

Poverty, financial issues and social development

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Overview

Incredible changes have occurred, but unless we examine the lived experiences of our poor, we will never be able to address the inequalities in our society.

—Ehrenreich, 2007

Since 1994, much has been achieved in South Africa with regard to access to clean water sources and clinics for many people, availability of electricity for new government housing in urban and peri-urban areas and opportunities at grass roots level for people to develop themselves through education and training.

However, many would argue that too little has been done, that the poor are becoming poorer and that services in terms of the above are lagging far behind the needs of the man on the street. People living in rural areas are still deprived of amenities taken for granted in urban areas. Unemployment in many communities is unacceptably high, adults and children go hungry and crime leads to feelings of insecurity and fear. Children are particularly vulnerable, especially those who have no adult to protect them.

Overcrowding in dwellings leads to the spread of diseases such as tuberculosis, and multi-drug resistant TB is an increasing problem. HIV/AIDS continues to kill those who should be providing for young families although anti-retroviral therapy is prolonging the lives of the many who are motivated to stay on the treatment.

This chapter identifies some of the problems of poverty faced by patients in palliative care, and the impact on their daily lives. The human rights and human dignity of those who are disadvantaged are considered in terms of the South African Constitution. The problems inherent in applying for a Birth Certificate when no proof of birth is available are addressed, as well as current resources in terms of social grants, and documentation needed to apply for them. Strategies for social development are discussed.

This chapter draws on the experience of hospice social workers in Soweto, Gauteng; South Coast, KwaZulu-Natal; Port Elizabeth, Eastern Cape; and Ladybrand, Free State. The experience of caregivers, members of NGOs and hospice staff – present at discussions and focus groups held by Desia Colgan of Street Law during 2007 – has also been a valuable source of reference.

Terms you will read in this chapter:

Abridged certificate: shortened/reduced certificate

Affidavit: a written statement made on oath before a Commissioner of Oaths e.g. Police

Alleviation of poverty: helping to reduce poverty/making it more bearable

Arbitrarily discriminate: treat differently and unfairly, depending on personal bias

Beneficiaries: those who benefit with money or property

Entrepreneurial: starting or financing new businesses/enterprises

Exacerbate effects of poverty: to make the effects of poverty worse

Informal sector: unregulated business

Lapsed policy: a policy which has expired or been stopped

Means Test: examination of someone's income and savings to determine whether a grant is needed

Migration: moving from one region or country to another

Motivational letter: a letter giving reasons why a certain action should be taken

Paralegal: someone with legal training who assists a qualified lawyer

Peer group: a group of people who are of the same age, education or social class

Potable water: water suitable for drinking

Pro bono services: services of a lawyer for the public good without expecting payment

Prohibition of unfair discrimination: the legal banning of unfair treatment

Remunerative work: work that brings in money

Suspension of grant: the stopping of a grant for a period of time

Violation of human rights: depriving a person of their rights/privileges

Poverty

At the end of 2007, a short questionnaire was completed by hospice social workers in Soweto (Gauteng), Ladybrand (Free State), South Coast (KwaZulu-Natal) and Port

Elizabeth (Eastern Cape). The following tables were compiled from the experience on the ground of these social workers.

Some causes of unemployment	Impact on daily living
Illiteracy because of no schooling, insufficient schooling or poor quality schooling	Limits job possibilities
Lack of job opportunities	Leads to frustration, discouragement, possible crime
Lack of both entrepreneurial and technical skills	Limits job possibilities
Illness through HIV/AIDS and inability to work	<ul style="list-style-type: none"> • Many orphans who cannot access grants • Children caring for parents and not in school – so affecting their later possibilities in the job market • Children acting as prostitutes or ‘sex slaves’ to gain food for themselves and the family
Migration of people from rural to urban areas and from other parts of Africa seeking work in competition with locals	Can increase the pool of unemployed in some areas and lead to suspicion of ‘foreigners’ and possible violence

Other issues of poverty	Impact on daily living
Housing shortage	<ul style="list-style-type: none"> • Leads to overcrowding in the home • Poor sanitary conditions • Lack of secure shelter for orphaned children and loss of shelter to an adult family member (see chapter on Law of Succession)
Many orphans, especially in deep rural areas	A grandmother over 60 may be feeding several children on her own Old Age Grant. Under 60, she may have little, if any, income.
Crime	Poverty and unemployment both lead to an increase in crime
Debt	See table on needs and social work planning in Section 8: Social Development in palliative care later in this chapter.
Lack of knowledge about available local resources	Inability to source state assistance
Breakdown of extended family who might have helped with finances or care, due to family deaths from AIDS and related family expenses	Lack of a support system for families

Poverty also has spiritual and cultural components. One of the participants in groups who met with Desia Colgan, when discussing the rise in the number of orphans being encountered in communities (Pietermaritzburg), expressed concern about what sort of values orphaned children were learning and who was going to be there for them when their ‘grannies’ or caregivers ‘moved on’.

