidd et al., 2018:60). In a country where poverty rates are high, poverty has become a more important factor than disability; the panel would sympathize with people coming from poor communities and grant them social assistance. The panels were eventually removed and replaced using the previous assessment mechanism (Kidd et al., 2018:60).

In 2006 the government attempted to develop a better disability assessment model. This model, known as the harmonized assessment tool, was based on the Taylor commission recommendation, which states that the assessment process should consist of:

- A needs assessment that considers the type and severity of disability or illness and includes social, economic, and environmental factors.
- A focus on the applicant's capabilities.
- Inclusion of all types of disability whether they were sensory, intellectual, mental or physical.

However, the harmonised assessment tool was never adopted because it was complex and too expensive to be successfully implemented. (Kidd et al., 2018:62).

3.14.2 The current disability assessment model

SASSA currently utilizes a disability management model (Kidd et al., 2018:62). This model was introduced in 2007 in an attempt to create a more standardized medical assessment process for the disability grant, care dependency grants, and grants in aid (Kidd et al., 2018:63). With this model, the applicant had to apply for a Disability grant or a CDG, or a GIA, and then a medical assessment was undertaken. Those who wanted to apply had to bring a referral letter from a medical professional. The referral letter had to include the applicant's medical history and the impairment they were seeking assessment for. For those with a temporary disability, the report had to be made within the previous three months, and for a permanent disability, the application could be older than three months (SASSA n.d).

The applicant, upon registration, was also advised about any further documents that would

be required for the application (Kidd et al., 2018:63). The SASSA officer was required to check the social assistance in MIS-SOCPEN to confirm that no previous applications had been made in the past six months. Once confirmed, the applicants were then given an appointment date with a SASSA-approved medical officer to undertake the medical assessment. This had to be done within a month of applying. However, previous researchers had found that not to be the case, with some assessments taking place even three months after the application, due to the deficiency of resources (Kidd et al., 2018:63).

As mentioned earlier, medical assessments are undertaken by a SASSA-approved medical officer. The guidelines for these assessments state that assessment should not be longer than 15 minutes, which is problematic, as it does not allow the medical officer enough time for diagnostic tests and physical exams. Some of the disability assessment takes place in the SASSA offices, meaning that most MO's do not have access to a patient's medical records.

The social assistance act does not define disability. However, it requires that a medical report confirm the disability. Due to the lack of policy guidance, SASSA created a document for medical assessments called the SASSA guidelines for the medical assessment of disability for social assistance purposes.

MO's are required to follow these guidelines to check whether the person has received treatment and whether he/she has been compliant with the treatment. the guidelines, however, do not stress that chronic illnesses that can be managed with medication such as HIV, psychiatric, epileptic conditions do not necessarily result in the disabled person receiving the DG/GIA/CDG. Medical officers also need to establish the percentage of disability based on their condition (Kidd et al., 2018:69).

Determining disability.

After conducting disability assessments, medical officers then determine the percentage of an applicant's disability (Kidd et al., 2016:65). An example of this breakdown would be predetermined conditions (amputation of hand at wrist, 40 percent, hypertension 0,5 percent, total loss of vision in one eye 20-25 percent).

After making this determination, the medical officer then must conclude whether a person's impairment level falls into minimal impairment (0-25 percent), significant impairment (25-40 percent), or a major impairment (>40 percent) (Kidd et al., 2016:65). Those who are deemed as having minimal impairment are disqualified from receiving the disability grant. Those with significant impairments are considered, depending on how the medical officer assesses additional social factors, which may include: level of independence in daily activities,

education, skills, and employment and factors that may lead to discrimination such as age, geographical area, or other socio-economic factors (Kidd et al., 2016:65). Thereafter, the medical officers determine whether the applicant qualifies for a temporary grant which runs for a period of about 6-12 months or a permanent grant with a review, which runs for a period of 2-5 years, or a permanent grant (Kidd, et al., 2016:65).

3.15 Disability legislation and Policy challenges which lead to marginalization.

People with disabilities are not all the same. Unlike other people, they experience discrimination, inequality, and poverty differently. Women and girls with disabilities are still not provided with their fundamental human rights and freedoms compared to disabled men and boys (The White Paper on the Rights of Persons with Disabilities, 2015:60). In addition, black African women with disabilities have to face marginalization, compounded with unequal treatment based on their race, gender, and socio-economic status (The White Paper on the Rights of Persons with Disabilities, 2015:60). The white paper identified four focus areas that require special treatment, namely:

- The right to life.
- Being recognised as equals and the eyes of the law.
- Being able to access all legal avenues for justice.
- Ensuring that people living with impairments are free from inhumane treatment violence, and exploitation.

The right to life

The Constitution of the Republic of South Africa stipulates that all citizens have the right to life. However, people who are disabled are often at risk and need special measures to protect them and realise that right ((White Paper on the Rights of Persons with Disabilities, 2015:63). this vulnerable group includes:

- Children with disabilities who live in communities believe that disability is a curse.
- Children with disabilities who require urgent life-saving interventions.
- People living with impairments do not have healthcare readily available, due to high costs.
- People with impairments are often displaced.
- Persons with psychosocial impairments.
- People who have impairments who are homeless (White Paper on the Rights of Persons with Disabilities, 2015:63).

Equal recognition before the law

Being seen as equal in the eyes of the law is important for protecting the right of people; and people with impairments and people with intellectual impairments are more likely to be denied the right to equal recognition before the law (White Paper on the Rights of Persons with Disabilities, 2015:64). History shows that people with intellectual impairments have consistently been denied the right to legal capacity by means of taking away their ability to make decisions and replacing that ability with guardians or conservatorships (White Paper on the Rights of Persons with Disabilities, 2015:64).

Access to Justice

Access to justice is important for people who are disabled, and they have a right to be fully included in the justice system. As long as the justice system is inaccessible to people who are disabled, they will not be able to experience and enjoy their rights like other members of society (White Paper on the Rights of Persons with Disabilities, 2015:65). People with disabilities are not empowered and often do not understand their rights or the options that are available to them for justice if they experience discrimination and exclusion (White Paper on the Rights of Persons with Disabilities, 2015:65).

Freedom from torture or cruelty

People with disabilities are at risk of abuse, torture, and other forms of degrading punishments. Abuse and torture are often the cause of disability, and it may also lead to secondary disabilities or the onset of a serious medical condition (White Paper on the Rights of Persons with Disabilities, 2015:67).

There are various factors that contribute to people with disabilities being likely to suffer from abuse and torture.

As mentioned previously, people with disabilities are often marginalized in society and maybe segregated in social institutions. they are often subjected to neglect and poor living conditions, and sexual, physical, and mental violence. A lack of reasonable accommodation also increases their risk of neglect and abuse (White Paper on the Rights of Persons with Disabilities, 2015:68). People with disabilities, especially girls and women, are likely to experience violence and abuse inside their homes. They are usually taken advantage of by family members, caregivers, or even healthcare professionals (White Paper on the Rights of Persons with Disabilities, 2015:68).

