SUMMARY REPORT

ON THE REVIEW OF THE
WHITE PAPER FOR SOCIAL WELFARE, 1997
MINISTERIAL COMMITTEE
SEPTEMBER 2013 TO MARCH 2016

Building a Caring Society. Together.

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Foreword by the Minister

It has been 19 years since Government adopted the White Paper for Social Welfare (1997) to guide the transformation of the social sector from welfare to social development services that seek to improve the quality of life of all South Africans. The White Paper linked the mandate of the Department of Social Development to Section 27 (1) (C) and Section 28 (1) of the Constitution of the Republic of South Africa. This means seeing the provision of social development services not narrowly as a matter of charity, but as giving effect to the Government's Constitutional obligation to human rights.

Since the adoption of this policy document, the Department of Social Development and the social sector as a whole has undergone major changes. We have witnessed a growing number of challenges that requires the intervention of the Department and the sector such as the increase in the levels of alcohol and substance abuse, violence against women and children and the declining moral fibre of our society which has given rise to many other challenges. Alongside these challenges, we have also witnessed encouraging progress in the sector such as the de-racialisation and expansion of the social assistance programme which to date reaches over 17 million eligible beneficiaries.

We also recorded notable progress in the general provision of social services to vulnerable groups, in particular women, people with disabilities, older persons and children. Over the years, Government has made significant investment in key sectoral programmes such as Early Childhood Development (ECD) with particular focus on children from poor households. Indeed we have made progress, but much more still need to be done. It is in this context that I appointed the Ministerial Committee to Review the implementation of the White for Social Welfare under the leadership of Professor Vivienne Taylor. In the entire Government there is no department which connects with as many people at important milestones of their lives such as in childhood, youth and adulthood like the Department of Social Development. For this reason, it is important to assess that the services and interventions that we provide are responsive to the need of those we serve all the time. The aim of the review was twofold, namely to identify key achievements or areas where we are lagging behind and to make recommendations, particularly in the context of the envisioned role of the Department in the context of the National Development Plan.

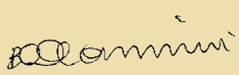
The review report contains key observations and proposals from the beneficiaries of social services and the broader voice of the sector represented by non-governmental organisations, institutions of higher learning that produce social service professionals as well as social service professionals themselves.

This report is the first and a very important publication that makes an invaluable contribution to Government's social transformation agenda in key areas such as resource allocation for the social sector in terms of personnel and finances, establishment and enforcement of simple, effective and standardised data collection as well as analysis of developmental social welfare trends.

As we embark on a process to implement the proposals contained in this report, we seek the support of the sector and key partners who have keen interest in this field. Special acknowledgement go to the Ministerial Committee under the able leadership of Professor Vivienne Taylor who worked tirelessly and conducted consultations throughout the country.

We also express special acknowledgements to community and faith based organisations, and civil society at large, social service professionals, academics, our development partners, and all individuals and groups for their valuable time and contribution to this report.

We look forward to your continued contribution and partnership as we embark on this ambitious challenge of building the future we want for our children and many generations to come



Ms Bo Dlamini, MP
Minister of Social Development
Republic of South Africa

Message from the Chairperson Prof V Taylor

The Honourable Minister of Social Development
Minister Bathabile Dlamini
Government of the Republic of South Africa

Minister,

We are pleased to submit to you the findings and recommendations of the Review of the implementation of the White Paper for Social Welfare (1997). There are two products of the White Paper Review that arise from a rigorous process of engagements with the entire social development sector. These are a Comprehensive Report on the Review of the White Paper and an abbreviated version of the report in the form of a Summary Report which provides an overview of the main findings and the recommendations.

After its establishment in September 2013 the Committee conducted a systematic and focused review of the state of social development service provision at national level and across all nine provinces with both government and non-governmental sectors. The main purpose of the review was to assess how the White Paper for Social Welfare is being implemented and to determine the lessons of experience for ongoing transformation of social development in the context of South Africa's National Development Plan (Vision 2030) (NDP). The Committee presented its findings and preliminary proposals to you and representatives from the entire sector including the National Planning Commission, UN representatives and related national government departments at a national summit in September 2015. The findings and preliminary proposals were debated and discussed in commissions at this summit. Participation from the social development sector at the summit and throughout the review was significant. During the period October 2015 through to February 2016 we tested the feasibility of key proposals and engaged with government departments that collaborate with social development in rendering primary or secondary social services to South Africans.

The report provides the first comprehensive and most up to date national assessment of progress, gaps and key challenges in the implementation of the White Paper for Social Welfare since 1997. It contains the latest quantitative and qualitative analysis of national and provincial trends in implementing the WP and the policy and programme responses in reducing issues of poverty, vulnerability and risks. Using national and provincial submissions from the broad social development sector as well as site visits, the Committee was able to assess the state of social development provision and the extent of transformation with "on the ground" engagements in all nine provinces and district engagements with service providers and service users and beneficiaries. We note in the report the achievements made since 1997 and the changing demographic and social and economic context especially with regard to poverty, inequalities and vulnerabilities of people through the life cycle. In addition, the lessons of experience, challenges and gaps in social development services when it comes to Constitutional and legislative mandates are highlighted. Recommendations and proposals in the report focus on the priorities contained in the NDP related to social protection and developmental social

Message from the Chairperson Prof V Taylor (continued)

welfare as pathways to achieving social development. There are 16 major proposals in the report that, if implemented, can improve social development incrementally. Among these proposals is the urgent need for a National Social Development Act that provides overall direction and guidance on the place, role and functions of social development in South Africa.

This report will be a key reference for amendments to the White Paper for Social Welfare and for overarching national legislation to provide a framework on the functions, scope, size and shape and types of provisions in social development. Importantly, it provides an implementation framework for social protection and developmental welfare services to achieve social development while responding to the needs of those living in poverty and who are vulnerable and at risk. The report can also be used by government in national and provincial spheres and the non-governmental sector as well as other stakeholders to monitor the implementation of Constitutional mandates and the priorities in the National Development Plan as well as the process of achieving the country's 17 sustainable development goals.

Our findings highlight that since 1997 national government has achieved significant progress in certain important areas of social development. Notable among these is the establishment of a unified system of social development with national and provincial departmental structures to carry out the functions of social development. Changes to policies and legislation to promote transformation in social welfare and social development are also evident. Such policies and legislation align with the Constitution of the Republic of South Africa of 1996 (Act 108 of 1996). The introduction of new pieces of legislation and amendments to existing legislation is intended to create an enabling environment for the delivery of social development services. Our findings show, however, that enabling legislation and policy for social development services are undermined because resources to translate legislative mandates into operational effect lag far behind.

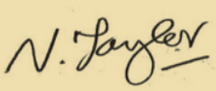
An outstanding achievement of government is in the area of social security, and specifically in social grants, to income-poor individuals and households. Both in the administration of social grants as well as in the distribution and reach of grants since 2003 South Africa is used as a best practice model internationally. Across all nine provinces the social grant programme was rated the best performer and evidence of its impacts on poverty, on the nutritional status of children, on gender and income inequalities is positive. Yet a significant gap exists in the provision of social protection to indigent unemployed individuals between 18 and 59 years.

While there is significant progress in some areas, there are huge gaps in social welfare service provision in critical areas affecting the wellbeing of children, of youth in trouble with the law, of the elderly, of people with disabilities and of those who are experiencing substance addictions and violence. These gaps in services leave the poorest individuals and households in extreme distress and undermine the transformation and change

agenda identified in the NDP (Vision 2030). With the exception of the programme on social grants and HIV and AIDS services, all other social welfare programmes had ratings below half of the possible score in relation to access to services, quality of services and distribution of services. This is not surprising given that the proportion of resources to fund social welfare services has remained static over the years. The Report provides 16 proposals to address the need for overarching national legislation, the critical inclusion of basic social welfare provision in a nationally agreed social protection floor, proposals to address gaps in social welfare services, alongside an incremental phased increase in funding of welfare services. Proposals to strengthen institutional arrangements and that focus on the need for ongoing generic and specialist education and training of social service professionals by the tertiary sector is also included.

Minister, it has been a privilege to serve the country through this national review process and to work with committee members and your staff as well as a wide range of individuals who are committed to a social transformation agenda in South Africa. It has also been a special privilege to work with you, the Deputy Minister and provincial representatives of government and the non-governmental sector during the review process to ensure that the needs of the most vulnerable and poorest people remain on the national agenda.

We believe that through the review process the social development sector has already begun to align its objectives with the NDP and is working towards achieving basic social protection and developmental welfare services for the poorest citizens. The report also highlights the links between the attainment of the 17 Sustainable Development Goals and the social development programmes and priorities. The momentum built through the review process of the White Paper for Social Welfare can be used to ensure that society collectively agrees on a social floor that protects the most vulnerable and enhances the welfare and life chances of all in South Africa.



Viviene Taylor
Chairperson
31 March 2016

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13 Ms Thokozile Gulube

14 Ms Setepane Mohale*

15 Professor Leila Patel **

* Ms Mohale was unable to participate in the meetings of the Committee after February 2015 owing to other commitments.

** Professor Patel resigned from the Committee in April 2015 owing to other commitments.

Acknowledgements

- DSD support team, led by Conny Nxumalo, Jackie Mbonani, Isabella Sekawana and Galeboe Rapoo, and their staff, including Anita Samaad;
- SEAS, who acted as a secretariat to the Committee from October 2014 through the summit period;
- Research advisor to the Committee (Debbie Budlender), May 2015-April 2016 who provided excellent research and related services, and PACT for providing the resources to support this post;
- Consultant to the Committee (Candice Morkel) on institutional arrangements and human resources, September 2015-February 2016;
- Research administrative assistant to Professor Taylor (Crystal Kleinhans);
- The portfolio committee on social development in the national parliament;
- Officials of the DSD and associated entities – in particular, the National Development Agency and South African Social Security Agency – at national, provincial and district level who made presentations, submitted documents, and participated in Committee meetings and events;
- The National Planning Commission for active participation of members of the Secretariat in key events during the review process, especially Ms Percy Moleke and Mr John Kruger;
- Officials and representatives of other government and international agencies who contributed information and participated in Committee meetings and events, and supported the Committee's work in other ways;
- Members of other committees and bodies working in the area of social development, including the Foster Care Committee and Social Work Veterans Forum;
- Heads of departments or their representatives of the social work and social development education sector, who made presentations, submitted reports, and participated in Committee's meetings and events such as the round table on education and in commissions during the national consultative summit;
- Researchers who participated in the Committee's work directly and/or on whose work the Committee drew;
- Non-profit organisations, including coordinating bodies and service providers, spanning non-governmental organisations, faith-based organisations and community-based organisations from local to national level;
- Sign language interpreters and others who assisted in facilitating participation of all relevant stakeholders at events and meetings held by the Committee;
- Users of social development services who participated, among others, through the district review process.

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Acronyms and Abbreviations

APP	Annual performance plan
ARV	Anti-retroviral
ASASWEI	Association of South African Social Work Education Institutions
AUDIT	Alcohol Use Disorders Identification Test
BEE	Black economic empowerment
BRRR	Budgetary review and recommendation report
CBIMS	Community-based Interventions Monitoring System
CBO	Community-based organisation
CSG	Child support grant
CSI	Corporate social investment
CSO	Civil society organisation
CWP	Community Work Programme
CYCC	Child and youth care centre
CYCW	Child and youth care workers
DCOG	Department of Cooperative Governance
DOH	Department of Health
DOL	Department of Labour
DPME	Department of Performance Monitoring and Evaluation
DSD	Department of Social Development
DSW	Developmental social welfare
DVA	Domestic Violence Act
ECC	Employment Conditions Commission
ECD	Early childhood development
EPWP	Expanded Public Works Programme
GCBS	Government Capacity Building Systems
GDP	Gross domestic product
HAT	Harmonised assessment test
HCBC	Home- and community-based care
HSRC	Human Sciences Research Council
HWSETA	Health and Welfare Sector Education and Training Authority
ID	Identity document
ISDM	Integrated Service Delivery Model
IDT	Independent Development Trust
ILO	International Labour Organisation
MinComm	Ministerial Committee
MPAT	Management Performance Assessment Tool
MTEF	Medium-term expenditure framework
MTSF	Medium-term strategic framework
NASW SA	National Association of Social Workers (South Africa)
NDA	National Development Agency
NDMP	National Drug Master Plan

Acronyms and Abbreviations (continued)

NDP	National Development Plan
NEET	Not in employment, education or training
NGO	Non-governmental organisation
NIDS	National Income Dynamics Survey
NLDTF	National Lottery Distribution Trust Fund
NPA	National Prosecuting Authority
NPO	Non-profit organisation
OSD	Occupation-specific dispensation
OVC	Orphans and other vulnerable children
PBO	Public benefit organisation
PFA	Policy on Financial Awards to Service Providers
PoA	Programme of Action
RAF	Road Accident Fund
SAASWIPP	South African Association of Social Workers in Private Practice
SACONO	South African Congress of Non-profit Organisations
SACSSP	South African Council for Social Service Profession
SADC	Southern African Development Community
SAHRC	South African Human Rights Commission
SANGOCO	South African Non-governmental Coalition
SAPS	South African Police Service
SARS	South African Revenue Service
SASSA	South African Social Security Agency
SDIMS	Social Development Information Management System
SOA	Criminal Law (Sexual Offences and Related Matters) Amendment Act
SROD	Social relief of distress
UIF	Unemployment Insurance Fund
VAT	Value-added tax
VEP	Victim empowerment programme

Findings of the Review

Introduction

In September 2013 the Minister of Social Development, Honourable Bathabile Dlamini, appointed a Ministerial Committee which she tasked with a review of implementation of the White Paper for Social Welfare of 1997. The key question to be answered by the Committee was: "*To what extent has the implementation of the White Paper for Social Welfare transformed and restructured social welfare / social development services in South Africa?*" The terms of reference of the Committee are attached as an appendix to this report.

The overall goal was to assess how all social welfare service providers, including government, non-profit organisations (NPOs) and private providers, have implemented the White Paper[1] and the associated issues, challenges, and gaps in service delivery. The review would both inform production of a revised White Paper for Social Welfare/ Development, and recommend changes to legislation, policies and programmes in line with government's medium-term strategic framework (MTSF) and the National Development Plan (NDP), Vision 2030.

The Minister appointed fifteen individuals from across South Africa with experience and knowledge relevant for the task at hand to be the members of what was constituted as an independent expert committee. Professor Viviene Taylor was appointed as chairperson, and Dr Thami Mazwai as deputy chairperson.

Process and methodologies used in the review

There were five partially overlapping phases to the Committee's work, as follows:

- Phase 1: Setting up operational systems and assessing scope (September 2013-March 2014)
- Phase 2: National and provincial reviews of existing services (April 2014-December 2014)
- Phase 3: Research and consultations (January 2014-July 2015)
- Phase 4: Roundtables with experts, dialogues and a national consultative summit on findings of the review (June 2015-September 2015)
- Phase 5: Drafting, testing proposals and finalising report (August 2015-March 2016).

The review process began with presentations and written submissions from national DSD and its entities (South African Social Security Agency (SASSA) and National Development Agency (NDA)). In these and subsequent engagements, the Committee in some cases requested that participants submit follow-up information.

Thereafter, the Committee travelled to the nine provinces, in each of which there were two days of presentations from DSD and its entities and NPOs. Across the nine provinces combined, 151 government officials and 188 NPO representatives participated in these

1 From this point forward, the term "White Paper" refers to the White Paper on Social Welfare unless otherwise indicated.

meetings. The dates of the provincial meetings were as followed:

- Eastern Cape: 9-10 February 2015
- Free State: 8-9 September 2014
- Gauteng: 20-21 October 2014
- KwaZulu-Natal: 27-28 August 2014
- Limpopo: 19-20 June 2014
- Mpumalanga: 15-16 April 2014
- Northern Cape: 27-28 March 2014
- North West: 12-13 March 2015
- Western Cape: 17-18 November 2014.

The provincial meetings were followed by a further two days spent in selected districts in each province by Committee members. Two districts were sampled in each province. In each of the selected districts, separate focus groups were held with users (beneficiaries), service providers, and practitioners, with a target of 30 participants for each of the three categories. Practitioners included social workers, child and youth care workers, community development practitioners, caregivers and probation officers. Across 17 districts2, 127 DSD officials, 441 practitioners, 427 service providers, and 314 users of services participated. Some of the practitioners and service providers were DSD employees.

The provincial meetings were followed by a further two days in each province which Committee members spent in selected districts. Two districts were sampled in each province. In each of the selected districts, separate focus groups were held with beneficiaries, service providers, and practitioners, with a target of 30 participants for each of the three categories. Practitioners included social workers, child and youth care workers, community development practitioners, caregivers and probation officers. Across 17 districts3, 127 DSD officials, 441 practitioners, 427 service providers, and 314 beneficiaries of services participated. Some of the practitioners and service providers were DSD employees.

In addition, Committee members visited approximately eight service sites in each district. The sites visited included DSD's facilities and sites of (mainly subsidised) NPOs. Altogether 143 sites were visited. The Committee was supported in the provincial and district review process by a contracted secretariat (SEAS) and the DSD staff team.
On completion of the provincial and district visits, the Committee organised three roundtable consultations with experts to discuss challenges, gaps and future directions in social development. The first, attended by 49 representatives, focused on NPOs and the disability sector. The second roundtable, with 39 representatives, provided for engagement with higher education and training institutions and providers, and professional associations. The third, with 30 invitees participating, involved presentations from and discussions with experts on livelihoods, the Expanded Public Works Programme (EPWP) and community development.

2 The attendance register for one of the Northern Cape districts was mislaid, and the participants in those meetings are therefore excluded.

3 The attendance register for one of the Northern Cape districts was mislaid, and the participants in those meetings are therefore excluded.

Findings of the Review (continued)

In addition to these larger forums, the Committee invited specific government officials, experts and others to make inputs on key issues related to developmental social welfare and related themes at some of its meetings.

In September 2015 the Committee hosted a summit to share preliminary findings with the social development sector, and to consult on proposals for advancing priorities identified through the review and in the National Development Plan. The summit programme included a set of plenary presentations, including a keynote speech by the Minister of Social Development and a presentation of the processes and methodologies used in the review and importantly a detailed comprehensive presentation of the preliminary findings by the chairperson of the Committee. The presentations were followed by work in six commissions which subsequently reported back to plenary. A total of 464 people representing the social development sector attended the summit
The findings from the review process and other engagements provided a rich picture of the state of social development services in the country. The primary data received in the form of oral and written input through this process was supplemented by secondary data sources as well as some primary data collection and analysis. The additional information and analysis served both to fill gaps in evidence and data and to triangulate and verify the data received through the primary engagement.

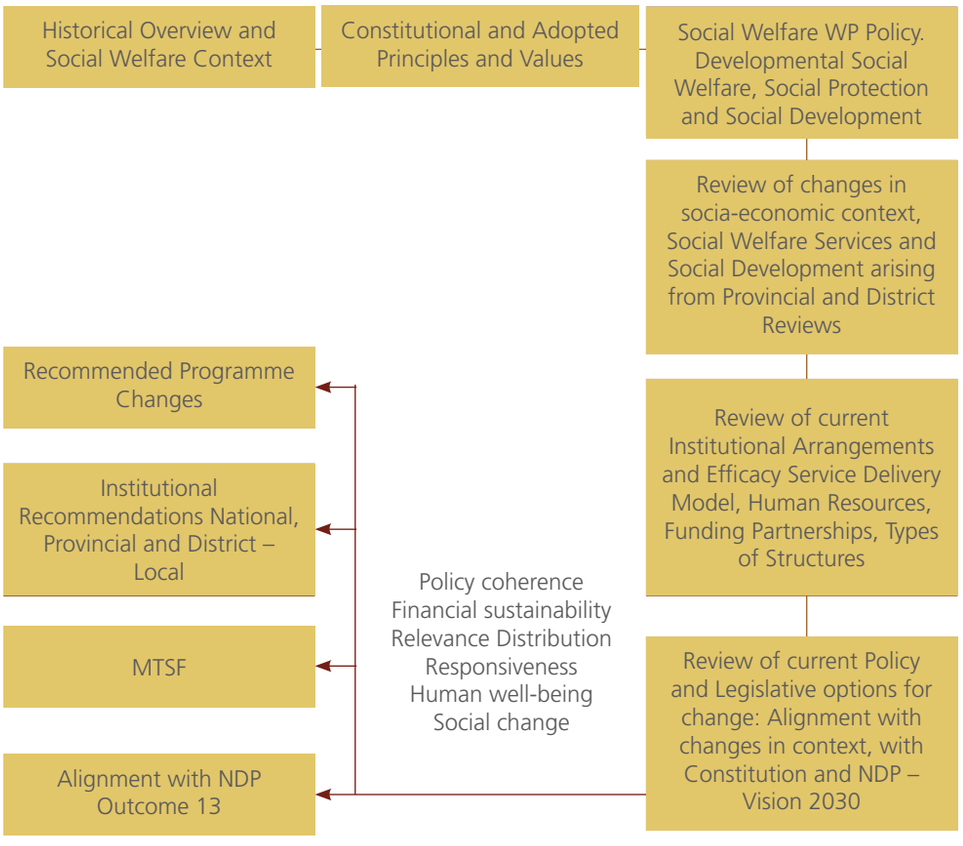
Structure of the report

The Committee has produced two versions of its report. A comprehensive report, of over 350 pages, includes all the evidence gathered by the Committee. The summary report draws out the main findings that inform the Committee's proposals. The two reports have a similar structure, so as to allow policy makers and other readers of the summary report who would like further information on a particular aspect to find this in the full report.

Both reports are structured into nine parts, some of which are further sub-divided into chapters. The ninth part contains the Ministerial Committee's broad proposals for reform and amendments.

Many of the sections of the report begin with an italicised extract from the White Paper on Social Welfare of 1997. The discussion that follows these extracts updates the situation described in the White Paper. Because this is a review of the White Paper of 1997, the discussion is located similarly to where it was in that document. In a revised White Paper the location will in some cases be different.

Figure 1: Conceptual framework for the report – V. Taylor 2013



Part I: Historical overview and social welfare context

The White Paper identified the lack of a national consensus on a welfare policy framework and its relationship to the national development strategy (at that point the reconstruction and development strategy) as the first "critical problem" within South Africa's welfare system. It characterised past (apartheid-era) welfare policies, legislation and programmes as "inequitable, inappropriate and ineffective in addressing poverty, basic human needs and the social development priorities of all people" and noted that racial, gender, sectoral and geographic biases persisted in access to, and delivery of, services. It observed that the fragmented and incomplete nature of information resulted in an inability to assess need for and impact of welfare spending.

The White Paper noted limited participation by citizens and "stakeholders" in decision-making related to social welfare policies, programmes and priorities, resulting in a lack of legitimacy of the system. It commented on the fact that the social service delivery system was organised along specialist lines and fragmented between different fields of service, which made a holistic approach difficult. Further, social welfare programmes were not seen as "critical social investment priorities" and were therefore under-resourced.

Developmental social welfare

The White Paper's introduction of the concept of developmental social welfare (DSW) was an important advance that situated the problems of individuals and families within South Africa's unique socio-political context of institutional racism and socio-economic inequality. The Committee's understanding is that the concept of DSW places emphasis on the need to ensure that the psycho-social trauma and social alienation caused by structural inequalities during apartheid required a different approach to mainstream understandings of social work and social welfare. According to the Committee, DSW recognises that outcomes of social alienation and the multiple deprivations of the majority of black South Africans contribute to social conditions which continue to make individuals, families, households and communities vulnerable. With high levels of poverty and inequality continuing in South Africa today (see further discussion below), this recognition remains important.

The Committee found that there are many diverse understandings of the concept of DSW within the government sector, the non-governmental sector, and social development professionals in practice, academics and researchers. This diversity of understanding creates confusion across the sector and reflects the need for further clarity, for an understanding that links poverty and vulnerability and takes into account the psycho-social trauma that individuals and households experience through their life cycle. The NDP (chapter 11) places emphasis on a social protection function within social development to address the needs of people who are vulnerable and who are at risk. The preventive and generative functions designed to enhance individual and community coping in dire circumstances links with effective community development

processes. Developmental social welfare is a path to ensuring that the most vulnerable and at risk in society have comprehensive social protection (including social work services) that covers them throughout their lifecycle.

Transformation and inequalities

When completing a specially designed quantitative tool during the Ministerial Committee's district reviews, participants (service providers[1], practitioners and beneficiaries/users) were asked whether transformation was being addressed in the district in respect of four different aspects, namely racial integration, service delivery to other communities, integration of services, and employment equity.

Overall, perceptions of users and providers of services are that racial equity in the distribution of services and in employment practices has improved. In all 18 districts visited beneficiaries felt that there was racial integration, and providers felt that both racial integration and service delivery to other communities were present in 16 or more of the districts. The practitioners gave lower scores for racial integration and delivery to other communities than the other two groups, but a slightly higher score for employment equity. None of the groups gave fewer than half of the districts a Yes response on any of the four aspects.

In its analysis of provincial DSD budgets, the Committee found that geographical disparities in financial provision for welfare services are less substantial than in the past. For example, while in 2000 the province with the lowest expenditure (Limpopo) allocated only R8 per poor person in the population for every R100 allocated by the most well-provisioned province (Western Cape), by 2015 Limpopo was still the worst performing in terms of provisioning but its allocation per poor person now represented R35 for every R100 of the most well-provisioned (Northern Cape).[2] Nevertheless, the gap between the worst- and best-provisioned provinces remains large, as do the differences in relative need for services across different areas. The inter-provincial disparities are accompanied by further disparities within provinces.

Information

The Committee found that substantial challenges remain in relation to information. There has been a range of attempts to improve information, but these have sometimes been expensive and over-ambitious and/or poorly implemented.

1 In most provinces, DSD officials constituted a large proportion of the service providers who participated. DSD and SASSA officials were also included in the practitioner groups in most provinces.

2 2000 estimates for welfare services from National Treasury. 2000. Intergovernmental Fiscal Review: 64; 2015 estimates calculated on the basis of full provincial DSD budgets. The nominal amounts per poor person were R41 for Limpopo and R503 for Western Cape in 2000, and R517 for Limpopo and R1 491 for Northern Cape in 2015.

Further, the Ministerial Committee found inconsistencies in coding and recording and missing information even in the transversal (i.e not DSD-specific) databases such as PERSAL, the government employee database. Within DSD, the Social Development Information Management System (SDIMS) was first developed in the Eastern Cape, and from 2007 onwards was rolled out to all provinces. (Gauteng subsequently abandoned SDIMS and developed its own system.) Across provinces the Ministerial Committee heard that the system was not working well, if at all. Some of the problems appear to be related to the design, some to availability of the necessary tools and infrastructure, and some to reluctance on the part of staff responsible for using the system to record data. Meanwhile provinces struggle to produce basic performance delivery statistics. In some of the service areas, further ambitious systems have been designed but similar challenges have been experienced in implementation.

In terms of general population data, Statistics South Africa now places us in a much better position than before although data at the level of small geographical areas is not reliable. However, challenges remain in respect of some important data elements, such as those relating to some aspects of disability. Beyond government's need for information for planning and monitoring, there was a constant refrain in the district reviews that ordinary people do not know what services are available.

Service delivery

Subsequent to the White Paper DSD introduced the Integrated Service Delivery Model (ISDM) in an attempt to provide for integration of services across programmes. However, programmes continue to be determined by target group (often related to life cycle stages) or issue, and services delivered primarily by target group/issue-specific NPOs. Within government, staffs are often allocated to particular target groups or issues. While integration is generally considered an ideal to be strived for, it is unrealistic to imagine that one could organise and manage services without some differentiations of areas of work. There is also growing recognition that there is need for specialised skills to deal with particular groups and issues.

The response to fragmentation of services has generally been to create models for integrated service delivery and interventions. The challenge, however, is not one of integrating service interventions but rather ensuring that people can access services without having to be referred from place to place. The use of multipurpose facilities rather than "single-use" facilities would provide better integration at the point of delivery. Further, integration of services will not address the need for specialised services. As noted in the NDP, structural inequities contribute to complex social conditions including substance abuse, abuse of children and elderly, violence, trauma and social isolation. These conditions require specialised social welfare services. They require expert knowledge and treatment interventions that existing social development professionals generally do not have.

Institutional and residential services continue to be offered, but many community- and home-based programmes have been developed and some institutional and residential services now incorporate a more developmental approach. Funding to cover the cost of these services is often not included in the transfers received by NPOs from government.

The inadequacies exist alongside provincial disparities in the financial allocations per member of the relevant target group of different service areas. For example, for 2015/16, in respect of the full budget allocation for service areas, covering both government and NPO services and directly related support services:

- Limpopo allocated only R209 per year for older persons services per poor person aged 60 years and above, while Western Cape allocated R1 448;
- Northern Cape allocated only R115 per year for disability services per severely disabled person, as against R1 584 in Western Cape;
- Eastern Cape allocated only R264 per year for children and families services per poor child, as against R1 323 in Gauteng;
- KwaZulu-Natal allocated only R2 per year for the poverty alleviation programme per poor person compared to R79 in Northern Cape.

Stakeholder ratings of services

In its district engagements the Ministerial Committee utilised a quantitative tool which was administered during focus groups. The quantitative tool required that focus group participants agree, for each of a number of pre-specified services in each service area, whether the service was available in the district and, if so, the extent to which it was available. The maximum possible rating for each aspect was 5.