Human Rights and poverty

Following the Universal Declaration of Human Rights in 1948, the United Nations drafted the International Covenant on Economic, Social and Cultural Rights. Alongside the International Bill of Human Rights, the United Nations have drafted a variety of instruments dealing with the rights of particular vulnerable groups such as women, children and aboriginal peoples.

Human rights have traditionally been seen as falling into two categories: civil and political rights on the one hand, and economic, social and cultural rights on the other. Examples of economic, social and cultural rights include the following:

- The right to an adequate standard of living, including adequate food, housing and clothing
- The right to education
- The right to take part in cultural life
- The right to the highest attainable standard of physical and mental health
- The right to work, form trade unions, and safe and healthy working conditions

Recent legal developments such as the passing of the South African Constitution and rulings from the United Nations Committee on Economic Social and Cultural Rights have shown that economic, social and cultural rights can and should be enforceable within domestic courts.

The South African Constitution is unique in granting civil, political and socio-economic rights, and particularly in granting rights pertaining to the alleviation of poverty in its Bill of Rights. Some of the most important sections for people living in poverty are:

- Section 26 which grants the right to adequate housing
- Section 27(1)(a) which provides the right to access health care services
- Section 27(1)(b) which provides the right to access sufficient food and water
- Section 28(1)(c) which gives special emphasis to children's rights

Section 27(1)(c) grants people the right to social security, including appropriate social assistance if they are unable to support themselves and their dependants. This is a right directly targeted at alleviating poverty.

Poverty may be defined as having insufficient money to meet fundamental human needs such as food, potable water, and shelter. But poverty is about more than money. Poverty is a manifestation of historical, social, political, and legal disadvantage. This disadvantage arises, at least in part, from policies and laws adopted by governments. In South Africa this disadvantage is exceptionally severe: apartheid has left the country with one of the most uneven wealth distributions in the world. Unfortunately, although discriminatory laws have been replaced, their legacy lives on in the form of poverty.

The impact of poverty on people's lives

Poverty intersects with human rights at every possible juncture; both the civil and political and the economic, social and cultural rights of the poor are affected. One of the most basic human rights guaranteed to everyone is the right to life and to physical integrity; however, people living in extreme poverty may lack access to food and adequate shelter, face greater risk of disease, or be forced to accept dangerous working conditions. People living in poverty are often not registered with Home Affairs or do not register their children, and so may experience difficulties in obtaining social grants or registering their children for school. People living in poverty may be excluded from the justice system because they are unable to hire a lawyer to represent them or because they are hindered by illiteracy, lack of self-confidence and mistrust of the system. Those living in poverty are less able to participate in, or influence, political decision-making. The denial of the rights to adequate food, housing, health and education to people living in poverty is clear. Because poverty so disproportionately affects vulnerable groups such as women, children, and particular racial groups,

poverty must also be seen as a denial of people's right to equality.

Gender and poverty

The term 'feminization of poverty' refers to an increase in the relative levels of poverty among women and/or female headed households. Social norms and values assign primary responsibility for reproduction and care to women and decision-making to men. The fact that the primary responsibility for care is placed on women means that there is greater variation in work force activity for women as these responsibilities cannot easily be combined with economical activity. In addition, women's income when they work is more likely to be allocated to the welfare of their children. Women face greater difficulty in translating their work into higher incomes. Gender norms and practices tend to exacerbate the effects of poverty so that poor women enter the labour market with lower levels of health, nutrition, education and skills than men.

There is both active discrimination against women and unconscious biases that face women in the workplace. The result is that women are assigned to less well paid jobs than men or are paid less for the same job.

Increased access to paid work does not translate into improved family wellbeing if women's increased workload in the labour market is not accompanied by an increase in men's contribution to unpaid domestic labour. Women often rely on older children to look after younger children at home – usually this responsibility falls to girl children and impacts on their educational prospects and their ability to escape the cycle of poverty.

The difficulties faced by poor women are exacerbated if the man deserts or abandons the family, a strategy often used by poor men to escape contributing to the family income.

Illness aggravates poverty as the sick are unable to work and to earn an income and are unable to undertake domestic tasks. Sick people also require care which is usually provided by family members. The family carers may need to take time off from work or when the burden of care falls on children, and often the girl child, this impacts on their education and future opportunities for employment.