Sexual exploitation and sexual violence are also reoccurring themes among people with disabilities, particularly women and girls. Men and boys also suffer from experiences of

sexual violence and abuse. Due to the inaccessibility of the justice system, most of these abuses go unreported. People with disabilities who have intellectual impairments are at an even greater risk for sexual exploitation and are also usually unable to report these crimes due to their intellectual disability (White Paper on the Rights of Persons with Disabilities, 2015:68).

3.16 Care Dependency Grant Challenges that lead to exclusion

3.16.1 The nature of the purpose of the disability Grant

There are still shortcomings in disability policy regarding provision clarity on which conditions the disability grants are meant for. People with chronic conditions continue to apply, as they assume that their chronic illness automatically qualifies them for a disability Grant. SASSA officers are not allowed to turn away applications. Therefore, applicants go through the disability screening process, often causing a backlog since the medical officer must assess someone even though they do not necessarily qualify. The influx of applications is also understandable as there are no other grants for people of working age. With a society pressed for resources, poverty, high unemployment rates, and income insecurity, it is not difficult to see why there are many who apply, although they may not qualify.

3.16.2 Permanent nature of the care dependency Grant

The CDG is only offered as a permanent form of social assistance and cannot be revoked until the child is of legal age. This has caused the dilemma of medical officers being reluctant to approve care dependency grants for children who have a severe but temporary disability, regardless of the issues it may cause for the disabled child (Kidd et al., 2018:68).

Criteria for the CDG

Since MOs are given minimal time to conduct the assessments, interpreting the criteria may become difficult and, if followed strictly, may lead to the exclusion of children who are in need (Kidd et al., 2018:68). The criteria may include questions such as enquiring whether the children can dress themselves or feed themselves, and if the answer is yes, it may exclude them from the care dependency grant, although there are children who suffer from severe disabilities but can still feed themselves. For example, children with Downs syndrome may need a great deal of support with other daily activities. It is also not clear whether the care dependency grant is meant for the caregiver or for the child's additional costs that are related to their disability (Kidd et al., 2018:68). There is also confusion around the means test, in terms of income threshold. In a survey, it was found that a common misconception among caregivers and SASSA officials is that people who are employed do not qualify for the grant

(Delany & Jehoma, 2016:65)

3.16.3 State medical offices

The Department of Health struggles to employ doctors even though the assessments have to be done by doctors under the State's employ. The State also does not allow the judgment of private doctors, even though such doctors have treated many people. This eventually places an unnecessary burden on the State's health system (Kidd et al., 2018:7)

3.16.4 The care dependency grant if in the care of the State

People in the care of the State do not qualify for social grants. This is problematic because if a child is in hospital for a very long time, the caregiver can no longer receive the care dependency grant although they could still face the high costs of supporting their disabled child (Kidd et al, 2018:69). This also has a negative impact on people who are disabled who wish to leave these facilities. They are not allowed to apply for the grant until they have left the facility's care. This puts them at a major disadvantage because the grant application process is lengthy and, during that timeframe, the disabled person will not be able to receive any income, which may discourage them from leaving the state care facilities (Kidd et al, 2018:69).

3.16.5 Abilities of medical officers and other administrative staff

According to Kidd et al. (2018:73), many medical offices lack adequate training or capacity to conduct disability assessments. Kidd et al. (2018:73) argued there was a wide range of disabilities to assess. Some need specialists and even go beyond the general knowledge, which makes these assessments limiting and problematic. The training SASSA provides for medical officers is administrative and is provided by SASSA staff. The initial training is 4 hours long. Thereafter, it is two hours and repeated annually. With the lack of appropriate training, medical officers may make subjective and uninformed decisions. SASSA staff do not monitor the assessment process, so they are not well informed about how the medical officers make their decisions (Kidd et al., 2018:73). In addition, SASSA does not provide disability awareness training to its staff or medical officers. Therefore, there is an inconsistent understanding of how to approach disabled people. There is no South African sign language training, which makes it difficult for those who are deaf to communicate with medical officers.

3.16.6 Minimal time for appropriate assessments

The amount of time given to MOs to assess applicants is limited. Forty assessments per day

are the maximum that medical officers can conduct in an 8-hour day, meaning that there are only ten minutes available per consultation (Kidd et al., 2018:75). This is problematic because assessing a person's disability and confirming whether or not they qualify for the grant in ten minutes is grossly insufficient. In addition, MOs may not have access to the patient's full medical records, and even if they did have it, there would not be enough time to assess the records thoroughly. In combination with the criteria used by MOs, a person may well be excluded from a grant (Kidd et al., 2018:75).

3.16.7 Language barrier

South Africa has 11 official languages. This means that navigating the language barrier may be difficult if the medical officer and the applicant do not speak the same language (Kidd et al., 2018:76). That often leads to a breakdown in communication or even misdiagnosis or exclusion. In indigenous languages, medical jargon is sometimes limited (Kidd et al., 2018:76). In addition to these challenges, SASSA does not provide sign language for claimants and may have to communicate through those accompanying them.

3.16.8 Cost to applicants.

The disability grant process is complicated and lengthy. Applicants in total must make four visits to the relevant institutions (Kidd et al., 2018:78). First, the applicant must obtain a referral letter for the pre-application process. Thereafter, they must undergo SASSA's medical assessment. In a country where poverty is prevalent, obtaining a referral letter is difficult (Kidd et al., 2018:78). The challenge arises when those with severe but less visible disabilities must obtain a referral letter from a specialist, which could mean long waits for appointments and expensive trips. This challenge is amplified for those living in rural areas. Applicants must then visit SASSA offices to apply for their disability-specific grant (Kidd et al., 2018:78). The lines are long, and preference is not given to those with disabilities. They must wait in the queue with those who are applying for other grants. However, this process may vary between SASSA branches.

3.17 Plans to improve the lives of people living with disabilities

When it comes to policies on disability, the common theme is the insufficient alignment of policies between government departments. This, in turn, hinders or slows down the process of service provisions. There have been several policies formulated to fulfill the government's constitutional obligations towards children with disabilities. However, these policies are still not linked in the national, provincial, and local planning processes. In addition to the

inadequate provisions to support children with disabilities, there is also the issue of policies such as The Strategy for the Integration of Services for Children with Disabilities not clearly defining disabilities or making clear provisions for implementation (DSD, DWCPD, and UNICEF. 2012:11).

3.17.1 Access to a disability-friendly built environment

The White Paper acknowledged that existing legislation is not completely compliant with international and constitutional law obligations. Poor regulatory framework and inadequately resourced hospitals are just some of the factors contributing to this. In addition, there is little communication between the government and NGOs, a disconnect between national and provincial governments, a lack of coordination between policies, and a lack of adequate norms and standards for service (DSD, DWCPD and UNICEF. 2012:15).

Therefore, the White Paper aimed to begin conducting audits of existing infrastructure to determine whether the infrastructure is disability-friendly (White Paper on the Rights of Persons with Disabilities, 2015:52). In addition, the white paper emphasised training infrastructure accessibility liaison officers adequately. The White Paper also planned to operationalize the regulatory framework so that town planning schemes and landscape designs would integrate a disability-friendly environment in their plans. (White Paper on the Rights of Persons with Disabilities, 2015:53).