If a mean (average) score is calculated in respect of each service area, HIV and AIDS emerges clearly as the most highly-rated service in terms of availability. However, in the qualitative input the emphasis within HIV and AIDS was on improved availability of anti-retroviral treatment more than on services for which DSD is responsible. Other services which scored a mean of 2,5 (half of a possible 5) or more were War on Poverty, families, children, and older persons. Mental health was rated least available, with a rating of 1,2, followed by youth development at 1,4. Practitioners gave higher ratings than either beneficiaries of service providers for all services except substance abuse.

The mean rating for all provinces and all service areas combined was 2,1 – less than half of the maximum score of 5,0. Provincially, only one province – Northern Cape – achieved a score of 2,5, half of the maximum. None achieved more than this. Gauteng and Western Cape, the wealthiest provinces, followed 0,1 points behind Northern Cape, at 2,4. At the other end of the wealth-poverty continuum, Limpopo had the lowest overall score, at 1,6, followed by Eastern Cape at 1,9. While the rating is indicative, the top (Northern Cape) and bottom (Limpopo) scorers match those presented above in terms of provincial DSD spending per poor person.

Eight of the 18 districts visited by the Ministerial Committee can be classified as rural on the basis that 63% or less of their population was not urban. The mean rural scores were lower than the urban scores for all services except persons with disability. The rural-urban gap was widest in respect of older persons and mental health.

These examples suggest that while the disparities in some cases reflect historical differences in wealth and availability of services, there are also other factors at play. Expressed differently, the budget allocations reflect policy decisions rather than only available funds. A contributory factor to the disparities is the fact that – unlike in respect of subsidies to schools in education – national DSD has not prescribed the amounts to be paid to NPOs in respect of different services.

Resourcing

Social development continues to be accorded low priority in both national and provincial spheres in terms of budgetary allocations. At provincial level, there is no social development component in the formula for the equitable share. It is this formula that determines the size of the block grant from National Treasury to each province which makes up the bulk of provincial revenue. The lack of a social development component in the formula sends a message that this is not a key area that requires substantial resources. The Financial and Fiscal Commission and National Treasury have argued that the poverty component of the formula caters for social development, as the underlying indicators would be the same for poverty and social development. While the point about similar indicators has some validity, the fact that the share of the poverty component has not increased despite new social development legislation and obligations having come into force undermines the argument.

At national level, national DSD has over the years submitted several bids for additional funds to be allocated to provinces for particular social welfare purposes. These bids have often been refused on the grounds that DSD has not made a convincing case. Inadequate supporting data is often cited as a reason. Where additional funds are provided, provincial treasuries do not always make the extra funds available for the provincial DSD, and the provincial DSD may itself divert the funds for other purposes.

Historical overview and social welfare context: Summary highlights

- The concept of developmental social welfare is now widely accepted as the underlying approach to social development, although there are differences in how it is understood.
- Institutional arrangements for social development have transformed with a single national department of social development and nine provincial departments.
- Equity in employment practices across government and non-governmental sectors has improved.
- Service delivery to previously disadvantaged areas has expanded and services are now more integrated, but there are still clear imbalances in access.
- The need for social welfare services in critical areas such as child protection, violence prevention, substance abuse, trauma counselling and in mental health as well as in the care of the elderly far outstrips current levels of provision.
- The policy development process is far more consultative than previously.
- South Africa still does not have a national social development act, and this contributes to lack of uniformity across provinces in funding, staffing and prioritisation of different service areas and services
- The funding available for social development, particularly social welfare services, remains limited.

Part II: Social protection in the Constitution and the National Development Plan

Section 27 of South Africa's Constitution establishes legally enforceable obligations on government that encompass every aspect of a system of social protection. It states that all South Africans "have the right ... to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance." Section 27(2) goes further to say that the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right of access to social security and social assistance. Section 28(1)(c) of the Constitution provides for the right of children to social services. These rights are immediately realisable rather than subject to progressive realisation within available resources.

Social protection and social development

Chapter 11 of the NDP positions social protection as a critical part of public policy which provides support that reduces vulnerability, alleviates and ultimately prevents poverty, and empowers individuals, families and communities through a range of social development services. The goal is to create a caring nation, that has a defined social minimum or social floor that prescribes a standard of living below which no one should fall. This should include access to basic welfare services.

The NDP and the social protection floor

Implementation of Chapter 11, which focuses on social protection, links with objectives in other chapters that also address elements of social protection. These include the economy and employment, social welfare, education, health and infrastructure as all of these contribute to the social protection floor (or parts of the social wage). The welfare of people is a primary function of social development and a secondary function of many other departments across government.

The social protection floor would provide for a set of norms, standards and criteria for the basic level and types of social development services and who would benefit. While the NDP sees the social protection floor as being achieved only by 2030, the needs of vulnerable and at risk groups need to be prioritised on the path to this end goal. Further, while the NDP envisages a "mixed economy" of social development which combines state and market-based provision, and utilises the services of NPOs, government bears responsibility for ensuring that the needs of the most vulnerable and those at risk are met through either funding provision by others or providing services itself.

Social protection in the Constitution and the National Development Plan: Highlights

- The Constitution of 1996 proclaims the right of all to social protection, and provides especially strong rights for children.
- Chapter 11 of the National Development Plan also identifies social protection as a critical part of public policy, and provides for a social protection floor.
- The NDP conceives social protection as extending beyond social security and social assistance
- A social protection floor would promote achievement of the Sustainable Development Goals, in particular goal 1 on poverty alleviation, goal 2 on food, and goal 5 on gender equality and women's empowerment.

Part III: Welfare Policy and Legislation

The White Paper noted that most of the legislation then governing social welfare and related services had been passed by the previous government, including the "independent" homelands as well as the separate departments for the different race groups. This legislation was drafted without adequate, if any, consultation. It observed that the welfare sector was directly influenced by legislation of other ministries, whether through its effect on welfare services, target groups or alleviation of poverty. It noted further that while there was a new Constitution in place, the criteria for distinguishing the roles and powers of national and provincial government were open to interpretation and could result in confusion or even conflict.

In the period since 1997, several new social development policies have been developed and laws enacted, while some of the existing laws have been amended. The new legislation has been developed through a far more consultative process than in the past. This has inevitably sometimes prolonged the development period.
In addition to alignment with the Constitution, legislation passed or amended since 1997 has often been aligned with international conventions and protocols as well as regional ones. Over the years, litigation has in some cases clarified how legislation should be interpreted, and in other cases highlighted the need for new or amended legislation. Litigation has happened, in particular, in the area of social security, but also in respect of some welfare services.

In addition to the legislation and policies, a large number of supporting documents have been developed in the form of plans, costings, norms and standards, baseline and other studies, manuals, and the like. The Committee finds that production of supporting documents is often stimulated by donor funding. In some cases – victim empowerment is an example – the initiatives sometimes appear to duplicate each other.

Despite substantial new legislation and policies, there is still no over-arching social development act similar to the overarching acts in sectors such as higher education and health. Further, while participants in the round table organised by the Ministerial Committee with NPOs and people with disabilities commended the new legislation and policies, they observed that there was a "massive chasm" between these and implementation. Participants suggested that some of the legislation was a "dream", in that it was not immediately achievable. The same observation would apply to some of the supporting documents, such as norms and standards.

The fact that the welfare system is now unified and administered by nine provinces, all of whom have more or less the same approach in terms of broad programmes, some activities, budget structures, indicators, alongside new national legislation and policy, has contributed to standardisation, as has the White Paper itself in promoting a unifying (but reportedly confusing) concept of DSW. Nevertheless, there are still problems in terms of some provinces developing their own policies and approaches, and districts within provinces sometimes developing their own approaches. Institutional issues such as these are discussed in more detail below.

Inevitably, the social development sector continues to be impacted by legislation, as well as policies and interventions, in other sectors across government. Such influence is inevitable as different sectors of society and people's lives do not operate separately. There are, however, challenges arising from overlaps in, or confusion about, the boundaries of the mandates of the different agencies.

In terms of inter-sectoral collaboration, the most commonly voiced concerns were about the relationships with the Department of Justice and South African Police Service (SAPS) in the area of children in conflict with the law; the Department of Health (DOH) in the areas of old age, detoxification, mental health and disability, and Home Affairs for access to grants and other services. Duplication and/or lack of collaboration across government agencies seemed to be particularly problematic in respect of community development, sustainable livelihoods and youth development.

In 2015, there is more clarity on the roles and responsibilities of the national and provincial spheres of government in respect of social development than there was in 1997. There is still little clarity on the roles and responsibility of local government in respect of social development, and also differing views on the topic. An important challenge if responsibilities are to be conferred on local government is the very varied levels of competence and resources between metropolitan and other municipalities, as well as within each of these categories.

On the social security side, since 1997 the responsibility for administration of grants has been centralised in a new agency, the South African Social Security Agency (SASSA), rather than each province having the responsibility for administration of grants within its borders. The establishment of SASSA has brought multiple benefits both for government and the fiscus and for beneficiaries.

Welfare policy and legislation: Highlights

- A range of new social development policies have been developed since 1997.
- There has also been a range of new legislation and amendments to existing legislation, as well as secondary legislation in the form of regulations, norms and standards, and the like.
- The new and amended legislation is aligned both to South Africa's Constitution and to international and regional instruments
- Both new and old policies have generated challenges related to lack of clarity of roles and responsibilities of DSD and other agencies in various service areas, especially in respect of the roles of DSD and the national and provincial Departments of Health.

Part IV: Socio-economic context

Economic growth and income distribution

The White Paper reported that over the previous two decades, gross domestic product (GDP) had grown more slowly than the population, resulting in a decrease in per capita income, increasing poverty. It illustrated the extreme inequality in the society with the fact that the wealthiest 10% of the population accounted for more than half of national income. Over a third of all South African households – equivalent to 18 million people – were living in poverty, with rural households dependent on women the worst affected. African people were most likely to be poor.

Until recently, gross domestic product (GDP) per capita has increased in each year since 1997 except 1998 and 2009, implying that economic growth has outpaced population growth over the period. However, South Africa was severely affected by the global economic and financial crisis, and the increase in GDP per capita has continued on a downward trend since 2010. In 2014 GDP per capita increased only marginally, if at all.[3] Poverty and inequality remain serious problems. Calculations based on three large national household surveys found that the Gini coefficient, the most common indicator of income inequality, increased from 0,66 in 1993 to 0,70 in 2008.[4] A recent international study suggests that the South African fiscal system, through a combination of progressive taxation and pro-poor social spending, reduces income inequality in the population to a greater extent than in twelve comparable middle-income countries. Expressed differently, before transfers the richest 10% of the population has an income more than one thousand times the poorest 10%, while after transfers their income is 66 times that of the poorest 10%. Nevertheless, income inequality after tax, government transfers and spending is more unequal in South Africa than in all the other countries. Both poverty and inequality continue to have clear race, gender, age and geographical dimensions. For example, while Statistics South Africa found an overall headcount poverty rate of 46% for the population as a whole in 2011, the rate among Africans was 67% versus less than 1% for white people; the male rate was 55% compared to 59% for females; the rate for children under the age of 18 years was 56%; and the rural rate was 81% as against 41% for urban areas.[5]

South Africa does not have a single official poverty line against which poverty levels can be monitored. Statistics South Africa offers three different lines, but the upper-bound line is the only one of the three at which households have enough to eat. (The NDP uses the lower-bound line.) Statistics South Africa's most recent re-basing of the poverty line suggests that in 2011 more than a fifth (21,7%) of the population experienced extreme poverty, but 53,8% were poor when using the upper-bound poverty line of R779

3 GDP per capita calculated based on Statistics South Africa P0441 series for GDP, and the UN Population Division's World Population Projections 2015 for population. Use of Statistics South Africa's P0302 series of mid-year population estimates produces a very similar trend.

4 Leibbrandt, M.; Woolard, I.; Finn, A.; Argent, J. 2010. Trends in South African income distribution and poverty since the fall of apartheid, OECD Social Employment and Migration Working Paper No 101. OECD, Paris.

5 Statistics South Africa. 2014. Poverty Trends in South Africa: An examination of absolute poverty between 2006 and 2011 / Statistics South Africa. Pretoria: Statistics South Africa.

per person per month.[6] More recent detailed calculations which attempt to address methodological weaknesses in Statistics South Africa's 2008 and 2015 implementation of the cost of basic needs approach produced an upper-bound line of R1 042 for 2011.[7] Adjusted for inflation to 2015, the upper bound line is R1 307.

Employment

The White Paper noted the presence of large-scale unemployment in South Africa. Unemployment rates were particularly high among women, rural people, young people, and black people. The White Paper noted that the formal sector had a decreasing need for less skilled workers.

In early 2015, the official unemployment rate among the working age population (15-64 years) stood at 26% – 24% for men versus 29% for women; 26% in urban as against 31% in former homeland rural areas; and 30% among Africans versus 23% for coloured, 16% for Indian and 7% for white people.

The rate was lowest (13%) for those with tertiary education, but higher among people with some secondary education than among those with primary schooling or less. The counter-intuitive pattern is explained by the fact that younger people tend to have more formal schooling than older, but have a much higher unemployment rate. Thus the unemployment rate for young people aged 15-34 years was 37% – 34% for young men and 41% for young women. The unemployment patterns in respect of education suggest that the main challenge is not inadequate education, but instead that the economy is not creating the needed jobs.

All the estimates above reflect the official unemployment rate. In early 2015 the expanded unemployment rate – which takes into consideration discouraged workers who have given up looking for work in the belief that there are no jobs available – stood at 36%. The rates were 32% for men and 40% for women. The official unemployment rate yields an absolute number of approximately 5 million unemployed people. The expanded unemployment rate yields an absolute number of close to 9 million unemployed people. These numbers must be compared against the approximately 1 million work opportunities, equivalent to 387 278 full-time equivalents, created by government's EPWP in 2014/15.[8]

6 Statistics South Africa. 2015. Methodological report on rebasing of national poverty lines and development on pilot provincial poverty lines – Technical Report. Pretoria: 13.

7 Budlender J, Leibbrandt M & Woolard I. Forthcoming. South African poverty lines: a review and two new money-metric thresholds. Southern Africa Labour and Development Research Unit, University of Cape Town.

8 EPWP presentation to round table on sustainable development, July 2015.

South Africa's population structure – with people aged 15-64 years accounting for 65,9% of the population, and an age-based dependency ratio that fell from 56,0 to 51,7 between 2007 and 2014 alone[9] – might suggest that it is well placed to benefit from the demographic dividend. However, the high rate of unemployment, especially among youth, limits any potential benefit.

On the more positive side, the years since the White Paper was written have seen sectoral and ministerial determinations introduced which specify minimum wages and conditions for vulnerable workers, including domestic and agricultural workers. Attempts to establish a minimum wage for the social welfare sector have not yet borne fruit.

Social context

The White Paper referred to the social costs imposed on individuals, families and communities by the economic crisis at the time alongside the political and social changes. It saw these as having resulted in "social disintegrations". Meanwhile poverty and the burden of care for HIV-affected households increased financial and psychological vulnerability. The White Paper noted that the increase in migration from rural to urban areas, as well as from neighbouring countries and beyond that followed the ending of apartheid posed challenges for social welfare services.

Two decades after the end of apartheid, its legacy of poverty, inequality and structural unemployment continues and is exacerbated by new factors. These include the global financial and economic crisis of 2007 onwards from which the global economy has not recovered and the HIV and AIDS pandemic. While South Africa now has the largest anti-retroviral (ARV) programme in the world, it confronts the challenge of large numbers of children who have lost parents, and large numbers of other family members caring for children as well as other family members who are ill. South Africa has had impressive success in reducing mother-to-child transmission of HIV, but HIV infection levels among adults remain unacceptably high. While ARV transforms HIV infection into a chronic disease rather than a death penalty, it imposes financial, resource, time and other burdens on the individuals and families affected.

The extent of migration has increased substantially since the 1997 White Paper was drawn up. In particular, migration from other parts of Africa has increased, but migration within the country has also continued. Both types of migration are driven, in large part, by the search for work. About 1,32 million people born outside South Africa were recorded as having immigrated between 2001 and 2011. Of these, nearly three-quarters were from other Southern African Development Community (SADC) countries. International migration was heavily male-dominated, with 154 male migrants into South Africa for every 100 female migrants.

The employment rate is higher and the unemployment rate lower among international migrants than among South Africans. A perception that foreign migrants are filling some of the limited number of work opportunities available has fuelled waves of xenophobia. After several court challenges, registered asylum seekers, refugees and permanent

9 Lehohla P. April 2015. Statistics South Africa's presentation to the Ministerial Retreat.

residents are currently eligible for the same services, including grants, as citizens. Children, from whatever category, must be provided with protection and other services.

Family and household composition

Developmental social welfare places great emphasis on the family, which it sees as a core unit of society. The diversity of South African families reflects, among others, the diverse cultures and religions in the country, as well as the legacy of colonial and apartheid socio-economic conditions, laws and regulations. Analysis of data from Statistics South Africa's General Household Survey (GHS) of 2014 suggests that just under half (49%) of the population lives in two-generational households, with a further third (33%) in three-generational households. Women (at 19%) are far less likely than men (at 30%) to live in one-generational households. Africans are least likely to live in two-generation households, with fewer than half in this situation, and more than a third (36%) in three-generation households. Close on half (47%) of people in former homeland areas live in three-generational households.

A household with more than one generation may consist of people from contiguous generations, or may be a "skip generation" household in which there are members from one generation, no members in the next generation, but again members from the following generation. Overall, 6% of people live in skip-generation households. Children (under 18 years) are more likely than adults to be in such households, and adult women more likely than men. This matches the common perception that such households consist of grandmothers and their grandchildren. In terms of race, 6% of African people live in skip-generation households, as against 3% for all three other race groups. This pattern is, in large part, explained by the fact that 9% of households in (African-dominated) former homeland areas are skip-generation households

A nuclear family household is defined as one that consists of a mother-and-father dyad, their children, and no other members. Overall, only 18% of the population lives in nuclear households. Only 14% of African people, as compared to 27% of coloured, 40% of white and 45% of Indian people live in nuclear family households. In former

Socio-economic context: Summary highlights

- Decrease in poverty rates, although this is now under threat because of declining economic growth and employment opportunities and impacts of the global recession.
- Substantial and effective social grant system reduces poverty and protects the most vulnerable but does not remove those in income poverty from below the poverty line.
- South Africa remains among the most unequal societies in the world.
- Poverty and inequality continue to have clear race, gender, age and geographical dimensions.
- Unemployment rate remains stubbornly high.
- Sectoral and ministerial determinations provide some protection for vulnerable workers, but some sectors – including welfare – are not fully protected.
- Unusual social structure and diverse family setups place a particular burden on women.

Part V: Financing and Budgets

Department of Social Development budgets

The White Paper noted that in 1995/6 the welfare budget stood at R13,4 billion, equivalent to 8,7% of the consolidated national budget and 2,7% of GDP. It noted that the share of the national budget going to social security and welfare service had increased over the previous five years, while the shares of education and health had remained more or less constant. The growth in welfare's share resulted primarily from equalisation across races of social grant amounts.

Social security accounted for 88% of the total budget and welfare services for 8%, leaving 4% allocated to capital expenditure. The White Paper observed that because social security and welfare services were in a single parliamentary vote, and social security was a statutory benefit, shortfalls in social security funding were addressed by diverting funds from welfare services.

An input paper prepared for the White Paper on fiscal considerations explored the race-based disparities in funding of welfare services. It found that, excluding the homelands (which would have increased the extent of disparities), per capita expenditure on substance abuse and care of the disabled was twice as large for white people as for the population as a whole. In respect of older persons, per capita spending for white people was twenty times as large as for black people, or seven times if the calculation was adjusted to account for the higher share of older persons in the white population. The White Paper stated bluntly that "[w]elfare services are inadequately funded", noting further that government's contribution to these services was "far smaller" than that of formal (i.e. state-subsidised) and informal (non-subsidised) organisations.

In 2015/16, social protection (equivalent to social security and developmental social welfare) has a budget of R206,4 billion, equivalent to 15,3% of consolidated government expenditure, and 4,9% of GDP[1] Social protection expenditure has increased since 1997 both in real terms and as a share of the total government budget. However, the share of the consolidated budget allocated to social protection has remained more or less constant over the most recent ten years i.e. between 2005/06 and 2015/16.[2] Grant expenditure as a percentage of GDP reached its peak of 3,7% in 2010/11, and had fallen slightly to 3,6% by 2013/14.[3]

The increase in grant expenditure since the White Paper reflects both the introduction of new grants (such as the child support grant (CSG), for which the target group and coverage was expanded incrementally over time since 2002), and substantial expansion in coverage of existing grants. The increase also reflects an increase in allocations for social development services. Allocations and expenditure on children's services, in particular, increased after the Children's Act came into operation.

1 National Treasury. 2015. Budget Review 2015: 201-203. The category social protection consists entirely of expenditure found in DSD national and provincial budgets.
2 National Treasury. 2006. Budget Review 2006: 161; 179.
3 SASSA presentation to Ministerial Committee, November 2013.

Currently, the social security component of the budget is located in the budget of national DSD. In 2015/16 the allocations for social assistance and social security amount to R136,85 billion. The welfare and other social development service components are located in part in the budget of national DSD, which is primarily responsible for policy development and coordination, and in part in the budgets of the nine provincial DSDs. National DSD has an allocation of R1,02 billion, and the nine provinces combined allocate R14,05 billion, giving a combined total of R15,07 billion. National and provincial DSD together allocate R2,66 billion for administration. These amounts yield a breakdown of 88% for social assistance and security, 10% for welfare and related services, and 2% for administration, very similar to the pattern prevailing at the time the White Paper was drawn up. However, over the 2015/16-2017/18 medium-term expenditure framework (MTEF) period, 41,5% of the social assistance budget is destined for the old age grant, 36,4% for the CSG, 15,4% for the disability grant, and 4,2% for the foster child grant. This is a different breakdown from that of the late 1990s.

DSD budgeting practices have changed over time alongside those of other government agencies with the introduction of, and improvement over time in implementing, the MTEF approach and – although to a lesser extent – performance monitoring outputs. Budget formats have been standardised, which allows for better analysis of trends within and across provinces, and should facilitate better planning and budgeting. However, the absence of reliable data in respect of many of the problems that need addressing, as well as ongoing weaknesses in performance data, contribute to weaknesses in planning. The location of social assistance in the budget of national DSD (through a transfer to SASSA), while responsibility for social welfare service delivery remains with the provinces, has reduced the possibility that funds will be transferred out of welfare services to meet shortfalls in funding of social assistance. Further, government's funding of social assistance is currently done in a way that meets the legislative requirements and constitutional obligations. The same is not, however, necessarily true in respect of social development services.

If one combines national and provincial allocations for all the core service areas[4] (excluding social assistance, analysed above), 62% of the 2015/16 total is allocated for children and families, 11% for older persons, 8% for HIV and AIDS, 6% each for people with disabilities and substance abuse, 4% for social crime prevention and victim empowerment, and 3% for youth development. This again is a very different breakdown from the time of the White Paper.

Currently, transfers to NPOs for service delivery account for 37,1% of the combined DSD budgets of the nine provinces in 2015/16 (and for less than 0,1% of the national DSD budget in the same year). The allocations, while substantial, are less than the 44,5% of the budget allocated for compensation of DSD employees, and the gap between the two components has been growing over time. Since 2005/06, the percentage of the DSD budget across the nine provinces allocated to NPOs has decreased from 40% to 37%.
The budget allocations per target population differ substantially across provinces for different provincial sub-programmes. Gauteng and Western Cape, the wealthier provinces, generally top the rankings. These provinces tend to have more established

4 Substance abuse, older persons, people with disabilities, children and families, social crime prevention and victim empowerment, youth development, and HIV and AIDS.

services, a larger number of NPOs available to deliver services, and a smaller proportion of their populations in need, although the provision is still inadequate in absolute terms. Nevertheless, the variation found across the provinces in provision cannot be explained only by these factors. Further, the fact that the extent of provision relative to need varies across services, with a province that performs well in respect of one service performing poorly for another service, suggests that the patterns reflect political choices. Choice also seems evident when patterns change for a particular province across the years.

Some examples of the range across provinces, comparing the largest and smallest allocation for the 2015/16 financial year in each case, are as follows:

- Western Cape's allocation per poor older person (R1 448) is more than six times as large as the Limpopo allocation (R203).
- For the children and families budget programme as a whole, Gauteng's amount per poor child (R1 323 per annum) is five times that of Eastern Cape (R264).
- For the child care and protection sub-programme. Gauteng remains by far the best performer (at R391), while Limpopo allocates only R3 per poor child.
- For ECD and partial care, Western Cape allocates R1 369 per poor child aged 0-4 years, while North West allocates only R339.
- For poverty alleviation and sustainable livelihoods, the allocation per poor person ranges from less than R10 in Eastern Cape, KwaZulu-Natal and Limpopo to R79 per poor person in Northern Cape.

Comparison of the cost of providing services to current beneficiaries (as estimated by KPMG for a court challenge of Free State DSD) with the allocated budget for a service area shows core costs far larger than allocated budgets in most areas of service for which the calculation can be done.[5] Substance abuse is an exception. However, the seemingly optimistic result for substance abuse reflects the small number of beneficiaries reached through the services included in the calculation, as well as the focus within this service area on other services, such as the Ke Moja school-based awareness programme.

How much more funding is needed?

The paper on fiscal issues prepared during the development of the White Paper noted that because social security accounted for such a large part of welfare spending, an increase of only 1,6% per year in total welfare spending would allow for a doubling of welfare service expenditure in five years if social security expenditure did not change. The paper noted further that expenditure would need to increase by less than two-thirds in five years to allow all other provinces to reach Western Cape's level in all service areas except older persons.

Calculations based on the 2015/16 budget suggest that an annual increase of 1,9% per year in social development spending for five years would more than double welfare service spending (i.e. the total less social security and administration). This increase would also more than allow for all provinces to achieve the level of DSD spending of Northern Cape per poor person.

5 The comparisons use beneficiary data from provinces' non-financial (performance monitoring) data standard indicators (which include delivery by funded NPOs), and the recurrent core costs (excluding overheads) of service delivery calculated by KPMG for the Free State DSD for the NAWONG court challenge. The amounts are substantially more than the transfers currently paid to NPOs, but were deemed by KPMG as necessary for NPO delivery of the different sources, and are likely to be substantially lower than the government costs of providing the same services.

Government revenue

The main sources of government revenue are the three taxes – company income tax, personal income tax, and value-added tax (VAT). In 2013/14, company income tax's share of total tax revenue was 19,9%; personal income tax's share was 34,5%, and VAT's share was 26,4%.

The overall tax-to-GDP ratio was 26,1% in 2013/14.[6] This is slightly higher than the 25% that the South African government has sometimes proposed as the ceiling. However, research by the Alternative Information Development Centre suggests that if government had since 1990 adjusted the tax brackets only for inflation rather than sticking to the 25% rule, government would have collected R125 billion (16,5%) more than the R757 billion total revenue of that year.[7] The extra revenue would have reflected the fact that more people were paying tax and incomes of the highest income earners were increasing faster than inflation.

Tax expenditures[8]

Alongside a range of taxes, South Africa has a range of tax exemptions. These are often referred to as "tax expenditures" because they can be seen as equivalent to government first collecting the tax or levy and then paying back all or some of it to the payer. Tax expenditures effectively reduce the funds available to government for other purposes. Tax expenditures amounted to a total of R119, 76 billion in 2012/13, equivalent to 14,7% of total gross tax revenue. Exemptions relating to personal income tax accounted for the largest share of tax expenditures over the full period. Exemptions relating to pensions amounted to 20% of total tax exemptions, and exemptions for medical contributions to a further 17%. Exemptions for zero-rating of basic foods amounted to 16% of the total, zero-rating of fuel to 13%, and zero-rating of municipal property rates to 8%.

Special purpose funds and accounts

There are many ring-fenced or special purpose funds or accounts which are allowed to retain tariffs or fees of various sorts.[9] One can compare the amount involved in each of these funds with the R6,2 billion allocated for transfers to NPOs by the nine provincial DSDs in 2015/16.

The largest dedicated taxes and levies are the Road Accident Fund (RAF) levy, the skills levies, the Unemployment Insurance Fund (UIF) and compensation fund assessments.[10] The electricity levy (which generated R8,82 billion in 2013/14) is one of several environmental taxes, and the only one that includes some ring-fenced funding. The levy is charged on electricity generated from non-renewable sources and since April

6 National Treasury and South African Revenue Service. 2014. Tax Statistics 2014. Pretoria.
7 Forslund D. 2012. Personal Income Taxation and the struggle against inequality and poverty: Tax policy and personal income taxation in South Africa since 1994. Alternative Information Development Centre: Cape Town.
8 National Treasury. Budget Review of various years:
9 Andrew Donaldson and Cecil Morden, National Treasury, provided guidance on this issue.
10 This last-named is arguably not a tax as the assessments are risk-based.

2011 some of the revenue from an increase in the levy has been ring-fenced to fund rehabilitation of roads damaged by the haulage of coal for electricity generation. From 2012, revenue from a further increase has been used to fund energy-efficiency initiatives such as the solar-water heater programme.