The AIDS epidemic has affected the income generating and child rearing age group. Sick adults are not able to earn an income and turn to their mothers for care and to assist with care for their children. Grandmothers take on this burden of care without an income to sustain the extended family other than social grants.

Human Rights-based approach to poverty

A human rights-based approach means that the situation of poor people is viewed not only in terms of welfare outcomes but also in terms of the obligation to prevent and respond to human rights violations. For example, any action that excludes a specific group of children from school or discriminates against girls constitutes such a violation. The human rights approach aims to empower families and communities to secure assistance and advocates a fair and just distribution of income and assets. (UNICEF, 2000)

Before 1997 most United Nations development agencies pursued a 'basic needs' approach. They identified basic requirements for beneficiaries and tried to improve services to fulfil these basic needs. In contrast, the United Nations has now adopted a rights-based approach, which translates peoples' needs into rights. Using a human rights-based approach, individuals are active rights holders; governments have duties and obligations to these rights holders. This is an important distinction. A need that is not fulfilled results in deprivation and dissatisfaction. A right that is not fulfilled results in a legal violation that may be addressed in court.

An example of a case where poor people were able to use the Constitution to insist on the fulfilment of certain rights is *The Minister of Health vs Treatment Action Campaign*. In that case the TAC challenged a government programme which was supposed to address the Mother-to-Child Transmission of HIV/AIDS. The programme made an anti-retroviral drug available only to ten per cent of mothers needing the intervention. TAC argued that this violated Section 27(1)(a) of the Constitution which gives everyone the right to access to medical care. The Court held that although the primary obligation to provide basic health care services for children rests with parents, the mothers and children in this case could not afford to access private medical care and were therefore dependent on the government to make such health care services available to them. The Constitutional Court therefore found that the government's policy was unreasonable and unconstitutional.

Importantly, the Constitutional Court rejected the international law principle that the South African government must meet a 'minimum core' obligation to ensure the satisfaction of minimum essential levels of each right to everyone. Instead, in South Africa, the Constitutional Court will consider whether the government's measure to realise social rights is 'reasonable'. Reasonableness, according to

the Court, means at the very least that the basic needs of the 'most vulnerable' must be addressed. Therefore in constitutional cases in South Africa it appears that the needs of those living in extreme poverty will receive priority when the legal content of human rights is considered.

The case of *Khosa and Mahlaule* challenged the constitutionality of some of the provisions of the Social Assistance Act 59 of 1992 for excluding permanent residents from eligibility for social grants. The Court found at that 'in addition to the rights to life and dignity, the social-security scheme put in place by the state to meet its obligations under Section 27 of the Constitution raises the question of the prohibition of unfair discrimination'. The Court held the decision to exclude a particular group must be consistent with the Constitution as a whole and that for such an exclusion to be valid, the government must be able to show that there was a rational connection between the differentiating law and the purpose the government was trying to achieve. This case means that the government cannot arbitrarily discriminate against a particular vulnerable group of people when meeting its obligations under the constitution.

These cases demonstrate the way in which people living in poverty may approach the court for assistance where their human rights have been violated. Where a violation is found, the court has decided that the government is under a clear duty to implement reasonable programmes to address the rights of those in desperate need on an expedited basis.

Barriers to accessing social grants

In order to access any of the social grants, a bar-coded Identity Document (ID) is needed. Application for an ID requires a Birth Certificate. Many Birth Certificates are not available:

- The birth was never registered
- The Birth Certificate has been lost
- A shack fire destroyed documents
- There was theft of the ID by others

The absence of the correct documentation is a huge problem, especially when trying to register the birth of a child or young person, whose birth was never registered. If the birth occurred in another part of South Africa and the child's parents are deceased, the child cannot go back to the hospital where he or she was born and get copies of the Birth Certificate, as the child is often not sure where he/she was born.

Registration of Births

The following is an extract from a 2007 brochure from the South African Department of Home Affairs.

The Births and Deaths Registration Act (51 of 1992) states that the birth of a child must be reported and registered within 30 days of its birth. This will assist Home Affairs to update its records and help create a reliable and accurate Population Register in the country. It will also help the Department of Home Affairs to speedily deliver other services it may have to when the child is older (e.g. Birth Certificate, ID book, Death Certificate etc.). To register a birth, the Bl-24 (notice of birth) form must be completed and submitted to the nearest Home Affairs office. If the applicant is abroad, he or she should submit the application at the nearest South African Mission or Consulate.

Requirements for Birth Registration

It is important that the notice of birth be given by one of the parents or the legal guardian. If neither of the parents or the guardian is able to do this, a person, requested by the parents or the guardian, may give notice on their behalf. This person must have their written permission.