3.17.2 The removal of barriers to access and participation.

The White Paper for people with disabilities posits that there are a few areas that need to be focused on, to successfully eradicate obstacles to participation, namely:

- Altering people's perceptions and behaviours towards people who are disabled.
- Being able to access public infrastructure.
- Access to data and communication.
- Access to transport.
- Universal design and access.
- Reasonable accommodation measures (White Paper on the Rights of Persons with Disabilities, 2015:49).

3.17.3 Changing attitudes and behaviour

Negative attitudes associated with disabilities still persist. These negative views of disability consistently leave out people who are disabled from all spheres of society (White Paper on the Rights of Persons with Disabilities, 2015:51). Therefore, the White Paper planned to develop and implement disability rights awareness campaigns. These campaigns would be

ongoing in all sectors of society. Social partners and government agencies would be responsible for the implementation of these plans. The central theme of the plan would focus on addressing negative attitudes about disabilities, which would ultimately shift the perceptions of society. In addition to the white paper planning to implement new disability-related terminology, social partners plan to integrate disability awareness programs in school curricula (White Paper on the Rights of Persons with Disabilities, 2015:51).

3.17.4 Access to transport

Transport is a major barrier to accessibility. Public and private systems still do not accommodate those suffering from impairments adequately. The ability of people with disabilities to move around in their communities is important in order to achieve the policy outcomes of the White Paper (White Paper on the Rights of Persons with Disabilities, 2015:53).

3.17.5 Access to information and communication

The White Paper planned to promote access to information systems that would contain easy-to-read information. In addition, the aim was also to provide captioning on television programmes, promote South African sign language and train South African sign language interpreters, and develop and regulate braille standards (White Paper on the Rights of Persons with Disabilities 2015:53).

3.17.6 Universal access and design

According to the White Paper, universal access refers to the ability of people to have equal access to services, regardless of their background. Universal design is key to achieving universal access. It guarantees that all people benefit from accessible places and products throughout their lifetime (White Paper on the Rights of Persons with Disabilities, 2015:57).

The main idea of the universal accessibility approach is that society is responsible for adjusting the environment and accommodating individuals. The White Paper aims to achieve this by providing education and training and developing and implementing universal design minimum standards and guidelines (White Paper on the Rights of Persons with Disabilities, 2015:57).

3.17.7 Reasonable accommodation

Adequate accommodation means are supposed to guarantee that those who are living with impairments also enjoy their human rights and freedoms like any other citizen. Reasonable

accommodations should include the following (White Paper on the Rights of Persons with Disabilities, 2015:58):

- Building a disability-friendly environment.
- Access to information and communication.
- Access to Quality education is in line with improving the mobility of persons with disabilities (White Paper on the Rights of Persons with Disabilities, 2015:58).

The White Paper aimed to achieve this by ensuring equal access to participation in programs and services in public and private institutions (White Paper on the Rights of Persons with Disabilities, 2015:60).

3.17.8 Monitoring and evaluation of disability

The White Paper of 2015 aimed to strengthen monitoring and evaluation procedures of disability rights and disability-specific policies. The white paper focused on three data terrains to monitor the implementation of the policy:

Tracking statistical trends - this would involve tracking current disability trends and those that are evolving.

Programmatic performance - this aimed to focus on interventions that ensured that the outcomes of the policies are met. That data would have to include evidence that people with disabilities were being counted in the program's policies and plans stakeholder feedback. Receiving feedback from the people the policy is intended for is important; and therefore, the participatory method is vital in the monitoring and evaluation of human rights (White Paper on the Rights of Persons with Disabilities, 2015:117).

The monitoring and the evaluation of disability rights, according to the white paper are underpinned by several key principles which include:

The involvement of rights holders - which would involve people with disabilities into agenda setting formulation, adoption implementation and monitoring of government policies and programs that affect them directly or indirectly.

Disability disaggregation of all monitoring and evaluation that can be used to inform responsive planning of budgeting and reporting.

Comparability - which requires policy actors to draw comparisons between levels of implementation. To achieve this, it is important to create a starting point measurement of the status quo. it is important to make comparisons of service delivery between people without disabilities and people with disabilities; to effectively monitor equality (White Paper on the Rights of Persons with Disabilities, 2015:118).

3.17.9 Supporting sustainable integrated community life for people with disabilities

The white paper recognised that people living with impairments should have equal rights as those without disabilities to live in a community. To fulfill this right, the white paper required all spheres of government to take a fitting course of action to guarantee that people living with disabilities have full enjoyment of these rights (White Paper on the Rights of Persons with Disabilities, 2015:70). In addition, the white paper stated that in terms of care for people with impairments, it is often women and girls who are given this responsibility. This often means that female caregivers were less likely to find partners, develop careers, or have access to educational opportunities (White Paper on the Rights of Persons with Disabilities, 2015:71).

The White Paper attempted to remedy these issues by focusing on five areas for creating communities that are socially cohesive: being:

- Providing support to families.
- Ensuring that human settlements are accessible.
- Ensuring that community-based services support the independent living of people with disabilities.
- Ensuring that people with disabilities have adequate protection during times of disaster (White Paper on the Rights of Persons with Disabilities, 2015:71), poverty, and disability.

3.17.10 Empowerment of people living with disabilities.

Promoting and encouraging the empowerment of people living with disabilities is important. As mentioned before, most government policies adopt a social model for their policies and adopt an approach based on human rights to development; so that the capacity of duty bearers may be strengthened and to empower those that the policies are supposed to benefit. Participation is an important element of the rights-based approach (White Paper on the Rights of Persons with Disabilities, 2015:79).

The White Paper states that the normal life cycle of people with disabilities is often interrupted due to:

- Barriers that exclude people living with disabilities from gaining access to important developmental opportunities throughout their lifetime.
- Non-alignment of policy plans and implementation between government departments, although they may be targeting the same group.
- The high cost associated with disability causes people with disabilities to lose out on socio-economic opportunities.
- The inaccessibility of disability-specific support services.

Factors that lead to dependency and disempowerment of people with disabilities include:

- Poverty - the dependency on others to survive often contributes to the disempowerment of people with disabilities.
- Abuse - people with disabilities, especially women and children are at greater risk of abuse.
- social isolation - people with disabilities often face isolation in early life. They usually experience this isolation at home, at school, and even in the community. Therefore, being able to move away from social isolation could lead people with disabilities to become more empowered.
- Inadequate services - the general population often has difficulty accessing services and opportunities. This challenge is even more severe among people with disabilities as they often do not have access to disability-specific interventions (White Paper on the Rights of Persons with Disabilities, 2015:79).

3.18 Conclusion

The care dependency grant remains the most plausible source of support for caregivers. It is important because it assists the caregivers with additional expenses in relation to the child (Philpott as cited in Delany and Jehoma, 2016:65). However, the implementation challenges that are mentioned above often lead to the exclusion of disabled children from the social security process. Although the CDG is positively associated with school enrolment and attendance to assist disabled children (Philpott as cited in Delany & Jehoma, 2016:65), the Department of Social Development still has to overcome many policy issues in order to reconcile its structures and create a more cohesive implementation chain.

