

Implementation of social grants: Improving delivery and increasing access

Aislinn Delany (Children’s Institute, University of Cape Town) and Selwyn Jehoma (Economic Policy Research Institute)

Much progress has been made in strengthening social security delivery systems in general, and in increasing access to the Child Support Grant (CSG) since it was first introduced nearly 20 years ago. After slow initial take-up, access to the CSG expanded rapidly, and the South African Social Security Agency (SASSA) now delivers the CSG to almost 12 million recipients each month. Despite this progress, challenges remain, and a number of eligible children are still excluded. This essay touches briefly on the early challenges in the delivery of social grants, considers key changes in the design and implementation of the CSG since its introduction, and identifies some of the ongoing and emerging challenges.

This essay considers the questions:

- What progress has been made in improving delivery and increasing access to social grants?
- What changes have there been to the design and implementation of the CSG?
- What are the current and emerging challenges?

What progress has been made in improving delivery and increasing access?

In 1994, the newly elected government in South Africa inherited a costly, inequitable and highly fragmented welfare system.¹ The existing system formed a base on which to build, but it was extremely inefficient and in need of reform. The primary challenge in the late 1990s was to ensure equitable access to social assistance for all in need, which required both policy and administrative

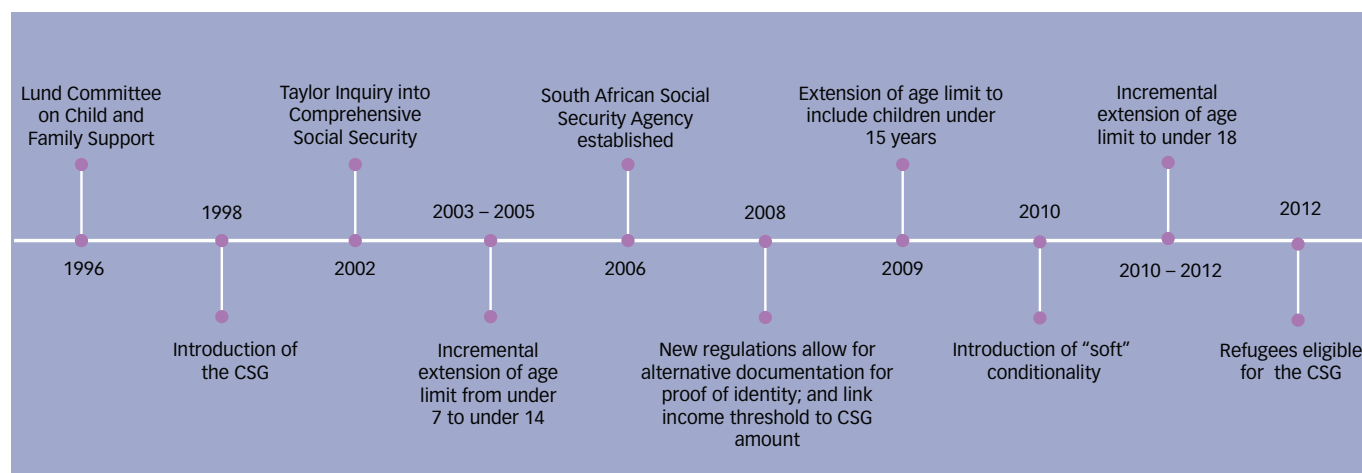
reforms. This entailed integrating the multiple departments responsible for administering social welfare services to different groups under apartheid and ensuring sufficient capacity to provide these services.

Challenges in the delivery of social assistance were recognised early on. In 1996, the report of the Committee for the Restructuring of the Social Security System (the Chikane Report) recommended a fundamental overhaul of the system to improve effectiveness and efficiency, including the establishment of a nationally organised social security system. The 1998 Public Service Commission’s (PSC) Investigation into Social Security Services considered the process of creating such a system.²

Provinces were assigned the responsibility of administering social grants, but this resulted in a number of challenges.³ Competing demands on provincial budgets and inadequate budgetary allocations for social assistance led to long delays and difficulties in accessing payments. This, together with limited administrative capacity and a lack of standardisation, led to disparities in implementation between the provinces.

Two technical committees were convened during this period to consider social assistance policy reforms. In 1996, the Lund Committee reviewed a range of options for strengthening child and family support, and recommended the introduction of the CSG to replace the State Maintenance Grant (see p. 39). The Taylor Committee of Inquiry into Comprehensive Social Security, established in 1999, considered the gaps in the system as a whole and made recommendations for moving towards a comprehensive social protection system.

Figure 21: Critical developments in the implementation of child grants



In 2004, the Constitutional Court found that “social assistance is a matter that cannot be regulated effectively by provincial legislation and that requires to be regulated or co-ordinated by uniform norms and standards that apply generally throughout the Republic, for effective performance.”⁴ Legislation was introduced in the same year that provided a framework for social assistance and laid the basis for a centralised national agency to administer social grants.⁵ The South African Social Security Agency (SASSA) was established in 2006 and is responsible for the management, implementation and payment of grants nationally, while the Department of Social Development (DSD) is responsible for policy and legislation. While many early delivery challenges have been addressed through the development of norms and standards and the establishment of SASSA, other challenges such as the outsourcing of payment systems and deductions from beneficiary payments continue to require attention.

