Street-level challenges to assessing eligibility for disability-related social assistance in SADC countries

With a focus on South Africa
Assessment Processes and Eligibility Criteria for Social Assistance in Africa
Purpose of assessment

- Disability is an ambiguous concept

- Gatekeeping mechanism
  - Who is in and who is out?
  - Tendency of disability programmes to grow
  - Preventing fraudulent access

- Difference in mainstreaming vs. disability targeted SP programmes
  (more accurate assessment needed)

- Ensuring fairness, equity, social justice, determining special needs etc.
### Models of Assessment

<table>
<thead>
<tr>
<th>Approach</th>
<th>Conception of 'disability'</th>
<th>Standardize tool or guideline</th>
<th>Criteria</th>
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</table>
| IMPAIRMENT | Medical  
Health state (injury, disease or syndrome), Plus problems with body functions and structures | Impairment guidelines:  
AMA Guidelines for the Evaluation of Permanent Impairments (6th ed.) | 'Baremas' criteria:  
Presence of problem at the body level as indirect indicator of 'whole person' or disability rating |
| FUNCTIONAL | Functional  
Problems or limitations in basic activities | Functional Capacity Evaluations (FCE):  
Functional Status Questionnaire Disability Assessment Structured Interview Work Ability Index, etc. | ADL/IADL criteria:  
Presence of a problem or limitation in basic activity as indirect indicator of disability rating |
| DISABILITY  | Disability  
Disability is the outcome of an interaction of health condition and environmental factors at the body, person and societal levels | Disability Assessment:  
WHODAS2™  
ICF Checklist  
ICF Core Sets | Bio-psycho-social criteria:  
Description of kind and severity of disability as an outcome of interaction between an individual’s health and functional capacity and environmental factors |
| INFORMAL  | Determined by assessor | Determined by assessor | Determined by assessor |

*Figure: Bickenbach et al, 2015*
Assessment processes / eligibility criteria in African countries

Medically-focused

- Categorical targeting: South Africa, Namibia, Kenya, Mauritius, Seychelles, Lesotho (planned), Botswana (?), Mozambique (planned)
- Mainstream social assistance programme: ?

Community-based assessment

- Categorical targeting: Kenya (as well as medical)
- Mainstream / Form of Proxy Mean-Testing: Zambia (MC scheme being phased out), Malawi, Tanzania, Ghana

Functional assessment

- Categorical targeting: ?
- Mainstream: Uganda (Washington Short Set)

Comprehensive disability assessment (e.g. ICF)

- Not used
Challenges in Disability Assessment
Disability is not an easily identifiable characteristic like age or gender.

Lack of universal definition

- The standards used to measure disability typically more a function of their particular purpose and the political, economic and social context in which they are used than some objective, bio-scientific framework or universal truth about what disability ‘is’

_The concept of disability is fundamentally the result of political conflict about distributive criteria and the appropriate recipients of social aid. Instead of seeing disability as a set of characteristics that render people needy, we can define it in terms of ideas and values about distribution._

(Stone, 1984)

_Disability is a biosocial identity that is at once both biologically grounded and socially parsed, an umbrella term that denotes different things in different places and at different times._

(Livingston, 2005: 7)
Universal Challenges in Assessment...

- Difficult to operationalise – need to balance: cost effectiveness and accuracy, objective and subjective factors, providing access and limiting ‘abuse
  - Relational concept but eligibility decision is a binary one
  - Relationship between labour demand and disability claims
- Non-alignment of social assistance legislation and international best practice
- Assessor training and skills
- Result: lack of standardisation, inconsistencies and disputes
Challenges specific to sub-Saharan African Context

- **Targeting**
  - High levels of poverty - problematic in disability-specific targeting
  - HIV/AIDS epidemic and other chronic disease

- **Resource constraints** – cost effectiveness vs. comprehensive assessment

- **Lack of complementary policy** (i.e. social insurance, health insurance, work reintegration opportunities, policy catering to chronically ill)
Challenges and benefits of different assessment models

- **Medical assessment**
  - Does not take into account subjective, environmental, labour market, social, economic and other factors
  - Lack of medical doctors can limit access

- **Community assessment**
  - Activity and participation limitations may be best understood in community setting
  - Favouritism, political capture, stigma
  - May focus on poverty rather than disability (SA case)

- **Functional assessments**
  - Practical
  - Focuses on deficits only (not capabilities)

- **Comprehensive disability assessments**
  - Complex and expensive to implement
  - Too many inclusion errors?
The South African Case
South African Social Protection Model

- Set of means-tested, categorically-targeted social grants, focused on liberal model of the “deserving poor”
- Paid to individuals but often shared within households
- Some grants (old age pension, disability grant) inherited from the apartheid government – de-racialised, main change has been expansion of access and introduction of the Child Support Grant
- Legislation: South African Social Security Act of 2004
- Right to social security is enshrined in Section 27 of Bill of Rights
- Managed by the South African Social Security Agency
- Limited social insurance and unemployment benefits
Disability-related Social Protection

- Social Assistance (Life-Course Approach)
  - Care Dependency Grant (Paid to caregiver of a disabled child – max. R1,600)
  - Disability Grant (max. R1,600)
  - Older Persons Grant (DG converts to OPG at age 60 – max. R1,600 (extra R20 if over 75)
  - Grant-in-Aid (additional R380 paid to DG and OPG beneficiaries in need of care)
  - Grant amounts based on means testing rather than severity of disability or specific needs

- Other forms of social protection
  - Unemployment Insurance Fund (limited, short-term, formal employment only)
  - Free primary healthcare and secondary for DG beneficiaries?
  - Qualify for subsidised municipal services
  - Public works programme (which includes disabled people)
Eligibility criteria:

**Disability Grant:** According to the Social Assistance Act of 2004, someone is eligible for a DG if: “he or she is, owing to a physical or mental disability, unfit to obtain by virtue of any service, employment or profession the means needed to enable him or her to provide for his or her maintenance.”