A child born out of wedlock is registered under the surname of the mother. The child may also be registered under the surname of the natural father if he agrees that he is the father. Both father and mother must agree to the registration of the child under the father's surname in the presence of a Home Affairs official.

See the **Resources Section** at the end of this book for what to do when notifying a birth within 30 days, after 30 days, after one year, and after 15 years of age.

Birth notification of an abandoned or orphaned child

When registering a child whose parents and/or relatives cannot be traced, the following steps are taken according to the Department of Home Affairs:

- A notification of birth form (Bl-24) is completed;
- A report from a social worker is needed, as the particulars from the parents are not available;

- Upon the registration of a birth, an abridged certificate is issued free of charge

The following are responses in the questionnaire sent out at the end of 2007 to hospice social workers:

It is very difficult for abandoned children and those born on farms and whose parents passed on before registering them to get Birth Certificates and/or Identity Documents (Ladybrand, Free State)

This social worker finds that a motivational letter from the Social Worker at Department of Social Development, confirming that the child is a South African citizen, 'always helps to facilitate the process.'

The hospice social worker, Soweto, reported the following:

Due to the high rates of HIV and AIDS deaths, most children are left by their parents and caregivers without proper documents. Problems arise because of Home Affairs' administrative mistakes, (such as misspelling a name or giving a male instead of a female number). The Department of Home Affairs is not giving people sufficient information and then not taking responsibility for that.

Helping adults to access Birth Certificates in the Palliative Care situation where there is no proof of notification of a birth

In the case of adult applicants, the experience of hospice social workers and patients (Western Cape) is that the Department of Home Affairs requires at least one, and sometimes more than one, of the following:

- Clinic card – proof that the adult as a baby and small child attended a clinic. Most adults will not have this;
- Baptismal certificate – sometimes available;
- Affidavit by someone who has known the adult for more than ten years – not always possible, especially when people relocate from other areas.

The following case study demonstrates difficulties which were encountered by a terminally ill mother in Gauteng when trying to obtain a birth certificate for her child:

CASE STUDY – DIFFICULTIES OBTAINING BIRTH CERTIFICATES AND ID APPLICATIONS

Margaret was 38 when I first met her. She was a hospice patient suffering from CA breast with spread to brain and lung. She worked as a domestic worker and could no longer work. Her employers very kindly allowed her to go on living in the room on their property. Margaret shared the room with her 11-year-old son Joe and her brother Tony, 32 years of age, who works in Johannesburg. Joe was at the local high school and doing well.

Joe's birth had never been registered and his father had died before he was born. This was of great concern to Margaret. An added complication was that Margaret's own ID document was incorrect. Her surname had been incorrectly spelt. We applied for a new ID but she died before the application could be completed. Margaret had applied for a disability grant and her application was accepted and she received her disability grant monthly until her death.

Margaret tried to put things in place before her death so that Joe could get an ID document. She and her sister Anna, who was with her when Joe was born, made sworn affidavits at the local police station, that Joe was born in the servant's quarters and that there was therefore not a

hospital record of his birth. Margaret also managed to get a letter from the nursery school that Joe attended. She died not having been able to get a record of his clinic card.

Margaret died in the hospice In Patient Unit and Joe, now aged 16, wanted to get his ID document. I accompanied him to a branch of the Home Affairs Department. Having completed all the necessary forms we were told to see a 'supervisor'. This difficult lady told us that none of the documents we had were valid and could all be falsified and how did she know Joe was born in South Africa and she would not recommend he get an ID document. Joe had done very well at school and had his school report. He goes into grade 11. The supervisor scoffed and said she was not interested. We needed a clinic card and a record from a hospital.

I have contacted another branch of Home Affairs and the officials are more accommodating. They have agreed to interview Joe and his aunt Anna in the New Year (2008) It has so far proved very difficult, seemingly impossible, to get Joe an ID document as his birth was never registered.

—Jill Knott, Pricipal Social Worker, Wits Hospice

Application for an Identity Document

The following is paraphrased from a 2007 brochure of the Department of Home Affairs. Providing there is a Birth Certificate and other necessary documentation, this process should be straightforward. The applicant applies at the nearest Department of Home Affairs.

An identity document proves that a person is who he/she says he/she is. An ID is needed in order to access housing, education, and health care services, to apply for a driver's license, access job opportunities, register for examinations, enter into business agreements or partnerships or even register for the Unemployment Insurance Fund. Identity documents are also used for voting in national, provincial and local elections.

Who qualifies to apply for an Identity Document?

Identity documents are issued according to Section 25 of the Identification Act of 1997. This law states that if you are a South African Citizen or permanent residence permit holder, and are 16 years or older, you qualify to apply for an Identity Document.