The social welfare policies are complex. However, it is important for the government to explore new ways that the policy process, especially the implementation stage, can be strengthened and supported (Hudson, Hunter & Peckham, 2019:1) to ensure that service delivery is effective. In addition, reviewing assessment tools and creating efficient monitoring and evaluation strategies or mechanisms are important to ensure effective CDG implementation. Dispersal of information in all official languages is key to raising awareness of the actual process of the CDG application process.

The bottom-up approach to implementing the CDG is crucial. With the proper support, what is referred to as "street level bureaucrats" play an important role as they interact with civil

society daily. Therefore, they should be given more consideration when making policy reforms.

The UNCRPD states that people with disabilities have equal rights to social protection and that the authorities should target people who are vulnerable and living in poverty. Many countries provide social protection support to people with disabilities and their households, either through specific disability targeted programs or more frequently through universal social assistance programmes.

South Africa in compliance with international and regional law, provides two grant types for disabled people: namely the disability grant and the care dependency grant. In South Africa, evidence shows that people with disabilities face a significant challenge when accessing social assistance. This is in large part due to inadequate information on the Children's Dependency Grant. Some SASSA officers are inaccessible. In rural areas, SASSA officers are far away from people's homes. Other offices necessary for the application process are dispersed, making it significantly harder for disability grant applicants who usually need special transportation to travel to SASSA offices.

In addition, especially in accessing the care dependency grant, the process is time-consuming. The process is twofold because the applicants are required to see their doctor for a referral letter to use in their grant application. SASSA will then appoint a medical officer, who does not have a standardized criterion for assessing disability, to assist the applicant in determining their level of disability. The lack of standardized criteria is concerning, as the assessing medical officer may have subjective views as to what constitutes a disability. That may lead to the exclusion of applicants who might have a disability that is harder to assess or recognize. As mentioned earlier, people who usually apply for the CDG are usually from a poorer demographic. The cost of special transport for a child may become too high, which may discourage the applicant; thus, leading them to abandon the application process altogether.

CHAPTER 4: Research Methodology

4.1 Introduction

The previous chapter reviewed the literature on social security, disability, child disability, implementation challenges, and the care dependency grant. Studies by researchers in previous studies were discussed, and the information gathered pointed towards the issue of accessing the CDG and other child disability-related services. The chapter discussed how failure to implement the welfare policy contributed to the challenges that disabled children face. It highlighted how child disability assessments were inadequate in terms of not using enough time to assess the child and challenges of interpretation of what can be considered a disability.

This chapter will highlight the techniques used by the researcher to describe, clarify, and predict phenomena (Rajasekar, Philominatham & Chinnothambi, 2013:5). The primary goal of this research is to explore policy implementation in the case of the CDG. Therefore, this chapter will go into detail on the presentation, interpretation, and discussion of the findings. The analysis will focus on the primary objective with reference to the following secondary objectives:

- First, determining the accessibility of the CDG.
- Second, establishing the systematic failure of government CDG implementation and discussing what can be done to remedy the policy issue.

This study is qualitative. The research design that was used in the study is a qualitative data analysis method. Data was collected through analysis of previous studies shown in the literature review and other relevant documents.

4.2 Research Methodology

4.2.1 Research design

Bowen (2009:27) outlines document analysis as a system that comprises methods for analysing and evaluating documents that could be presented in printed or electronic form. Qualitative document analysis requires the researcher to observe and construe data to gain understanding and produce meaning and develop empirical knowledge (Bowen, 2009:27). Smulowitz (2017:1) describes qualitative document analysis as “a method by which the

researcher analyses or evaluates the meaning of documents collected as data throughout the research process.” In addition, the qualitative researcher needs to decide on a methodology. It is important to decide what type of data the researcher will collect (Merriam as cited in Smulowitz, 2017:1). The data can be in the form of ethnographies, focus groups, participant interviews, or documents (Smulowitz, 2017:1).

The documents usually contain words or images that were chronicled without the researcher’s interference (Bowen, 2009:27). Using document analysis as a qualitative research method assists with triangulation or, as Denzin (1970:291) stated, “the mixture of procedures in the study of the same phenomenon.” Therefore, qualitative document analysis as a research design is best suited for this research, as the researchers used secondary data collection methods to collect documents from converging and corroborating the different data sources that would best assist in answering the research question.

4.2.2 Research Approach

Initially, this research adopted a qualitative approach. The researcher aimed to interview research participants identified using purposive sampling. The research intended to gather empirical data through fieldwork. Through in depth interviews, the study aimed to capture the realities of those who are directly impacted by the welfare policy and Care Dependency Grant. However, due to the ongoing pandemic, the study was forced to abandon the initial approach. The study transitioned from fieldwork to a desktop study. The objectives were slightly adjusted so that the new approach would address the research question adequately. Therefore, this study adopted a systematic approach. The data was collected through a systematic review of literature.

A systematic approach involves synthesizing and analysing existing research objectively and systematically (Bruce & Mollison, 2004:13). A systematic approach requires the research to identify relevant literature for data extraction and interpretation of results (Bruce & Mollison, 2004:13). Therefore, in order to address the research question, relevant studies and other disability specific literature was identified (Khan, Kunz, Kleijnen, Antes, 2003:96). In order to address the research question, numerous studies were analysed. Studies were then chosen based on the information provided and data collection methods used. Other research material was excluded because they did not provide the relevant information to properly address the research question. The researcher then analysed the quality of the relevant studies in order to assess whether the material would be able to adequately address the

research question. The research then summarised and interpreted the findings of these studies.

4.3 DATA COLLECTION METHODS

4.3.1 Process of secondary data collection

Several sources were consulted in the collection of data in order to fulfill the objectives of the study. The secondary research included previous studies, journals, articles, theses and other relevant material in order to review the literature and provide a context to study.

When conducting research, the area of Investigation and research questions usually determines the method that the researcher will follow (Johnston, 2014:620). Creswell (2009) stated "that this research method consists of the researchers collecting, analysing, and interpreting the data in the study. Secondary data collection is systematic, with evaluative and procedural steps. However, there is limited literature to define the specific process" (Johnston, 2014:620).

Secondary data collection means that the researchers use information that is already there. First, however, the researcher must find and utilise the information that is relevant to their study (Michigan State, 1976:203). There are various kinds of secondary data that investigators use, which may include personal documents, official documents, physical data, and archived research data (Michigan State, 1976:203). Documents are one of the largest types of existing data which are frequently used in qualitative inquiries. **Personal documents** include written personal information, which may include correspondence, Diaries, etc., and **official documents** are written, photographed, etc. (Michigan State, 1976:203). A public or a private organisation may record this information. This type of information may include journals, annual reports, or newspapers.