The fuel levy and alcohol taxes are not dedicated, apart from the RAF levy component of the fuel levy and a small levy in respect of paraffin. Fuel levies accounted for 99% of the RAF's total revenue in 2014/15 and the net amount of the levy was R22,61 million. For 2015/16 the amount should be substantially higher after the Minister of Finance announced an increase of 50 cents per litre, equivalent to a 48% increase, in his budget speech of early 2015. The sharp increase was intended to promote sustainability under the new Road Accident Benefit Scheme for which legislation was to be introduced during 2015/16.

The South African Revenue Service (SARS) is responsible for collection of most UIF contributions.[11] The contributions represent 2% of employee wages and salaries, with 1% deducted from the wage or salary and an equivalent amount paid by the employer. Currently, government employees do not contribute to the fund. Employer-employee contributions were expected to account for 62% of UIF revenue over the 2015/16-2017/18 MTEF period. In 2014/15 R16,42 billion (more than double NPO transfers) was collected by and transferred from SARS to the UIF.

The Compensation Fund[12], which reports to the Department of Labour, is responsible for workers' compensation outside of the mining industry. The latter is covered by different legislation and structures. The size of payments (assessments) by employers is based on the risk of a particular industry. Assessment revenue stood at more than R8 billion (more than NPO transfers) in 2014/15.

The Committee finds that it is not only the availability of sources of funding for developmental social welfare that is a problem, but also how existing funds are used.

Financing and budgets: Summary highlights

- South Africa's social protection budget amounts to 15,3% of consolidated government expenditure, and 4,9% of gross domestic product (GDP).
- Approximately 88% of expenditure on social protection relates to social assistance, which is funded within the national sphere.
- Very limited funding is provided for other social development services, especially for social welfare services, which are funded primarily by provinces through the equitable share formula that provinces receive for all provincial functions.
- Since 1997, there has been a clear shift in prioritisation away from services for older persons and towards children.
- Currently a wider range of services is funded than in 1997, but most services are funded inadequately.
- There are substantial provincial differences in levels of funding relative to need across all service areas.
- An annual increase of 1,9% per year in government's social development spending over five years would more than double welfare service spending, and allow for all provinces to be aligned upwards. It would improve access to critical welfare services prioritised in the NDP.

11 Unemployment Insurance Fund. 2015. Annual Report 2014/15.
12 Department of Labour. 2015. Annual Report of the Compensation Fund 2014/15.

Part VI: Review of welfare and community development services Older persons

The White Paper highlighted racial and geographic (urban-rural) disparities in respect of provision of services for older people, and especially in respect of old age homes and services centres. It bemoaned the "unrealistic emphasis" on institutional care for older persons among the white population, as well as the high cost of this service. It also highlighted the lack of affordable housing in "developing and underdeveloped communities".

Findings

In 2014, the population aged 65 years and above was estimated to account for 5,3% of South Africa's population,[1] or just under 3,0 million people, while those aged 80 years and above numbered 54 000, 0,8% of the total population.[2]

In 2011, about 87 000 individuals aged 60 years and above – about 2% of all in this age group – were enumerated in collective living quarters, most of which were likely old age homes. Only 1% of African older people were in collective living quarters, as against 5% of white older people.

An audit of subsidised residential facilities for older persons[3] conducted in 2009/10 found that 79% of the residential facilities were in metropolitan formal areas or small urban formal areas, only 5% in informal settlements, and 16% in rural areas. In ten homes white and black residents were physically separated, and did not seem to receive equal quality and standards of service.

Over a third (38%) of the homes provided home help services, 36% provided a soup kitchen, 43% provided training in care for the elderly, 55% provided subsidised emergency beds (for example, for cases of abuse), and 62% provided respite care to give a break to household caregivers in the community. The NPOs who managed these homes usually did not receive government assistance in providing these services as funding is based on the number of residents.

DSD's re-examination of 58 homes reported to be in particularly bad condition found that 93% had one or more issues needing immediate attention. [4] A costing was done but it is not known whether any steps were taken to provide the necessary funds.

Concerns with regards to the unavailability of residential care for older people were repeatedly expressed by informants during the provincial and district reviews. Where services are available, they are usually privately provided and unsubsidised by government except for some frail care services in respect of old age grant beneficiaries. The private, unsubsidised nature of the service makes it unaffordable for most older people and their families.

1 Statistics South Africa. April 2015. Demographic indicators and shifts in South Africa since 1996. Presentation to Ministerial Committee Retreat.

2 Statistics South Africa. 2014. Mid-year Population Estimates 2015. Statistical release P0302. Pretoria.

3 Umhlaba Development Services. 2010. Final Report: Audit of Residential Facilities. [for older persons]. Department of Social Development.

4 Department of Social Development. 2012. 58 Old Age Homes National Report.

Age-in-Action's Care line service

Age-In-Action's helpline, which is subsidised by DSD, operates from 08h30 to 16h30 with plans to divert calls to cell phones over holiday periods. Age-in-Action is a national organisation which has "response units" across the country and 24 satellite offices in rural areas. Calls are referred to the province where the caller is situated, investigated and feedback given to the coordinator on outcomes.

The number of subsidised homes decreased by a third between 1996/97 and 2010 – from 589 to 404. Subsidised provision per 100 000 of the population aged 65 years and above fell to below half of what it was in 1996/97 over the same period. All provinces showed a decrease on this measure. By 2010 Limpopo had only 213 funded spaces for every 100 000 people aged 65 years and above as against Western Cape's 2 446.

The reduction in the reach of subsidised old age homes results from both an absolute reduction in subsidised places (from 33 854 in 1996/97 to 27 428 in 2015) and an increase in the population aged 65 years and above (from 1,9 million in 1996 to 2,9 million in 2015). While it is often argued that African older people are cared for by their families, analysis of data from the General Household Survey of 2014 suggests that more than 200 000 African people aged 65 years and above were living either alone or only with other older people. This was also the case for more than 400 000 white people, and smaller numbers of coloured and Indian people.

Informants reported that there was little or no residential provision for people suffering from dementia and Alzheimers – the prevalence of which is increasing as longevity increases. Concerns were also raised about the lack of respite care, despite provision for this in the Older Persons Act of 2006.

In addition to subsidised and unsubsidised old age homes, private retirement villages are found mainly in urban areas. Because they are unsubsidised, the costs are beyond the means of the majority of potential beneficiaries. Assisted or communal living complexes are usually managed by NPOs and target low-income people in the communities in which they are situated. Very few such facilities are available, and they generally only house people who are in good enough health and have sufficient mobility to live independently. DSD's Generic Norms and Standards state that all old age residential facilities should establish facilities for independent and assisted living as well as for respite care. However, these services are not provided for in the Older Persons' Act of 2006.

The issue of elder abuse was raised across provinces, with a widespread perception that this was rampant. The abuse was sometimes characterised as attempts by the abusers to get access to old age grants. Abuse can also occur when behaviour linked to dementia and Alzheimers is seen as reflecting bewitchment of the older person.

In 2014 the South African Human Rights Commission (SAHRC) published its report on hearings held after receiving numerous complaints about abuse of older persons.[5]

5 South African Human Rights Commission. 2015. Investigative Hearing into Systemic Complaints Relating to the Treatment of Older Persons.

The complaints included one from the South African Older Persons Forum relating to delays in implementation of the register of persons convicted of abusing older person in terms of chapter 4(31) of the Older Persons Act (no 13 of 2006). In March 2013, the Department set up a task team to look into this and said the register would be implemented in October 2013. However, SAHRC reported that DSD used a manual register to record reports of elder abuse. The portfolio committee's budgetary review and commendation report on 2014/15[6] states that DSD trained 408 service providers on implementation of the electronic elder abuse register in the 2014/15 financial year. All provinces and districts reported the expansion of community-based services for older people since the 1997 White Paper. They reported, in particular, on active ageing initiatives, including Golden Games. National DSD's presentation to the Ministerial Committee revealed that (only) 30 000 older people participated in active ageing initiatives in 2012.

A study in 2009 on the needs and access to services of older persons gives some insight into community-based services offered.[7] The study covered service centres (which typically operate five days per week and offer services such as health care, a main meal, and social activities) and luncheon clubs (which typically offer a midday meal, social activities and sometimes skills development). Many luncheon clubs are attached to residential facilities.

Of the 80 facility managers interviewed, five were social workers. None of the staff had received any geriatric training. Many were dissatisfied with their situation, citing inadequate equipment, low salaries and poor benefits.

The majority (82%) of household respondents interviewed said that they were not aware of service centres, luncheon centres or non-profit centres for older persons in their communities. About two-fifths said that they would use the services if they knew about them. Among the actual visitors (users) of services, the most used service was a meal, followed by physical exercise. A large majority of respondents – 83% of household and 78% of visitors – said they would not consider living in a residential facility. However, 11% of visitors had previously applied for a place at a residential facility.

In terms of budget allocations, for 2015/16 Western Cape has by far the highest annual amount (R1 448) per poor person and Limpopo the lowest (R203). Western Cape's allocation per poor older person is more than six times as large as the Limpopo allocation. Analysis of the (sometimes questionable) performance indicators reported in respect of residential and home-based care for 2014/15 suggest that Western Cape reached 18% of all poor older persons in the province, while North West reached only 1%.

As in other service areas, there are difficulties around the respective roles of the departments of health and social development in respect of older persons. These difficulties originate, in part, from the fact that these two functions were previously combined in a single department in both the provincial and national spheres. When

6 The Budgetary Review and Recommendation Report of the Portfolio Committee on Social Development, on the performance of the Department of Social Development and its entities for the 2014/15 financial year, dated 21 October 2015.

7 Mudzingwa E, Mabena M, Glencross M, Ramkisoon Y and Moller V. 2009. The Status of Older Persons in South Africa: A national study on the needs and access to services of older persons. Community Agency for Social Enquiry.

the departments were split into two, DSD became responsible for older persons and substance abuse, and the budgets largely followed this allocation of responsibilities. Health therefore now perceives DSD as being responsible for health care of people in residential facilities.

With dementia[8], while DSD see this as a medical condition in respect of which Health should play a bigger role, Health's response is that currently there is very little in the way of medical interventions available for the condition. Globally there is a new realisation that the risk factors for dementia are very similar to risk factors for other non-communicable diseases such as heart disease, stroke and diabetes.
Resolving the where responsibility lies for health and social development interventions is urgent and will ensure that the care of the elderly does not fall through the cracks. It requires engagement between high-level officials within both departments as well as with Treasury officials.

People with disabilities

The White Paper estimated that South Africa had about 3,4 million people – equivalent to 8,5% of the total population – living with physical and/or mental disabilities, and that 1,6% (2% if rounded) of the total population received a disability grant. The White Paper suggested that a low level of skills and training among people with disabilities was a "significant" cause of unemployment for this group. It recorded serious deficiencies in respect of schooling available for children with disabilities, especially in rural areas. This impacted on caregivers (mainly mothers) as well as the children. It noted that "inaccessibility of the outside world" was a "critical" problem facing people with disabilities. It cited "paternalistic attitudes", a "piece-meal approach" to addressing needs, and a focus on limitations rather than capacities as factors hampering integration of people with disabilities into society.

Findings

Analysis of the data from the General Household Survey of 2014 yields an estimated 10,5% of the population (5,6 million people, of whom 56% are female) having some sort and degree of disability, while 3,1% (1,7 million, 55% female) have a severe disability of some sort. As in 1997, the disability grant reaches 2% of the total population, which is equivalent to 4% of the relevant age group of 18-59 years. More than 120 000 children are beneficiaries of the care dependency grant.

During consultations, representatives of people with disability informed the Ministerial Committee that access to education became increasingly more difficult at higher levels of education, and access to vocational training and education was particularly difficult.

8 While some texts refer to "Alzheimer's and dementia", Alzheimer's is – alongside vascular dementia – one of the two most common forms of dementia rather than a separate condition (World Health Organisation. 2015. Call for Action by the participants of the First WHO Ministerial Conference on Global Action Against Dementia (Geneva, 16-17 March 2015).

These problems persist despite some (slow) progress of the departments of education in rolling out the 2001 Paper 6 on Inclusive Education's dual strategy in which special schools will be strengthened so as to provide improved services for learners with severe disabilities, while "ordinary" educational institutions are adapted so as to provide adequately for learners with moderate and mild disabilities.

The availability of stimulation centres for young children with disabilities was noted as an achievement in many provinces, but there were also complaints across many provinces that there were not sufficient such centres, especially in rural areas. Ideally the centres should serve a similar purpose to that served by special schools, serving those children with severe disabilities who cannot be accommodated by ordinary ECD services.

In practice, because so few ECD centres accommodate children with disabilities, some children with less severe disabilities may be accommodated in stimulation centres, many of which were established by parents.[9]

Statistics South Africa data suggest that employment rates among persons with disability broadly defined are similar to rates for people without disabilities, but persons with severe disabilities are noticeably less likely to be employed. Further, people living in households with people with disability are less likely to be employed than those in other households.[10] This could perhaps reflect other household members needing to provide care to those who are disabled. In addition to disability's impact on employment, people with disabilities face costs that others do not in terms of assistive devices, health care, personal assistance, housing adjustments, and transport education.

Availability of protective workshops was noted in all provinces, but the workshops were said to be situated primarily in urban areas. In addition to protective workshops, in some provinces there were reports of business- and other work-related training provided to people with disabilities.

Comparison of the findings of an audit of DSD-subsidised residential facilities conducted in 2012[11] with the 1996/97 report produced by the Department of Welfare shows an overall rate of increase of 23%, from 111 in 1996/97 to 136 in 2012. When provision is assessed against the target population, there is a small increase overall, from 239 to 290 places per 100 000 people with disabilities (assuming 5% of the population is disabled). Northern Cape's provision doubles over the period although in 1996/97 it already had the best provision. Gauteng and North West have the greatest relative decreases in availability of spaces.

The 2012 study found that of the 126 facilities audited, 37 were in Gauteng. Of the 126, 106 facilities accommodated only adults, 10 accommodated only children, and the remaining ten accommodated both children and adults. A smaller number of facilities for children than adults may be partly justified by the fact that DOH has responsibility for children with severe intellectual disability, and families (especially parents) may be better able and more prepared to care for children with disability than adults. However,

9 Human Rights Watch. 2015. "Complicit in Exclusion" South Africa's Failure to Guarantee an Inclusive Education for Children with Disabilities: 34.

10 Hanass-Hancock J & Deghaye N. Presentation to Ministerial Committee, August 2015.

11 Lindandanda Consulting. 2012. Audit of Residential Facilities for Persons with Disabilities: Final Report.

the report noted long waiting lists for children. Overall, the facilities accommodated 6 514 people, of whom 3 299 (51%) were female. Close on half (46%) were white, 39% African, 8% coloured and 7% Indian, showing serious under-representation of African and over-representation of white and Indian people. The most common types of disabilities were mental/intellectual.

In addition to views heard about targeted services for people with disabilities, provincial and district engagements elicited many reports of problems experienced in accessing general services. The fact that these issues were raised in part reflects the fact that DSD became the central government agency for disability after the Department for Women, Children and People with Disabilities' scope was reduced to Women. However, many of the concerns raised related to general services for which DSD is responsible.

In the 2015/16 budget allocations for disability, the annual amount per person aged 18-64 years with severe disability ranged from R654 in Northern Cape to R1 585 in Western Cape. If the calculation is based on the estimate for any sort of disability (not only severe), the range is from R115 in Northern Cape to R557 in Western Cape. Service delivery indicators for 2014/15 suggest that in Eastern Cape, Northern Cape and North West DSD subsidises more people with disabilities in respect of residential care than in respect of protective workshops. The percentage of the population who are severely disabled and are covered by these two services ranges from 1% in North West to 10% in Limpopo.

When the Department of Women, Children and People with Disabilities was replaced by the Department of Women after the 2014 elections, DSD already was responsible for social development services to people with disabilities and children. The transfer of functions from the other department added coordinating and oversight responsibilities. A new branch was established within national DSD. However the name of the branch, Disability Welfare Services, suggests that the focus remains on DSD-specific responsibilities.

DSD's recent work in the area of disability includes drafting a bill on social development services to people with disabilities and a national policy on the rights of people with disabilities. Development of the bill, which relates to DSD's core functions, has been put on hold until the overarching disability rights policy is finalised.
The 1997 White Paper included a separate discussion of mental health but the current DSD structure and budget do not this as a distinct area. The issue is therefore discussed here under disability.

PART VI: Review of welfare and community development services

The Rural Mental Health Campaign released a report on World Mental Health Day in October 2015 which cites evidence[12] that one in every three South Africa will have a mental disorder during their lifetime, with anxiety and substance abuse the most common disorders. One in every six South Africans will have a mental disorder in a 12-month period.

The adult questionnaire for the National Income Dynamics Survey (NIDS) includes the 10-item version of the Center for Epidemiologic Studies Depression Scale. Each response can be scored, and the scores summed to produce an overall score out of 30.

12 Rural Mental Health Campaign. 2015. A call to action.

Defining mental health

The term "mental health" is commonly used to refer to two relatively distinct conditions. The first refers to intellectually challenged people, and could be seen as a form of disability. The second refers to psychiatric illness. While chronic or severe psychiatric illness constitutes a form of disability if it impairs the person's functioning, a clear distinction needs to be made between intellectual disability and psychiatric disability in terms of the differences in approach and support needed, as well as the roles of different agencies

A score of 15 or above might provide an indication of those needing intensive services, while a score of 10 or above might include those who need early intervention services at community level.

The NIDS dataset shows an overall prevalence of 24% in 2012 if the lower cut-off is used[13], and 5% using the higher one for individuals aged 15 years and above. In absolute terms these percentages translate into absolute numbers of 7,6 million and 1,7 million respectively. Women are somewhat more likely than men to be depressed on both measures. In terms of population group, white and Indian individuals appear to be noticeably less likely than African and coloured individuals to be depressed whichever measures is used. About 7% of people aged 65 years and above, are found to be depressed using the more conservative measures, and nearly a third (31%) using the broad measure.

The worst affected provinces appear to be Eastern Cape and KwaZulu-Natal, in both of which close on a third of the adults show signs of depression. While these are among the poorer provinces, Western Cape's top ranking on the stricter measure contradicts a simple link between depression and poverty. Nevertheless, people living in the large poverty-stricken traditional (former homeland) areas have the highest prevalence of depression using both the more conservative and broader measures.

In the Committee's interactions, mental health was named as a problem area across all provinces. The mental health area is, like some others, complicated because while DSD is the lead department for all types of disability, mental health services are also funded by DOH. The urgent need for complementary community-based services is highlighted by ongoing moves by provincial health departments to reduce the number of psychiatric patients in health facilities. These moves are in line with the Mental Health Care Act (17 of 2002), which emphasises deinstitutionalisation.

DOH feels that many, if not most, of the people currently in DOH facilities should ideally be in community facilities if there were good ones available.[14] In line with the general principle that money should follow the patient, a senior DOH official said that they would be comfortable with some of the funding currently used for inpatient care in facilities being redirected to DSD if the latter could provide, or fund NPOs to provide, adequate community-based services.

13 The estimates shown for 1-=14 and 15+ appear to sum to 23% rather than 24% but this is due to rounding.

14 Information from Melvyn Freemand, national Department of Health.

The definition in DOH's framework document[15] on mental illness does not cover intellectual disability as it refers to a mental health-related "illness". Instead the scope includes intellectual disability (and substance abuse "disorders") only insofar there is also a mental health "disorder) (i.e. co-morbidity). The framework specifies further that DOH is responsible for the provision of health care to people with severe and profound intellectual disabilities. For those with mild and moderate intellectual disability, the Departments of Education and Labour are responsible for education and training.

Health's framework document lists the following as the roles and responsibilities of DSD:

- Targeting of people with mental disabilities in poverty alleviation programmes.
- Awareness of the mental health benefits of being a recipient of poverty alleviation strategies, including social grants.
- Awareness of early childhood intervention as mental health promotion programme.

HIV and AIDS

The White Paper highlighted the sharp increase in HIV infection rates in South Africa in the 1990s, with the HIV infection level estimated to be 7,6% of the population in 1994. It pointed to the financial vulnerability of individuals and families resulting from HIV and AIDS when "breadwinners" lost formal jobs, as well as the increased costs individuals and families incurred as a result of HIV and AIDS. It highlighted the "considerable" psychological stress experienced by HIV-infected people, as well as their families. In particular, it pointed to the impact on children who lose parents, and older relatives who take on the care of those who are ill and orphaned.

Findings

In line with the White Paper's predictions, the number of new HIV infections in South Africa had begun falling off among younger people by 2008.[16] AIDS mortality has also declined noticeably as a result of the availability of ARV. However, South Africa continues to hold the unenviable distinction of being the country with the largest number of HIV infected people in the world, and the number has grown despite the decrease in the number of new infections. Thus, the 2012 Human Science Research Council (HSRC) survey produced an estimate of 12,2% of the population – equivalent to 6,4 million people – being HIV-positive. Among teenagers, young women were eight times more likely than young men to be infected. People living in rural informal (former homeland) areas were significantly more likely than those in other types of areas to be infected. In 2012, just over 30% of infected people were estimated to be on ARV therapy.

ARVs often return infected people to a state of health in which they are able to work. ARVs should also be provided free by the state to those who are unable to afford them, thus not imposing a direct cost. Nevertheless, HIV infection hampers income-earning because the infected person needs to take off time to collect medication (a process that

15 National Mental Health Policy Framework and Strategic Plan 2013-2020.

16 Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Zungu N, Labadarios D, Onoya D et al. 2014. South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town, HSRC Press.

can be very time-consuming where clinics are under-staffed and sometimes do not have the necessary stocks) and incur costs, such as for transport, for these visits. Infected persons also incur other costs, including in ensuring that they eat healthily.
DSD focuses is intervention and areas of responsibility in the area of mitigation of the impact of HIV and AIDS on families and, in particular, on children. The foster child grant (FCG) has been promoted by government as financial support for adult caregivers who take on the responsibility of replacing deceased parents. As a result, while the number of FCG beneficiaries remained fairly static over the period 1997 to 2003, after 2003 there were marked increases in all provinces. This has placed considerable burden on the system and resulted in a range of negative side-effects.

Participants in the round table convened by the Committee with NPOs and people with disabilities noted that the foster care system was designed to provide for 55,000 children in need of care but was currently expected to deal with more than 500,000 children. Most of these children had poverty-related needs rather than those related to the specialised child protection needs envisaged in the design of the foster care system. One of the results of over-burdening the system was that children in need of specialised care and protection were not getting the services they required. In early 2011, when the number of lapsed orders had reached over 100 000, an urgent court application was brought by the Centre for Child Law. The application resulted in a court order that allowed administrative extensions of placements in order to allow the system backlogs to be cleared. Three years later, at the end of 2014, DSD asked for the order to be extended because no systemic solution had yet been found. The terms of reference of the foster care committee established by the Minister of Social Development estimated that by late 2014 the work of more than 5 300 social workers and more than 1 600 social work supervisors was focused on foster care.

At the height of the HIV and AIDS pandemic, before ARV became fairly widely available, a large number of home-based carers provided palliative and related care to the AIDS-sick, as well as practical, emotional and spiritual support to their families. With ARV therapy now available, the type of care and assistance needed has to some extent changed. However, while care and related services are still needed, funding is scarcer than previously.

During the Ministerial review, comments on home- and community-based care (HCBC) tended to focus on the caregivers rather than the services provided. The service was noted as an achievement in terms of [often temporary] job creation, with government support provided in particular through the EPWP. However, there were also many concerns raised about the caregivers. Some submissions called for volunteers to be paid, suggesting that there are still many true "volunteers" in the sense of people doing work without any monetary reward. There were also calls, in respect of those who were paid at the EPWP minimum rate of around R1 600 per month for an increase in the rate. One of the motivations for this call was the high rate of dropout and turnover among caregivers which was reported across provinces.

Both government and NPO submissions noted the volatility of funding for HCBC and for HIV and AIDS more generally. This volatility is exacerbated by the fact that much of the funding has come through conditional grants. The EPWP grants, in particular, are allocated for a year at a time. Donor contributions to this sector have also decreased markedly.

Isibindi

The Isibindi programme has objectives related to three serious socio-economic problems that face South Africa, namely unemployment (especially high among youth, women and rural people), skills deficits, and high levels of HIV prevalence and HIV-related illness and death contributing to large numbers of children whose wellbeing is threatened, including those whose wellbeing is threatened by the absence of "normal" parental care.

Isibindi addresses these problems by providing high quality training to unemployed people (with a focus on youth, women and rural people) (thus addressing the skills deficit), who are employed within their communities as child and youth care workers (CYCWs) (thus addressing the unemployment problem) to provide skilled care and services for vulnerable children in the community (thus addressing the threats to child well-being).

By end March 2015, after two years of national roll-out supported by national and provincial DSD, 309 projects distributed across the nine provinces were implementing the Isibindi model, and 4 485 had started (and some had finished) their accredited training as CYCWs. After the initial two weeks, trainees spend 30% of their time in training and 70% of their time in practice, i.e. servicing children. In the 2014/15 financial year, more than 100 000 children were enrolled on workloads of these and already qualified CYCWs in Isibindi projects. If children reached through safe parks and other outreach services in the community are included, the number reached is more than 150 000.

Children's sector organisations described a range of different programmes to provide services to OVC, although there is variation across provinces as to where these services are situated structurally within provincial DSD.

Families

The White Paper acknowledged the "social, religious and cultural diversity" of South African families, as well as the impact of social change and social, economic and political policies – including apartheid-related policies – on families and the "traditional roles" of women and men. It observed that factors such as divorce and desertion and lack of housing had "redefined household structures in South Africa", and cited increasing economic stress as an important contributor to problems in functioning of families. It suggested that poor families, and those within which there were single parents, were the worst affected. The White Paper pointed to economic need forcing more women to join the labour market and rely on child care outside the home.

Findings

South Africa continues to have a diverse and unusual family structure. For example, fewer than 35% of children under 18 years live with both their parents, with more than this number living only with their mother. The majority of women have children,

International concerns about a focus on family protection

In July 2015 the Human Rights Council of the United Nations General Assembly passed a resolution on protection of the family. Similar to the South African White Paper, the resolution acknowledges the family as "the natural and fundamental group unit of society" and sees it as "entitled to protection by society and the State". Also similar to South Africa, various clauses of the resolution recognise that families can take diverse forms.

The resolution requested that the High Commissioner prepare a report on whether member states were meeting their obligations in this respect. Many national, multi- and inter-national civil society organisations (CSOs) made submissions to the Council raising their concerns as to how the obligations might be interpreted. Several themes emerged repeatedly in the submissions. These included the following:

- that the resolution prioritises protection of the family over the rights and needs of individual members who are the envisaged rights holders in respect of international human rights;
- that the resolution, in seeing the family as "a strong force for social cohesion and integration, intergenerational solidarity and social development", does not recognise the extent to which families could support and promote power structures that undermined the rights of groups such as women, the elderly, children, persons with disabilities, and queer and transgender youth;
- that the focus is on families that uphold traditions, with likely disadvantage or neglect resulting for non-traditional families, and that discrimination, disadvantage and marginalisation can also result from use of concepts such as "morals", "heritage" and "values";
- that the notion of the family should be conceptualised around the concepts of care and nurturance rather than particular institutional forms.

Underlying these concerns is the understanding that the family should be supported and protected only to the extent that it supports and promotes the rights of its members. Further, states must establish laws and policies that counter violations of rights that occur in the family context, including domestic violence and child abuse.

but many do so outside of marriage and with different fathers. Close on one fifth of children have lost at least one parent. Only about one third of households are nuclear in the sense of consisting only of children and parents. About a fifth of households have three or more generations present. Many children live with and are cared for by grandmothers rather than their parents.[17]

The fact that many children live with mothers, but not fathers, places the burden on the mothers of alone fulfilling roles of both provision of emotional and physical care

17 Budlender D and Lund F. 2012. "South Africa: A Legacy of Family Disruption" in Razavi Shahra (ed) Seen, Heard and Counted: Rethinking Care in a Development Context. Wiley-Blackwell and United Nations Research Institute for Social Development: Chichester: 51-72.

and provision of financial means. This burden is particularly heavy in a situation of high levels of unemployment and where female earnings are, on average, less than male earnings even after controlling for factors such as education.

Women have, in reality, been part of the labour market for many decades, although the extent to which this was the case was not always captured in statistics. Today, some working women and men can rely on unemployed family members for child care purposes. However, this is in a sense a perverse benefit of the high levels of unemployment in the country as many of those who do the child care would prefer to do paid work if it were available. Home-provided child care also may not provide some of the benefits that children gain through participation in formal early childhood development (ECD) programmes.

The families' service area has traditionally been a small one, as evidenced by very small budget allocations. The finalisation of the policy on families was several times named as an achievement, and could herald increased interest. However, the Committee's review suggested that this area is one of the least neatly defined, with many overlaps with other service areas.

Many NPOs reported on the various parenting programmes in which they were involved. There were also repeated comments on the need for parenting skills to be imparted to recipients of the child grants. Those who offered this suggestion did not explain why poverty-stricken parents, in particular, might lack parenting skills and did not discuss whether it might be that, instead, they lacked the financial means that would facilitate good parenting.

In the focus groups there were concerns around accessibility of services. In Free State service providers expressed concerns that churches provided services only to their members rather than to the broader community. In KwaZulu-Natal beneficiaries said that FAMSA fees were unaffordable for some people.