Anyone, working for the state or a statutory body outside South Africa, or who has been seconded to serve the government of another country, also qualifies to receive an identity document. This extends to that person's spouse and/or children.

To obtain an Identity Document:

- A BI-9 application form must be completed
- Certified copy of a Birth Certificate; or
- A copy of the TBVC (Transkei, Bophuthatswana, Venda and Ciskei) country identity or travel document; and
- Two recent identical ID sized photographs; and
- The fingerprints need to be taken for recording in the Population Register on the BI-9 application form. This can only be done by an official of the Department of Home Affairs at a regional or district office or at a South African Foreign Mission abroad;
- If married, the marriage certificate must be submitted;
- Should a woman apply for an Identity Document and resume the use of any of the surnames she was previously known by, documentary proof, e.g. birth certificate or marriage certificate, must be submitted to prove that she is entitled to that surname;
- In the case of re-issues, the ID can be issued to persons whose identity documents are lost, stolen or damaged;
- If divorced, a divorce certificate is needed;
- If widowed, the death certificate of your deceased spouse is needed .

A first application for ID is free of charge, but applicants must bring two ID photographs. A fee of R15 is payable for the re-issue of an identity document.

Waiting period for Identity Documents

The social worker from the Eastern Cape (Port Elizabeth) reported that although the waiting period is supposed to be four months, many patients wait for six to twelve months before receiving their Identity Documents. However, in other areas, waiting time might only be from six weeks to three months.

Unemployment Insurance (UIF)

The Unemployment Insurance Act and Unemployment Insurance Contributions Act apply to employers of workers employed for more than 24 hours a month. When workers are unable to work due to illness, they may claim their unemployment insurance in the form of 'illness benefits'.

How to apply

- The worker or family member collects the prescribed claim form from the nearest office of the Department of Labour and requests the employer to complete it. A doctor must

complete the medical section of the form. The client should see that the doctor's name is clearly readable and that the doctor's practice number is on the form, otherwise the claim will be rejected by Pretoria. The claimant must have a bar-coded ID and proof of residence.

- The worker returns the form to the local Department of Labour.

The system of claiming is usually straightforward and payment is over six months for UIF, with the first payment often about six weeks after the employer/medical form has been accepted. Information to all clients should stress the importance of making copies of all completed forms for illness benefits or anything else and that these should be kept in a safe place together with any relevant correspondence.

Social Grants

Current resources in terms of state grants and documentation needed to apply for them are explained as well as people's actual experience in making these applications.

One of the problems when applying for Old Age and Disability Grants is the problem of accessibility to an office of the South African Social Security Agency (SASSA); elderly and sick people often cannot travel to the nearest office, which can be miles away. Family members are not always willing to help in getting the necessary documentation and are often unaware of exactly what is needed and what they need to do or where to go. The queues at the SASSA offices are very long and the officials not always very helpful. Once grants have been authorised, collection from the relevant payout points can also be problematic. A Disability Grant can take up to three months to be authorised and by that time the palliative care applicant may have died of their disease. The above are some of the difficulties experienced by social workers assisting people to apply for grants, Birth Certificates and ID documents.

Social Assistance is an income transfer in the form of grants or financial award provided by government. From 01 April 2006, the responsibility for the management, administration and payment of social assistance grants was transferred to the South African Social Security Agency. SASSA is a section 3A public entity and focused institution responsible to ensure that government pays the right grant, to the right person, at a location which is most convenient to that person.

Most adult patients in palliative care will apply for Disability Grants, although some may have an Old Age Grant. An adult is only allowed to receive one social grant.

Qualifying requirements for grants

Applicant must be a South African citizenship or Permanent Resident for the following grants:

- Old Age; Disability; War Veteran's; Care Dependency (both applicant and child); Child Support (both applicant and child).

- Foster Child Grant: The applicant and child must be resident in South Africa at the time of application.
- Grant-in-Aid: The applicant must be a social grant recipient.

For Asset and Income Table, current amounts of grants in 2008 and 2009, and main offices of SASSA, **see the Resources Section at the end of this book.**