Related to labour market participation (fitness to work) – means test implies that some work may be conducted but this is not clear

**Care Dependency Grant:** “A person is, subject to section 5, eligible for a care dependency grant if he or she is a parent, primary care giver or foster parent of a child who requires and receives permanent care or support services due to his or her physical or mental disability.”

**Grant-in-Aid:** “A person is, subject to section 5, eligible for a grant-in-aid if, that person is in such a physical or mental condition that he or she requires regular attendance by another person.”
Assessment process

- Assessed by a medical doctor in various settings – SASSA offices, primary healthcare clinics and hospitals (varies by province and health system capacity)
- Claimants may only apply every 3 months
- Some provinces have pre-screening (referral)
- After assessment, claimants return to SASSA office after 2 weeks where means test is conducted and they learn the outcome of assessment
- Although final decision lies with SASSA, no other meaningful input on work ability or employability is provided and main judgement is based on medical doctors’ recommendations
Assessment process continued...

- Unsuccessful experiment with community assessment panels between 2001 and 2004
- Attempts to develop a more comprehensive assessment tool and definition of disability have proved unsuccessful
- Role of other healthcare professionals limited to optional input (not decision-making). Also role as patient advocates and promoters of alternate models
Street-level challenges

- Only discretionary grant
- Lack of expertise / training – uncertainty
- Unclear policy and gaps in social protection system (chronic illness, able-bodied unemployed)
- Unclear guidelines and limitations in assessment model
  - The impact of non-impairment related contributors to disablement (i.e. interactional aspects of disability)
  - Manageable but stigmatised conditions – e.g. epilepsy, HIV, psychiatric conditions
  - Subjective experience not accounted for
  - Age and employability
  - Tightness of the labour market
  - Effects of social and psychological problems on ability to function in the workplace
The problem with disability grants

“The disability grant is the only discretionary grant and that’s why it is open to abuse. Old age grant, there's no question about it. Foster care grant - there's no question. The child support grant is very straightforward - very narrow parameters in which you qualify. You either qualify or you don't qualify. Whereas, with this one [DG], there is a tremendous amount of discretion. It’s open to abuse - clearly on both...on all sides of the fence - patients, doctors, even internally the staff and so on and so forth. Lots of fraud. Lots of fraud.”

(Quality assurance officer, Interview June 2014)
Street-level Challenges Continued...

- Differential understandings of disability and entitlement
  - Notions of fairness and social justice
  - Lack of information on criteria
- Organisational pressures and decision-making
- Interactional pressures – pathos, aggression, performance
- Professional and moral tensions
  - Policy Paradox
- Lack of work integration, rehabilitation programmes etc. that provide opportunities for people to leave the DG system
- Tension between administrators and healthcare workers
- Weak public knowledge of appeals system – results in re-applications
The particular challenge of treating doctors

The truth is doctors, yes we're supposed to be so Hippocratic and the truth is important, but it comes second to helping people and so you get in these fixes. This is the problem: when you've got that many people going hungry - to expect people who are paid to look after people to then make decisions around whether they get food or not...it’s not a good position...it’s not going to work. (Dr Wright, Interview, 2 April 2014)
- Short-cuts that lead to poor quality assessments
- Temporary ‘half-grants’ – avoiding decision-making
- Use of decision-frames
  - Political beliefs, professional and personal values, stereotypes etc.
- Doctors protect themselves and maintain authority using strategies that mentally discount, distance, depersonalise or objectify patients or alleviate their guilt
- Doctors may also bend or break rules to accommodate patients
- Leaves patients confused and angry – creates a vicious cycle
- Damages doctor-patient relationships, especially in treating settings
TB Man’s Shirt too Nice for a Grant
(Mail & Guardian, October 2015)

“He said: ‘You dress too well to be poor.’”
Invisible Disability: “We demand social grants!”

Mistrust of Assessors: “We want another doctor!”
**Implications**

- **Coverage**
  - Exclusion and Inclusion Errors (Mitra, 2010) – 42% exclusion and 34% inclusion error (both capacity and means)

- **Individual welfare**

- **Barriers to access**

- **Significant variation in assessment practice creates confusion, legal challenges etc.**

- **Repeated re-applications (esp. temporary grants) create significant costs**

- **Undermines credibility / legitimacy of process**

- **Is categorical targeting appropriate in the South African context?**
Recommendations

South Africa

- Harmonised Assessment Tool (HAT) Implementation
- Work integration programmes (& other enabling measures)
- Failing HAT implementation....
  - Revision of guidelines
  - Peer-to-peer engagement rather than top-down, managerial approach
  - Training for medical doctors on disability issues
  - Inclusion of other health professionals in assessment process
  - Social assistance for poor households and chronically ill people
  - Public education on assessment criteria and processes
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