What changes have there been to the design and implementation of the CSG?

In addition to addressing delivery challenges, there have been a number of changes in the design and administration of the CSG in particular which – along with increased awareness of the grant and advocacy by civil society – have helped expand access to the grant.

For example, the initial implementation of the CSG involved several requirements and a great deal of documentary proof.⁶ These requirements included participating in community development projects, immunisation of the child and attempting to secure maintenance from the child’s parent where applicable. But development projects did not exist in many areas, and the health requirements penalised children who already had limited access to health services. There were clear challenges in the private maintenance system. These conditions were soon dropped in response to the slow initial take-up.⁷

An early change to the *means test* resulted in it being applied only to the personal income of the caregiver and his or her spouse, rather than household income which may not be distributed evenly within a household. The initial means test was set at R800 per month for urban formal areas and R1,100 per month for rural areas and informal settlements, the intention being to give priority to those most in need.

These income thresholds remained static for the first decade so that more and more poor children were excluded over time. In 2008 the means test was simplified, and the distinctions between areas were dropped. The income threshold was more than doubled and set at ten times the annual value of the grant (and double that for the joint income of married caregivers), making it more inclusive. However, the means test still does not take into account the number of dependents in the household. The income threshold now increases annually as the value of the grant is increased.

The *amount* of the grant also remained the same for the first few years of implementation. Under pressure from civil society, the grant increased from R100 per month to R110 in 2001; then to R140 in 2002. Since then, the grant amount has increased broadly in line with inflation each year.

Access to *documentation* such as birth certificates and identity documents has been a persistent barrier. After legal action by the Alliance for Children’s Entitlement to Social Security (ACCESS), an amendment to regulation 11(1) was introduced in 2008 to allow applicants who lack the prescribed “proof of identity” documentation to use alternative documentation when applying for the CSG. This usually takes the form of a sworn statement or affidavit and allows applicants to apply for, and begin receiving, the CSG while obtaining official documentation from the Department of Home Affairs (DHA).

There was also a push from civil society to expand the reach of the CSG, primarily by increasing the *age threshold*. In 1998, the grant was available to eligible children under seven years. The first incremental increase in the age threshold came in 2003, when over a three-year period the age limit was raised to include children under 14 years and then, in 2009, children under 15 years. By 2012 the grant was extended to include children aged 15 – 17.⁸ In addition, following legal action, access to social grants has been extended from citizens and permanent residents to include documented refugees.

The extension of the CSG to older children was accompanied by the introduction of a *conditionality*. It required caregivers to provide proof of school enrolment and attendance for children aged 7 – 18 years, despite high levels of school enrolment in South Africa. However, this is a “soft” conditionality in that school attendance is not listed as an eligibility requirement in the Social Assistance Act or regulations, and there is no requirement to suspend or terminate a grant if a child is not attending school or proof is not provided. Instead, DSD is supposed to send a social worker to investigate and support the family to keep the child in school. A recent study found that the practice of requiring school reports and the inclusion of school enrolment on the grant application forms “contribute to confusion and promote incorrect application of the regulation”.⁹

What are the current and emerging challenges?

There has been substantial progress made in increasing access to social grants. There is a high level of awareness of the grants, procedures have been standardised and the processing time for application has been significantly reduced. However, some challenges persist, while innovations to make the payment system more effective have brought with them emerging challenges.

Many eligible children are still excluded

Despite the expanded reach of the CSG many children are still excluded. Almost 18% of income-eligible children (1.8 million) are still not accessing the grant.¹⁰

Take-up of the grant is lowest among infants and adolescents.¹¹ Figure 22 on p. 62 shows that take-up among caregivers of infants under one year remains lower than other age groups. Access to birth certificates has been identified as a barrier for this age group,¹² while other challenges include access to documentation for the caregiver, social and cultural practices, and limited baby-friendly facilities at SASSA service points.¹³ DHA now provides

online birth registration at health facilities. Providing similar access to SASSA's services or information about social assistance and grant application forms in public hospitals could help fast-track access to the CSG.¹⁴ Another possibility is pre-registration for the CSG during pregnancy (as proposed by the National Integrated Policy on Early Childhood Development) to ensure that children have access to the benefits of the grant from birth.¹⁵

The inclusion of adolescents has improved. Findings that adolescents are less likely to access the CSG are in part a reflection of the "phasing in" of the extension of the CSG to all income-eligible children under 18 years. In addition to administrative barriers, challenges such as the misconception that children must be enrolled in school may impact on take-up rates amongst adolescents.¹⁶

A recent study has found that the highest rates of exclusion are in the urbanised provinces of the Western Cape and Gauteng, while poorer and more rural provinces perform better in reaching eligible children. The CSG therefore has good coverage in the poorest areas.¹⁷

Barriers preventing or delaying access to the CSG

There have been numerous improvements in the application process over time, but a number of persistent barriers prevent or delay access to the CSG. These include administrative factors as well as challenges in institutional capacity.