Social Grants

Grant	Requirements	Documents
Old Age	<ul style="list-style-type: none"> • Resident in SA at application • Over 60 (F); over 65 (M) • Means test, both spouses • Not resident in a State Institution • Not receiving other social grant 	<ul style="list-style-type: none"> • 13 digit bar-coded ID • Marriage Certificate or • Certificate of Divorce or Death Certificate, if applicable • Tax certificate • Bank statements for 3 months • Proof of residence
Disability	<ul style="list-style-type: none"> • Resident in SA at application • 18–59 (F), 18–64 (M) • Means test, self and spouse • Not in a State Institution • Not in receipt of other social grant 	<ul style="list-style-type: none"> • 13 digit bar-coded ID • Medical Assessment from clinic/hospital doctor • Marriage certificate • Tax certificate (if paying tax) • Bank statements • Proof of residence
War Veteran's	<ul style="list-style-type: none"> • Over 60 or disabled • Resident in SA at application • From Second World War or Korean War • Means test • Not in a State Institution • Not in receipt of other social grant 	<ul style="list-style-type: none"> • 13 digit bar-coded ID • Proof of war service • Medical Assessment, if disabled • Marriage certificate • Tax certificate • Bank statements • Proof of residence
Grant-in-aid	<ul style="list-style-type: none"> • For those receiving Old Age, Disability or War Veteran's Grants, who are unable to care for themselves. Must require full-time care (physical or mental). 	<ul style="list-style-type: none"> • Proof of receipt of one of the above grants.

Where to apply for a grant?

- The nearest SASSA Office, which is usually a section of the office of the Department of Social Development
- The applicant has to be seen by an official of SASSA and have finger-prints taken. Officials visit some communities on a regular basis
- Sometimes an official will come to the home of a very ill or disabled patient, but in rural areas it is doubtful if this would happen. Even in urban areas, a patient can wait for weeks before the official visits.

The receipt from the official of SASSA is the proof of application and must be safeguarded. It is issued when all requirements are met for the grant to be received.

- If the application is not approved by the SASSA Office, the person must be informed in writing with reasons.
- There is a right of written appeal to the Minister for Social Development, explaining why the applicant disagrees with the decision to refuse the grant. This appeal must be lodged within 90 days of notification of the outcome of the application.

Problems in sourcing grants for abandoned or orphaned children

- Children under 18 cannot be the grant recipient. A responsible adult has to be found.
- Sometimes grants are abused by the adult and the child does not benefit.

An adult applying for a child grant would need the death certificate of the parents and Birth Certificates of the children.

When children are in the care of someone other than the parent and the parent is still alive, the parent has to make an affidavit stating that she/he has placed the children with the other (family member or friend usually) before a child grant can be accessed.

Child Grants

Name of grant	Requirements	Documents
Child Support Grant	<ul style="list-style-type: none"> • Applicant must be the primary caregiver of the child/children • Child under 14 years • Means test for applicant & spouse • Not more than 6 children 	<ul style="list-style-type: none"> • Birth Certificate of child • Clinic card • ID of applicant • Letter from school principal for school-going children • Proof of income • Proof of residence • Letter from employer if adult applicant is working
Foster Child (Care)	<ul style="list-style-type: none"> • An application to place the child in the care of someone other than the parent. Investigation is carried out by a statutory social worker, working within a child & family NGO or in the Dept of Social Development, and an assessment report submitted to the Children's Court. • Allow a minimum of 4 months • A foster child can also receive a care dependency grant, if applicable. 	<ul style="list-style-type: none"> • 13 digit bar-coded ID of applicant • Marriage certificate • Birth certificate of child • Report from school principal • Clinic card
Care Dependency	<ul style="list-style-type: none"> • Child aged 1 to 18, who is physically or mentally disabled • Applicant, spouse & child means test (except for foster parents) • The child is not permanently cared for in a State Institution 	<ul style="list-style-type: none"> • 13 digit bar-coded ID (applicant) • Birth Certificate (child) • Bank statements (applicant) • Marriage certificate • Proof of residence

Foster Grants (see table: **Child Grants** above)

Unfortunately social workers at child and family organisations and at the Department of Social Development tend to have heavy case loads and there are immense delays in the foster-care process. It is reported from Ladybrand Hospice that clients can wait up to a year for an appointment with the designated social worker from the Department of Social Development for Children's Court Enquiries, whilst in Soweto the period can be two to three years.

Methods of payment of grants

- Cash payments at a specified pay-out centre
- Banks
- Institutions

The recipient may choose to give a Power of Attorney to another person to collect his grant.

Suspension of Grants

The following may result in the suspension of a grant:

- Changes in circumstances
- Outcome of a review
- Failure to co-operate when a grant is reviewed
- Committing a fraudulent activity

The most important document for a Disability Grant (DG) is the medical report. What is written there (100 per cent disability or 75 per cent disability) will determine whether a

DG is given only for six months or for longer. A DG granted for six months only will require review and a new medical certificate. People living with HIV have to have a CD 4 count of below 200 and will usually only be given a DG for six months at a time.

An application must be made for restoration of a grant within 90 days of the suspension.

Main reasons for lapsing of grants

- Death
- Admission to a State Institution
- If the grant is not claimed for three consecutive months
- When the period of temporary disability has lapsed
- The grant recipient is absent from the Republic for a continuous period longer than six months.