Children

The White Paper discussed children in a range of different categories and situations. It noted that about 60% of children of preschool age lived in "impoverished circumstances", with only one-tenth in early childhood development (ECD) programmes, and programmes often of inadequate quality. It recorded 29 000 children in residential care and 39 024 in foster care, but noted the highly (racially) inequitable nature of the child grant system. While numbers on adoptions were not available, the option was seen as under-utilised and the services provided problematic. The White Paper reported that in 1994 the South African Police Services' Child Protection Unit dealt with 22 911 cases of child abuse, but that the numbers were an under-count due to under-reporting as well as poor record-keeping. Services were "fragmented and under resourced" and completely absent in some areas, and there was no policy, protocol or strategy to deal with child abuse and neglect. The White Paper suggested that there had been no systematic research on child labour although children as young as five years were "exploited". It identified children of divorced and divorcing parents as needing special attention.

Findings

Most, but not all, of the issues highlighted in the White Paper are addressed in the Children's Act of 2005, as amended, but problems remain, including serious poverty and its consequences. Thus Statistics South Africa's Living Conditions Survey of 2008/09[18] found a poverty rate of 64% among children, higher than the poverty rate for the population as a whole.

ECD regularly appeared in submissions, presentations and discussions during the Ministerial Committee's review as an area of significant achievement since 1997. This area of work currently accounts for a full 14% of the combined provincial DSD budgets. Despite the substantial overall increase in ECD provision, analysis of data from the General Household Survey of 2014 suggests that at least 50% of children under five years of age do not attend any type of ECD. About a third (32%) of the age group were reported to be in Grade R, an ECD centre, crèche or preschool. Nevertheless, by end 2012, nearly 1 million children were accessing ECD services, of whom close on half were supported by government subsidies. The number of registered ECD centres had increased from 4 612 in 2004/05 to 19 971 by 2012, although government does not subsidise all centres. A national audit of ECD centres[19] in 2013/4 found multiple weaknesses and challenges in the services offered, many of which related to lack of resources of various kinds. These and other concerns were also raised during the Ministerial Committee's engagements.

ECD is the single area in which national DSD has strongly encouraged provinces to pay subsidies at a standard rate. By 2014/15, most provinces had standardised on R15 per day, but KwaZulu-Natal was paying R16 per child per day, and several provinces were not providing for the full 264 days. On the data side, the standard performance indicator reported to National Treasury relates to children in registered ECD centres rather than to children who are in funded centres. All funded centres must be registered, but not all registered centres are funded. The standard indicator is therefore not useful in getting a sense of the reach of government funding.

During the Committee's engagements, there was very little mention of aftercare centres (which would provide care for school-going age children after school hours) in respect of children. There was, however, relatively frequent mention of drop-in centres, and often relatively substantial numbers of these being supported by provincial DSD. At least some of the drop-in centres could serve as a form of aftercare where children can spend time after school and – depending on the particular centre – benefit from various services and facilities. However, the discussion of drop-in centres tended to focus on services to orphans and other vulnerable children (OVC), usually understood as those made vulnerable by HIV and AIDS.

18 Statistics South Africa. 2013. Men, Women and Children: Findings of the Living Conditions Survey, 2009/2009. Pretoria: 42.

19 Economic Policy Research Institute. 2014. Audit of Early Childhood Development Centres: National Report.

Isolabantwana

Isolabantwana, meaning "Eye on the Children", is an approach to community-based services for OVCs initiated in 2003 by Cape Town Child Welfare and subsequently rolled out to other provinces by Child Welfare South Africa. "Natural helpers" in the community are identified and trained by the organisation as "eye volunteers" to be alert for abuse, family crises and to provide preventative and early intervention services for children and families through events, talks and workshops. Other training areas include counselling, statutory intervention, children's rights, parenting skills, domestic violence, HIV and AIDS, substance abuse and the role of stakeholders such as SAPS. "Eye volunteers" assist by removing abused, neglected and exploited children from danger and placing them in short-term emergency safe houses with place of safety parents until social workers can intervene. The Isolabantwana model aims to support social workers, promote community participation and to create a sustainable awareness and responsibility within the community to care for children[44]

According to unaudited provincial DSD performance indicators for 2014/15 for eight of the nine provinces[20], there were approximately 12 577 children in funded child and youth care centres (CYCCs).[21] Comparison with the 1997 statistics suggests that the use of residential care has decreased since 1993, despite an increase in the population and an increase in the number of children's homes, from 169 in 1996/97 to the 213 homes registered at the time of an audit in 2010.[22] Similarly, for places of safety, funded provision seems to have changed from 37 with total capacity of 2 960 in 1996/97 to 41 with total capacity of 2 445 at the time of the 2009/10 audit. The audit found that in some cases children's home were filling the gap caused by the shortage of places of safety. A survey conducted in 2012 found that there were more than 100 further institutions that were effectively CYCCs although not registered as such. The unregistered institutions surveyed were accommodating more than 2 000 children at the time the survey was done, including some placed through court orders.[23]

CYCC is a broad category, which includes secure care. Secure care programmes cater for children who have been referred either by a children's court (under the Children's Act) or by a child justice court. In the past, the children referred by the children's court would have been sent to the old school of industries, which the Children's Act covers in subsection (i) referring to behavioural, emotional, psychological difficulties. The children that are referred under the Child Justice Act are either awaiting trial or sentence, or have already been sentenced i.e. those who would have been sent to the old reform schools. The Children's Act required that both reform schools and schools of industry be transferred to provincial DSD by 31 March 2012 at the latest. However, it is only

20 2013/14 data used for Northern Cape because of the absence of an estimate for 2014/15.

21 National Treasury. 2015. Estimates of National Expenditure 2015. Baseline Study on Registered Child and Youth Care Centres. Prepared for United Nations Children's Fund and national Department for Social Development. Community Agency for Social Enquiry: Johannesburg.

22 Community Agency for Social Enquiry. 2010. Baseline Study on Registered Child and Youth Care Centres. Department of Social Development & UNICEF: Pretoria. In 1997 there was not the Children's Act requirement that the homes register. However, the 1997 report notes that most of the homes were subsidised, and the comparison thus seems legitimate.

23 Community Agency for Social Enquiry. 2012. Unregistered Child and Youth Care Centres and Temporary Safe Care. Department of Social Development & UNICEF: Pretoria.

Mpumalanga's Department of Education that has officially handed over its reform school (Ethokomala) to DSD. More progress seems to have been made in respect of schools of industry, although it is not clear if all the transfers have been put into place fully.

The Minister and the MECs are required by section 192 of the Children's Act to have a strategy to ensure provision of CYCCs. These strategies have not to date been published, despite a court judgement that required that the national strategy be submitted by 31 July 2014. National DSD has, however, developed blueprint minimum norms and standard for secure care.[24] DSD's stated approach is that it should not build new centres before ensuring that the available spaces are fully used given the finding of an audit which found that reform schools and schools of industry were far from full. The provincial visits of the Ministerial Committee found this still to be the case. However, while all provinces have facilities that can accommodate children awaiting trial, eight provinces – all except Gauteng – have infrastructure plans to expand facilities over the three-year MTEF.

During the Committee's engagements, concerns were expressed about children with behavioural and emotional problems, both in respect of the needs of these children in terms of care, support and schooling, and in terms of the safety and wellbeing of other children if these children were accommodated within CYCCs. However, national DSD does not have consolidated information on which CYCCs are registered to accommodate children referred by the courts for behavioural, psychological and emotional difficulties. More generally, many participants were concerned about what happened to young people when they reached the age of 18 and could no longer be accommodated in the CYCCs.

By end June 2014 there were 537 150 children in foster care and receiving foster child grants, more than ten times the number in 1996/97. Analysis of data from the General Household Survey of 2014 suggests that 93% of child beneficiaries are African, 5% coloured, 2% white and less than 1% Indian. As discussed elsewhere, the large number of children has placed an unmanageable burden on social workers and diverted their attention from other work.

In contrast to foster care, the number of adoptions has fallen sharply over the past ten years, from 2 840 in 2004 to 1 448 in 2014.[25] As at end 2015, 75 social workers were registered with the South African Council for Social Service Professionals (SACSSP) as having a specialty in adoption. Of these 65 were in private practice, and 10 worked for NPOs accredited for adoption work. Proposed amendments to the Children's Act include provisions that would allow social workers employed by DSD to do adoptions. This would have implications for specialisation and accreditation for compliance purposes. Concerns were raised about the costs of adoption, especially when it is done through a private agency. Adoption fees to professional service providers are regulated, and in 2015 the maximum fee for an adoption was R36 000. Some commentators noted that

24 Information from Steven Maselesele, national DSD.

25 Wolfson R. 7 September 2015. "The great power struggle over adoptions", Daily Maverick. http://www.dailymaverick.co.za/article/2015-09-06-op-ed-the-great-power-struggle-over-adoption/?utm_source=Daily+Maverick+Mailer&utm_medium=email&utm_campaign=First+Thing+with+John+stupart%3A+Tuesday%2C+2+September+2014&utm_term=http%3A%2F%2Fwww.dailymaverick.co.za%2Farticle%2F2015-09-06-op-ed-the-great-power-struggle-over-adoption%2F#.Ve19bzgVjIU

potential adoptive parents were too poor to be accepted. This is a worrying observation as means (wealth) is not meant to be a deciding factor in approving prospective adoptive parents. There were also complaints about serious delays in the adoption process.

The true extent of child abuse and neglect remains unknown as a result of under-reporting and uncoordinated record-keeping. The Children's Act sets out a comprehensive and progressive framework in respect of child protection, including dealing with child abuse and neglect. Budgets and human resources are, however, insufficient to implement the Act and the related regulations. In 2014/15, the combined children and families budgets of the nine provinces amounted to only 45% of the most conservative estimate of the cost for the sixth year of implementation of the Children's Act, and an even lower 7% of the estimated cost of providing services of adequate quality to all those needing the services.[26] During the Committee's engagements, much of the discussion of abuse focused on deficits in the process and, in particular, the difficulty of getting swift action from social workers (especially after hours) and the criminal justice system. Childline went as far as to say that the protocol was "not implementable". Others bemoaned the lack of follow up by social workers once abused children had been placed in alternative care. The number of children "on" and "of" the street is unknown, but is certainly much more than the estimate of 10 000 nationally at the time of the White Paper. The Children's Act provides that shelters for street children constitute a form of CYCC. However, the way in which shelters operate does not fit well with the payment framework, which is based on the number of children accommodated, as street children tend to move in and out of the shelter, especially in the first period after they make contact with the shelter. Further, per capita funding of street shelters by provinces is generally lower than that for other child and youth care centres.

Subsequent to the White Paper, the International Labour Organisation (ILO) supported a substantial multi-year programme in Southern African respect of child work and labour. The programme included a range of research studies. Statistics South Africa now includes questions about child work and labour in its Quarterly Labour Force Survey on a periodic basis. These surveys suggest that a relatively small number of children are working as employees or in self-employment in a way that contravenes labour legislation. There are, however, worrying numbers of children involved in types of "non-employment" work that are considered child labour according to international definitions. In particular, the number of children involved in commercial exploitation of children is a concern.

Motivated by the ILO-supported legislation, South Africa has tightened up the legislation governing child work and labour. There is, for example, a ministerial determination that governs work done by children in the performing arts and there are special regulations in respect of children in employment to protect their health and safety.

With more than half of all babies in South Africa born outside of marriage, the focus should perhaps be on the possible negative impact on children of their parents having unstable relationships rather than on divorce in particular. Attention to this issue must take into account the extent to which relationships break up on account of domestic violence, in which case, parents remaining in a relationship may be more harmful to

26 Budlender D and Francis D. 2014. Budgeting for social welfare in South Africa's nine provinces, 2010/11-2016/17.

children than a break up. The complexities relating to this issue highlight the importance of in each case considering the best interests of the particular child.

In terms of children affected by divorce, the services of the Family Advocate's Office within the Department of Justice and Constitutional Development have been extended substantially since the White Paper was issued. The increased burden on the Family Advocate has resulted in delays in finalising matters, with resultant negative impact on children and their families.

A separate children and families programmes budget was introduced in 2014/15, rather than having families and children as two sub-programme in the general welfare services budget programme. For the new programme, Gauteng allocated an average of R1 323 per poor child in 2015/16, with the next highest allocation – in Northern Cape – only R788 per poor child. For the child care and protection sub-programme, the annual amount per poor child ranged from R391 in Gauteng to R3 in Limpopo. For all provinces combined, the average was R118 per poor child. For the ECD sub-programme, Western Cape had the highest allocation with R1 369 per annum per poor child under age five. North West had the lowest, at R339. Across provinces, the average was R580 per poor child per annum. For provision of community-based services for children, when assessed against the number of maternal orphans, Gauteng's per capita allocation (R2 516 per annum) was more than 2,5 times the size of that of Limpopo, which was the next highest. Gauteng's per capita allocation was 17 times that of Free State (R145), which had the lowest amount.

Crime prevention and support

The White Paper pointed to crime as a "serious impediment to sustained harmonious development." It observed that there were far too few people, and in particular too few dedicated probation officers, to provide the necessary services to offenders. It reported that child and youth crime were increasing, and pointed to the need for transformation of the system dealing with children at risk.

Findings

Official SAPS statistics suggest a reduction in the crime rate since 1994 if the numbers for both years are accurate and the term "serious crime" had the same meaning in both years. However, even if the statistics are accurate, with a total of 32 per 100 000 for murder, and 118 per 100 000 for sexual offences (a crime particularly notorious in terms of under-reporting), and 1 171 per 100 000 for all contact crimes combined, South Africa cannot be complacent.

The Ministerial Committee learned that the number of youth offenders had declined since the coming into operation of the Child Justice Act, but that at least part of the decrease reflects the unwillingness of police officials to follow the requirements of the Child Justice Act. This in some cases results in child offenders not being brought into the system at all, but in other cases in children not benefiting from the special provisions.

Diversion has been rolled out, but the services – and organisations providing the service – remain under-resourced and the service is often not available in rural areas.

Many social workers have been employed as probation officers, and have usually received some training to enable them to perform their duties. There are also some special provisions in respect of probation officers to recognise the special conditions under which they work. Nevertheless, the Ministerial Committee heard strong calls for recognition of probation work as a specialist area.

Several provinces had developed initiatives in respect of aftercare services for people who had been in conflict with the law, but these were not widespread. Participants in several province noted the difficulties faced by those who had been in conflict with the law in obtaining employment, even with skills, given the high unemployment rate in the country. Concerns were expressed about non-accredited training being provided to prisoners and others in trouble with the law. There was a call for expungement of criminal records of children when they turned 18.

Much of the crime prevention work focuses on children and youth. In part this reflects the development and coming into effect of the Child Justice Act in respect of children. Further, prevention and early intervention is likely to be more effective when people are young and sufficiently malleable to change their patterns of behaviour than interventions with older people. Bosasa, a private for-profit provider contracted by DSD to run secure care centres, noted that most young people referred to the centres did not have the care plans which legislation required that probation officers draw up before children were placed. Probation officers and SAPS officers were also reported to be flouting other legislative requirements.

DSD's role in respect of crime relates primarily to social crime prevention. The White Paper for Safety and Security of 1998 defines social crime prevention as all efforts "to reduce the social, economic and environmental factors conducive to particular types of crime". DSD's 2011 Integrated Social Crime Prevention Strategy[27] notes that although the emphasis is on primary and secondary prevention, tertiary prevention is also necessary to avoid recurrence of criminal activities.

The strategy defines the different levels as follows:

- Primary prevention is defined as interventions that address risk factors in the population as a whole that are known to be associated with crime, such as youth unemployment or lack of economic opportunities for women. Such interventions often do not fall directly within DSD's area of responsibility.
- Secondary prevention is defined as interventions that target people or neighbourhoods which are particularly at risk. Again, these are often not DSD's direct responsibility.
- Tertiary prevention is defined as interventions that prevent repeat criminal activities by offenders, as well as assistance to reintegration of offenders.
- While the White Paper made a commitment to restorative justice, this approach was not clearly evident in the Committee's review process.

27 Department of Social Development. 2011. Integrated Social Crime Prevention Strategy. Pretoria.

Victim empowerment

Victim empowerment was not discussed explicitly in the White Paper, perhaps because the service area was identified only in subsequent years. However, the section of the White Paper dealing with women development highlighted the negative psychological and physical impacts of violence for the victims, and violence against women has been the central focus for victim empowerment.

Findings

DSD is the lead agency for the country's victim empowerment programme (VEP). While VEP is meant to provide services to victims (or survivors) of any type of violence, it is often understood to have a focus on gender-based violence. This is understandable as violence against women has remained a major problem in South Africa. Cases are still severely under-reported, although a number of studies have been done that give some sense of the extent of the problem.

In several provinces participants in the Committee's review process noted that provision had diminished in respect of relevant services. Some commented that services were available mainly for children, while women constituted the majority of victim/survivors. Shortfalls were reported, in particular, in respect of shelters.

There were repeated complaints about the weakness of inter-agency collaboration. The Domestic Violence Act (no 116 of 1998) (DVA) and the Criminal Law (Sexual Offences and Related Matters) Amendment Act (no 32 of 2007) (SOA) constitute the key legislation governing gender-based violence. SAPS and the Department of Justice and Constitutional Development (DoJ & CD) – and the National Prosecuting Authority (NPA) within the latter – bear the main responsibility for implementing the legislation. DOH, DSD and Correctional Services also have roles to play.[28]

The DVA states that police must assist complainants to find a suitable shelter and obtain medical treatment. However, it does not oblige DSD to ensure that shelters are available and does not oblige health providers to do anything more than they would do for any other victim of assault. Despite the lack of a legislative obligation, DSD has created various policies and related documents.

DSD's approach to funding shelters differs across provinces in terms of the both the type of costs covered, and the amount provided for each of the different types of costs. A case study by the Shukumisa Campaign of 17 shelter organisations found that they had been forced by cutbacks in funding to reduce staff numbers by 100 between 2010 and 2013 and also forced to stop offering a range of key services.

The DSD has very limited responsibilities under the SOA but did, in 2010, publish Guidelines for Services to Victims of Sexual Offences. The original bill drafted by the South African Law Reform Commission provided for a range of psycho-social services

28 Vetten L, Le T, Leisegang A and Haken S. 2010. The Right and the Real: A Shadow Report Analysing Selected Government Departments' Implementation of the 1998 Domestic Violence Act and 2007 Sexual Offences Act. Johannesburg: Tshwaranang Legal Advocacy Centre.

to victims and their families, but Cabinet dropped these clauses on the basis that they were too expensive.

The Thuthuzela Care Centres, which fall under the NPA but include some DSD-supported services, constitute one of government's key interventions. Recent research that includes case studies of ten NPOs offering post-rape services at these centres found that while many of them received EPWP funding, this was often accessed in desperation when previous sources of funding were no longer available. In several organisations, workers who previously were employed on standard salaries and conditions of services were now receiving only the EPWP minimum in temporary jobs.[29]

DSD also supports and provides funding to Khuseleka one-stop centres which are managed by NPOs, and in which a range of different NPOs provide services associated with crime and violence, including accommodation/shelter. The 2013-2018 Integrated Programme of Action addressing violence against women and children envisages the establishment of 52 government-supported "halfway houses" using the Khuseleka model but records a baseline of only five Khuseleka "safe house centres" in 2013.
DSD is in the process of developing a Draft Bill on Victim Empowerment Services. DSD's annual report for 2014/15 states that, among others, the bill will ensure that the victim empowerment services are regulated and rendered by professionals, especially shelters for abused men [sic] and children.

There have been repeated proposals and attempts in respect of establishing a coordinating structure and plan for violence against women and children. Shukumisa's 2015 assessment of achievements to date30 suggest that the initiatives have been "costly and ineffective". The initiatives include possible duplication in the establishment of two coordinating bodies, namely the National Council on Gender-Based Violence in 2011/12 and an Inter-ministerial Committee chaired by DSD in 2012. An Integrated Programme of Action (PoA) for 2013-2018 was finalised in 2013. A review of the donor-funded Safer South Africa Programme which provided most of the funds for the Council and Inter-ministerial committee found that by September 2015 the PoA had not been discussed with civil society groupings, or provincial and district level government officials, and had also not been officially launched.

Substance abuse prevention and rehabilitation

The White Paper noted wide-ranging negative consequences of substance abuse, and that the phenomenon was recognised "as one of the greatest health and social problems in South Africa." It stated that alcohol was still the most commonly abused drug, and was "growing in popularity, especially in informal settlements and rural areas." However, abuse of other substances, including medication, was on the increase.

29 Vetten L. Forthcoming. Who cares? Post-rape services and the Expanded Public Works Programme in South Africa. Heinrich Böll Foundation: Cape Town.
30 Shukumisa. 2015. 16DaysOfDiscontent: Day 6: National structures, strategies and plans.

Findings

The World Health Organisation ranked South Africa 47th out of 189 countries in 2003 in terms of alcohol consumption per person 15 years and older. DOH's Mental Health Policy Framework and Strategic Plan states that South Africa has the second-highest prevalence of alcohol use, after Ukraine.

In all the provinces the Ministerial Committee heard about the problems of substance abuse, with references in particular to youth abusing a range of different drugs across the provinces. Alcohol was referred to far less often, perhaps because consumption is legal and seen by many people as an acceptable aspect of socialising. However, in Northern and Western Cape the high rate of foetal alcohol syndrome – the highest rate in the world – was raised as a challenge.

The Department of Welfare's statistical report for 1996/97 reported that there were then 24 treatment centres in the country, with a combined capacity of 1 311. All provinces except Northern Cape had at least one treatment centre, although these were not necessarily government-owned centre. Gauteng had eight centres. A recent DSD database records a total of 38 in-patient centres, 15 out-patient and 15 combined in- and out-patient centres if all facilities – government, NPO and private – are included. Limpopo records only a single outpatient centre which is managed by an NPO, while Gauteng has 14 inpatient, 27 outpatient and five combined facilities as well as a halfway house.

In the 2014/15 budget National Treasury introduced a conditional grant to fund establishment of such centres in the four provinces – Eastern Cape, Free State, Northern Cape and North West – which did not have government-owned centre. However, even where centres exist, across provinces the Ministerial Committee heard concerns about the lack of after-care services, reflecting lack of acknowledgement about the time needed to address addiction.

Across many provinces participants bemoaned the scarcity of detoxification services other than privately provided (and expensive) ones. This service should be provided by DOH, at least for poorer people. Language, race, perhaps religion, and the ability to pay for services were reported to exclude many people from accessing services.

On the prevention side, all provinces have implemented the Ke Moja awareness programme, which operates mainly in schools. This programme reportedly reaches large numbers of young people. However, several evaluations point to many weaknesses in the programme, including apparent duplication with what is covered in other school programmes and the life orientation curriculum.

Some provinces reported having Teenagers Against Drug Abuse, a programme in which volunteers receive stipends. There were also reports across virtually all provinces about establishment of provincial drug action forums, as well as some local drug action committees, as provided for in legislation and policy.

The third national Youth Risk Behaviour Survey of 2011[31] found that 49% of youth in grade 8 through 11 had drunk alcohol in their lifetime (54% male versus 45% female), and 32% had drunk alcohol in the month preceding the survey (37% male and 28% female, and ranging from 52% for coloured youth to 30% for African). Nationally, 13% reported ever having used dagga – 16% male versus 7% female/

More recent national data come from the fourth South African national prevalence, incidence, behaviour and communication survey conducted by the Human Sciences Research Council, but the results for substances other than alcohol are too low to be credible. This is unsurprising given that use of other substances is illegal. The questions on alcohol used the international Alcohol Use Disorders Identification Test (AUDIT). The HSRC categorised all those scoring eight or more at "at risk". An expert suggested that those with scores of 20 or more might have alcohol dependency.

Of all respondents (aged 15 years and above), 9% had AUDIT scores between 8 and 19 and were thus "at risk", and a further 1% had scores of 20+ indicating possible alcohol dependency. Men (2%) were more likely than women (less than 1%) to have a possibility of dependency, and also much more likely than women (16% as against 3%) to be at risk. The 25-34 year old group was both more likely to have a possibility of dependency and also more likely to be at risk than the other two age groups. Coloured people were worst off, with 3% having a possibility of dependency and a further 15% at risk.

The National Drug Master Plan 2013-2017[32] (NDMP), for which DSD is the lead agency, is framed around three broad strategies of demand reduction, supply reduction and harm reduction. The NDMP includes matrices that summarise the findings of global research on the effectiveness of various interventions in different areas, such as education and persuasion, research and the like. Taxation, restrictions on physical availability and limits on hours and days of purchase are all found to be effective in respect of alcohol. Findings are less conclusive in respect of other substances. School-based, family and community prevention programmes, which would include programmes such as Ke Moja, are found to have a "modest impact, the value of which is appraised differently by different stakeholders."

The NDMP identifies a relatively large number of departments as "pivotal in the fight against drugs". DSD's[33] role is meant to focus on treatment, while DOH focuses, amongst others, on detoxification and cases where there is psychiatric morbidity. Education departments are meant to manage drug testing in schools.

Despite this delineation, there are similar challenges for substance abuse as for older persons in terms of the roles of DSD and DOH. Both DOH and DSD favour a move towards a community-oriented model instead of two months of inpatient treatment.[34] With this approach, the detoxification element would still probably need to happen within a health facility and be DOH's responsibility. However, DSD would then need to

31 Reddy SP, James S, Sewpaul R, Sifunda S, Ellahebokus A, Kambaran NS, Omardien RG. 2011. Umthenthe Uhlaba Usamila: The 3rd South African National Youth Risk Behaviour Survey 2011. South African Medical Research Council: Cape Town.

32 Central Drug Authority. 2013. National Drug Master Plan 2013-2017. Department of Social Development: Pretoria.

33 Summary provided by Charles Parry, Medical Research Council.

34 Information from Melvyn Freeman, national Department of Health.

be responsible for a community programme to ensure long-term impact. This model is already being implemented in some places but the division of responsibilities has not yet been agreed.

Poverty reduction, community development and sustainable livelihoods

The White Paper did not include a focussed discussion of services in respect of poverty alleviation, community development and sustainable livelihoods. This reflects the fact that this type of service was far less common at that point before the concept of developmental social welfare emphasised economic issues. The only aspect that was specifically discussed in the White Paper was the grant system that already in 1997 was a key element in South Africa's social security system. The grants are discussed in a separate section on social security below.

Findings

Poverty alleviation, community development and sustainable livelihoods services were reported on and discussed extensively in the provincial and district engagements. Submissions and presentations on Community development within provincial DSD and the provincial NDA, in particular, focused on this area. Many of the NPOs, as well as government submissions on other service areas, referred to support for income generation, cooperatives and other "livelihood" activities that would fall within this category although the NPO initiatives were often linked to other service areas.

The Committee finds that in all spheres of government, as well as in the community sector itself, there is a lack of clarity about the place, functions, processes and programme activities that constitute community development. This lack of clarity and understanding creates a disabling environment for community development practitioners. If the objective of community development is to strengthen community resilience and coping in situations of poverty and deprivations then programmes or activities designed to do this should include a number of processes. These could, for example, include the facilitation of adult education, the sharing of knowledge on how to access resources, and developing structures for community decision making on community issues and community planning for social welfare services. A key issue that was identified is the lack of recognition of community development practitioners as a professional category, the lack of appropriate education and training for professional community development practitioners and absence of appropriate provision of workplace supervision by supervisors with appropriate knowledge and skills in professional community development practice.

In a round table on community development and sustainable livelihoods convened by the Ministerial Committee, there were presentations from a range of different actors who link community development to job and enterprise creation and skills development of young unemployed individuals. The fact that most presenters came from outside of the social development field again illustrates the extent to which DSD's sustainable livelihoods and community development field overlaps with others.
Participants reflected on the many challenges that affected these initiatives, including

that the performance of the cooperatives and small businesses supported had been less good than hoped; the paucity of innovative business ideas and low levels of entrepreneurship; the limited types of skills training provided in the various initiatives; and the difficulty in finding employers for the beneficiaries of the different programmes. Challenges reported during other Committee engagements included reluctance of community members – particularly youth – to be involved, lack of markets for cooperatives (and the suggestion that government provide a market). In some cases projects had more success when drawing support from multiple agencies, but this reduced the overall combined reach of initiatives.

Participants recognised that social grants did not target a large proportion of the population who were poor and might need some sort of assistance, namely those aged 18-59 years who were without vocational education and without access to decent paid work. It was evident from both the provincial and district engagements and the round table that the reach and impact of reported initiatives were relatively small compared with the extent of poverty and joblessness. Food-related initiatives such as soup kitchens, drop-in centres, food gardens and food parcels tended to have the greatest reach, but nevertheless reached only a small proportion of the poor. Further information on food-related assistance is provided under social assistance below.

Across all provinces, DSD reported profiling as a key activity within its Community development programme. The activity creates temporary jobs (on stipends) and imparts some skills or experience to the (usually young) unemployed people who visit households. The intention behind the profiling is that it will allow targeting of assistance to individuals, households and communities in need. There are, however, serious concerns about the reliability of the information generated by the profiling exercises. Information will also quickly become outdated given migration and other frequent changes in circumstances. Further, the extent to which profiling has been undertaken varies substantially across provinces, and it is not clear if the information gathered is actually used in all provinces.