Confusion around the means test

There is some confusion about the requirements of the means test and the income threshold.¹⁸ Analysis of survey data shows that a common reason given by income-eligible caregivers for not

applying for the grant was the (incorrect) belief that they earn too much.¹⁹

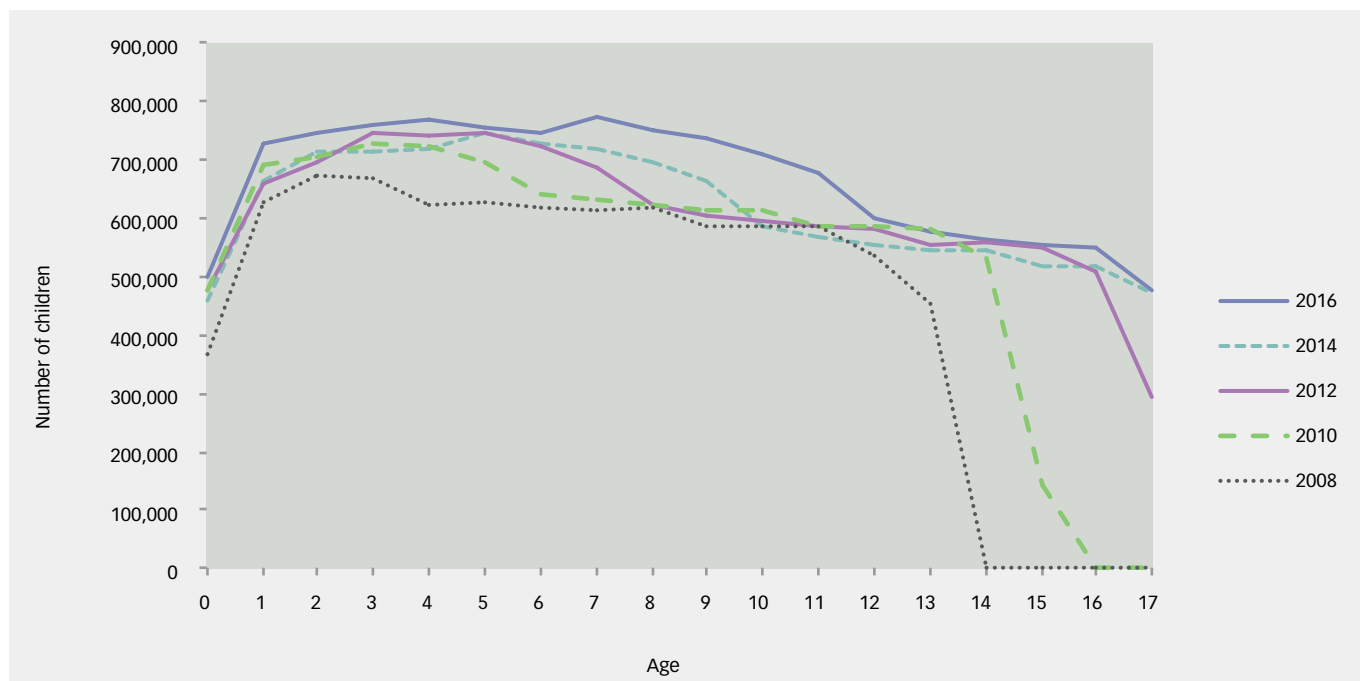
There is also a misconception among both caregivers and some SASSA officials that employment (and in particular government employment) excludes caregivers from applying for the grant. The means test is only concerned with the overall income of the primary caregiver (and spouse, if married), and so includes applicants who are working but whose income is less than the income threshold.²⁰ There is also uncertainty around the impact of receiving maintenance on eligibility; yet maintenance is counted as a form of income.²¹ These misconceptions are compounded by similar misunderstandings amongst SASSA officials, maintenance officers and social workers, who are sometimes a source of inaccurate information.²²

Challenges with documentation

Although there has been some improvement, problems with required documentation such as birth certificates and identity documents are persistently raised as a barrier.²³ The application process has been simplified, yet respondents continue to report challenges in accessing documentation. This prevents eligible caregivers from applying or causes delays in accessing the grant. The costs and difficulties involved in obtaining the necessary documents can also cause applicants to give up on the process.²⁴

The introduction of regulation 11(1) of the Social Assistance Act in 2008 allows applicants to use alternative documentation to identify themselves while applying for official documentation from Home Affairs. But the number of applicants using alternative documentation is relatively low, with only 11,000 applications from 2009 to 2013.²⁵ Reasons for this include limited knowledge and

Figure 22: Number of children receiving the Child Support Grant, by age, 2008 – 2016



Sources: South African Social Security Agency SOCPEN monthly reports, Pretoria; SASSA. Analysis by Katharine Hall, Children's Institute, UCT.
 Note: SOCPEN figures are taken from 31 March each year (the financial year-end).

awareness amongst eligible caregivers, concerns amongst SASSA officials about the risk of fraud and corruption, and a misconception amongst SASSA officials that this regulation applies only to children never issued documents and not those whose documents have been lost.