The major advantage of secondary data collection is that it is cost-effective and convenient. If good quality data is collected, the researcher has access to a larger data set, usually comprising sponsored studies or agencies that comprise a larger sample (Johnston, 2014:624). The benefit of this larger sample is that it is more representative of the population. This allows for more validity and more generalizable findings (Johnston, 2014:624). Using existing data fast tracks the research project because the most time-consuming steps of a research project are eliminated (Doolan & Froelicher as cited in Johnston, 2014:624). The data is often cleaned and stored electronically, thus allowing the researchers to use more of their time on data analysis. On a wider level, there is growing agreement that the sharing and analysis of existing data are important in advancing cumulative and collaborative science (Greenhoof & Dowsett, 2013:4).

Identifying the dataset

Research usually begins with investigating what is already known and what remains to be learned about an issue (Johnston, 2014:621) and connected or supporting literature. It is important for the secondary investigator to have access to satisfactory sources from the primary study and the protocol and measures followed when collecting data. (Johnston, 2014:622; Larcke & Cossette, 2000).

Therefore, the researcher has chosen studies that will best answer the research question.

- *Children with Disabilities in South Africa: The Hidden Reality*

The study acknowledged that children were often neglected in the policy domain. Therefore, conducting research and making data available is instrumental in assisting the government in creating sound policies. Therefore, the study relied heavily on complete research and other secondary data.

- *Social Protection & Disability in South Africa 2018*

This was a case study that was undertaken in 2016. the study was conducted in South Africa using interviews and was supported by a review of literature as background research.

- *Children with disabilities in South Africa a situation analysis 2001 to 2011 (DSD, DWCPD and UNICEF. 2012)*

The situation analysis sought to address the question of:

- the degree of disability among children in South Africa.
- the level of inequalities of children with disabilities.
- contributing factors to the inequality, and
- opportunities for progress towards fulfilling the rights of a disabled child.

The study was grounded on the scrutiny of both primary and secondary data. Primary data was collected through focus groups, stakeholder consultation, and interviews. Secondary data was compiled from the available literature related to childhood disability.

This study included other data sources for review such as dissertations, journal articles, published local and international material, census from stats SA, studies commissioned by government departments, and legislation and policies that relate to children with disabilities.

4.4 DATA ANALYSIS

This research utilised secondary analysis of qualitative data. Secondary analysis of qualitative data involves the collecting and using existing data from previous research questions to answer questions that may be different from the initial research (Long- Sutehall et al., 2010:336). The data included materials such as semi-structured interviews,

questionnaires, or field notes (Heaton, 2008:34). The researcher used secondary data analysis to confirm the original research findings, investigate new research questions (Heaton, 2008:35), or provide another viewpoint that differed from the initial research study (Long-Sutehall et al., 2010:336).

4.5 RELIABILITY AND VALIDITY

4.5.1 Reliability and validity

Reliability and validity are important components of a study, being measurements that researchers want to achieve. However, it is not the best approach to assume that one can achieve perfect reliability and validity; but it is a goal that we should always work towards (Neuman, 2014:212). Validity helps the study establish truthfulness, credibility, and believability of findings (Neuman, 2014:212); while reliability shows how the researchers' methods are consistent throughout various studies and projects (Gibbs, 2007). This suggests that if a study is repeated more than once under the same or similar conditions the results would be replicated (Neuman, 2014:212). Validity suggests truthfulness and how well an idea reflects the actual reality (Neuman, 2014:212).

Validity

Validity is most important. Validity is characterized using a broad scope of terms in qualitative research (Golafshani, 2003:602). As with other concepts in research, what validity entails as a concept is not agreed upon. However, it is seen as; "rather a contingent construct, inescapably grounded in the processes and intentions of particular research methodologies and projects" (Winter, 2001:1).

Validity in the context of qualitative research often means truthfulness. Qualitative researchers are often more concerned with accomplishing accuracy than pursuing one version of the truth (Neuman, 2014:218). The authenticity researchers want to achieve means offering a reasonable and truthful version of social life through the lens of those who live the reality every day (Neuman, 2014:218).

Verification of reliability and validity

Morse (et al., 2002:18) suggested that authentication refers to methods that establish the reliability and validity of data.

1. Methodology coherence: the aim is to ensure there is an agreement between the research question and components of the method (Morse et al., 2002:18).

2. Collecting and analysing data concurrently then connects what is known and what the reader needs to know. The relationship between data and analysis is important in accomplishing reliability and validity (Morse et al., 2002:18).

3. Thinking critically: Ideas found in all data are reconfirmed by new data, which enables the researcher to find how ideas or trends need to be verified by the data already collected (Morse et al., 2002:18).

4. Theory development: Theory is established by examining the investigation process's results or as a template to compare and further develop the theory (Morse et al., 2002:18).

Golafshani (2003:603) also added that triangulation is important in improving the validity and reliability of a research study. Patton (as cited in Golafshani, 2003:603) states that; "triangulation strengthens a study by combining methods. this can mean using several kinds of methods or data, including using both quantitative and qualitative approaches".

In addition, Creswell (2014) added that a detailed, thick description to convey study findings, an external auditor to review the research project, and clarifying the researcher's bias are important in building the reliability and validity of a study (Creswell, 2014).

The researcher was careful to ensure that the data collected was reliable, free of misunderstandings, omissions, layout problems, and grammatical errors.

The researcher also ensured that the subjectivity of the researcher did not compromise the ethics of this research and the concepts concerning research, namely, reliability and validity, whereby the researcher tried to achieve validity, not through the manipulation of variables but through the orientation towards, and the study of, the empirical world (Sarantakos, 1993: p.76); which was achieved by the construction of reliable data collection methods and analysis, and representativeness.

A systematic approach is useful as it addresses the validity of the study. This approach requires the researcher to select literature on the basis of their relevance and not to promote or support the researchers own beliefs (Booth, Sutto, Papaioanno, 2016:19).

4.6 Limitations

Although secondary data collection has many advantages, it is not always the right method to answer all research questions (Greenhoof & Dowsett, 2013:5). Furthermore, since the data has already been collected, the researcher has no agency over the sample, the gauged theories, and the methods used to gauge them. Therefore, it is important for the researcher to evaluate the appropriateness of the secondary data to determine whether an existing dataset can answer the investigators' research question (Greenhoof & Dowsett, 2013:6).

Greenhoof and Dowsett (2013:6) also noted that there are additional limitations of this approach, such as asking whether the dataset has constructs that are desirable to the investigator. In addition, the measurement instruments selected by the primary researchers may not be what the secondary researcher had envisioned choosing themselves (Greenhoof & Dowsett, 2013:6).

In some cases, large-scale studies use intensive data collection to save time and money. If this is the case, the researcher must evaluate the reliability and validity of these measurements (Greenhoof & Dowsett, 2013:6). Another limitation is that the researchers often underestimate the time it takes to familiarise themselves with a new dataset (Greenhoof & Dowsett, 2013:6).