The EPWP does not fall neatly under the sustainable livelihoods budget sub-programme. Instead, several provincial DSDs reported that EPWP was being used in different areas, including home-based care, ECD, youth development, Isibindi, and VEP. There were, in particular, reports that EPWP was used to provide opportunities for youth. Several NPOs also reported that they had received some EPWP funding. There were indications, however, that the funding and use of it was erratic, both for the provinces and for the NPOs, and across sub-programmes within provinces. This reflects in part the way in which EPWP is budgeted, one year at a time.

DSD's role as the lead sector for social sector EPWP is housed in the department's Special Projects and Innovation in national DSD. A national DSD presentation to the Ministerial Committee noted that provincial budget cuts hampered the meeting of EPWP targets, while lack of dedicated EPWP coordination personnel in KwaZulu-Natal and Mpumalanga negatively affected DSD's ability to play the lead role assigned to it.

The Community Work Programme (CWP) was first piloted in 2007 under the auspices of the Presidency and DSD. In 2008 it became part of the EPWP, and was subsequently placed under the Department of Cooperative Governance (DCOG) because of the key role of municipalities in the programme. However, a Cabinet lekgotla instructed that

DSD should work together with DCOG on implementation.[35] The two departments defined their respective roles and responsibilities as follows:

- DCoG: Responsible for the overall implementation of the programme
- DSD: Facilitate provision of integrated social development services in all CWP sites (148 by early 2013); registration, monitoring and support of NPOs.
- DCoG and DSD: Prepare and present reports to steering committee and Inter-Ministerial Committee; resource mobilisation.

Signing of a memorandum of understanding to this effect was delayed by the restructuring process within DCOG, but such a memorandum finally came into effect in October 2014. A DCOG-DSD forum was also established to discuss relevant issues. After signing the memorandum DCOG and DSD embarked on a series of road shows which focused mainly on DSD-related types of work that might be done within CWP sites, such as home-based care, psychosocial support, ECD and partial care. DSD used the opportunity to highlight the relevant policy frameworks, norms and standards, training and skills required for the relevant services.

Analysis of the budget allocations for the poverty alleviation and sustainable livelihoods sub-programme per poor person for each of the three years of the 2015/16-2017/19 MTEF shows the nominal amount increasing very slightly from R19 to R20 per annum. However, there are substantial differences between the amount per person across the provinces. Northern Cape has an allocation of R79 per poor person in 2015/16 while at the other end of the scale the allocations for Eastern Cape and KwaZulu-Natal, and Limpopo, which are among the poorest provinces, allocate less than R10.

Youth development

The White Paper noted that problems affecting youth included unemployment, school dropout, teenage parenthood, "delinquency", crime, and exposure to sexually transmitted infections and violence. It suggested that nearly 75% of young people "of all races" were marginalised or at risk of marginalisation.

Findings

Currently, youth are often defined in South Africa as young people between the ages of 15-34 years, in line with practice in other countries in Africa. There is, however, increasing acknowledgement that this definition is not always appropriate for policy making and design and implementation of programmes as the group encompasses people in very different circumstances. For example, people at the bottom end of this age range are, or should ideally be, in school or further education. In South Africa even school education can extend into the early twenties. Those at the other end of the age spectrum will ideally be employed, and many will be parents in families established apart from their parental family.

35 Critical Balance Report to the Minister – CWP – February 2013 update.

Currently, young people aged 15-24 years account for 19,4% of the population, while those aged 25-34 years account for a further 16,7%. Together these two age groups account for 56,0% of the working age population (those aged 15-64 years).[36] The unemployment rate in these age groups is much higher than for their older peers – at 51,3% for those aged 15-24 years and 30,1% for those aged 25-34 years. Expressed differently, youth account for about two-thirds of unemployed people in the country. Close on two-fifths of youth are not in employment, education or training (NEET).[37]

A wide range of youth programmes and services has emerged over the years, offered by a many different agencies, including government, government-related, non-profit and corporate. A large proportion of the initiatives focus on education, skills development and/or employment. These services are seldom coordinated with each other, resulting in duplication alongside huge gaps. Much of the discussion of youth refers to (poor) youth in general, and does not adequately consider the different needs of young women and young men. This often results in more focus on young men and their needs than on young women.

Overall, the Committee received relatively little information on what was being done within the youth development service area itself, although youth often accounted for many of the beneficiaries in other areas, such as crime prevention and substance abuse. The Masupatsela programme was reported on by many of the provincial DSDs, at least in passing, but was not mentioned by NPOs during the Committee's engagement. It seemed that the programme was still in place in Eastern Cape, Gauteng and Mpumalanga, sometimes as part of the EPWP. The programme seemed to have disappeared in some other provinces. In some provinces ((Eastern Cape, Free State and North West), Masupatsela youth had been absorbed within government. Eastern Cape was the only province that reported accredited training being provided for Masupatsela youth.

If NEET aged 18 to 29 years are taken as the target, the annual per capita budget allocation for youth development ranges in 2015/16 from only R7 in Limpopo to R208 in Free State.

The Deputy Minister for Performance Monitoring and Evaluation has overall national responsibility for youth and, in particular, is responsible for the National Youth Development Agency and youth policy. National DSD's annual report for 2014/15 describes DSD's mandate in terms of contributing to the National Youth Development Agency strategy as being to mobilise young people, contribute to their life skills and (employment-related) skill development and to enhance their livelihoods. Reported activities for 2014/15 included youth dialogues, establishment of youth clubs, skills development programmes, and a National Youth Leadership Camp hosted in collaboration with the Department of Defence.

The linkages between the work of the Deputy Minister in the Presidency responsible for youth and the DSD activities and funding related to youth need to be clearly understood so that the various arms of government work together in the allocation and use of resources.

36 Statistics South Africa. April 2015. Demographic indicators and shifts in South Africa since 1996. Presentation to Ministerial Committee Retreat.

37 Calculated from Quarterly Labour Force Survey 2015:1.

Women development

The White Paper noted the diversity among women, especially in respect of race, class and location (rural-urban), but also noted that there were "commonalities" in respect of gender inequality. It highlighted illiteracy and poverty as "major obstacles to women's advancement", and the difficulties in reconciling parenthood with paid work. The White Paper elaborated on reproductive needs, pointing in particular to both teenage pregnancy and unsafe abortions.

Findings

The rate of female unemployment remains higher than male unemployment for the population as a whole as well as for all population groups. On a more positive note, levels of illiteracy are less of a challenge than before, with 7% of adult women (18 years and above) categorised as illiterate in the General Household Survey of 2014 compared to 5% of men.

The importance and contribution of unpaid care work are more recognised than previously both in South Africa and beyond. Recognition has not, however, necessarily been accompanied by the other two "R"s, namely redistribution of the work (for example, to men, government or other actors) and reduction of the work (for example, through labour-saving devices, or availability of public or private services).

The rate of teenage pregnancy has remained high, although it is not necessarily increasing. Fears that the availability of the child support grant would encourage teenage pregnancy have been disproved by the lower rates of take-up of the grant among younger than older mothers as well as several studies.[38] Legally, schools are not permitted to exclude any young women on the basis of pregnancy. Nevertheless, teenagers who fall pregnant face many challenges both during the pregnancy and young motherhood, and subsequently. The Termination of Pregnancy Act of 1996 is progressive, but implementation has been inadequate and even regressed over the years in terms of the number of facilities able and willing to provide abortions. Unsafe abortions and the attendant negative consequences thus persist.

At the time of the White Paper there was not a separate programme or budget for women development. Since 2014/15, the provincial budget structure includes a sub-programme for women development. In 2015/16, six of the provinces (all except Mpumalanga, Northern Cape and Western Cape) included (generally small) allocations for this sub-programme. There were, however, different understandings of the purpose of the programme. In addition, during the Committee's engagements, across several of the provinces the question was raised as to why there was no special attention paid to men.

38 Ardington C, Branson N, Lam D, Leibbrandt M, Marteleto L, Menendez A, Mutevedzi T & Ranchhod V. 2011. Revisiting the 'crisis' in teen births: What is the impact of teen births on young mothers and their children? Southern Africa Labour and Development Research Unit, University of Cape Town; see also Makwane M, Desmond C, Richter L & Udjo E. 2006. Is the Child Support Grant associated with an increase in teenage fertility in South Africa? Evidence from national surveys and administrative data. Human Sciences Research Council, Pretoria.

Gender in different service areas

At the level of generalisation, the following gender issues arise in the other key service areas within social development:

- Women dominate among older persons, and especially among those needing services.
- Girls and women who are disabled can face additional challenges to those faced by their male peers. In particular, women with disabilities are at higher risk of sexual assault.
- Prevalence of HIV infection is higher among women than men, and particularly so among younger women. Women also dominate among those who provide care in the household and community, and thus bear the burden when government and other services are inadequate.
- Within families, women predominate in the parental role. This pattern is particularly marked in South Africa. Among the substantial number of children living with relatives other than their parents, grandmothers and aunts predominate.
- Gender issues are important for children, among others because it is during these years that gender norms and values are established.
- With crime, men account for the majority of perpetrators, but women account for the majority of certain types of crime, and of gender-based violence in particular. Women are more likely to be violated and murdered by their intimate partners, while men are more likely to be violated and murdered by people outside the family.
- Men and boys are more likely to abuse alcohol and other substances than women and girls. However, the abuse by men and boys affects women and girls negatively in multiple ways.
- In terms of poverty alleviation, for a range of reasons, women are more likely to be living in poor households than men.
- Among youth, women face particular problems than men do not face in the same way. In particular, youth development programmes often ignore the fact that many young women are mothers, with all the challenges that entails for their own development and well-being. While concern is expressed about this, it does not always translate into support for young women who have had children.

There are different views as to whether women should be regarded as a separate area or whether, instead, gender and women's concerns should be mainstreamed within all other service areas. The latter approach has some appeal if DSD's services are conceived primarily along a life cycle approach as gender is relevant at all stages of the life cycle rather than constituting a stage of the life cycle in its own right.

Departmental community development initiatives and campaigns

During the review process, the Committee noted differing understandings of the concept and practice of community development, as well as lack of clarity as to the specific role of DSD in this practice area.

Mikondzo and Kwanda are two of a series of initiatives that DSD has developed over the years in its efforts to have integrated services and development at community level, with a focus on the poorest areas.

A lengthy report[39] of 2015 assessed social development delivery in each of the nine provinces, using data collected through Mikondzo and community dialogues conducted by DSD. The exercise focused primarily on 23 districts (and 1 300 wards) targeted by Cabinet as most afflicted by poverty. DSD designed the tools, and conceived the exercise – and perhaps Mikondzo more generally – as action-research because it was designed to "take Social Development practitioners to the communities' in the name of research." The report noted that: "This aspect of taking managers and officials out of their offices to engage face-to-face with recipients of Department of Social Development (DSD) services seems to have had an impact on some of these officials."

The problems raised in the engagements did not necessarily fall within DSD's mandate. For example, in Bushbuckridge water and sanitation was the most named problem by far, while in Ga-Magara municipality in Northern Cape the lack of a secondary school was the most commonly voted problem. The report also noted that DSD forums were not the only ones seeking to have community participation in identify issues, with other departments and agencies (including the legislature) also mandated or encouraged to organise community participation.

Kwanda focuses on HIV prevention, alcohol abuse, violence, crime, livelihoods and support to vulnerable people. It was introduced in 2009, and DSD has utilised the services of Soul City in implementing the programme. The portfolio committee's report notes that DSD failed to establish any of the nine planned new Kwanda sites during 2014/15. The reason given for this failure was lack of "sustainable funding". Implementation continued in the existing five Kwanda communities.

39 Department of Social Development. 2015. Project Mikondzo: An Investigation into a Social Development Service Delivery Model for South Africa: The Province as a Case Report. Final Report Two (of Phase One).

Review of welfare and community development services: Summary highlights

- Older persons: Since 1997, support for residential services for older persons has been scaled back while the rollout of community-based services for the elderly is inadequate to meet the extent of need of large numbers of elderly black citizens. There are widespread concerns about abuse of older persons.
- Disability: Access challenges remain for persons with different forms of disability in respect of service areas within and beyond DSD. Mental health remains an under-recognised and under-serviced area, with lack of clarity about roles and responsibilities of DSD and Health.
- HIV and AIDS: While the number of new HIV infections in South Africa is falling as a result of widespread availability of antiretroviral therapy, the need for services for affected individuals and families remains. Use of the foster child grant as the instrument of choice for orphaned children has placed strain on both human and financial resources and placed children in need of care at risk.
- Families: The service area for families is poorly defined, and policies and interventions may not adequately take into account the diverse nature of families in South Africa.
- Children: The Children's Act has resulted in increased resourcing for, and understanding of, children's rights and needs, although service levels are still uneven and far below what is provided for in the Act. ECD receives a disproportionate share of resources, but even this service is under-resourced.
- Crime prevention: The Child Justice Act has introduced needed reforms in the area of crime prevention, but implementation of the provisions has been very uneven.
- Victim empowerment: This is a new service area and has focused primarily on violence against women, but the related services have been heavily reliant on external donor funding with resultant volatility in funding.
- Substance abuse: Interventions in the area of substance abuse, including development of National Drug Master Plans, have been unable to reduce high levels of alcohol abuse and abuse of other substances is widely perceived as having increased.
- Community development and sustainable livelihoods: Community development and sustainable livelihoods constitute a new service area for DSD. While the area encompasses a diverse range of activities, the reach and impact of community development and livelihood initiatives is small when compared with the extent of poverty and joblessness in the country.
- Youth development: This is another new area, and activities have been primarily employment-related, resulting in overlap with work of other agencies as well as with other DSD service areas.
- Women development: This new service area is poorly defined and also has serious overlaps with work of other DSD service areas.

Part VII: Social Security

Social assistance

The White Paper estimated that about 88% of the total social welfare budget at the time was allocated to social assistance, amounting to about 7,5% of total government spending. By 1994, racial parity in terms of grant amounts had already been achieved and had resulted in increases in the social security budget. However, the White Paper suggested that there was "little understanding of the significant role played in the past by social assistance money in alleviating poverty." It commented on the "great racial inequity" in child and "family-care" benefits. This, alongside serious problems with the private maintenance system, resulted in especially negative impact for poor black women. It noted that the state maintenance grant accounted for only about 15% of the social assistance budget, although 2,8 million women might be eligible.

The White Paper commented on the fragmentation, inefficiency and potential for corruption in the grant administration system. It noted that social relief in the form of cash, vouchers, rental payments, and the like primarily benefited coloured and white people, while the short-term nature of the relief was inappropriate given the long-term nature of poverty. Disaster relief was seen as poorly targeted, with a focus primarily on white farmers on "unsustainable" agricultural land.

The White Paper predicted increased demand for the disability grant, work-related dependants' benefits; foster care and adoption, community-based and institutional care; and care by older people as a result of HIV and AIDS. It pointed to non-coverage of millions of [internal] migrant workers by work-related benefit funds, suggesting that this resulted in reliance on social grants. It also noted non-coverage of domestic and farm workers and people in the informal sector.

The White Paper noted the weaknesses in the scope and operations of the Workmen's Compensation Act, 1941, especially in rural areas. It also noted that the Act transferred costs from industry to government welfare and health services.

South Africa's social grant provision is an area in which the highest numbers of poor people receive direct benefits. In 2015 grants reached about 16,7 million people in South Africa, or about 32% of the population[1] as compared to 2,8 million people, or 7% of the population at the time of the White Paper. The percentage of the provincial population currently benefiting from grants is highest in KwaZulu-Natal (at 43%) and Eastern Cape (42%) and lowest in Gauteng (19%) and Western Cape (25%).

The old age, disability and care dependency grants are all set at the same monthly amount. The amount in 2015 is R1 410, which may be slightly larger than the lower bound per capita poverty line used in the NDP, but falls below this when – as is generally the case – the grant must provide for other household members as well.

1 Information from presentation by R Ramakgopa of SASSA at Ministerial Committee Round Table on Sustainable Livelihoods, 23 July 2015.

The amounts for the old age, disability and care dependency grants as well as for the child support grant (CSG) more or less kept pace with inflation over the period 1999 to 2014, and even increased in the early years.[2] The exceptions are in 2009 and again in the increases announced in early 2015. The value of the FCG has continued to fall over time. This probably represents an attempt to narrow the gap between the FCG and the CSG, but – unlike the alternative route of increasing the CSG amount to reduce the gap – makes many children worse off than they were before.

Today there is widespread recognition of the role played by grants in reducing the depth of severe poverty. Research studies have confirmed the role of grants in mitigating child poverty, contributing to child development, improving health and education outcomes, and reducing risky adolescent behaviour. Grants can also contribute to local economic development, although the impact is not as great as it might be given the high levels of commercialisation and domination by big business in the South African economy.

In absolute terms the number of old age grant beneficiaries has increased from 1,9 million in 1997 to more than 3 million in 2015. There was an especially sharp increase over the period 2009 to 2011 as a result of the phased lowering of the eligibility age for men from 65 to 60 years. Government has committed to universalising the grant by 2016.

The disability grant targets individuals aged 18-59 years of age who are unable to support themselves through work on account of disability. Analysis of data from the General Household Survey of 2014 suggests that 7,7% of this age group has some disability, with 1,6% having at least one severe disability. Combining this with SASSA statistics for 2012/13 suggests that just over half (51%) of all people with disabilities in this age group receive a disability grant (4% of all people in this age group, and 2% of the full population). This is, however, a very rough estimate as the definition of disability in the survey does not neatly match the eligibility criteria for the grant.

The disability grant targets those who are unable to work on account of disability. Worker compensation schemes target those who are injured or suffer from diseases arising from their work, as well as dependents of those who have died from work-related accidents or diseases. The Compensation for Occupational Injuries and Diseases Act of 1993 replaced the former Workmen's Compensation Act. Reforms have included the opening of provincial offices and computerisation of systems. However, despite these and some subsequent amendments to the Act, problems remain in the compensation system.

There are particular problems related to workers' compensation in mining. These arise, among others, from the fact that historically different agencies have been responsible for mining and other parts of the economy. Further, in mining many of the cases relate to silicosis, a disease that manifests only 15-20 years after the worker is exposed to unhealthy working conditions, at a time when a migrant worker may no longer be at the mine.

The child grant system has changed radically in the period since 1997. In particular, the state maintenance grant was phased out and replaced by the CSG. The new grant, while a

2 Grant amounts are delated using Statistics South Africa's headline inflation for December of the previous year.

smaller amount, does not have the narrow and culturally biased assumptions that underlay the child maintenance grant. The reach of the CSG has been incrementally increased since it was first introduced in 1998 to the point where there are more than 11 million child beneficiaries each month. The World Bank's The State of Social Safety Nets 2014 ranked the CSG amongst the top five programmes across the world, and first in Africa, in terms of the absolute numbers as well as the percentage of the population covered.

One of the reasons why so many children and their caregivers are reliant on grants is the limited extent to which parents, who do not live with their children can and/or do make financial contributions for them. Legislative amendments as well as other reforms to the private maintenance system have brought about some improvements since 1997. Advances include the possibility of electronic payment and increased possibilities of use of attachment orders on earnings. These reforms do not, however, address one of the most important underlying challenges, which consist of high unemployment rates and low earnings among fathers. Further, some reforms, such as the introduction of family courts, have not been rolled out to the extent initially planned. This is a serious problem in a situation where the General Household Survey of 2014 suggests that close on six million children under the age of 18 years live with their biological mother but not with their biological father.

Social grants are now nationally governed, rather than provincially as at the time of the White Paper. The same basic service is therefore provided across all provinces. There is now a single national social grants register maintained by SASSA and a single national identification document system managed by the Department of Home Affairs. Difficulties arise with the latter in respect of those who do not have official identification documents, including people from outside the country and those whose documents have been lost or stolen.

The payment system for social grants is still outsourced as in 1997, but is now managed by a single company for the whole country. Investigations are ongoing as to the feasibility and desirability of SASSA insourcing the function. The experience for beneficiaries has been transformed by the introduction of alternatives to monthly queuing for cash at pay points. About four-fifths of all beneficiaries now have their payments effected electronically, receiving their payments into their own back accounts or through presenting their smart cards at vendors. This change has, among others, freed beneficiaries up to receive their grant in any part of the country rather than only at the paypoint for which they are registered. The new system has not resulted in a no-problem system, but is overall a substantial improvement. The quantitative tool which participants in the district engagements with the Ministerial Committee used to score the different services offered by DSD saw social grants emerge as the clear winner in terms of accessibility across all three stakeholder groups as well as across all provinces. In its provincial presentations SASSA reported ways in which it had expanded and improved its services. These included mobile trucks and the Integrated Community Outreach Programme.

There were, nevertheless, concerns raised about long queues, lack of adequate provision for frail and sick applicants, and lack of ablution and other facilities and water at service points. These concerns perhaps related more to applications and queries more than receipt of grant money now that most beneficiaries receive payments electronically.

There was also dissatisfaction expressed that some SASSA service points did not operate every day.

Concerns raised in relation to poor service included SASSA officials not providing information to applicants unless they were accompanied by a social worker from an NPO, rural applicants with disability being turned away because the doctor would only attend to a limited number of people each day, and delays in review of grants pushing beneficiaries into debt.

There were comments across provinces about deficiencies in the assessments for the disability grant. In particular, the current criteria were perceived to exclude more people than before, and did not take mental health into account. Design of the long-promised Harmonised Assessment Test (HAT) was completed and approved by Cabinet in 2007, but has not yet been implemented. The term "harmonised" refers to the fact that the tool takes into account all the health professions, and provides an opportunity for the different disciplines to input before a final recommendation is made. The necessary legislative changes to allow this have been delayed by uncertainty as to what to do about people with chronic conditions who might be excluded by the new definition of disability based on impairment, as well as DOH feeling unable to provide the needed number of medical doctors to participate in the assessment. Once the challenges are overcome, the HAT will be used only for assessments for disability and care dependency grants.

There were many people who were concerned about dependency on grants. Some of their comments could be interpreted as reflecting the view that ideally grants should not be necessary because economic opportunities should be readily available. Expressed differently, it is poverty, rather than social grants, that causes dependency. However, there were also some comments that seemed to oppose widespread grants in principle. These comments did not acknowledge that the grants focus on groups – older people, people with disabilities, and children – whom one would not expect to provide for themselves. Where concerns were expressed in relation to child grants, the expectation seemed to be that the caregiver (grant recipient) should provide for the child themselves. There were some suggestions that seem inappropriate about working towards exit or weaning people off grants. In the case of older people, for example, it is not clear what the term "rehabilitation" would mean in respect of older people.

There were many participants who expressed concern that grants were not monitored. It seems that at least some of these participants felt that there should be monitoring of how grant money was spent, similar to the monitoring of NPO funds. This suggestion contradicts the status of grants as a right. In other cases monitoring was said to be needed to ensure that grants went to the correct beneficiaries.

Social relief of distress (SROD) is currently among the most problematic aspects of the social assistance system. The grant is intended for people "in dire need" who are awaiting payment of an approved social grant; are medically unfit to do remunerated work for a period of less than six months; are not receiving maintenance from a parent, child or spouse; have a breadwinner deceased or admitted to a government-funded institution; are affected by a disaster; and/or are not receiving assistance from any other organisations. The grant is available for a maximum of three months, which may be extended for a further three months in exceptional cases.

The social relief allocations are, from the budget and financial side, treated as a residual, in part because unlike the other grants they are not statutorily defined as a constitutional right in the same way. This characteristic also makes them more liable to be used in a corrupt way, for example at election time. One of the complications with SROD is unclear delimitation of roles and responsibilities between SASSA and provincial DSD. A further challenge is that SROD is not well suited to address disasters as it is targeted at individuals rather than at larger groups, such as geographical communities.

As predicted by the White Paper, the HIV and AIDS pandemic has resulted in increased demand for disability grants (and a resultant unresolved discussion as to whether the grant should be available for people with chronic illness rather than disability), and a massive increase in the demand for foster child grants after government announced that these grants were available for those, including grandparents, caring for orphaned children.
Currently, South African migrant workers are covered by the same laws and policies as non-migrant workers. They may, however, experience more difficulties in claiming their benefits. Domestic and agricultural workers, including seasonal workers, are now covered by the UIF, and the Department of Labour plans to extend coverage of the Compensation Fund to domestic workers over the next few years. Self-employed workers remain without coverage.

SASSA is responsible for virtually all tasks associated with social grants other than policy making. SASSA also sometimes gets involved in other services, such as food parcels. DSD is responsible and delivers in other areas of social assistance.

Food is made available by several different actors through multiple channels and to diverse categories. Examples that illustrate the diversity as well as the differences across provinces include soup kitchen vouchers for people who are infected by tuberculosis in Western Cape; meals on wheels for specified organisations and services in Gauteng; DSD food banks (serving, among others, those on ARV) and food parcels for pensioners in Gauteng. National DSD's annual report for 2014/15 reports that more than 400 000

Unemployment Insurance

Unemployment insurance is especially important in a situation where there is no grant – other than the disability grant – for poor individuals aged 18 to 59 years. The White Paper noted that the Unemployment Insurance Board had stopped granting extended unemployment benefits and that this had resulted in increasing reliance of unemployed people on welfare.

In contrast to the situation in 1998, the Unemployment Insurance Fund has had a surplus in recent years. This is, in part, due to changes in the unemployment insurance system, including requiring contributions from higher-paid workers. This allowed, in 2014, for the extension of the maximum benefit period from eight to twelve months in a four-year period. This extension, while welcome, is only of benefit to those who have contributed to the fund for a sufficient length of time. It does not help with increasing number of employees whose work has been informalised through various forms of externalisation. Further, it does not help the self-employed, who are currently not eligible to join the Fund.

households accessed food through the Food Security Programmes and DSD distributed more than three million kilograms of food supplies to more than 615 898 beneficiaries.[3]

Broader social security

The process of developing proposals for comprehensive social security reform began in 2007. DSD is a lead player, as appropriate given the agency's lead role in respect of Outcome 13. Likely proposals that directly impact DSD and its agencies include universalisation of the old age grant and the CSG. In crude terms, the proposed approach can be explained as harmonisation of the grant means cut-off with the tax threshold, so that all people in the relevant age group benefit either through a cash grant or through a reduction in tax.

There are also other planned changes in respect of child grants. In November 2015 Cabinet approved an extended CSG for family members (such as grandmothers and aunts) who are caregivers of orphans. The expanded CSG will be 50% higher than the CSG. Caregivers in this situation who currently receive the FCG will continue with the latter grant, effectively resulting in a phasing out of the FCG for this group over time.
In 2012 DSD commissioned a study into the feasibility of introducing family benefits rather than the current system of individual social grants. The report[4] on the study saw the motivation as lying primarily in the fact that South Africa's current system of grants does not address the needs of the "able-bodied working-age poor", except to the extent that some members of this category may receive grants that assist them in providing care to children.

The report presented five country case studies – of Brazil, Mexico, Armenia, United Kingdom, Australia – which reveal that there is no single model for a "family grant". However, one commonality is that all five countries base the size of the benefit in part on the number of children in the household but do not necessarily take the number of working-age poor into account. Comparison of South Africa's child support grant with the family grant programmes reveals that the former already includes some aspects of a family grant programme.

The study notes that the fact that household composition changes over time due to mobility, death, movement of orphans between households, and other reasons, will make a family grant difficult and costly to implement, and could also result in unforeseen consequences where individuals (such as abused women) are pressured to remain in unhealthy families in order not to lose access to the grant. Analysis of changes in household composition over time using data from the longitudinal NIDS of 2008 and 2012 analysis suggest substantial changes in household membership over a very short period of four to five years on all three measures used. For example, less half (45 per cent) of individuals covered by the survey in 2008 and 2012 were living with exactly the same individuals with whom they lived in 2008, even after excluding any new births.

3 Department of Social Development. 2014. Annual Report 2014/15. Pretoria.

4 Samson M, Meth C, Khadka A, Koh K, Miller E, Moorhead T, Renaud B with Carnes RD, Dayton WT and Lauten P. 2012. A Study on the Feasibility of Introducing Family Benefit(s) instead of the Existing Individual Social Grants. Prepared for Department of Social Development. Economic Policy Research Institute: Cape Town.

Only 39 per cent of people living in traditional (former homeland) rural areas, which are the poorest areas overall, were living with the same people as in 2008. The findings suggest that any government or other development interventions that assume a stable family will not be suitable for the South African context.

There have also been proposals for a special HIV and AIDS grant. The motivation for this came, in part, from a concern that HIV-infected people would not take their medication because, in reducing their CD4 count and promoting their health, they would no longer qualify for a disability grant. Another motivation was that such a grant could cover the costs associated with the disease, such as transport costs to the clinic to collect medication and healthy food. In respect of the second motivation, in particular, there are questions as to why HIV should be privileged over other conditions in which those affected have similar transport, nutrition and other needs. The first motivation could fall away if, as proposed, people are eligible for ARVs as soon as diagnosed HIV-positive, regardless of the CD4 counts.

The Committee finds that without an agreed social protection floor that sets minimum or basic entitlements, the cost of living of poor households will undermine their quality of life. After careful consideration of all the factors involved the Ministerial Committee on the Review of the White Paper supports the proposals on comprehensive social security reform, and is of the view that the proposals taken to Cabinet in 2012 are more aligned to the Constitution and that of the NDP than the previous proposals. The 2012 proposals are supported over those of 2015.