The requirement that caregivers of children aged 7 – 18 years show proof of school enrolment and attendance has created confusion. Although this is not an eligibility requirement, a 2013 study on exclusions found that there is a misconception among older children and caregivers that children who are not at school (or do not have a school report) are not eligible for the grant; they also noted cases of SASSA officials suspending the benefits or even cancelling the grants of children who had left school.²⁶ But failure to produce a school attendance certificate or to attend school should not impact on the payment of the grant. In response to the study findings, SASSA developed a Plan of Action in 2014 which mandated the reinstatement of children who had had their grant cancelled. A follow-up study found that most appear to have reapplied.²⁷

Orphaned children are at particular risk of not having the correct documentation or losing access to the CSG when a primary caregiver dies. The Social Assistance Act therefore makes provision for the temporary transfer of a CSG to an interim adult caregiver in the event of the death of a parent or primary caregiver, but awareness of this provision is low, and implementation has been limited.²⁸

Direct costs of applying

There are a number of direct costs that applicants bear when applying for a grant. Despite improvements in the turnaround time for processing applications, recent qualitative studies show that long queues and waiting times remain a problem.²⁹ Some applicants must travel long distances, incur travel costs and make multiple trips. Although SASSA's fixed-services footprint has grown and is supplemented by outreach programmes (including the Integrated Community Registration Outreach Programme), it is still insufficient to ensure accessibility for all vulnerable households.³⁰

A recent study asked female CSG recipients about ways in which the CSG upholds or undermines their dignity, a foundational value in the South African Constitution.³¹ The women said that the CSG enabled them to meet some of the basic needs of their children such as buying food, clothing and schooling, and gave them a regular income stream to care for their children. Yet the CSG application process itself was experienced by many respondents as impacting negatively on their dignity. Women reported that long queues, a lack of information and unclear qualifying criteria, and being treated disrespectfully by officials left them feeling unworthy. As one respondent noted:³²

You are sent from pillar to post, all the while you are starving, hunger written all over your face; where's the dignity in that? (Khayelitsha)

Other barriers

Other obstacles that prevent eligible caregivers from applying include a general lack of awareness of the process, or a perception that the process is too complicated, time-consuming or costly.³³ Studies noted misunderstandings about who qualifies as a primary caregiver (and perceptions that the recipient should be the mother). Lack of time or motivation to apply was another factor, particularly for caregivers of infants under one year old.³⁴ There is also not enough reliable information at community level.

The CSG is a vital source of stable income for many households with children, but negative perceptions and prejudices around social grants can cause (mainly female) CSG recipients to feel judged and stigmatised, both by others in their communities and by officials.³⁵ Studies report accounts of hostility towards young mothers and questioning by some SASSA officials and community members of the right of teen mothers (16 years and above) to receive the CSG.

Refugees also experience hostile attitudes from some SASSA officials over their right to access grants.³⁶ Other challenges for refugees include a lack of valid documentation for the caregiver (despite attempts to ease the requirements); the expiry of refugee permits that can be difficult to renew; and language barriers.

Children living with disabilities may be eligible for either the CSG or the Care Dependency Grant (CDG), depending on their need for permanent care or support services. Yet eligible children face additional barriers in accessing the CDG as illustrated in case 2. on p. 65.

Amount of the CSG

The grant amount has increased incrementally over time, but it is not tied to any "objective" measure of need (or empirical evidence on the costs of raising a child) as originally intended by the Lund Committee. As shown in the essay on p. 33, the current value of the CSG falls below the national food poverty line, and is insufficient for meeting the costs of raising a child, particularly in the context of food price inflation.³⁷ While the CSG helps to alleviate poverty, caregivers often refer to the limited amount:³⁸

The grant helps us a lot. I use it for clothes for the children and food for us all. I don't know what I'd do if it wasn't there. Now I can go and look for work knowing that I left my kids with food. (Alice)

I'm not disputing what they are saying, but the CSG is a small amount. That's what it boils down to for me. It's certainly not enough for just the child. I sell paraffin so that I can buy my child winter clothes, for example. What I'm saying is that the CSG does not protect my dignity, at all, it's not enough to do that for me or my children. (Langa)

A 2015 study found that although the CSG helped recipients to care for their children, many recipients experienced frequent food shortages at the end of the month and had to rely on social support networks for assistance.³⁹

Case 1: Stopping funeral insurance deductions from child grants

Lynette Maart (Black Sash) and Brenton van Vrede (Department of Social Development)

Social grants are the primary source of stable income for many low-income families in South Africa and are designed to help meet their basic needs. For this reason, the Social Assistance Act specifically prohibits social grants from being “ceded, pledged or encumbered in any way”,⁴⁰ except where it is deemed in the best interest of the beneficiary.