Reviews

All income must be declared at the time of application. This will form the basis on which SASSA will decide whether a grant must be reviewed. Notification of three months in advance of the date of the review or the date on which the medical certificate is due will be given.

Author's note: *Those who are casual workers working in only some months of the year should be assisted to work out an average monthly income for the year, so that they do not receive less than they should.*

Period Social Relief of Distress

Social Relief of Distress is a temporary provision of assistance intended for persons in such dire material need that they are unable to meet their or their families' most basic needs. In order to qualify for Social Relief of Distress, the applicant must comply with one or more of the following conditions:

- The applicant is awaiting permanent aid;
- The applicant has been found medically unfit to undertake remunerative work for a period of less than six months;
- The breadwinner is deceased and insufficient means are available;
- The applicant has been affected by a disaster, and the specific area has not yet been declared a disaster area;
- The applicant has appealed against the suspension of his or her grant;
- The person is not a member of a household that is already receiving social assistance;
- The person is not receiving assistance from any other organisation.

The SASSA 2007/08 brochure states that Social Relief of Distress is issued monthly or for any other period for a maximum period of three months. Extensions of the period by a further three months may be granted in exceptional cases. Vouchers are issued, no money is given.

***Author's note:** In practice, this may be a food parcel from only one shop in the area of the SASSA office and may require transport costs for the applicant. After persistent enquiry by one of the authors at the end of January 2008, a SASSA official of one branch office finally admitted that no social relief was being given since negotiations had broken down with the service provider.*

Transport expenditure may be paid in exceptional cases where:

- the applicant is referred for treatment by a medical officer and no other transport arrangements can be made; and
- the applicant must travel to a specific destination to accept employment where he or she will not be dependent on further State Aid.

Responsibility of the beneficiaries of a grant

It is the responsibility of beneficiaries to keep SASSA informed of changes in their circumstances and means.

For further information on birth certificates, social grants and how to access SASSA **see the Resources Section at the end of this book.**

Social development

Most of the initiatives out there are pre-conceived agendas – they don't come from the communities, so they don't own them.

—NGO participant, Pietermaritzburg

The aim of social development projects is to uplift the community. Effective social development has its roots in the community; ideas and dreams which start there can be fostered and partnered and come to fruition. There needs to be a close working relationship between government, non-government organisations (NGOs) and people in communities in terms of developing skills, resources, and income generating projects in communities, so that community people feel they own the various initiatives.

Social development in Palliative Care

Hospice social workers investigate and identify needs with the client

Where there is no social worker, a home-based caregiver might help with practical matters and together with the client plan to meet these. Conversations between clients and palliative care and legal staff should be on an equal basis, where power is shared and the expertise of the client recognised. There is always a danger of creating added dependency, when the helping person provides solutions, instead of encouraging action and initiative on the part of the client in partnership with the helper. **The table overleaf shows possible needs and planning.**

Patient support groups

Patients often benefit by having their own group, facilitated by a social worker or social auxiliary worker and carers, where they can discuss any concerns they may have. Unfortunately, in deep rural areas, distances and transport difficulties of patients may stand in the way of support groups.

Benefits of a support group to those who attend:

- The group can provide an environment where there is acceptance.
- Friendships can develop. The group can become a community of care.
- People know that everyone in the group is living with the same condition, namely HIV/AIDS – 'we are all in the same boat.'

- There is peer-group exchange of information and personal expertise with regard to diet, medication and other matters. This is often experienced as very supportive.
- Friendships are made and sometimes people who have been rejected by their family, or have no immediate family, grow to experience the group as 'family'.
- Professional information is given and discussion facilitated around healthy eating, treating infections promptly, condom use, sexuality, disclosure, starting a vegetable garden, use of antiretroviral therapy.
- People can be empowered by being encouraged to take responsibility for their own health and in taking an assertive and active role in the decision-making about their treatment.
- Information is given about resources available to people, such as applying for Identity Documents, Disability and other grants.
- Healthy refreshments or a meal may be given.
- Second hand clothing may sometimes be available.
- Activities may be offered which teach skills. Sometimes articles made can be sold for extra income.
- Life skills may be taught, such as conflict resolution, negotiation and other ways of self-empowerment.
- If funding is available, business skills may be taught. Working in the informal sector of the economy or operating a small business can generate the income a family needs to survive.