Another limitation is that some of the studies that the researcher came across were outdated. In addition, conducting desktop research meant that the researcher could not obtain the views of policy implementers or the grant recipients. In addition to this, the researcher had to abandon the previous methodology to suit a desktop study. This was due to safety concerns brought about by the COVID-19 virus. The researcher was no longer able to gain access to participants due to the imposed government restrictions. This formed a massive hindrance to study as the results of the study now depended on the previous study rather than capturing the lived experiences of those who the Care Dependency Grant impacted.

4.7 Ethical Considerations

Ethical clearance was obtained from the University of KwaZulu-Natal Ethics committee.

4.8 Conclusion

This chapter of the study focused on the research methods that were employed in this study. Due to time constraints and the pandemic, the research methodology was revised. Secondary data collection methods and analysis were employed to obtain the relevant information to complete this study.

CHAPTER 5: Findings & Recommendations

5.1 Introduction

The preceding chapters focused on the methodologies that were employed for this desktop study. It detailed how data was collected and how it was analysed. This chapter will focus on summarising the findings of this study. In addition, several recommendations will be made to improve the delivery of the care dependency grant and services related to the said Grant to promote the development and full and equal participation of children who are disabled in all spheres of society.

5.2 Summary of findings of the regulatory framework in relation to the Care Dependency Grant

Several laws serve as a guide for the CDG. The Constitution of the Republic of South Africa, implemented in October 1996 served as a blueprint for creating laws that would guide disability specific grants. The constitution was important because it was used as an important tool to lay out the groundwork for an inclusive Social Security System that did not limit assistance to a small minority. In addition, South Africa was one of the first countries to endorse and embrace the UN Convention on the Rights of Persons with Disabilities. South Africa played a Crucial role in lobbying for the CRDP (Kidd et al., 2018.41).

The South African government recognised the link between poverty and disability. Subsequent national development plans paid more attention to the plight of people and children with disabilities (41). Section 27 (1) (c) of the constitution outlines that every citizen of the state has the right to access social security to support themselves and their families. In addition, this section mandated that the state should use all necessary measures within its means to achieve said rights. Section 28 (1) (b) and 28 (1) (c) also made provision for social services for children.

The constitution outlined that children are to receive appropriate protections and have access to food and shelter. Children form part of a vulnerable group in South Africa, and such legislation ensures that children are protected. However, with the insertion of section 36 (1) it seems that the right to social services may not be absolute. Section 36 implies that there are conditions set for obtaining grants. However, conditions are not always regulated, which could lead to a citizen being denied their fundamental rights to social services. In the case of the CDG, non-standardized medical assessments and the lengthy application

processes have posed a challenge to disabled children receiving the CDG.

The White Paper for social welfare in 1997 aimed to address the inequalities of past welfare policies. The white paper served as a blueprint for social, political, and economic reform. The change would be affected by investing in the citizens of the country to increase productivity and eventually help people get out of poverty. The White Paper aimed to achieve this by using cash transfers as social relief to ensure that citizens had enough social protection during times of uncertainty.

The other supporting legislation of the CDG includes the Children's Act 38 of 2005 that specified that a child and caregivers were to be provided with the necessary support services to ensure that the child was in an environment that promoted their dignity and self-reliance.

The Social Assistance Act 13 of 2004 then ensured that this support was administered through SASSA efficiently and effectively. The act went into detail on the application procedure for social grants. Thus, the SASSA act of 2004 provided a way for the government to fulfill its constitutional obligation to provide social assistance to its people.

Legislation to support the implementation of the law mentioned above also included the PMFA, which would ensure transparency, accountability, and management of revenue of public entities such as SASSA. In addition, the promulgation of the Administrative Justice act aimed to ensure that everyone had fair access to social assistance and that government employees acted within their powers under the Social Assistance Act. These legislations are important for strengthening the social assistance process. However, the constitution, white paper, and social assistance act could be regarded as the most important legislation. They serve as a guide on how to provide support to disabled persons. However, they are also pieces of legislation that need to be reformed to provide clear procedures for disabled children, standardized testing tools, and shorter application processes.

5.3 Summary of findings of the realities of children with disabilities

In Chapter 3 of the study, the plight of people with disabilities was discussed. Numerous challenges around access to disability and specific grants emerged as a central theme. Having no standardised disability assessment model, lengthy application processes, and the cost of disability continued to act as barriers to accessing disability-specific grants. This chapter revealed that unemployment and poverty were contributing factors to the high

demand for the care dependency grant, especially since the CDG forms a large percentage of income for many households. The relationship between childhood disability and poverty was revealed to be a complex and multi-dimensional one. Children who live in poverty have a greater chance of developing some form of disability, and children with disabilities are more likely to face poverty. Children who live in poverty may not have their needs met. They are more likely to suffer from malnutrition which may lead to developmental issues, whereas children living with disabilities may not get the chance to engage in activities that promote their participation in society. In addition to the stigmatization and marginalization that children with disabilities could encounter in their communities and family life, childhood disability in the context of poverty could mean that in addition to these families having to deal with the disability, they also have to deal with the added burdens of poverty related issues such as access to adequate health facilities and education services.

5.4 Summary of findings from the data set

This research draws on the findings of previous research. The literature consulted included legislations, census, children and disabilities in South Africa 2001- 2011 situation analysis and others; and an analysis of the legislation involved in the implementation of grants and analysis of the care dependency grant.

5.4.1 Children with disabilities in South Africa 2001-2011 situation analysis

The study aimed to address the knowledge gaps regarding disabled children. The study sought to investigate the underlying causes of their disabilities, family, and community environment and examine the extent of government and non-governmental organisations' interventions aimed at fulfilling their rights. The study recognised that in addition to inadequate information on prevalence rates and available services, policy constraints also limited the availability of services for disabled children.

Secondary and primary data was used for the study. The primary data was then gathered in two stages. The qualitative aspect included collecting data on the status of service delivery for children living with disabilities. Three focus groups were created. One of the focus groups created focused on chronicling the challenges that caregivers and children living with disabilities encounter in relation to service delivery and inequities they may come across in their everyday lives. The two focus groups also involved children living with disabilities. However, the other focus groups only involved caregivers of disabled children in a rural area in KZN.

The second part of the qualitative data involved stakeholder consultations at national and provincial levels. Provincial stakeholder consultations involved in NGO's, people in academia, and representatives of several key government departments, including the office of the Premier. National stakeholder consultations included individual experts, the NGO sector, and various key government departments at the national level.

The study's collection of secondary data involved a desk review of existing literature and research on childhood disability. This included the census, national household survey data, community-level studies, journals, published papers, books, academic dissertations, and studies commissioned by disability organisations and key government departments.

The next study that shaped this research was the report on Social Protection and Disability in South Africa. The study formed a part of a seven-country case study used to identify good practices to improve the social protection systems for persons with disabilities. The study aimed to bring light to the situation that children living with disabilities live under, as well as adding to the existing body of knowledge.

The methodology of the study comprised qualitative interviews, observations, and existing studies and literature. Researchers interviewed SASSA representatives and visited local SASSA offices in the Western Cape and Disability assessment centers, wherein they were offered useful perspectives to understand the Social Security System in South Africa.