The Social Assistance Act Regulations of 2009 (Section 26A) are explicit: only one funeral insurance or scheme deduction can be made not exceeding 10% of the value of the grant. The grant beneficiary must request a deduction for funeral insurance in writing from the South African Social Security Agency (SASSA), and the insurance company must be an authorised financial service provider.⁴¹ No other deductions are allowed.

Yet unauthorised and unlawful deductions have become increasingly common with many financial institutions selling products that offer little or no real value to grant beneficiaries. This includes the recent trend in the sale of funeral policies for children, despite relatively low mortality rates among children under 18 years.

For example, Ms C from Mpumalanga receives Child Support Grants (CSG) for four children with a total monthly value of R1,400. In July 2015, she was told by a funeral insurance salesperson that it is mandatory for all SASSA beneficiaries to take out funeral insurance, and was shown the company’s application form with SASSA written on it. On 1 August 2015, a monthly debit order deduction of R75 came into effect, which increased to R80 during 2016. Her efforts to cancel the funeral policy have been in vain, despite submitting an affidavit and cancellation forms. In February 2016, she took a loan from a registered credit provider and unknowingly signed an application form for a second funeral cover of R44 per month from an insurance company, a sister company of the credit provider. She now has two funeral policy deductions from the children’s grants and persists in her efforts to cancel both.

After analysing one of the policies sold by a prominent insurance company, an independent actuary, Roseanne da Silva, noted: “I do not consider the provision of these funeral cover policies by for-profit companies to recipients of children’s grants to be in the interest of the recipients of children’s grants ... there is considerable market conduct riskⁱ associated with allowing such premiums to be conducted prior to the payment of grants (intended for the cover of basic needs for children)...”⁴²

Her report maintains that the provision of funeral insurance policies is inappropriate for the financial needs or risk profile of children on social grants and thus in violation of the Financial Advisory and Intermediary Services (FAIS) Act. The report

estimates that less than 4% of children covered by the policy will die before their 18th birthday. This means that the total amount claimed by beneficiaries would account for less than 1% of all the premiums paid, with the remaining 99% of premiums going towards the insurance company’s administrative expenses and profit.

Social grant beneficiaries also experienced an increase in unauthorised and unlawful deductions for airtime, electricity, water, loans and funeral insurance following an outsourced contract between SASSA and Cash Paymasters Services in April 2012. Many are struggling to get these deductions stopped and refunded.

Following an outcry by civil society, the Minister of Social Development established a Ministerial Task Team in 2014 to prevent further deductions.⁴³ SASSA initiated a Funeral Insurance (26A) Clean Up Project to ensure that the regulations were properly implemented so that: 1) SASSA has valid beneficiary mandates for funeral deductions, and 2) there is only one funeral deduction that amounts to less than 10% of the grant value.

Some financial service companies sought interdicts against SASSA and the Department of Social Development (DSD) to halt the Funeral Clean Up Project. All of these companies are FAIS regulated, yet at the time of the court cases, over 715,000 funeral insurance or scheme deductions were made without the required written authorisation of the policy holders.

One company argued that: “Neither the Act nor the Regulations give SASSA the power to interrogate the terms on which a beneficiary enters into a contract for, *inter alia* funeral insurance... SASSA has no power under the Long Term Insurance Act and is not given the powers under the Social Assistance Act or its Regulations to investigate the contracts for funeral insurance taken out by beneficiaries... it is not licensed in terms of FAIS to give advice in relation to insurance policies. It is therefore precluded from advising beneficiaries about the terms of their contract for funeral insurance”.⁴⁴

While the matter was still pending, the court case was overtaken by the introduction of DSD’s amendments to the Social Assistance Act regulations in May 2016.⁴⁵ The amendments prohibit the deductions of funeral insurance (Section 26A) policies from beneficiaries receiving children’s and temporary grants, and protect SASSA-branded bank accounts (Section 21) from unauthorised and unlawful deductions. However, full implementation of the regulations – and the protection they seek to provide beneficiaries – is hampered by court challenges from financial service providers.

ⁱ Financial service providers should act in their clients’ best interests and must guard against any form of misconduct which could undermine trust and market integrity.

Emerging challenges

The system for the delivery and administration of social grants has become more technologically sophisticated over time, with the adoption of the biometric identification and electronic payment system using the SASSA payment card. The introduction of this system in 2012 required all social grant beneficiaries to re-register with SASSA. Many recipients now receive their payments electronically into bank accounts, but along with the increased convenience and formal financial inclusion, this system has introduced new concerns.