Social security: Summary highlights

- The social grant system was the most highly rated service by beneficiaries, service providers and practitioners during the Committee's review process, and is also highly regarded internationally for its reach and impact.
- Diverse nutrition and food security initiatives are implemented by a range of different agencies, but there is little, if any, information available about effectiveness and impact.
- Proposals for comprehensive social security reforms have been developed, but there have been serious delays in adoption, and thus implementation.
- Comprehensive social security should include a social protection floor with basic social welfare services and income support measures such as social grants part of this floor.
- South Africa's social security system provides a lifeline to the poorest households and reduces poverty and inequalities.

Part VIII: Review of current institutional issues

Policy framework, functions and structures

The White Paper noted that the Constitution assigned responsibility for social welfare to national and provincial, rather than local government, although some local authorities had delivered services on a small scale in both black and white areas during the apartheid era.

Developmental welfare services and the capable developmental state

The NDP attributes South Africa's failure to meet the targets of poverty reduction and deprivation laid out in the Reconstruction and Development Plan in part to "an overly optimistic view of the capacity of the state" and a resultant "lack of coordination between the public sector, the private sector and civil society". The last-named is especially important in the social development sector as CSOs delivers many of the relevant services. The NDP also highlights uneven and poor performance within the public sector, inappropriate staffing, and leadership instability at the administrative levels amongst other concerns. It refers to "general shortcomings in coordinating and implementing a number of government policies" as one of five gaps in the social protection and social welfare system requiring attention.[1]

The South African government functions according to three distinctive, interdependent and interrelated spheres (i.e. national, provincial and local). The Constitution (1996) requires that the three spheres co-operate and acknoweldge each other's area of jurisdication, and act within a system of co-perative governance and integovernmental relations. National government bears the main responsibility for making and formulating policy, the development of national standards and norms, as well as rules and regulations.[2] The functions of provincial DSD are to implement and comply with legislation, policies and related norms and standards, and in particular to ensure that services are delivered in line with these instruments. Provinces may also prepare and initiate provincial legislation.

The local sphere does not have direct responsibility for social development. However, local government may play a role in ensuring compliance with national standards for service delivery. For example, in respect of ECD municipalities are required to ensure that the facilities used meet health and safety standards. There are some calls for local government to have more responsibility, but this might well result in greater inequity given the current situation of most local governments serving poor people.

1 Ibid. p340

2 Department of Public Service and Administration. 2003. The Machinery of Government. Document prepared and co-ordinated by: Learning and Knowledge Management Unit in the Service Delivery Improvement Branch of the Department of Public Service and Administration.

DSD itself is structured and operates along district lines. This is meant to ensure attention to local needs and specifics. However, the district structure can cause some problems of its own, including in terms of uneven capacity, unnecessary bureaucracy and the associated delays in delivery and lessened efficiency.

Policy and legislative mandates

The NDP outlines the long-term growth, prosperity and socio-economic transformation plan of the country. The five-year Medium Term Strategic Framework (MTSF, 2014-2019) translates the vision and desired outcomes of the NDP into implementable, budgeted plans and targets.

Outcome 13 of the NDP is on social protection. The social protection agenda is broader than social assistance. The NDP envisages that, by 2030, South Africa will have a defined and sustainable social floor that provides a diversity of easily-accessible guarantees aimed at preventing or alleviating poverty as well as protecting citizens against vulnerability.[3] The notion of a social floor is not captured in the 2007 White Paper for Social Welfare or any other current legislative instruments.

The legislative and policy environment in South Africa is both comprehensive and aspirational. There are many individual pieces of legislation and policies which guide the country in its efforts to fulfil its mandate in respect of social development. However, the absence of over-arching legislation opens the door to fragmentation. National DSD's Strategic Plan 2015/2019 states that it will develop a Social Development Act by 2019[4]. The danger of fragmentation is exacerbated by the limited role played by national DSD in ensuring coordination and sequencing of policy priorities as well as standardisation of structures and staffing throughout the sector.

Planning, monitoring and evaluation

Policy is translated into strategy through the five-year strategic plan and annual performance plans (APPs) of departments. Analysis of the plans reveals that each province has a different mix of policy and legislative mandates which are said to guide its work. The analysis suggests that there is a lack of understanding of policy and legislative alignment in some provinces as some provinces do not list any policy or legislative mandates, some list non-core or outdated policies and legislation, while others omit critical policies and legislation. Some provinces (North West is the prime example) focus primarily on provincial priorities in their strategic and APPs, while others (Eastern Cape, Gauteng, Limpopo) have plans that span all policies and legislation impacting on their work. In several provinces there is more emphasis on residential and institutional services than on potentially more developmental services and interventions.

The ISDM states that: "Effective monitoring and evaluation of the programmes and activities of the Department and sector is essential for measuring the success

3 National Planning Commission. 2011. The National Development Plan.
4 DSD, Strategic Plan 2015/19: 33.

of developmental social service provision"5. Social workers, other professionals, departmental officials and service delivery NPOs express unhappiness about the emphasis on quantitative measures in the current performance monitoring system. The concern is, in particular, that such measures do not capture qualitative aspects of service delivery, including impact. The counter-argument is that quantitative measures which focus on outputs (or deliverables) as do, for example, the quarterly performance indicators which must be reported to the Department of Performance Monitoring and Evaluation (DPME), are necessary, but not sufficient. It is only if this information on deliverables is available, credible and reliable, that one can begin to ask about the qualitative (and quantitative) outcomes and impact of the services delivered.

Some of the provinces include in their plans targets which are vaguely specified, such as a numerical target of 4 000 for services "to the poor, vulnerable and special focus groups" in Limpopo, and a targeted of eight "integrated development social welfare services to the relevant targeted people infected and affected with HIV and AIDS and people with special needs" in Western Cape. Free State has an increase from 850 to 4 033 children receiving services in a single year without any explanation as to how this is to be achieved.

In the first few years of the rapid development of monitoring and evaluation in the public sector, emphasis was placed on setting up institutional structures to accommodate the function. Less attention was placed on up- or re-skilling of public service officials to perform the monitoring, reporting and evaluation functions introduced into the system. In addition, in the first years, there were regular changes to the indicators and targets. This prevented production of a series that could show development of services over time. The core indicators have now been standardised. However, some provinces report erratically and there appear to be differences in understanding of what some indicators measure, and also how annual numbers should be derived from the quarterly counts.

DSD functions as outlined in guidelines, models and frameworks

Various models, guidelines and frameworks have been developed for the delivery of social development services. The ISDM aims to "provide a comprehensive national framework that clearly sets out the nature, scope, extent and level of social services … which will form the basis for the development of appropriate norms and standards for service delivery." Further general documents include Generic Norms and Standards for Social Welfare Services (undated); Framework for Social Welfare Services (2013); the Generic Intervention Process Model for Social Work Services (undated) and the Service Delivery Value Chain (undated). In addition to these generic documents, a number of guidelines, norms and standards have been developed for specific services within the sector.

The ISDM includes an implementation plan, but it seems that this was perhaps not followed. For example, the implementation plan refers to the establishment of a Model Implementation Advisory Team at the national, provincial and local levels of government to guide implementation and the associated change management process. There was no mention during the Ministerial Committee's review process of such teams

5 National Department of Social Development. Integrated Service Delivery Model: 47.

being established (and it is questionable why they would exist at local level when local government does not have direct social development functions).

According to national DSD, funding constraints have prevented comprehensive roll-out of the Generic Norms and Standards for Social Welfare Services. In the absence of resources for roll-out and a system to monitor compliance, guidelines become suggestions rather than requirements.

Comparison of the various generic documents in terms of services, levels/focus and target beneficiaries reveals inconsistencies between them. It is also not always clear how the documents relate to each other. For example, the Generic Norms and Standards for Social Welfare Services states that this document must be read together with the 2013 Framework for Social Welfare Services and that social workers need to be trained on both documents, but does not explain further how the two documents relate to each other. The lack of clarity allows for differing interpretations and thus differences in services.

Organisational design

Ideally, "form follows function" and "structure follows strategy". There are, however, challenges with adhering to this principle of organisational design and structuring throughout government. The large range of guidelines, frameworks and policies beyond the sector to which national and provincial DSD need to align adds to the complexity of organisational design.

The ISDM notes the importance of having "as much structural alignment as possible between the national and provincial departments, as this will facilitate the coordination and integration of services, and improve communication and joint planning". There are, however, differences between the organisational structures of different provinces. There are even more differences between district structures in the nine provinces. These include differences in how sub-directorates and divisions are clustered or named. There are also differences in how functions are named, with some provinces using the word "managing" where another might use "facilitating", "rendering" or "providing" a particular service. Decentralisation of support functions to districts results in the duplication of structures in the three levels of government, and contributes to the bloating of the organogram. For example, a corporate services division currently exists at national, provincial and district level in most provinces. Where districts have facilities falling under them, these facilities may in turn have a corporate services division.

During February 2008, the Heads of Social Development and DSD MinMec agreed upon the following organisational design principles: strategic and structural alignment; service delivery; clear lines of accountability; balanced span of control; sustainability; efficiency and effective(ness); simplicity; cost effective(ness); service integration; and clear role separation between national and provincial responsibilities.[6]

In addition, a value chain defining how all services across the sector are to be delivered, was agreed upon by top management of national DSD through a consultative

6 National Department of Social Development. Undated. Position Paper: State of Human Capital Management.

process. Unfortunately, the value chain excludes non-state actors, which undermines the comprehensiveness of the model. It is also not clear to what extent the design principles and the value chain have been applied in human resources (HR) planning and organisational design.

In 2010/11, national DSD initiated collaborative development of a standardised organogram for provincial DSD.[7] By the deadline for the conclusion of the process (2012/13), five of the nine provinces – Eastern Cape, Free State, Gauteng, KwaZulu-Natal, and North West – had reportedly embarked on the process of adopting the standardised organogram. However, current organograms still show a mismatch between the provincial structures and the generic functional structure even in these five provinces.

In 2014, the Minister of Public Service and Administration issued a directive spelling out the conditions within which a department may make changes to its organogram.[8] The directive requires consultation with the Minister of Public Service and Administration before any changes are made. Principles underlying the directive include ensuring value for money, appropriate distribution of posts across core and non-core functions, and improving the responsiveness of the structure to the mandate and strategy of departments. The directive also requires the development of norms and standards for the creation of Senior Management Services posts. This could be an important aspect for DSD, which has, for example, approximately 40 chief directors in national DSD, as against 30 or fewer in Health and Education.

National DSD's Chief Directorate: Human Capital Management has identified four phases to the process of aligning provincial structures to the generic functional structure, namely consultation, agreement on migration principles, approval by the MEC, and implementation. An undated report shows that six provinces had not progressed beyond phase 1, while two (Limpopo and Northern Cape) had approval from the MEC with implementation affected by financial constraints, while Western Cape was in the process of implementing the new structure. Protracted delays in the approval of some organograms (for example the Eastern Cape), present a challenge to the delivery of services.[9]

Examination of the structures of five of the nine provincial DSDs shows relatively good, although not exact, alignment with the generic structure for Mpumalanga and Northern Cape while, of the five provinces examined, Gauteng has the least alignment to the generic structure. (The other two provinces examined were Eastern Cape and Western Cape.)

Common signs of non-alignment include:

- Units (such as auxiliary services, service delivery and transformation, and infrastructure and facilities units) in the generic functional structure not included in the provincial organogram
- Location of structures and units at different levels (e.g. directorate versus sub-directorate), differences in clustering of units, and/or two units seeming to

7 National Department of Social Development. 2012. Situational Analysis Report on the Social Service Workforce Servicing Children.

8 Department of Public Service and Administration. 2015. Directive of Changes to the Organisational Structures by Departments.

9 Eastern Cape Department of Social Development. 2013-2015. Human Resource Plan: 28.

have responsibility for the same function

- Inclusion of units (e.g. war on poverty, sustainable livelihoods, probation services, talent management) not found in the generic structure.

The provincial organograms demonstrate greater alignment in respect of non-core functions, such as supply chain management, HR management, and ICT management than in respect of service delivery. However, examination of the older persons service area suggests that even in this long-established area where there is general agreement on the core set of services, the structure differs across provinces.

More generally, what is noticeable about the generic structure is that job titles for social service professionals such as social workers and community development workers denote predominantly management roles rather than provision of services. This might reflect the fact that NPOs are responsible for the bulk of delivery. However, the language used to describe the functions of the professionals – with words such as "development of policy", "coordination", "facilitation", and "evaluation" – does not match the more delivery-oriented functions listed in the ISDM. There are also sometimes discrepancies between job titles and job functions in approved provincial structures where, for example, the job title is "manager" but the function refers to "providing" services. Even at district level, there are more managers than one would expect. Further, while national DSD bears the primary responsibility for policy development, Gauteng has six social work policy developer posts in a single sub-directorate (older persons). The confusions are exacerbated by the serious overlaps between the job descriptions for social work policy manager and social work policy developer provided by the Department of Public Service and Administration.

Human resources

The White Paper put the total number of welfare personnel in government and the formal, subsidised welfare sector at just over 8 000. Social workers accounted for more than half (56%) of the total, and more than half of the social workers were employed by government. The total number of public sector social security personnel stood at 2 256 and public sector administrative personnel at 1 315. The White Paper highlighted the uneven distribution of human resources across and within provinces, with Eastern Cape, North West, Mpumalanga and Limpopo faring worst. It advocated for expansion of the use of other categories of social service workers so as to avoid the "over-reliance" on social workers. It commented on the "extremely low" salaries earned by welfare workers, the poor working and service conditions, lack of career path planning, and "inappropriate" management styles. It acknowledged volunteers as a "significant human resource" utilised by welfare organisations and in "development programmes" more generally and suggested that use of this form of human resources be expanded so as to extend welfare services.

The White Paper critiqued the emphasis in social work training on therapeutic and restorative services alongside neglect of a developmental approach which would respond to "the most important social development needs in South African communities." It acknowledged the ongoing work at the time in some of the institutions to change the orientation.

Number, distribution and type of workers

In November 2015, the nine provincial DSDs combined had a total of 30 506 posts, of which 25 442 were filled. There were a further 1 354 staff employed additional to the establishment. In terms of social security, in mid-2015 SASSA employed more than 10 000 people.[10] The provincial budgets show the total number of DSD staff increasing from 15 417 on 31 March 2011 to an estimated 26 745 on 31 March 2017.

PERSAL recorded a total of 33 187 employees of national and provincial DSD in December 2015. National DSD accounted for only 3% of the total. KwaZulu-Natal had by far the most employees recorded on PERSAL, but more than half (56%) of these were EPWP employees who in other provinces are not on the government payroll but instead paid through subsidies to NPOs. If these workers are excluded, KwaZulu-Natal had fewer employees than either Eastern Cape or Gauteng. Eastern Cape had the most employees – at 18% of the total excluding the EPWP workers and national employees although it accounted for only 13% of the total population according to the mid-year population estimates for 2015 produced by Statistics South Africa.

Of the 9 598 social workers (who accounted for 29% of the total DSD workforce), 8 129 (85%) appeared to be frontline workers, i.e. were not playing management, supervision, policy development, and administrative roles. There were also 2 573 social auxiliary workers (8% of the total workforce), all of whom are assumed to be frontline workers. The 2 329 community development workers accounted for 7% of the total DSD workforce, and 1 993 (99%) appear to be frontline workers. The 3 818 CYCWs accounted for 11% of the total DSD workforce and 3 818 (93%) appeared to be frontline workers. The distribution of the various categories of staff across programmes and sub-programmes varied substantially across provinces. Overall, Eastern Cape had the largest number of social workers, at 1 965, Gauteng the most SAWs, and KwaZulu-Natal the most CYCWs.

Population: staff ratios can be derived by dividing the population of a province, as reflected in the 2015 mid-year estimates, by the number of approved posts, filled posts, and employed staff. The last-named – employed staff – includes both staff filling approved posts and staff employed in posts additional to the establishment.

Eastern Cape emerges as the best resourced province in terms of approved posts, while Northern Cape is the best resourced in terms of filled posts and actual staff. Northern Cape's position can be at least partly explained by its having the smallest population but the largest geographical area, which diminishes opportunities for economies of scale.

Gauteng is the least well-resourced on all three measures followed by Western Cape and KwaZulu-Natal. The position of Gauteng and Western Cape is partly explained by the more urban nature of these provinces, and thus clustering of the population. KwaZulu-Natal's position is not so easily explained.

10 SASSA presentation to round table, June 2015.

If analysis is confined to social workers, Eastern Cape again emerges as the best resourced province, followed by Limpopo. DSD's ISDM proposed social worker: population ratios of 1: 5 000 in Gauteng, 1: 4 500 in KwaZulu-Natal and Western Cape; and 1: 4 000 in other provinces. In Eastern Cape the population per approved post stands at less than 3 000, the approved norm, even before considering social workers employed by non-profit organisations (NPOs). At the other end of the scale, in Gauteng and Mpumalanga the population per approved social worker post stands at more than 7 000. Yet Mpumalanga is a predominantly rural province.

All provinces show a marked decrease in the population per social worker over the period. The decrease is especially marked for Limpopo, which ends the period in the second best position after Eastern Cape. The decrease is smallest in relative terms for Free State, Western Cape and Mpumalanga but the Free State pattern is misleading because the 1996/97 number includes social workers employed by NPOs. Gauteng and Western Cape are better endowed with non-government social workers than most other provinces and thus need fewer government social workers. These two provinces are also the most urbanised, and the norm for the ratio is therefore higher.

The provincial analysis does not show the full extent of geographical disparities as there are further disparities within each province. Analysis in Eastern Cape shows that 75% of all government-employed CYCWs are in Nelson Mandela Metropole, while this district accounts for only 18% of the population. Similarly, in Limpopo, 75% of all government-employed CYCWs are in Capricorn district, while this district accounts for only 23% of the population.

Social work has been classified as a scarce skill within DSD. The Presidency estimated that between 2000 and 2014 the number of social workers in South Africa grew from 9 072 to 18 213[11], with substantial further growth expected subsequent to 2014 facilitated by the social work bursary scheme. This scheme was first introduced in 2008, and by 2013 more than 6 300 bursaries had been awarded. The estimates, if based on registrations with the SACSSP, are over-optimistic as in March 2012 only 56% of all registered social workers were employed by either government or NPOs.

Several other national departments employ social workers. Thus SAPS has 316 approved social worker posts (of which 290 were filled) in late 2015, Correctional Services had 640 posts (555 filled), Justice and Constitutional Development had 151 (128 filled) and Health had four (all filled). While the national DOH has very few social work posts it is likely that more social workers are employed by provincial DOH.

Government has committed substantial resources to addressing the human resource needs. Initiatives include substantial increases in the number of funded posts (although too many posts remain unfilled), a very substantial social work bursary programme with some follow-up employment opportunities, and funding for training and employment of other social service professional cadres, including social auxiliary workers and child and youth care workers. Nevertheless, social workers continue to perform work that could be (better) performed by other (lower-paid) categories of social service professionals.

11 Jamieson L, Wakefield L & Briedé. 2014. "Towards effective child protection: Ensuring adequate financial and human resources" in S Mathew, L Jamieson, L Lake & C Smith (eds). 2015. South African Child Gauge 2014. University of Cape Town: 51-57.

Human resource planning

In 2008 a detailed Change Readiness Assessment was done within the national and all provincial DSD.[12] The report revealed widespread "perceptions of bureaucracy, rank-consciousness and a 'silo' operating approach" across all departments. Poor communication was singled out as a particular concern, as the bureaucratic nature of the department prevented messages from filtering down through the layers of the organisation. Some participants indicated that high staff turnover in the departments was a result of the dysfunctional organisational culture.

In 2010, DSD embarked on a Norms and Standards project, which was to inform standardisation of business processes and development of operational norms and standards. It is not clear whether the recommendations of the review were implemented. Interviews with social workers highlighted ongoing problems with business processes and workflow management within the department, especially at district/regional level. There is also weak integration of processes between districts, provinces and national DSD. North West has conducted its own business process mapping exercise, and produced a manual in this respect. However, the manual does not show any links with national processes.

HR planning is regulated by the Department of Public Service and Administration (DPSA). The regulations require that all departments undertake an intensive HR planning process alongside development of the MTEF. In addition, in 2010 DPME introduced the Management Performance Assessment Tool,[13] which provides for self-assessment, moderated assessment, and development of an improvement plan that is monitored on a quarterly basis. Within the HR performance area, the department is rated on the extent to which the HR plan addresses both the current and future workforce needs of the organisation.[14] In 2014, in Gauteng the moderation team did not find any evidence of a medium-term HR Plan, or an Annual HR Planning Implementation Report and therefore allocated the lowest score, 1. National DSD, Mpumalanga and North West provinces achieved a level 2 score, indicating partial compliance.

In 2013, DSD developed an HR model for the sector. The model aims for alignment with the legislative mandate, paying attention to specialisation, addressing the skills shortages and providing a broad framework for managing social service professionals.[15] DSD is also currently leading a process of developing a sector human resources plan, in an attempt to align HR plans of national DSD and all nine provinces.[16] The plan covers professionals in NPOs offering statutory services who are funded by government, but not those offering non-statutory services. The focus on statutory services implies a bias away from ensuring a full continuum of services, starting with primary prevention and intervention. In so doing, it loses the opportunity of reducing the need for statutory intervention.

12 KPMG/Department of Social Development. 2008. Consolidated Change Management Readiness Assessment. Unpublished report.

13 The Presidency: Department of Planning, Monitoring and Evaluation. MPAT 2014 National Launch.

14 Department of Planning, Monitoring and Evaluation. MPAT Standards.

15 National Department of Social Development. 2013. HR Model of the DSD: 4.

16 Position Paper: State of Human Capital Management. Undated. Document submitted to the Ministerial Committee on the Review of White Paper on Welfare Services.

The ISDM indicates that "span of control" is one of many factors to be taken into consideration in the development of norms and standards. It recommends norms for both community-based and institutional care in this respect. The HR Model for the Social Welfare Services (2013) does not provide norms and standards in respect of lines of accountability and span of control although it does provide guidelines in respect of lines of accountability. In contrast, while the Generic Norms and Standards for Social Welfare Services (undated) and the Framework for Social Welfare Services (2013) do not indicate lines of accountability, they provide guidance in respect of span of control for social work supervisors. There are, however, no norms and standards for span of control for management functions. It seems that this gap could have contributed to the bloated management structure within DSD.

Presentations made by provinces during the Ministerial Committee's provincial review sessions highlighted concerns expressed in other sources about shortfalls in supervision. Examination of organograms suggests unrealistic supervision workloads. For example, Eastern Cape's proposed structure provides, in the Social Welfare division in the Mbizana Local Service Office, for a span of control for a Social Work Supervisor of 1: 29[17] as against a maximum norm of 1: 13. In Gauteng, in contrast, at the Ekurhuleni Regional Office there are three community development supervisors for only one community development practitioner while the norm is 1: 6.

Interviewees suggested that, with a shortage of supervisors, consistent supervision is reserved for newer social workers and social auxiliary workers. This approach is in line with the Supervision Framework for the Social Work Profession in South Africa.[18] A wide span of control is acceptable if workers are capable and able to work on their own, and if jobs are routine. However, with this approach supervisors will tend to focus primarily on performance management, rather than training and development, while the latter seems to be the intention of the Supervision Framework.

National DSD's Human Capital Management Chief Directorate was established to address workforce planning for national DSD only.[19] However, there are concerns about high vacancy rates, poorly capacitated staff, incorrect placement of staff in jobs (i.e. incorrect "fit"), poor personal development and career-pathing, inappropriate span of control and other HR issues throughout the sector.

In his audit of 2013/14, the Auditor-General found "stagnant or little progress" in human resource management across the sector (national and provincial departments).[20] The main conclusion reached was that there was a shortage of social service professionals to ensure that the necessary services are available to all communities.

17 The organogram states that there are 8 Social Work Supervisors, 47 Social Workers and 188 Social Auxiliary Workers. The assumption is that the Supervisors provide supervision services to all SWs as well as SAWs.

18 National Department of Social Development. 2012. Supervision Framework for the Social Work Profession in South Africa.

19 National Department of Social Development. Undated. Position Paper: State of Human Capital Management. Status Report compiled for the Ministerial Committee on Review of White Paper on Welfare Services. Compiled by the Chief Directorate: Human Capital Management (national DSD): 42.

20 Auditor General. 2014. Social Development Sector Report. A consolidated Social Development sector report containing a summary of the audit outcomes as well as audit focus area findings raised for the provincial departments of Social Development and the national Department of Social Development for the financial year ended 31 March 2014.

The root causes were identified as: a) the lack of monitoring to ensure that adequate and sufficiently skilled social service professionals are in place; and b) insufficient budgets available for provinces for the appointment of social service professionals. Unfortunately, the Auditor-General's comments and recommendations did not seem too take into account the role that NPOs can and could play in addressing the service delivery gaps if adequately funded to do so.

Staff shortages

The 2006 Recruitment and Retention Strategy for Social Workers resulted, among others, in the development of benchmark job descriptions for social auxiliary workers, implementation of the social work scholarship programme, and research on the physical working conditions of social workers. An evaluation of the effectiveness of the strategy in 2010/11 exposed lack of awareness of the strategy among interviewees and misplacement of managerial responsibility. It also described the poor working conditions of many social workers.

The 2013 HR Model is silent on the extent of the demand or need for developmental social welfare services in the country. The absence of a clear mapping of demand/need frustrates meaningful HR planning. A costing of the Children's Bill at the time it was being developed projected that for this piece of legislation alone 16 504 social workers, 14 648 social auxiliary workers, and 12 955 child and youth care workers would be needed by the sixth year of implementation, calculated at the lowest possible cost.[21] At full cost, the numbers would be 66 329, 48 660 and 216 913 respectively. More recently, KPMG has been commissioned to develop a demand and supply model for the department but has struggled to find appropriate data sources for many services.
Delays in the filling of vacancies across all areas of DSD's core functions remain a challenge. High turnover is also a problem, with Eastern Cape reporting a rate of 3.2% for social work services (compared to the expected standard of 2%)[22]. Staff shortages are reported to be especially challenging in rural areas. That said, however, the most rural province – Eastern Cape – has a lower (and thus better) population to social worker ratio than any other province, with very rural Limpopo also performing relatively well on this measure.

For social workers and community development workers, the vacancy rate ranges from 0% in Limpopo and Mpumalanga to 24% in Eastern Cape. If one excludes Eastern Cape, with its relatively generous and unapproved organogram and thus moratorium on filling posts, the highest vacancy rate is in North West, at 11%. The Generic Norms and Standards for Social Welfare Services (2013: 40) state that the vacancy rate for critical posts should not exceed 5%. Four provinces fail on this measure. Strategic plans highlight the shortages of social and related workers, yet departmental HR Plans are not convincing as to how departments intend to address the matter.

Many qualified personnel do not want to work and/or live in poverty-stricken areas. A national bid by DSD to National Treasury to provide for rural allowances to attract

21 Cited in National Department of Social Development. 2012. Situational Analysis Report on the Social Service Workforce Servicing Children.
22 Eastern Cape HR Plan, 2013-2015.

personnel to these areas did not succeed. Personnel in rural and other poorer areas also complain about poor office accommodation and the absence of necessary tools of the trade, including transport.

The conditions of work and salary of all government-employed social development personnel are governed by a single bargaining council, the Public Service Coordinating Bargaining Council. Government must also, like other employers, comply with the Employment Equity Act.

An occupation-specific dispensation (OSD) for social workers was introduced in 2011. It covers social workers, social auxiliary workers, community development practitioners, assistant community development practitioners and child and youth care workers. The OSD is meant to provide for these workers' salaries to be higher than for other government employees at an equivalent level.

Although the OSD was intended to ensure that social workers would not leave the profession, there are claims that it has had the opposite effect[23]. It seems that many are unhappy with the way that OSD has been implemented, and that it has led to low morale across all nine provinces. Importantly, there has been a noticeable exit of social work supervisors, which has affected the quality of social work services in general. However, to the extent that exit has occurred in the NPO sector, this cannot be blamed on poor implementation of the OSD as the OSD does not apply to NPO salaries. It is, however, conceivable that introduction of the OSD for government personnel has exacerbated unhappiness among NPO workers by increasing the relative gap.

The rural/peri-urban/urban inequities which have persisted since the time of the White Paper are explained not only by the distribution of posts, but also by the fact that many qualified personnel do not want to work and/or live in poverty-stricken areas. Allocated posts thus remain unfilled or have high turnover. Personnel in rural and other poorer areas also complain about poor office accommodation and the absence of necessary tools of the trade, including transport. The rollout of the Isibindi programme has focused primarily on rural and other under-served areas and thus aims to help address the imbalance, but does so only in respect of child, youth and family work.

In the round tables organised by the Ministerial Committee as well as other forums concerns were expressed at the way in which most discussions of the workforce focused only on social workers, ignoring the other cadres, as well as the need for and potential of non-hierarchical multi-disciplinary teams in integrated service delivery. A submission by the SACSSP suggested that there was some "over-servicing of clients" by the different cadres.

Workload management

The Ministerial Committee was informed that some social workers have to deal with caseloads of up to 300, well beyond the norms and standards set by the sector. DSD has

23 National Department of Social Development. 2012. Social Service Workforce Servicing Children.

revised its Guidelines for the Management of Workload of Social Service Practitioners, which covers social workers, child and youth care workers and care givers. DSD informed the Ministerial Committee that it had plans to train staff on implementation of the guidelines.[24]

Foster care has presented particular problems in relation to workload management. In 2006, provincial DSD reallocated social workers from other work to foster care to deal with the large backlogs of pending cases. Some provinces also employed additional social workers and social auxiliary workers to assist with investigations, compiling reports and finalising children's court enquiries. By late 2014, the terms of reference of the foster care committee estimated that the work of more than 5 300 social workers and more than 1 600 social work supervisors was focused on foster care.