The following study was commissioned by the ACPF that recognises children with disabilities are often ignored when policymakers draw up policies. This study gathered data that would help bring children living with disabilities to the forefront of policy decisions. The study concluded that in doing so, policies and plans could be improved to provide effective service. This research looks to provide the solid groundwork to produce policies programmes, and legislations that will improve the participation of children living with disabilities and the policy sphere.

The study's methodology comprised various research projects that studied the realities of children with disabilities. The methodology included a study commissioned by the DSD on the social needs of disabled people, e-library resources developed for the network of African women with disabilities, and submission to the South African human rights commission by DICAG. In addition, key government policies in relation to child disability were reviewed.

5.5 Key findings of these research projects

The research results indicated that there are many challenges that the government must address to improve the efficacy of the Social Security System in order to provide adequate support for people living with disabilities. Furthermore, the research found a challenge to furnish a factual description of the prevalence of disability in children, especially since South Africa is still without a standardised measuring system. Estimates of childhood disability are often drawn from multiple sources, making comparisons difficult, particularly since these sources may have adopted different methodologies to collect data. Even the census and National Household surveys fall short of achieving this. Even though there are general questions about disabilities, the surveys fail to ask questions specifically identifying people with disabilities. Unreliable statistical data on child disability is historically due to:

- There have been no population-based childhood disability research studies of late.
- The lack of comparable methodologies.
- There is an absence of adequate childhood disability prevalence studies.
- There is an inconsistent definition of disability. The various definitions of disability may cause confusion, leading to confusion as to what needs to be measured.
- Children with living disabilities are often disregarded in data analysis

In addition, the study found that measuring childhood disability is challenging because a child must still undergo a natural development process as they grow. With changes due to growth, accessing functions and pinpointing significant limitations becomes a difficult task. The study also revealed that access to services for children living with disabilities is disproportionately low.

The research also revealed the realities of disabled children. Children with disabilities are usually disregarded in the policy process and often do not benefit from the legislation that should give effect to their rights. The research revealed that this is often due to poor implementation and a failure to align programs to policy. This undermines the pace of service provision, although there are several programs geared towards improving the lives of disabled children. This compounded with a severe lack of funding and budgeting is also a key factor. NGOs working in the disability sector are also underfunded and find it difficult to access government funding, even when there is an agreement in place. This study found

that the lack of implementation is caused by the inability of the government to implement uniform monitoring and evaluation processes.

The study also revealed that there is unequal access to services for children with disabilities. Children with disabilities usually do not have access to housing, water, and sanitation. They are also more likely to live in overcrowded conditions in traditional dwellings or informal settlements. Children with disabilities often do not attend ECD services. When they do, it often takes place in an informal setting that is probably not adequately equipped to deal with children with disabilities. However, South Africa's inclusive education program has extended facilities for children with disabilities in mainstream schools. The challenge that remains with education is that students who have intellectual disabilities are treated with a "one shoe fits all" approach. In special schools, there are limited options of subjects offered and limited opportunities for those children after school.

The study also revealed numerous strategies to fulfill the rights of disabled children, including assistive devices, rehabilitation services, ECD services, access to inclusive education and access to healthcare services, and the care dependency grant.

The care dependency Grant has been found to be a positive tool to assist families of children with disabilities with income support. However, the CDG has several limitations. The eligibility assessment tools are a major cause for concern, as assessments are often based on determining how severe the condition is, although a comprehensive assessment has not been conducted. The study revealed that the current disability management model is deeply flawed. Upon application for disability-specific grants, a medical assessment is undertaken. Those who apply are required to produce a referral letter that they have received from a medical professional as part of the pre-screening process. The referral letter should outline the medical history and the impairment they will be assessed for. The applicant's disability should then be gauged by a medical officer who has been chosen by the government, preferably from the DOH. However, the DOH has a severe shortage of staff to conduct assessments. Another challenge is that these assessments are supposed to take 15 minutes, and that is not adequate time to conduct physical assessments, which are usually conducted in the SASSA offices.

Since there is no accepted definition of disability, SASSA produced a document for medical assessments: SASSA guidelines for medical assessments of Disabled Persons for social assistance purposes. Medical officers use these documents to determine the percentage of the disability based on their condition.

The study also discovered that people with disabilities are eligible to receive a temporary grant if the MO makes a determination. However, the CDG is permanent in nature. As mentioned earlier, it is difficult to measure disability in a child as they are still growing. In some instances, children may receive assistance too late. In addition, children who live under government care do not receive the CDG. The study also revealed that significant gaps still remain in providing services for children with disabilities, such as a shortage of assistive devices, a shortage of training for educators on specifications, a shortage of rehabilitation and health sector staff, as well as the built environment challenges. As a result, children who have disabilities are considered helpless and are at increased risk of being exposed to abuse and neglect.

Findings produced several other reasons that hinder the implementation process of the care dependency grant, which included people's views of disabled children.

As mentioned before, South Africa's policy approach to disability shifted away from the realities. Ability is a medical issue, and the authorities adopted a social welfare model. Disability is an issue that is affected by human rights.

However, this view is still not widely accepted in society. People, even service providers, still view people with disabilities negatively. They are often viewed as people who need constant pity rather than people who can still be productive members of society.

Division of services

There is limited consultation between policy actors such as the government or NGOs. As a result, policy actors tend to act independently, even within the same department, creating a disconnect between the government and others.

Research also found that the CDG grant is a permanent form of social assistance. Children with disabilities receive the Grant from birth up to the age of 18. However, many children could benefit from a temporary form of the CDG. Children who are very ill, such as those who may develop cancer, are disqualified from receiving a CDG. A temporary care dependency grant for these children could provide much-needed financial support. Research revealed that the criteria for the CDG is difficult to interpret and may lead to children being excluded from the Grant. For example, if a child has Down's syndrome, but it is determined that the child is able to feed or bathe themselves, they may be disqualified from receiving the Grant (Kidd et al., 2018:68).

The study revealed that limited capacity in all spheres of government in terms of human resources severely undermines the implementation of the CDG and limits knowledge and skills. The challenge of limited knowledge and skills is a major cause for concern. The study revealed that the training of medical offices is conducted by SASSA staff in their offices. The introductory training is about 4 hours long and thereafter, two hours annually. In addition, training is purely administrative. The medical officers are not taught how to undertake assessments. Due to this challenge, decisions made by medical officers may be made on a whim rather than using a system. The study found that doctors made sympathetic decisions in some places, such as Gauteng, due to the awareness of the extreme poverty some applicants live in. There is also no disability awareness training provided to medical officers or the SASSA staff. Although they interact with disabled people every day, research also found that another issue that acts as a barrier to accessing the CDG is the absence of translation. This poses a challenge to accessibility because if a medical officer and applicant speak different languages, they may find it hard to communicate with the medical officer. SASSA also does not provide training for sign language. Therefore, unless someone accompanies an applicant, they will not be able to communicate to SASSA staff and medical officers. The study also revealed that the cost of applying for Disability Specific Grants is high, mainly due to the lengthy application process. Applications that need a specialist to provide referral letters usually have long waiting periods, and the trips to these appointments can be expensive. Lastly, the cost may be higher for those who may require caregivers or guides to accompany them to SASSA offices, a cost that SASSA does not compensate applicants for.