A particular concern is the increase in unauthorised deductions from grant recipients' accounts (see case 1 on p. 64). In May 2016, DSD amended Regulation 26A of the Social Assistance Act, halting all deductions from child grants.⁴⁶ Private sector companies have contested these amended regulations in the courts. In addition, SASSA will take over management of the grants payment system in 2017.⁴⁷ The implications of this for the implementation of social grants remains to be seen..

Conclusion

Significant improvements have been made in the delivery of – and access to – the CSG over the last two decades, making the CSG well-regarded worldwide as a successful example of effective social assistance for children. The constitutional right to social security, an engaged civil society, and the administrative reforms described here have all contributed to the improved implementation and expansion of the CSG. But some key barriers persist, while new challenges have emerged. Communication around grant eligibility criteria, the means test and the required supporting documentation (including alternative documentation) at community-level would assist in addressing some of these continuing barriers. Additional training of SASSA officials to ensure the consistent application of eligibility criteria and regulations, and to increase awareness of the rights of vulnerable groups to social assistance, would also be beneficial. The growing use of technology in the administration and payment of social grants has assisted with increasing access and convenience for grant recipients but has brought with it emerging challenges that could compromise access to social security.

Case 2: Who Cares? Challenges associated with accessing the Care Dependency Grant

Sue Philpott (Disability Action Research Team)

The Bill of Rights of South Africa's Constitution includes the right of children to social services. These are made up of several "layers" of services,⁴⁸ including social security and provisions for children in need of special care and protection, such as those with disabilities. Parents, caregivers or foster parents of a child who "requires and receives permanent care or support services"⁴⁹ due to his or her disability are eligible for the Care Dependency Grant (CDG). The intention of this grant is to assist with additional expenses related to the child's disability, and to enable the caregiver to provide appropriate care for their disabled child, towards promoting the child's full participation in society. The CDG was valued at R1,510 per month in October 2016 and can be applied for from the date of birth until the child reaches the age of 18 years.

Payment of the CDG represents a practical, tangible source of support for caregivers. It is an acknowledgment of the additional requirements of their child and the legitimacy of their need for support in the face of frequent social and economic isolation. The CDG is positively associated with school enrolment and attendance of children with disabilities, particularly in low-income households.⁵⁰

Interpretation and implementation

In contrast to other grants, there needs to be an assessment verifying the child's disability and their need for support. This means that, in addition to a letter from their "treating" doctor to confirm the child's disability, medical professionals appointed by SASSA have to make the judgment as to whether a particular

child is disabled to the extent that they require either permanent care or support services. The assessment process provides the greatest challenge concerning the CDG.

Inconsistent interpretation of eligibility criteria

The 2008 regulations to the Social Assistance Act clarify that "assessment" means "the medical examination by a medical officer of a... child in order to determine... care-dependency". Regulation 8(a) goes on to state that a person is eligible for a CDG if "an assessment confirms that the child, due to his or her physical or mental disability, requires and receives permanent care or support services". Inconsistencies arise with respect to two elements of the legislation being implemented:

- First, although the term "severe disability" does not appear in the eligibility criteria of the regulations, the principal Act defines a care-dependent child as one "who requires and receives permanent care due to his or her severe mental or physical disability".⁵¹ This creates some confusion – is "severity" a criterion or not? SASSA considers that it is, as on its website it states that a requirement for application for the CDG includes submission of "a medical/assessment report confirming permanent, severe disability".⁵²
- Secondly, the eligibility requirement of "support services" is interpreted as being in addition to "permanent care" instead of being an alternative to it. The implications of this are that a child must be severely disabled and require full-time care until he or she reaches the age of 18 years if they are to qualify for the CDG.⁵³

When the Social Assistance Act and its regulations were amended in 2004 and 2008, the existing assessment form was repealed but has not been replaced. As a result, many medical practitioners continue to make use of the repealed CDG assessment form (designed to assess eligibility in terms of the former Act), which contains references to criteria such as “severe” and “home” care and does not reflect a shift towards assessing the child’s need for support services.⁵⁴

Assessments are medically based

Since ratification of the Convention on the Rights of Persons with Disability (in 2006) and the release of the White Paper on the Rights of Persons with Disability (March 2016), the State has expressed its support for the social model of disability. This model aims to address those barriers created by society which serve to exclude persons with disability.⁵⁵ Despite this, assessment for the CDG remains primarily focused on the medical condition or diagnosis of the child, while not taking cognisance of their limitations in functioning, the level of care that they require or their home circumstances.

There also tends to be bias towards children with impairments that are visible and more commonly known (such as cerebral palsy or spina bifida). Children with less common conditions, and conditions (such as Autism Spectrum Disorder and Asperger Syndrome) that are hard to diagnose without adequate assessment of care needs and age-appropriate functioning, are likely to be overlooked. Medical officers’ lack of training contributes to their lack of insight in the assessment process. “The result typically is [that] where the child is seen as physically able, irrespective of other possible considerations, he or she is not determined to be eligible”.⁵⁶ The CDG, therefore, benefits children with severe disabilities and excludes those with moderate disabilities who may still have extensive care needs.