Social workers who were interviewed[25] as part of the review reported overwhelming workloads, and an inability to focus on work specified in their job descriptions. This resulted in feelings of despair and hopelessness about the impact of their work in a situation where they were involved in ongoing crisis management. High vacancy rates, inappropriate "job fit", poor comprehension of organisational goals and objectives, high workloads, scant (or no) supervision, inappropriate span of control and poor personal development planning contribute to high levels of burn-out and wellness-related problems reported by some interviewees. This, in turn, has a negative impact on DSD's ability to achieve its developmental social welfare mandate.

Non-profit organisations

The White Paper observed that there was a large institutional infrastructure for welfare in civil society, with a "rich tradition" and organisational resource base. While accurate statistics were not available, as many as 10 000 civil society organisations (CSOs) were thought to focus on welfare and development. This number included government-subsidised formal welfare organisations, both subsidised and unsubsidised religious organisations, and an unsubsidised "informal" welfare sector. The informal sector was characterised as being rooted in the anti-apartheid movement, and reliant primarily on foreign funding.

The Department of Welfare published a draft new NPO financing policy for consultation even before the White Paper was published.[26] The plan was that an agreed policy would be included in the White Paper by the time it was published in late 1997. This did not happen.

The draft policy proposed a move to primarily programme funding, so as to move away from the bias towards "single-purpose residential facilities" as well as away from subsidising posts and unit costs. The document confirmed the department's commitment to supporting organisations financially, but was clear that government

24 National Department of Social Development. Undated. Status Report Welfare Services Transformation. Report produced by the Chief Directorate: Welfare Services Transformation for the Ministerial Committee on the Review of the White Paper on Social Welfare (1997).

25 Focus Group with HR personnel and social workers, 29 January 2016.

26 Department of Welfare. May 1998. Policy for the Financing of Developmental Social Welfare Services. Draft policy document for consultation with all stakeholders. Pretoria.

would not "take sole responsibility for the financing of services, thereby creating a culture of dependence". Further, the level of financing would be "subject to the availability of funds within the Department's budget". However, NPOs would be given priority (over for-profit providers) "in line with the principle of democracy".
The draft NPO financing policy developed before the White Paper included a component termed Capital Investment Financing but noted "lack of clarity" in respect of providing funds for civil society organisations in respect of building and land for facilities. The document noted that no funds had been "earmarked" for this function, and inclusion of the issue in the document did not mean that Welfare departments would take responsibility for funding it. Nevertheless, it was "noted as a priority and needs to be resolved".

The number and nature of social development NPOs

There are still no accurate numbers for NPOs delivering social development services. DSD manages a database of registered NPOs, but this is not restricted to social development NPOs and also does not distinguish clearly between NPOs involved in service delivery and those engaged in other activities. The categorisations also do not neatly match the social development service areas.

The national councils no longer exist in their previous form. However, many of the previously existing organisations of the welfare sector continue to exist, and many continue to come together into federations and other associations. All or most of the older organisations have expanded their services to new groups, geographical areas and communities and introduced new, more "developmental" services.

The extent of government subsidies, and in particular in the number of organisations funded, has expanded substantially, although many organisations are not funded, or are funded erratically, by government. Foreign funding has, however, declined sharply over the period since 1997. The largest single funded NPO category, and the one that has grown fastest, consists of ECD centres. In 2014/15, the budget for transfers to ECD centres across the nine provinces amounted to 30% of total NPO transfers within provincial DSD. For 2016/17 there is a conditional grant for ECD that is likely to see ECD's share of NPO transfers increase even further.

The Committee's attention was drawn repeatedly to "mushrooming" of unregistered organisations and facilities in areas such as ECD, older persons, disability and substance abuse. This mushrooming can be attributed in part to inadequacy of existing services, as well as – in some cases – inability or unwillingness to comply with norms and standards which sometimes may be unrealistic, especially for poor rural areas. A suggestion that emerged from several sources was that legal provisions and requirements should distinguish between emerging and established organisations rather than having a "one-size-fits-all" approach.

There is no longer the same distinction between formal established and informal "anti-apartheid". Instead, the most commonly mentioned divide is between "emergent" and "established". There is no agreed definition for these categories, but the terms are generally understood to link to distinctions such as between black and white control, small and large size, and local and broader reach.

Different understandings as to what transformation of the non-governmental social welfare sector would entail span changes in the race of staff, "owners" of NPOs, and beneficiaries, as well as shifts in funding of larger to smaller NPOs, from funding of urban- to rural-based NPOs, and/or from funding of non-governmental organisations to community-based organisations.

Government has recognised the weaknesses of many of the "emerging" organisations and attempted to provide capacity building support for "emerging" organisations, in particular through the National Development Agency (NDA). The support seems to focus primarily on generic elements, such as finances and governance, rather than on the skills and knowledge necessary to manage and deliver quality support. Some of the more established NPOs might be willing and able to provide this support, but would need to be resourced to do this.

DSD transfers to NPOs

Subsequent to publication of the White Paper, a new Policy on Financial Awards to Service Providers (PFA) was approved in October 2004, with implementation phased in from April 2005 onwards. DSD sees this policy as having contributed to extension of services to rural, under-serviced areas, and also having resulted in significantly increased budgets for transfer payments to NPOs. National "baseline costing models" and a national funding model were reportedly also developed. However, in 2009 DSD recognised that a further review of the policy was needed.

DSD's 2013 status report on social welfare transformation to the Ministerial Committee notes as follows:
Government needs to make optimal use of the for-profit, non-profit and voluntary sectors given its own limited capacity… In many areas the non-profit and voluntary sectors are the primary providers of social welfare services especially to children. Despite this, government does not provide adequate subsidies or have proper funded service level agreements in place.

DSD's Framework for Social Welfare Services of 2013 notes as follows in respect of funding of NPOs delivering services:
Funding and subsidisation should be based on principles of fairness in relation to the costing of the required services. However, within a developmental paradigm, non-government organisations should also embark on economic development and fund-raising initiatives to augment what government provides.

The report on the 2012 NPO summit includes a table which shows the number of NPOs registered at that point (170 078 in total), the number funded (14 357), and the total funding per province and for national DSD. The percentage of registered NPOs funded ranges from 7% in Gauteng to 45% in Northern Cape. However, while Gauteng's percentage is lowest, it has the second highest number of NPOs funded. Conversely, while Northern Cape has the highest percentage funded, it has the lowest number of funded NPOs in absolute terms if one excludes national DSD. National DSD funds the smallest number of NPOs, but the mean amount (R2,2 million) is much larger than the mean amount for provinces. The mean amount will to some extent be biased by the

type of NPOs funded. In particular, where a large proportion of the funded NPOs are ECD centres, the mean is likely to be lower.

NPO transfers are not evenly distributed across service areas. In the 2015/16 budgets, in Free State ECD accounts for close on half of the total allocations for NPOs (R172m of R365m), and for more than half of the NPOs (917 of 1 687). In Limpopo ECD accounts for 931 of the 1 407 NPOs funded, i.e. about two-thirds of the total. The next largest category in Limpopo is drop-in centres and combined drop-in centres and home- and community-based care (HCBC). The drop-in centres are very unevenly distributed across the five districts. In Western Cape ECD accounts for more than half of all NPOs funded (1 132 or 2 195) but "only" 27% of total NPO funding.

During the review process, concerns were repeatedly expressed about the fact that NPO subsidies for identical services differed across provinces. Further, many provinces do not adjust subsidy amounts annually, at the least in line with inflation. Unfortunately, national DSD does not have a record of, and was not able to source, information about the subsidies paid by the nine provinces for different services.

Provincial differences in subsidies

Information on subsidies was sourced for the Committee by the National Coalition of Social Services (NACOSS) and supplemented by information provided by Limpopo in the consolidated document that province produced for 2015/16 showing all subsidies.[27] Across four provinces in respect of CYCCs, the allocations per month per resident child range from R1 700 per month in Northern Cape to R2 650 in Western Cape. In contrast to these amounts, in its support in respect of the NAWONGO case, KPMG estimated the core monthly per-child cost to be funded by DSD in respect of a children's home as R5 653 in 2013.[28] The KPMG estimate does not represent the full costs of running the services.

For ECD, in 2015/16, four of the five provinces with information paid R15 per child per day, but KwaZulu-Natal paid R16. Four of the provinces covered 264 days in the year, but Free State covered 261 and Limpopo 226 (or 204 if centres close during school holidays). Eastern Cape paid R15 for all three years, while Northern Cape increased from R12,50 in 2013/14 and 2014/15 to meet the national standard of R15 in 2015/16. For the monthly allocation per resident in facilities for persons with disability, Western Cape's maximum amount for Group 3[29] (frail care) (R2 375) is lower than the amounts for KwaZulu-Natal in each of the three years (R2 695 in 2015/16) despite KwaZulu-Natal having a very small increase in 2014/15 and no increase in 2015/16. Limpopo's amount (R3 600) is the highest – 52% higher than the highest amount for Western Cape. In 2013, KPMG estimated the monthly per-resident cost of running a residential facility for PWD at R6 500.

27 The analysis assumes there is a single subsidy amount in each province for a particular service. However, it seems that this is not the case in Gauteng (where a NACOSS member was aware of a facility in a disadvantaged area receiving a noticeably higher subsidy than they did), and perhaps also in some other provinces. For example, organisations reported different amounts for posts in Western Cape..

28 KPMG August 2013 final report 20130827

29 There are two amounts for Western Cape, with Group 3 reflecting frail care and Group 2 reflecting somewhat lower need. Western Cape varies these and some other subsidies based on a means test in respect of the residents. The analysis is based on the maximum amounts payable i.e. for the poorest group.

Across seven provinces, Limpopo has the highest subsidy (R3 600) for 2015/16 for frail older persons and Northern Cape the lowest (R1 158). Limpopo's subsidy is more than three times that of Northern Cape. In 2010 KPMG estimated the core monthly cost to be funded per frail resident (group 3) as R5 000.

There has been talk since at least the 1990s about shifting from funding of posts to funding of programmes. The extent to which this has happened differs across provinces as well as across different service areas. However, in many cases post funding continues. It could be argued that this is appropriate where, for example, the service level agreement is primarily in terms of statutory or other services that must be delivered by designated staff. In most cases the funding for posts consists of two parts, namely an amount for the salary of the person, and a further amount to cover (or contribute towards) administrative support for the person. However, some provinces no longer specify separate amounts. For post funding, as for other subsidies, there are substantial disparities across provinces.

- For seven provinces in which NACOSS was able to source information, if the post and administration amounts for social workers are added, the range is from R133 416 in KwaZulu-Natal to R218 397 in Free State. The combined Free State amount is thus 63% higher than the KwaZulu-Natal amount. For chief social workers, the amount ranges from R151 110 in Gauteng to R253 082 (67% higher) in Western Cape. Western Cape also gives a much larger administration amount than Gauteng.
- Across six provinces, in 2015/16 the post amount for social auxiliary workers ranged from R35 775 in Eastern Cape to R91 242 (about 150% higher) in Gauteng, with the administration amount also larger in Gauteng than Eastern Cape.
- There are also differences across provinces in frequency of payments (monthly, quarterly, bi-annually or annually), and whether payments are meant to be made in advance or retrospectively. Regardless of when payments are meant to happen, delays are frequent. The delays are caused, among others, in informing NPOs of the amounts awarded, and then in signing contracts. For 2015, at least two organisations (in Free State and North West respectively) had still not received a first payment by October 2015 when the survey was conducted.

National DSD also funds some NPO. The amounts involved has increased rapidly in recent years, from R71,3 million in 2012/13 to R112,7 million in 2014/15. However, by 2014/15 the total of R112,3 million remains a tiny fraction (less than 1%) of the combined total of R15 390,9 million of NPO transfers for the nine provinces combined. The increase is largely explained by the inclusion of a large number of allocations each with R187 000 in respect of establishment of a local community development and nutrition centre.

National NPO subsidies

Six organisations provided information about subsidies from national DSD over the last three financial years. All said that the subsidies are meant to be paid in advance, and on a six-monthly basis. All said that their service level agreement for 2015/16 had not yet been signed by October 2015, when they provided the information for this survey,

although applications for funding had been submitted in November 2014. None had received any payment in respect of 2015/16 although October is the first month of the second six-month period. Late payments mean that organisations must either find bridging finance or try to meet agreed levels of delivery within a severely compressed time period.

Five of the six organisations received the same amount – without adjustment for inflation – in 2013/14 and 2014/15. The sixth received less in 2014/15 than in 2013/14. Funding was the most common issue raised by and about NPOs during the Ministerial Committee's provincial and district review processes. In addition to the issues highlighted above, the complaints included:

- The disparity in salaries and benefits between social workers (and other categories of funded workers) in government and NPO employ, and the fact that all posts are subsidised at the entry level salary. As a result, NPOs which succeed in recruiting workers soon lose them to government employ.
- Disparities in funding, and therefore stipends paid, for HIV and AIDS and other caregivers both within and between DSD and DOH.
- Inadequacy of funding in comparison to the actual cost of delivering services and prescribed norms and standards and other legislative requirements. Further, preventive and early intervention services are less likely to be funded than statutory services.
- Additional costs associated with delivery in rural and under-served areas are not covered.
- The difficulty, if not impossibility, of charging fees when servicing the "poorest of the poor".

A joint National Treasury-DSD project in respect of a framework for funding of social welfare services developed proposals for discussion in mid-2015.[30] The framework encompasses a differentiated approach in respect of financial management, reporting requirements, funding renewal procedures, and monitoring of NPOs based on the size of the NPO, their past DSD funding history, and risk profile. The framework was proposed as a way of facilitating transformation by helping provincial DSD to use the request for proposals process to direct funds to extend services to under-serviced areas and to emerging NPOs; by reducing administrative obstacles to accessing government funding; by allowing NPOs to plan through the use of payment schedules and longer-term funding agreements; and by highlighting the importance of DSD providing support when problems arise.

NPOs delivering welfare services typically obtain further funds from other sources, including international and local donors, corporate social responsibility programmes, the NDA and National Lottery Distribution Fund, and fund-raising and income generation. However, government remains an important – and often the largest – source of funding for many of the NPOs. Further, other sources of funding have become less available with the ongoing global and local economic downturn, and a perception among international donors that South Africa should at this point be funding its own development. While DSD has suggested that NPOs should be generating income in other ways, this is difficult for NPOs that have insufficient funds even to deliver the core

30 Cornerstone Economic Research. 2015. Proposed Framework for Managing Transfers to NPOs. Draft for discussion.

services. Further, successful income generation can lose the organisation its NPO status and/or tax benefits.

Other government funding sources

The National Lotteries Act of 1997 makes provision for the operation of a countrywide lottery. The Lotto and scratch cards were launched in 2000. The money raised through the sale of Lotto tickets and scratch cards is distributed according to a formula: 50% to prizes, 20% as profits to the operating agency, and 30% to good causes. Across virtually all provinces NPOs observed that the National Lottery was not very helpful in addressing funding needs. It seemed that Lottery funding had become increasingly unreliable over time, and the Fund had become more restrictive in what it would fund. The National Development Agency Act was passed in 1998, in the year after the White Paper was published. The NDA itself was established only in 2001. It served as the successor of the Independent Development Trust and then the Transitional National Development Trust. The NDA's budget is funded by national DSD.

The primary mandate of the NDA is to fund CSOs in respect of development projects in poor communities that contribute to the eradication of poverty. The secondary mandate is to promote dialogue between CSOs and government and undertake research to inform development policy.

The Committee was informed that the NDA restricts its funding to ECD, food security, income-generating projects, and capacity building. Further, the NDA increasingly sees itself as needing to focus on capacity building before, and perhaps more than, funding CSOs to implement development projects. Those outside the NDA – and NPOs in particular – were critical of the NDA, including in respect of its growing role as implementer rather than supporter and funder of NPOs, alongside lack of recognition of, and funding for, the coordination and capacity-building roles played by NPO networks and structures.

A civil society research project on the NDA and National Lottery[31] commented on the "huge" mandate of the NDA, and the agency's inability to meet it, especially given limited financial allocations. The report questioned the lack of independence from government – and DSD in particular – of the NDA, citing the fact that the agency understands its mandate as being to fund CSOs in line with government's development agenda. This critique can be questioned on the grounds that the NDA is a government agency, and the development agenda is meant to be that of the country. However, the critique that the NDA has not met its mandate of consulting with CSOs is more valid, as may be the critique that the NDA has (like many other funders) developed its own programmes in terms which it funds some CSOs to implement, rather than seeing itself as a funder of CSOs' own programmes.

The 2015 Estimates of National Expenditure note that DSD is reviewing the NDA's mandate as it "is not sufficiently focused." The document suggests that the NDA's focus will shift from funding of NPOs to building capacity of NPOs and community-

31 Funding Practice Alliance. 2011. Meeting their Mandates? The research report on the National Lottery Distribution Trust Fund (NLDTF) and the National Development Agency (NDA).

based organisations (CBOs), and the budget will be reprioritised accordingly. In the period 2011/12-2013/14 the NDA spent R308 million in grants as against R48 million in capacity building. The capacity building was for the most part done on behalf of various provincial DSDs. In this same period, the NDA spent R234 million on administration. The 2016 Estimates of National Expenditure signal that going forward NDA will shift further away from grant making to capacity building.

Corporate funding[32]

Trialogue has conducted annual research into corporate social investment (CSI) every year since 1998. The report on the 17th round of research in 2014 brings together findings from a survey of 99 companies, and an online survey of 171 NPOs. By extrapolating from available data on CSI expenditure of large South African companies and state-owned enterprises, Trialogue estimated that total CSI expenditure in South Africa amounted to R8,2 billion in 2013/14. In its first handbook in 1998, Trialogue estimated annual CSI expenditure at about R1,5 billion. The 2014 estimate includes both cash and non-cash contributions as well as expenditure on social causes as a result of operating conditions, and expenditure by non-CSI departments.

Only 31 companies account for half of total CSI expenditure, and the 100 largest CSI spender accounts for 70% of the total. Companies falling under industry sector charters tended to give more than other companies. South Africa is unusual – perhaps unique – in that black economic empowerment (BEE) legislation requires that companies spend 1% of profits after tax as CSI. However, the new codes introduced in 2015 reduce the number of BEE points to be earned through traditional CSI, instead emphasising development of suppliers and small business.

While there is a clear increase since 1998, after adjusting for inflation, estimated CSI expenditure in 2014 had stagnated when compared to 2013. In 2015, Trialogue again reported a decrease in CSI spending – this time in both nominal and real terms.[33] This was the first time that this had happened in Trialogue's 18 years of monitoring CSI spend. The decrease amounted to 6% in real terms, i.e. after controlling for inflation. Increases or decreases in profits accounted for 35% of cases of increased CSI but 52% of decreased CSI.

On average, in 2014 companies invested in between four and five development sectors. The overwhelming majority (94%) gave to education and 49% of CSI expenditure went to education initiatives. In 1998, Trialogue reported that 54% of CSI spend went to education. The Trialogue survey identified social and community development as the second biggest CSI sector, after education. Social and community development was supported by 77% of corporate respondents in 2014 and received 16% of budgets. In 1998, in the first Trialogue survey, social development also received the second-largest share of CSI funding, with 12% of CSI budgets.

32 Matthews M. 2014. The Trialogue CSI Handbook 2014, 17th edition. Trialogue: Cape Town.

33 Vicente A. 2015. "Spend down, impact up" in CSI Year in Review. Supplement to the Mail & Guardian, 23 December 2015-7 January 2016.

Pay and conditions of work

Challenges in respect of pay and conditions of work of DSD employees are discussed above. The situation is much worse in the NPO sector, where salaries are generally substantially lower than in government and there are more limited, if any benefits. The inferior salaries and conditions of work are in large part explained by the levels of NPO subsidies, which do not cover either the government salary level or benefits.

Until 1997, employees in welfare organisations – alongside domestic workers – were not covered by standard labour law instruments as clause 2 of the Basic Conditions of Employment Act (no 3 of 1983) excluded from the definition of employees, among others, "any person employed by an institution as defined section 1 of the Children's Act, 1960" as well as "any person employed by any organization registered or deemed to be registered as a welfare organization in terms of section 13 of the National Welfare Act, 1978 (Act No. 100 of 1978), which receives financial aid from the State, in respect of his employment as such." The Basic Conditions of Employment Act (no 75 of 1997) (BCEA) dropped these exclusions.

The 1997 BCEA meant that NPOs were now expected to comply with a range of stipulations in respect of working conditions, including limits on hours of work, leave and the like. Many welfare organisations reported difficulties in complying with these conditions. In 1999 the Minister of Labour issued an interim ministerial determination which exempted employers in the sector from paying overtime. In March 2001, after a public participations process, the Minister of Labour issued a ministerial determination for the welfare sector.[34] The determination is not restricted to organisations receiving government subsidies, but does not cover for-profit operations. The determination provides for variations in respect of overtime, averaging of hours, work on Sundays, night allowance, and standby. The discussions around the ministerial determination related to conditions of work, not to minimum wages. However, even without considering wages the issue of the government subsidy and the cost of providing a service was core to the discussion.

In the mid-2000s the Employment Conditions Commission (ECC), which advises the Minister of Labour on minimum wages and conditions for vulnerable workers, received representations from unions for a sectoral determination for the welfare sector. After research (including a survey) and public hearings, a draft report was tabled at the ECC in 2012.35 The Department of Labour (DOL) had engaged Treasury on the impacts of a sectoral minimum wage and Treasury expressed a concern about the possible fiscal impacts, given that much of the sector is funded by government. DOL therefore recommended to the ECC that there should not be a sectoral determination. The ECC did not accept the DOL's recommendations and said there should be further engagement between Treasury, DSD, and the DOL. This did not happen. DOL has since advised that the matter should be put on hold pending the outcome of discussions around a national minimum wage. The ILO in Geneva is aware only one country, Syria, where workers in charitable organisations are excluded from national minimum wage provisions. 36

In the late 2000s there was a parallel process within DOH of drawing up a policy on community caregivers which included consultations and went through a large number

34 Government of South Africa. 3 March 2001. Ministerial Determination Welfare Sector. Government gazette Vol 429, no 22096. Regulation 7014.

35 Information from Jane Barrett, member of Employment Conditions Commission.

36 Kirsten Sobeck, International Labour Office Geneva, personal communication, January 2016.

of drafts. The Health policy would have prohibited people working as volunteers on a long-term basis. However, the policy process appears to have got stuck or been abandoned.

Minimum wages and conditions for social and community services - Australia

Australia sets minimum wages and conditions of work through awards. The awards are in some ways similar to South Africa's sectoral determinations, but tend to be far more detailed. In particular, they set wages for different levels of worker while sectoral determinations tend to focus only on the minimum wage for the lowest paid workers in a sector. Australia's Social, Community, Home Care and Disability Services Industry Award 2010 covers a sector defined as "the provision of social and community services including social work, recreation work, welfare work, youth work or community development work". The award provides for minimum wages for levels and "pay points" for each of a range of different types of workers – social and community service employees, crisis accommodation employees, family day care employees, and home care employees. The levels relate to skills and experience, while the pay points provide for progression within levels. As from July 2015, the minimum weekly pay for level 1 pay point 1 social and community service employees is AUD$ 714.40 (R7 881 at exchange rate of 11.032). The only lower level specified is for home care level 1 employees, at AUD$ 707,00 per week (R7 780). The weekly minimum for pay point 1 for a level 8 social and community service employee is AUD$ 1 226.70 (R13 533). Australian commentators37 discuss reasons why wages for female-dominated occupations, including the social and community service workers, tend to be low. They suggest that standard approaches to economic analysis are based on invalid assumptions that result in under-valuation of, and thus unfairly low wages for, such work.

EPWP has funded a relatively substantial number of work opportunities within different types of welfare services, including ECD, child and youth care (including Isibindi), victim empowerment, and youth development. Apart from KwaZulu-Natal, the EPWP workers are generally employed by NPOs who receive subsidies for the wages. The working conditions and payments for EPWP have become more carefully regulated over the years, with the introduction of a ministerial determination in 2009. However, there are reports that government funding of NPOs is not always aligned with the minimum EPWP wage level. Even where there is alignment, these work opportunities remain precarious, and are funded only on an annual basis. Opportunities funded by donors are similarly subject to unreliable funding, as well as changes in donor priorities, which have affected the HIV and AIDS sector in particular.

Some welfare work has been declared an essential service.[38] Such a declaration restricts the right of employees to strike. The services which have been declared essential are those provided by registered old age homes, children's homes and places of care, and work related to SOCPEN and payment of grants.

37 Austen S and Jefferson T. 2015. "Economic analysis, ideology and the public sphere: insights from Australia's equal remuneration hearings" in Cambridge Journal of Economics 39: 405-419.

38 http://www.ccma.org.za/FAQView.asp?ID=87, accessed 6 January 2016.

NPO regulation[39]

The most recent annual report under the NPO Act suggests that South Africa's legislative framework on NPOs "is the most progressive internationally." The NPO Act (no 71 of 1997), which was passed in the same year as the White Paper was published, provides for voluntary registration of NPOs. Its origins date back to discussions starting in 1992, or even earlier, with the process led after 1994 by the then Department of Welfare. In the second half of 2004, at a point where more than 38 000 NPOs had been registered, Umhlaba Development Services was commissioned by DSD to conduct an NPO impact assessment.[40] Currently, DNA Economics is undertaking a similar NPO regulatory impact assessment commissioned by the Department of Performance Monitoring and Evaluation. Many of the findings of the current assessment are likely to be similar to those of ten years ago as the regulatory environment has not seen substantial changes. The 2004/05 assessment report records the following four principles for an enabling environment agreed at a workshop that brought together representatives of NGO coalitions from Africa and beyond:

- The legislative framework should promote the independence of civil society, not control it;
- The regulatory framework should allow state intervention only when absolutely necessary
- The law should promote accountability of NGOs without placing on them undue burdens, and
- The law should be simple and user-friendly.

The assessment concluded that there had been a high impact in the administrative and regulatory environment, less impact on standards in the NPO sector, and little impact on government-donor-NPO relationships. It noted a lack of clear definition of the benefits of registration. It noted repeatedly that larger NPOs benefited more than small ones from the legislative provisions of both the NPO Act and provisions of other legislative and regulatory instruments (including taxation), and that the "one-size-fits-all" approach of the NPO Act was inappropriate. However it noted, also, that small organisations generally felt that the environment for civil society participation in the general development arena had improved. Corporate social investment representatives interviewed for the 2004/05 study focused on the benefits, such as taxation, to corporates rather than for NPOs.

NPO registration is not the only type of registration open to, and sometimes required of, NPOs. Those NPOs that deliver services are often required also to register for that particular service (such as early childhood development). NPOs may also choose to register as a company, trust or cooperative. The 2004/05 assessment found, counter-intuitively, that the "fragmented" regulatory environment was enabling as organisations could choose which registrations were in their best interests.

As part of the review process, Ministerial Committee members conducted site visits in two districts in each province to assess the legal, financial, human resource, programme, partnership, monitoring and evaluation (M&E), and transformation at selected NPOs

39 Department of Social Development. 2015. 2014/15 State of South African Registered Nonprofit Organisations. Pretoria

40 Umhlaba Development Services. 2005. NPO Impact Assessment. Department of Social Development: Pretoria.

as well as some government service delivery sites. Of the 146 sites visited, 71 were registered NPOs of some kind. An extract of the findings emerging from the site visits is provided in the text box below.

Findings from site visits

Many of the governing bodies or management met on a regular basis. There were, however, at least six NPO sites where there was no governing body, or the board did not meet regularly or was not representative of the community or of beneficiaries. This was a relatively small number of the total NPOs. There were also four sites – primarily development projects – which were noted as defunct (once again a relatively small number).

At least 102 of the sites were given a clean bill of health on financial governance and management issues. At the other end of the scale, four sites (in addition to the four dysfunctional ones) were recorded as not performing at all in this area. A range of sites acknowledged that funding was inadequate, and there were at least four non-government sites where government was said to be the only source of funds.

There were no human resource inadequacies in at least 109 of the sites, but definite problems in 17 sites. On collaboration and integration, 121 of the 128 sites for which there was a response recorded that there was collaboration of some sort with other stakeholders. However, one of these noted that the partnership was only with DSD, while another noted that their partnership with the Department of Education was "slow". Among those for whom partnerships with government were specified, Department of Health was named nine times, Department of Education three times, and South African Police Service twice. The Departments of Justice and Constitutional Development, Correctional Services, Home Affairs and [provincial?] Safety were each named once. SASSA was named twice. The fact that the Lotto was named as a partner for one site suggests that the term was interpreted broadly in some cases to include funders.

At least 79 of the sites were reported to have adequate and/or appropriate infrastructure, with 44 having inadequate or inappropriate infrastructure. Performance on this aspect was thus weaker than on some of the other aspects. At least 36 sites were said to perform well on all aspects of transformation (i.e. racial integration, service delivery "to other communities", "integration" of services, and employment equity).

NPO registration

In the Committee's engagements, government officials across several provinces noted problems related to the logistics of NPO registration. There were also some complaints about delays in registration.