Research also found that there is a lack of awareness campaigns especially those concerning disability-specific grants. Some information is available online. However, many do not have access to the internet due to high data costs. The SASSA pamphlet which provides details on documents required for the application process and the means test, does not stipulate which disabilities qualify for the Care Dependency Grant. It does not outline the mechanisms put in place to appeal if the application for the CDG is rejected. The complaints process itself is lengthy and involves numerous steps. As a result, applicants may become discouraged from continuing with the application process. According to Kidd et al. (2018:83), SASSA usually upholds its decisions in 99,5 percent of cases. In addition, in 2017 out of 13000 reconsiderations only 3000 reached the tribunals and of that number, 93 percent of the original decisions were upheld.

5.6 Recommendations

The analysis of the research findings has revealed that many structural procedural shortcomings undermine the implementation of the Care Dependency Grant. This in turn, leads to accessibility issues for applicants who may be denied their basic human rights to social services. These recommendations are mainly addressed to the Department of Social development and the South African Social Security Agency management. These recommendations aim to support the legislation and policies around the implementation of the Care Dependency Grant.

Recommendations are as follows:

The findings indicated that there is a lack of knowledge of legislation and policies governing access to the CDG among SASSA officials. SASSA should consider providing extensive training on policy issues related to all grants. This training could be provided on a quarterly or annual basis. Understanding policy issues and legislation will promote community engagement since the community members are the end-users of government services, so meaningful feedback from the community will benefit them. SASSA should also invest in community awareness campaigns. There are no roadshows, community talks, or meetings to inform the local SASSA offices of current events. Although there are pamphlets available on the Department of Social development websites, the pamphlets do not outline the entire application process as they should. In addition, the website may be difficult for some applicants to find, especially since a large part of the population is not computer literate. For many, the idea of going to enquire about their services is not as easy as it might seem. Transport costs and long lines may deter people from visiting SASSA offices just to receive information.

To solve some issues related to accessibility there should be more mobile SASSA offices in place in rural areas, as the cost of travel may be too high for applicants, especially those applying for Disability grants. SASSA needs to recognise the realities of their applicants. Most applicants live in poverty, and the Grant is their only source of income. Increasing the care dependency grant amount and covering transport costs would lift a huge burden off these applicants' shoulders. Applicants for the Care Dependency Grant should be allowed to apply for the Child Support Grant as well. The Child Support grant is a basic human right. The Care Dependency Grant should provide additional support. SASSA should consider removing the means test in its entirety. Disability causes additional costs and therefore, the

Care Dependency Grant should be provided to anyone who has a child living with a disability. SASSA should also back-date payments to the time the application was made.

To effectively implement policies, those tasked with implementing should be competent. As mentioned before, extensive training in policy and legislation is critical. The study found that training of medical officers was a purely administrative task, conducted in SASSA offices. SASSA should consider allowing the Department of Health.

To take over the medical training, as they are better equipped. In addition, the original doctor should conduct the medical assessment, as they have a better understanding of their patient's medical condition. The doctor would also have access to the patient's medical record. There should also be a clear screening process or a standardized tool to measure disability. The screening process should have clear, flexible guidelines that would allow changes if needed. The current assessment model measures disability based on a percentage. This may exclude those who are suffering from illnesses that are difficult to measure, such as mental health issues.

On the administrative side, SASSA should consider shortening application processes and the waiting period after being declined. The waiting period after being declined is generally six months. In that time, applicants for Disability Specific Grants do not have additional support for their disability. The appeals process should also be shortened as this may become a deterrent for applicants, considering the cost of traveling. Research also found that SASSA does not have translators to help those who cannot communicate in English and sign language interpreters for those who are deaf. The South African Social Security Agency should invest in a sign language training program for its officers so that each applicant has an equal opportunity to access their Grant. Non-governmental organisations are very important in the policy process, especially those that provide support to people with disabilities. It is imperative that the government continues to engage with these stakeholders and provide them with the necessary funding. SASSA should also consider undertaking research regularly. This would assist them in gauging the realities of disabled children and will help improve their database. With an improved database, it will become easier for the Department of Social Development to work with other departments to improve the lives of children with disabilities.

As mentioned previously, The Care Dependency Grant is permanent. An applicant receives it from the time that their application is approved to the age of 18. Thereafter they must apply for the Disability Grant, which could take months. The CDG, unlike the Disability Grant,

cannot be offered temporarily. Sources should consider offering a temporary care dependency grant to help tide families over while they are waiting for the permanent form. This can also help children who are temporarily disabled. It also remains critical for legislation to provide a clear definition of disability.

5.7 Conclusion

Prior to the advent of democracy, policies were tailored to only benefit a few in society. However, with the advent of democracy, a new development approach to social services was adopted. The main goal of the new developmental policies was to attempt to rectify the injustices of the past and provide the provision of social services to all vulnerable groups in society, especially those living with disabilities. In order for this goal to be achieved, numerous consultations had to be undertaken with the relevant stakeholders to implement socially cohesive policies.

Since then, the welfare policy in South Africa has changed significantly in order to cater to the country's most vulnerable groups, especially people and children with disabilities. This is due in part to the government adopting the social model of disability, which views disability as a social construct. This model recognised that it was important to place emphasis on the abilities of people who are disabled and to promote their inclusion, acceptance, and full participation in society. Instead of viewing people with disabilities as needy and in need of constant care, the social model requires an analysis of social contexts to promote a change of attitude among people in South African society.

Social grants have been a useful tool in poverty reduction. However, children with disabilities are still receiving an insufficient amount to cover the cost of their disabilities. In many households, the grants are the main source of income for families who have children with disabilities, who get the short end of the stick as their families have to use the Grant to survive, instead of covering the costs of the child's disability.

This problem is exacerbated by the fact that there is no standardized assessment tool for disabilities that may exclude children with disabilities from receiving the meager Grant. There is a huge sense of urgency to reform the CDG structure and the assessment methods used to decide whether a child qualifies for the Grant. Increasing the grants to a realistic amount would make a significant difference and promote the affected children's active participation in society. Excluding children with disabilities from the CDG can be seen as a failure in terms of policy outcomes; since access to a CDG is a human right reinforced by the constitution.

Furthermore, excluding disabled children from grants puts them at risk of extreme poverty and poor living standards.

A recurring theme in the study was the exclusion of children with disabilities from mainstream society, along with societal beliefs and a stigma that meant that children with disabilities are often excluded from social and cultural activities. In addition to exclusion in their communities, children with disabilities face challenges in schools and other social institutions. With a lack of disability awareness and training, many adults in society do not know how to deal with children with disabilities. Many children with disabilities are also excluded from early childhood development services, which support an important stage of a child's life.

Recently, new disability policies have been released by the Department of Social Development which are geared towards remedying the numerous social issues that people with disabilities, especially children with disabilities, face. However, there is still a long way to go in terms of policy reform, to realise the rights of children with disabilities.

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