Delays in conducting assessments

Much has been written about the importance of early childhood development (ECD) and early intervention for children with disabilities, with the message that “the earlier the child and parent receive support, the better the long-term outcome”. It is

a concern that many caregivers experience difficulties with the application and assessment process for the CDG, and delays in accessing the grant. These include cases where children with disabilities are either diagnosed late or misdiagnosed.⁵⁷ Parents also experience long waiting periods for getting specialised assessments, such as hearing tests. These delays are compounded by the absence of a rigorous system to ensure early identification of developmental delays and screening of children with disabilities at routine child health visits, and a lack of specialists in the public health system.

Strengthening the system of care

The system of care needs to be strengthened at various levels:

- Developmental screening and early identification and referral of children with developmental delays and disabilities needs to be strengthened as an essential first line of support. This can be done through enhanced use of the *Road to Health Booklet* and as well as through home-visiting programmes and more effective collaboration between the departments of Health, Social Development and Basic Education.
- Assessment of the child’s level of functioning and care needs should be strengthened by involving therapists in the assessment process and educating medical officers on the social model of disability as the basis on which care needs are assessed.
- Eligibility criteria for the CDG – as reflected in the assessment process – need to be consistent with the provisions of the Social Assistance Act and its regulations. A new assessment form needs to be developed to reflect current legislative provisions, and be standardised across the country.
- The application and assessment process should be used as an opportunity to give caregivers information about their child’s condition and prognosis, as well as coping strategies on how to support them.

The CDG should not be seen as a stand-alone intervention but as an integral part of a basket of services and supports for caregivers and children with disabilities. For example, it should be linked to therapy, parent support groups and placement at ECD services or schools.

References

- 1 For more, see: Lund F (2008) *Changing Social Policy: The Child Support Grant in South Africa*. Cape Town: HSRC Press.
- 2 Liebenberg S & Tilley A (1998) *Poverty and Social Security in South Africa: Poverty Hearings Background Paper. Corruption and Social Grants*. Pretoria: Institute for Security Studies.
- 3 Taylor V (2014) *The Institutional and Developmental Impact of Cash Grants: Is South Africa Transforming Social Policy?* Prepared for the Financial and Fiscal Commission.
- 4 *Mashavha v President of the Republic of South Africa and Others*, 2004 (12) BCLR 1243 (CC) 6 September 2004.
- 5 Social Assistance Act 13 of 2004; South African Social Security Agency Act 9 of 2004.
- 6 This section draws on: Budlender D, Proudlock P & Jamieson L (2008) *Developing Social Policy for Children in the Context of HIV/AIDS: A South African Case Study*. Children’s Institute Case Study No 3. Cape Town: Children’s Institute, UCT & Community Agency for Social Enquiry.
- 7 Woolard I & Leibbrandt M (2010) *The Evolution and Impact of Unconditional Cash Transfers in South Africa*. Cape Town: Southern Africa Labour and Development Research Unit, University of Cape Town; Martin P (2014) Children’s rights to social assistance: A review of the Child Support Grant. In: Proudlock P (ed) *South Africa’s Progress in Realising Children’s Rights*. Cape Town: Children’s Institute, UCT. P. 69.