Needs expressed by patient or family	Social work planning with the client
<p>Financial</p> <p>a) to source income</p> <p>b) to plan debts</p> <p>c) to keep up payments on a funeral policy or attempt to restore a lapsed policy</p>	<p>a) Discussion is held regarding any monies due to the patient:</p> <ul style="list-style-type: none"> • Unemployment Insurance (UIF) • Pension or grant • Any relevant insurance policies regarding sickness benefits • Maintenance money from father of a child or children • Documentation towards application for a grant is addressed if above monies do not exclude this • Sourcing of interim food parcels for patient and family if necessary and possible <p>b) Informing creditors of current financial situation No rash promises should be made regarding payments at this stage, but an undertaking that the client is doing his/her best to source income to pay.</p> <p>c) Assist client/family member to talk to funeral policy manager. Talk with other family members to see if they can contribute. See if the client's church can help.</p>
<p>Emotional</p> <p>Fears that neighbours might discover patient has HIV</p>	<ul style="list-style-type: none"> • Counselling the fears. • Exploring together who the patient has disclosed her health status to and advantages/disadvantages of doing this.
<p>Patient is receiving antiretroviral therapy but has started drinking again</p>	<p>Exploring together what has happened and what the client puts this down to. What are his hopes for himself and his children for the future? How could staying healthy contribute to these?</p>
<p>A child of the patient is addicted to the drug TIK. The patient requests counselling for him</p>	<p>The social worker plans to see the child. Later, a family meeting might be held and referral to a specialised agency dealing with drug addiction, if this is available.</p>
<p>Spiritual</p> <p>The ill person believes he is being punished by God</p>	<p>Counselling conversation and possible referral to spiritual leader of the patient's choice or traditional healer.</p>
<p>Exemption from school fees is needed</p>	<p>The social worker provides a letter to school principal.</p>

CASE STUDY – LEGAL ASSISTANCE

Lydia has only her Disability Grant as income but she owns an RDP (Government Reconstruction and Development Programme) house. She has six adult children and cannot leave the house to only one of them. The hospice social worker arranges for her to see a lawyer. A will is made in which Lydia stipulates that on her death, the house is to be sold and the proceeds divided equally amongst her six children.

Networking

The palliative care social worker, social auxiliary worker or home-based carer, liaises with other organisations in the different communities in which she works in order to source help for clients:

Food parcels: Other organisations may be issuing these and the client can be referred. Churches and individuals in some areas may sponsor food parcels.

Burial: Some churches may subsidise this for their members. See further information in the section on funerals in **Chapter 13, Death and Dying**.

Legal Assistance: Confidentiality of the client always to be respected and referrals made with their consent. Community paralegals can give legal assistance and are often mediators e.g. in disputes between neighbours and others are skilled at pursuing missing birth certificates, ID etc. Some clients may not wish to be helped by someone in their immediate community. Local paralegals have access to lawyers for more complex problems. Such lawyers work at legal clinics at universities, at Justice Centres, at the Legal Resources Centre and private lawyers doing some of their work for free (pro bono). Other organisations such as

Black Sash, Lawyers for Human Rights and Pro Bono.Org may also provide legal assistance. If local legal assistance is not immediately obvious, other NGOs, local branches of political parties, trades union will have access to this information.

Summary

In broader terms it should be noted that more educators in schools with expertise in mathematics and science subjects are desperately needed, in order to equip learners to work in technical and industrial sectors of the country. In addition, the apprentice system, equipping school-leavers with a range of artisan skills, needs to be accelerated.

This chapter discusses poverty amongst palliative care patients from the practical experience of social workers in hospices in South Africa. The legal rights of disadvantaged people have been clearly explained and the chapter also gives practical information about documents required to facilitate applications for Birth Certificates, Identity Documents and Social Grants illustrating difficult encounters through a practical case study. The chapter also illustrates some strategies for social development.

Networking to assist clients	
Food parcels	Other organisations may provide these
Subsidised burial	Some churches do this
Encouraging learners to get back to school	Social workers liaise with learners and with schools
Skills training	<ul style="list-style-type: none"> • Sourcing possible training • Learning bead-work, jewellery or soft-toy making to sell for income • Cooking, waitron skills, household skills • Sponsors for further education and training in building, electrical, plumbing etc. • Consult Sector Education & Training authorities (SETAS – part of the SA Qualifications Authority structure) about possible courses
Encouraging home industries and vegetable gardens to generate income for the family	Look for a donor for seeds, compost and garden implements.
Foster Child Grants	The social worker liaises with a child & family welfare organisation or with the Department of Social Development.
Encourage clients to get involved in community projects	Some patient support groups start a choir or a dance or drama group. They may perform for others in different communities for a fee.
Accessing legal assistance for clients	Legal assistance can be sourced via community paralegals, at legal aid clinics or through pro bono services of private lawyers. Refer to the Resources Section at the end of this book for a list of contact details for legal organisations.

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