- Kola S, Braehmer S, Kanyane M, Morake R & Kimmie Z (2000) *Phasing in the Child Support Grant: A Social Impact Study*. Johannesburg: Community Agency for Social Enquiry.
- 8 DSD, SASSA and UNICEF (2012) *The South African Child Support Grant Impact Assessment: Evidence from a Survey of Children, Adolescents and their Households*. Pretoria: UNICEF South Africa.
 - 9 See no. 6 above (Martin 2014). P. 69.
 - 10 DSD, SASSA and UNICEF (2016) *Removing the Barriers to Accessing Child Grants: Progress in Reducing Exclusion from South Africa's Child Support Grant*. Pretoria: UNICEF South Africa.
 - 11 SASSA and UNICEF (2013) *Preventing Exclusion from the Child Support Grant: A Study of Exclusion Errors in Accessing CSG Benefits*. Pretoria: UNICEF South Africa.
See no 8 above.
 - 12 Zembe-Mkabile W, Doherty T, Sanders D, Jackson D, Chopra M, Swanevelder S, Lombard C & Surender R (2012) Why do families still not receive the Child Support Grant in South Africa? A longitudinal analysis of a cohort of families across South Africa. *BMC International Health and Human Rights*, 12:24;
 - 13 See no. 6 above (Martin 2014).
 - 14 See no 8 above.
 - 15 Republic of South Africa (2015) *National Integrated Policy on Early Childhood Development*. Pretoria: RSA.
 - 16 See no. 6 above (Martin 2014).
 - 17 See no. 10 above.
 - 18 See no. 11 above;
See no. 8 above.
 - 19 See no.10 above
 - 20 See no. 6 above (Martin 2014).
 - 21 See no. 11 above.
 - 22 See no. 8 above.
 - 23 See no. 10 above.
 - 24 See no. 8 above.
 - 25 See no. 6 above (Martin 2014).
 - 26 See no. 11 above.
 - 27 See no. 10 above.
 - 28 See no. 11 above.
 - 29 Zembe-Mkabile W, Surrender R, Sanders D, Jackson D & Doherty T (2015) The experience of cash transfers in alleviating childhood poverty in South Africa: Mothers' experiences of the Child Support Grant. *Global Public Health*, 10(7): 834-851;
Wright G, Neves D, Ntshongwana P & Noble M (2015) Social assistance and dignity: South African women's experiences of the Child Support Grant. *Development Southern Africa*, 2(4) 443-457.
 - 30 See no. 10 above;
See no. 11 above.
 - 31 See no. 29 above (Wright et al 2015).
 - 32 See no. 29 above (Wright et al 2015). P. 5
 - 33 See no. 8 above;
See no. 10 above.
 - 34 See no. 11 above.
 - 35 Hochfeld T & Plagerson S (2011) Dignity and stigma among South African female cash transfer recipients. *IDS Bulletin*, 42(6), 53-59;
See no. 29 above (Wright et al 2015).
 - 36 See no. 10 above.
 - 37 See no. 29 above (Zembe-Mkabile et al 2015).
 - 38 Wright G, Noble M, Ntshongwana P, Neves D & Barnes H (2014) *The Role of Social Security in Respecting and Protecting the Dignity of Lone Mothers in South Africa: Final Report*. Oxford: Centre for Analysis of South African Social Policy, University of Oxford. P. 162 and P. 163.
 - 39 See no. 29 above (Zembe-Mkabile et al 2015).
 - 40 Social Assistance Act 13 of 2004. Section 20
 - 41 Financial Advisory and Intermediary Services Act 37 of 2002.
 - 42 Actuarial Report in respect of the deduction of funeral insurance premiums from children's social security grants, prepared by Roseanne da Silva, 4 April 2016. P. 7.
 - 43 Dlamini B (2014) Media statement on the occasion of the media briefing on unauthorised deductions. 11 September 2014. Viewed 16 August 2016: <http://www.dsd.gov.za/index.php?option=view&id=625&Itemid=106>.
 - 44 *Channel Life Limited and Another v South African Social Security Agency and Others*. Applicant's Heads of Argument, 2015. Case No. 79112/15. Gauteng High Court, Pretoria.
 - 45 Social Assistance Act 13 of 2004 Amendment: Regulations Relating to the Application for and Payment of Social Assistance and the Requirements or Conditions in Respect of Eligibility for Social Assistance. *Government Gazette 39978*. Notice 10597. Regulation 511 (6 May 2016).
 - 46 See no. 45 above.
 - 47 Department of Social Development (2016) *Minister Bathabile Dlamini: Social Development Dept Budget Vote Speech 2016/17*. Media Statement, 4 May 2016. Viewed 15 October 2016: <http://www.gov.za/speeches/minister-bathabile-dlamini-social-development-dept-budget-vote-speech-201617-4-may-2016>.
 - 48 Dutschke M (2006) *Defining Children's Constitutional Rights to Social Services*. A Project 28 Working Paper. Children's Institute, UCT.
 - 49 Social Assistance Act 13 of 2004. Section 7. The Act also stipulates that the CDG will not be awarded for children cared for full-time and on long-term basis in a state-funded institution.
 - 50 de Koker C, de Waal L & Vorster V (2006) *A Profile of Social Security Beneficiaries in South Africa*. Stellenbosch: Department of Sociology and Social Anthropology, Stellenbosch University.
 - 51 Social Assistance Act 13 of 2004. Chapter 1.
 - 52 South African Social Security Agency (2016) *Care Dependency Grant*. Viewed 12 May 2016: <http://www.sassa.gov.za/index.php/social-grants/care-dependency-grant>.
 - 53 Martin P, Proudlock P & Berry L (2014) The rights of children with disabilities to social assistance: A review of South Africa's Care Dependency Grant. In: Proudlock P (ed) *South Africa's Progress in Realising Children's Rights: A Law Review*. Cape Town: Children's Institute, University of Cape Town & Save the Children South Africa.
 - 54 See no. 51 above. P.90.
 - 55 Department of Social Development (2015) White Paper on the Rights of Persons with Disabilities. *Government Gazette No. 39792*. Notice 230. Pretoria: DSD.
 - 56 See no. 51 above. P.94.
 - 57 Department of Social Development, Department of Women Children and People with Disabilities & UNICEF (2012) *Children with Disabilities in South Africa: A Situation Analysis 2001 – 2011*. Pretoria: DSD, DWCPD & UNICEF.