By the end of March 2015, the number of organisations registered since the inception of the NPO Act was 136 453. This is 16,5% more than one year earlier (117 093). Of the total number of applications received in 2014/15, 21 092 (72%) were eventually registered and 8 338 (28%) did not meet the requirements of sections 12-13 of the

NPO Act. There were 42 voluntary and nine non-voluntary de-registrations in 2014/15 – a tiny fraction of the total number of registered NPOs, and also of the tens of thousands reported as deregistered in 2012.[41]

Registered NPOs are grouped, accordingly to the International Classification of Non-profit Organisations (ICNPO). Social Services is the leading sector with 39,9%, followed by development and housing sector (20,9 %). Overall there were 54 392 registered social service organisations, of which only a portion would fall under the social development umbrella. The majority (93%) of registered NPOs are voluntary associations (93%), with 6% being non-profit companies and 1% non-profit trusts.

The NPO summit of 2012 proposed that DSD monitor the number of NPOs registering to deliver the same service to avoid duplication in a particular geographical area. This proposal presumably relates to registration for a particular service rather than simply registering as an NPO.

Public Benefit Organisations[42]

The Income Tax Act (no 58 of 1962) provides for registration of non-profit organisations as public benefit organisations (PBOs). Once registered, PBOs are not subject to income tax and are also exempt from donations and dividends tax, estate duty, transfer duty, securities transfer tax, skills development levy, and (in part) from capital gains tax. Exemptions from VAT and customs and excise are more limited.

The tax exemption provision is intended to mirror the previous exemption from income and other taxes enjoyed by religious, charitable and public educational institutions. Eligibility for PBO status is not confined to organisations registered under the NPO Act, but is also not automatically available for all registered NPOs. Eligibility is determined based on a set of public benefit "activities" listed in the Ninth Schedule to the Act.

PBO status is available to non-profit companies, trusts, association of persons, and branches of foreign organisations that are exempt from income tax in that other country. The sole or principal objective of the organisation must be to undertake public benefit activities and the organisation's funds must be used only for this objective.

The PBO provisions were introduced in 2001 and have undergone several amendments since that date. Initially organisations lost their PBO status if they engaged in trading or business activities beyond narrowly defined boundaries. An amendment in 2006 provides that a PBO can be partially exempt from taxation for the non-trading/business activities while the latter are subject to tax.

In addition to exempting PBOs from tax, the Income Tax Act also provides for organisations to apply for section 18A status which entitles their donors to a tax deduction in respect of the donations. Previously these deductions were only available for donations to secondary and tertiary educational institutions. There is now a much longer list of eligible activities, and the maximum deductible amount has also been increased.

41 Pather R. 15 January 2016. "Draft Bill puts nonprofits on edge" in Mail & Guardian, http://mg.co.za/article/2016-01-16-draft-bill-puts-nonprofits-on-edge, accessed 20 January 2016.

42 South African Revenue Service. 2014. Tax Exemption Guide for Public Benefit Organisations in South Africa (Issue 4). Pretoria.

The broad categories of public benefit activities listed in the Ninth Schedule include "welfare and humanitarian" as the first entry. The schedule includes a list of more detailed sub-categories that would cover most social development services.

Infrastructure

As noted above, the site visits undertaken by the Ministerial Committee revealed infrastructure as the area with the most serious deficits.

Prior to 1994 the Department of Local Government, Housing and Works used the development and housing fund to grant loans to welfare organisations at an interest rate of 1% repayable on a biannual basis over 30 years. The organisations used these loans to finance capital costs of centres and other facilities.[43]

More recently, DSD and the Department of Human Settlements have together developed a National Special Housing Needs Policy and Programme. However, six months after the policy was presented to stakeholders in mid-March 2015, it seemed that the Minister of Human Settlements had not yet taken the policy to the Human Settlements MINMEC as requested by both the Parliamentary Portfolio Committee for Human Settlements in April 2012 and the MINMEC in 2013.

The policy recognises that NPOs are the main providers of accommodation and related services to people with special needs and that they therefore need assistance with capital funding. It therefore provides for capital grants to be available to established NPOs with proven institutional and financial capacity for this purpose, and capital grants combined with support to be provided to emerging NPOs.

Education, training and skills development

The White Paper proposed that "effective training programmes [and] accreditation systems" be developed, as well as clear definitions of the roles and responsibilities of social workers and other categories of social service workers. It envisaged scope for specialist workers alongside generic and development-oriented workers. It proposed a five-year strategic plan be developed to reorient existing workers towards developmental approaches.

Education, training and skills development remain critical for the provision of social development services across government, NPOs and the private sector. The need for a wide range of generic and specialised social service workers to meet current and future demands in the social development sector was highlighted in the NDP. Existing social conditions alongside new risks and vulnerabilities arising from changes in the social and economic context create an environment for care and treatment interventions to be relevant, responsive and based on contextually different approaches. Universities and other tertiary programmes experience difficulties in designing curricula content and providing education to meet the changing social and economic conditions given

43 South African Human Rights Commission. 2015. Investigative Hearing into Systemic Complaints Relating to the Treatment of Older Persons.

the limited pool of academics in social development and the scarce skill environment in South Africa.

Social work and social development qualifications

Today, all universities except the very newly established universities in Northern Cape and Mpumalanga provide social work qualifications. All universities have moved from teaching traditional social work methods to a more DSW approach. All have introduced curricula changes to be more responsive to the South African higher education context and the South African Council for Social Service Professions (SACSSP). A national review of all social work education providers conducted by the Council for Higher Education in 2013 found that although most higher education institutions have aligned with the Bachelor of Social Work requirements of the South African Qualifications Authority, there are differences in the quality of the degrees, in the throughput rates, in the resources that are available and in the course outcomes and graduate attributes. These differences, especially at universities with high numbers of students and fewer resources, have a direct effect on the quality of social work graduates and their capabilities to deliver professional social development services in practice. While the quality of social development professional education varies across South Africa, the CHE has developed standards for the Bachelor of Social Work and these standards are being used to ensure that educational providers are able to set their qualifications within specified minimum criteria that will ensure graduates acquire knowledge, skills and attributes that equip them to function professionally.

Several universities reported that they had developed specialised courses for social workers but had discontinued them. In some cases this was because they no longer had the necessary staff, and in others because there was not the expected demand from students who met the prescribed entrance criteria. In some cases, because of limitations of staff, the specialisations were offered only through research degrees, rather than degrees that included coursework. The availability of accredited training for other categories of social service practitioners is more limited than for social workers, although certainly more developed than in 1997.

The Committee finds that the quality of education provided differs across all 20 universities, and many struggle to find placements where students can gain practice-based experience to implement a developmental rather than purely statutory approach. There is also a serious shortage of competent supervisors. The increase in the number of students resulting from the bursary programme has exacerbated challenges in finding placements for the practical component of the learning programme.

Inadequate funding of social work and social development

University-based educators expressed concerns about the funding formula for universities and urged that it be amended so as to provide a higher level of funding for professional degrees such as social work and related degrees in the social service professions because of the critical role of such professionals who provide essential services. Changes in

the funding formula should allow for better staff: student ratios that will allow for teaching- and supervision-intensive arrangements. Additional funding is urgently required to support growth of specialised postgraduate programmes in critical areas such as social development with an emphasis on youth and community development, substance abuse, probation and corrections and social policy and management. Such additional funding will be used to promote better articulation from undergraduate through to specialist degrees as a response to new and deepening social challenges. It will also increase the pool of professionals in the social development sector as well as the research and teaching pool of academics from which the university sector can draw. University representatives expressed concerns about the funding formula for universities and urged that it be amended so as to provide a higher level of funding in respect of social work and social development, thus allowing for better staff: student ratios. The university funding formula consists of several different components.[44] The formula allocates additional money if there are increased numbers of enrolments (volume/ teaching input) and/or graduates (teaching outputs), as one would expect if bursaries were provided. Both these increases can be expected as a result of the social work bursary scheme.[45] The size of the increase depends on the overall amount allocated for tertiary education funding, the relative increases in other institutions, and the funding band in which a particular course of study falls. Social work and social development currently falls in the lowest funding band as it is part of Classification of Educational Subject Matter 19. The Minister's declaration that a particular profession is a "scarce skill" does not affect the university funding formula.

The sector education and training authorities and social development

The skills development system, and in particular the sector education and training authorities (SETAs), constitute a funding source for education and training. In 2014/15 DSD received R2,93 million from the Health and Welfare Sector Education and Training Authority (HWSETA) in respect of various study courses for its employees.[46] Its contribution to the SETA for the same year was R1 128 million. Government departments do not pay levies, but are required to contribute to SETA funding. A Cabinet circular of 2013 increased the requirement from 10% to 30% of their training budget. In turn, the training budget is set at 1% of the total personnel budget.

During the round table with the education and training sector, the Ministerial Committee heard that the bulk of the HWSETA's funding came from the health sector as most employers on the welfare side were levy-exempt. The SETA was, nevertheless, willing to fund training but struggled to do so at any scale, in part because the welfare sector lacked the skills, knowledge and/or inclination to submit proposals.

Meanwhile, many provinces report inadequate training budgets. In addition to the workplace skills plan, provinces are required to produce an annual training report

44 Information provided by Hardy Maritz and Jane Hendry

45 The portfolio committee's Budgetary Review and Recommendation Report on the 2014/15 DSD budget notes that they were informed in their visit to the Eastern Cape that 661 social work bursary graduates had not been absorbed, despite policy that states that they must be absorbed within three months of graduation.

46 Department of Social Development. 2015. Annual Report 2014/15. Pretoria.

showing training provided to employees. Training challenges should also be discussed in the HR plans.

Eastern Cape's HR plan for 2013-16 notes that it targeted few employees for training because it had not conducted a skills audit on which to base its training interventions.[47] Free State's plan raised concerns about an inadequate training budget, but the province also incurred fruitless expenditure when some of the nominated trainees did not attend training. The province also mentioned the need for a training needs analysis.48 Northern Cape had conducted training needs analysis based on the performance of employees and units and asking managers and supervisors to identify gaps.49 North West highlighted the lack of credit-bearing courses available in the province. Western Cape had youth and staff with long service in the department as priorities for training. None of the provinces mentioned the continuous professional development (CPD) policy in their HR or workplace skills plans.

The HWSETA Sector Skills Plan for 2013/14 sees supervision training for social workers as the "most pressing skills development need". This would allow social workers to supervise less experienced colleagues as well as social auxiliary workers. The SETA's plan also acknowledges the importance of the other professional cadres.

Social development and social work professional education and the NDP

The Committee concurs with the NDP that in the immediate and medium term increasing the supply in four categories of social service professionals is required to respond to the demand for appropriate basic social welfare services.

- To meet the demand for welfare provision by 2030, universities need to increase the numbers of students admitted to study social work each year and provide support measures to ensure efficient through-put rates of social work graduates.
- Social auxiliary workers require adequate levels of education and training to enable them to work under the guidance of qualified social workers. The recruitment pool from which social auxiliary workers could be brought into tertiary level training includes unemployed youth who have passed grade 12 but who do not qualify for entry to university.
- Education and provision of community development professionals is required to ensure efficient service delivery at local community levels.
- Child and youth care professionals who meet the minimum requirements to provide statutory and non- statutory services are required. Formal recognition and accreditation of this category of workers have been achieved but conditions of employment and wages remain a concern.

47 Eastern Cape Department of Social Development. HR Plan for the period 2013-2015.
48 Free State Department of Social Development. HR Plan for the period 2015-2017.
49 Northern Cape Department of Social Development. HR Plan for the period 2015/17.

Partnerships

The White Paper recognised the wealth of knowledge, skills and resources available in government and its partners, and that these needed to be harnessed by the Government and its partners in a restructured welfare system. However, it bemoaned the inequity, fragmentation, duplication of services, deficiencies in capacity and infrastructure, and inadequate collaboration and communication which hampered full utilisation of the available wealth. It noted uneven distribution of skills (and resources) across fields and geographical areas, as well as differences in approach, philosophy, working styles, methods and traditions. Competition over, and unequal access to, financial and other resources were also a concern, as was the failure of government to accord equal status to the different categories of organisations delivering services.

The White Paper noted that during the apartheid era advisory structures were established at national, regional and local levels in terms of the National Welfare Act of 1978 and other legislation. The structures were, however, neither inclusive nor truly participatory.

Partnership with NPOs

While many different partners exist, perhaps the most central partnership underlying delivery of social welfare services is that between government and NPOs. During the review process, there was widespread acknowledgement of the crucial role played by NPOs in service delivery. The only apparent explicit questioning of their continued role came from the National Association of Social Workers which argued that DSD take full responsibility for delivering social development services and "not rely on NPOs as a pseudo service delivery arm for government. These must be a cherry on top not the backbone for government service delivery."

The Framework for Social Welfare Services states: "Close collaboration between the public sector and civil society organisations is critical for an integrated, holistic and effective social welfare service delivery system."[50] The ISDM document acknowledges, at the start, that "partnership with organs of civil society remains a key element in the Department's efforts to ensure optimal functioning and the fulfilment of its mandate." It sees "developmental services" as the joint responsibility of government, NPOs and the private sector. Unfortunately, however, it does not elaborate on collaboration and partnerships with NPOs. It provides for NPO Development and NPO Funding and Support as workstreams, but does not discuss how NPO delivery is to be integrated with that of DSD. It does not distinguish clearly between DSD's role in respect of regulation and registration of NPOs in general, and its role as a partner of NPOs operating in the social development sector.

The report on the NPO summit organised by DSD in August 2012[51] starts with a strong message of the importance of the NPO contribution. However, the report also expresses government's concern about:

- "the lack of transformation in the NPO sector especially at community centres"

50 National Department of Social Development. 2013. Framework for Social Welfare Services.
51 Department of Social Development. 2012. National NPO Summit Report.

- The "unacceptable situation" noted by the Minister "where a few large organisations are able to access huge resources whereas many community-based organisations struggle from day to day for survival. Too many well-resourced non-governmental organisations are concentrating their services in urban and well-developed areas of our country while there is a critical shortage of services in poor and rural deserving areas".
- A perception that funds provided by government are used for administration rather than the delivery of services.
- The summit proposed the establishment of an independent NPO Council "with the view to achieve some level of self-determination from government", but/ and also recommended that DSD "lead" the establishment of an NPO sector federation at national, provincial and local level by end 2012.

During the Committee's review process, there were many comments on the relationship between DSD and NPOs. A small number of the comments were positive, but the majority were negative. Overall, NPOs experienced the relationship as a top-down one in which government imposed its views. NPOs said that the relationship had deteriorated over time. These perceptions contradicted the stated policy of DSD and White Paper, and the NDP's emphasis on partnership.

In the round table convened by the Ministerial Committee with NPOs and people with disabilities participants called for an equal partnership, formalised in a way that allowed NPOs to speak with one voice rather than engaging individually. On its visit to the Eastern Cape, the Committee heard positive feedback on the improvement in the relationship that came about when the province appointed a liaison person with this specific mandate and NPOs, from their side, came together to engage with the person. However, the Committee heard subsequently that this had been a temporary measure and that there was no longer provision for this function.

There were many references to forums of various kinds, but less discussion as to the purpose and achievements of the forums. A KwaZulu-Natal NPO observed that the large number of government and municipal forums which they were expected to attend left less time for service delivery. Elsewhere there were complaints about lack of funding for forums required by legislation, such as provincial substance abuse forums. There was also a comment on lack of decision-making power of VEP forums. More generally, across different provinces NPOs observed that they were not involved in DSD's planning processes, thus undermining coordinated service delivery.

In terms of reporting and accountability, there were some concerns expressed by government and in some beneficiary focus groups around non-accountability of NPOs and the need for better monitoring. A KwaZulu-Natal government representative observed that NPOs viewed the submission of performance data to DSD "as a form of interference in their financial matters." Equally, if not more, common were complaints from NPO representatives about the substantial administrative burden placed on them by DSD in terms of reporting. A KwaZulu-Natal NPO said that they fully agreed that they should account for use of public money but the "manner in which [monitoring] is undertaken is most unsatisfactory." Several people across different provinces noted that the lack of an electronic system for reporting aggravated the problems. There were also complaints about lack of feedback when reports were submitted as requested.

Partnerships with donors

Each year national DSD receives both financial and in-kind donations from various bilateral and multilateral donors. Relatively limited funds come in the form of direct financial contributions, where funds are channelled into the government financial system. Far more come in-kind, where donors pay consultants and other service providers or buy goods on behalf of the department. Unfortunately, DSD and National Treasury do not have a record of donations that the bilateral, multilateral and other donors contribute directly to other actors, and to NPOs in particular.

In recent years DSD's annual reports and budget documents include information on donor contributions. Unfortunately, the tables are not comprehensive. Firstly, there is some missing information, including in respect of amounts. Secondly, the International Development Cooperation Unit of National Treasury is not informed by donors (and/or recipient departments) of all commitments and transaction. Further, there are likely to be donor contributions to other government agencies, such as the National Prosecuting Agency in respect of Thuthuzela Centres, which indirectly contribute to DSD. Donors beyond bilaterals and multilaterals may also contribute. For example, DG Murray Trust is funding research and analysis to support National Treasury and DSD in developing a sustainable way of funding social development services, as well as in respect of funding of ECD services.

The available information suggests a strong bias towards activities relating to children – and OVC in particular, and also a strong emphasis on monitoring (as evidenced, for example, by information systems and audits) and capacity building (as evidenced, for example, by tools and training). The largest single amount is the more than R33 million provided in respect of the 2014/15 financial year for the Government Capacity Building Systems (GCBS), which is funded by USAID but managed by PACT SA. It is a multi-year support programme. DSD's annual report for 2014/15 has an amount of R21,9 million for this programme.

While some of the funding can be seen as one-off in that it relates to establishment of systems and policies and training on new systems, other programmes involve recurrent expenditure that will need to be taken over by government when donor funding comes to a halt. Examples of such programmes include the provincial data capturers for the Community-based Intervention Monitoring System (CBIMS) funded by the Global Fund, and the operational costs of the Gender-Based Violence Command Centre.

A further danger is that funding of the UN agencies is often driven by the interests of those agencies' donors as the UN is often a conduit for other funds. For example, UNICEF has served as the conduit for funds from the United Kingdom's Department for International Development in respect of violence against women and children, and such funds are unlikely to be available going forward as the UK moves away from funding South Africa. The current USAID grant to the National Prosecuting Authority in respect of Thuthuzela centres provides funding for services only for four new centres, with nothing for services at the 42 existing centres.[52] DSD meanwhile subsidised stipends of care workers at only 13 of the 27 NPOs providing post-rape services at these centres.

52 Shukumisa. 2015. 15DaysOfDiscontent: Day 7: Undervaluing care work.

Partnerships with other government agencies

Some reference is made to intergovernmental and inter-sectoral partnerships and collaboration by all provincial DSD in their strategic plans. However, these issues are not discussed in the APPs.[53]

The Framework for Social Welfare Services outlines responsibilities of national departments that provide complementary services to facilitate the holistic delivery of developmental social welfare services.[54] However, managers lack the authority to ensure that agreed-upon sectoral work is followed through. DSD initiated an interdepartmental forum for social welfare services, but the forum has not been successful due to lack of a clear mandate.

Partner structures

Historically, DSD coordinated the establishment of the National Interim Consultative Committee on Developmental Social Services, which participated in the development of the Developmental Welfare Governance Bill of 2000. The bill was approved by Cabinet, but rejected by the Consultative Committee on account of amendments to the original draft introduced by DSD. Its place was taken by the Advisory Board on Social Development Act of 2001. A call for nominations for the advisory board was issued in 2001, but it is not clear if the board was ever established.

The advisory board does not speak on behalf of the many NPOs that operate in the sector and deliver services. In 2012, DSD convened a national summit of NPOs, following a series of provincial summits. Prior to the summit, the (ANC-aligned) South African Congress of Non-Profit Organisations (SACONO) was launched as a means for DSD to engage with its NPO partners.

There is some tension as to the respective roles of the South African Non-Governmental Coalition (SANGOCO) and SACONO. SANGOCO was established in 1994 but at the time of the launch of SACONO was in a weakened state compared to earlier years. There were also concerns that SANGOCO represented the voice of more established organisations and did not sufficiently reflect the voice of more community-based ones. The Committee's engagements also confirmed some confusion around the roles and responsibilities of the various structures related to human resources, most of which have been established since 1997. The structures include:

- The South African Council for Social Service Professions (SACSSP) is a statutory body with which all professionals are required to register. SACCSP's mandate covers three areas – registration and professional services; education, training and development; and professional conduct and ethical standards. The Council currently encompasses two professional boards – for social workers and child and youth care work respectively.

53 National Department of Social Development. Undated. Status Report Welfare Services Transformation. Report produced by the Chief Directorate: Welfare Services Transformation for the Ministerial Committee on the Review of the White Paper on Social Welfare (1997)

54 National Department of Social Development. Undated. Status Report Welfare Services Transformation. Report produced by the Chief Directorate: Welfare Services Transformation for the Ministerial Committee on the Review of the White Paper on Social Welfare (1997)

- The National Association of Social Workers (South Africa) (NASW SA) is a non-statutory and voluntary membership-based organisation established in 2008 when the then Minister of Social Development wanted a body which could speak on behalf of social workers. In the early years it was dominated by government social workers but has more recently taken steps to establish some independence from government, and hopes to establish provincial structures alongside the head office.
- The National Association of Child Care Workers, another non-statutory membership-based body, was established in the 1970s as a progressive (anti-apartheid) organisation. In 2015 the association has 44 000 active members. Among other functions, NACCW serves as the main accredited provider of child and youth care training and is in a partnership with government for the national roll-out of the Isibindi programmes.
- The Community Development Professional Committee is a non-statutory structure was established in 2011 to regulate the sector for quality assurance and standardisation of service. The committee would like to become a professional board and council, but would be prepared to affiliate to another council if assured that it would be inclusive and thus provide for the multi-disciplinary and multi-sectoral nature of community development work.
- The Association of South African Social Work Education Institutions (ASASWEI) is a voluntary body which brings together universities that teach social work.

The Social Work Veteran's Programme was established in 2010 and the National Social Work Veteran's Forum launched in October 2012. The programme aims to allow the department to draw on the experience and knowledge of veterans to address the challenges it faces. Some provincial departments have appointed veterans to assist with the foster care backlog, supervision, mentoring and coaching of newly qualified social workers and new supervisors. Veterans have also been employed on other tasks, such as trauma counselling for victims of GBV, and quality assurance panels for diversion programmes.

The South African Association of Social Workers in Private Practice (SAASWIP)[55] is a voluntary professional association of social workers in private practice. As of 1 September 2015, it had a total of 664 members spread across the nine provinces, but with close to half (317) in Gauteng. An on-line survey of members in 2013 attracted 160 responses, among whom 91% reported that they offered some form of counselling or psychotherapy service as the mainstay of their practices. Some members specialise in particular areas of service.

55 Information provided by Dana Labe.

Review of current institutional issues: Summary highlights

- DSD had developed a range of guidelines, models and frameworks related to development social welfare and delivery of social development services.
- Implementation has often been limited, with lack of resources cited as one of the reasons, but not the only one.
- Organisational structures differ across provinces and are not neatly aligned with mandates and functions.
- There are serious shortages of all of the core categories of social development professionals, despite initiatives such as the social work bursary programme and occupation-specific dispensation.
- The available data – which have clear weaknesses – suggest that the profile of staff differs markedly across provinces.
- Most of the various initiatives in respect of human resources have focused on DSD employees, yet NPOs deliver a substantial proportion of social development services.
- Urgent action is required to address the serious problems that have persisted for many years in respect of NPO funding and, in particular, transfers from DSD for service delivery. These problems, which include but go beyond the quantum of funding, have resulted in NPO cutbacks or even closure. This results in reductions in service delivery for the poor, vulnerable and at risk.
- The level of corporate social investment appears to have remained static, or even declined, over recent years.

Part IX: Policy and legislative options for change

Proposal 1: Establish a social protection floor that includes social welfare

1. The issue, condition or problem addressed by the proposal

The Social Assistance Act (no 13 of 2004), as implemented through the social grant system, gives effect to the right to social assistance established in the Constitution (although it does not provide adequately for those of working age unable to support themselves and their families). There is no similar legislation or provision that establishes a social protection floor. Such legislation would need to delineate specific welfare and community development services to which everyone in South Africa is entitled in the same way as the National Health Act lays down an entitlement to emergency services for everybody, and an entitlement to free primary health care services for specified groups such as children and pregnant and lactating women. In the absence of such a floor, whether someone in need gets the necessary basic welfare and community development services depends on where they are geographically, their race, gender, income, whom they know and other factors. This result in inequity and reproduces social isolation and alienation rather than social cohesion and individual and collective wellbeing.

2. The proposed action/s

- Determine the set of services to which all South Africans, or all South Africans in particular categories, should be entitled, allowing for expansion of the set of services over time.
- Once the floor is officially established, all provincial DSD must assess current service provision and develop a plan to ensure that the floor is achieved within a three-year timeframe.

3. Alignment with the NDP

The NDP refers explicitly to a social protection floor "which, through social solidarity, we deem that no person should live below". The NDP states: "An acceptable minimum standard of living must be defined as the social floor, including what is needed to enable people to develop their capabilities."

4. The delivery agents / partners

The national DSD officials responsible for delivering the set of services must ensure full consultation with provincial DSD and with civil society stakeholders, in particular NPOs who deliver social development services.

5. Resource implications

The establishment of a floor will require additional resources as services are currently inadequate and unevenly available across provinces and within provinces. The floor may be partly achieved by some reprioritisation of resources away from less crucial service areas but such reprioritisation will need to be done in a way that does not conflict with the principle of progressive realisation.

6. Timing and sequencing of the recommended actions

The initial set of services to be included in the social floor should be agreed on within twelve months. All provincial departments must then determine how they will achieve at least the basic minimum within a three year period as part of the MTEF.

Proposal 2: Develop a national social development act

1. The issue, condition or problem addressed by the proposal

South Africa has developed and amended a range of different pieces of legislation since 1994. However, the country still does not have an over-arching social development act similar to the overarching acts in health and in higher education. In the absence of such an act, each province determines the services it will deliver. This results in a serious lack of uniformity, with substantial differences in the availability of services across and within provinces. For example, the preamble to the National Health Act (no 61 of 2003) sees it as providing "a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services; and to provide for matters connected therewith." Clause 2 states that the objects of the Act are "to regulate national health and to provide uniformity in respect of health services across the nation."

A national social development act should also provide a framework for a uniform social development system that takes into account the obligations imposed by the Constitution and other laws with regard to social development services that are protective, developmental and preventive. Such an act will also require objectives designed to regulate social development and provide uniformity in respect of the type, scope, reach and quality of social development services across the country.

2. The proposed action/s

- Conduct a scan of overarching social development/welfare legislation in other countries.
- Consult relevant stakeholders on the scope of such an act.
- Develop a draft bill and take it through the parliamentary process.

The proposed bill should, at the least, specify the roles, powers and obligations of different actors. It should also make provision for a social protection floor which would be expanded in terms of the types of measures, levels of coverage and quality of service, to as many people as possible as soon as possible in line with principles of equity and need.

3. Alignment with the National Development Plan

This proposal aligns with the importance accorded social protection within the NDP.

4. The delivery agents / partners

The Minister and Director-General must guide the development of the Act.
The national DSD officials responsible for developing the bill must ensure full consultation with provincial DSD and with civil society stakeholders.
Parliament must debate and pass the Act.

5. Resource implications

The Act will need to take available resources into account, and should not introduce requirements that are beyond what is feasible in terms of financial, human and other resources and capacity. At the same time, the Act will need to take account of Constitutional and other legislative mandates and rights, but it can provide for progressive realisation of rights which are not specified as needing to be realised immediately.

6. Timing and sequencing of the recommended actions

The scan of social development legislation in other jurisdictions, consultation on the scope of a South African act, and development of a draft South African bill should be completed within eighteen months.

The bill should then be tabled in Parliament.

Proposal 3: Include a social development component in the provincial equitable share formula or increase the poverty component to fund welfare services

1. The issue, condition or problem addressed by the proposal

The provincial equitable share formula, which determines the block funds allocated to each of the nine provinces, currently consists of six components. While there are explicit components for education and health, there is no explicit component for social development. Some policy makers and analysts have argued that the poverty component, which accounts for only 3% of the equitable share, caters for social development because social development needs are closely correlated with poverty. However, the poverty share – which is relevant for many other aspects in addition to social development – has been 3% since the equitable share was first introduced. Keeping the share at 3% does not take into account important new legislative and policy mandates within DSD. It also does not take into consideration the extent to which provinces are currently (not) meeting their social development mandates. Changing the equitable share will not compel provincial treasuries to allocate the additional funds to DSD, but it will send a strong message about the importance of social development.

2. The proposed action/s

Two alternatives are possible.

- Increase the poverty component of the equitable share. This is the simpler option, but will not send a strong message unless the share is renamed, for example to "poverty and social development".
- Introduce a new social development component to the equitable share. This would allow for other factors, such as rurality, to be built into the formula for the new component.

The second option is the preferred one.

3. Alignment with the National Development Plan

This move aligns with the importance accorded to social protection within the NDP.

4. The delivery agents / partners

National Treasury is the overall "owner" of the equitable share.
The Financial and Fiscal Commission provides annual advice to National Treasury, including on the equitable share.

The Technical Committee on Finance and the Budget Council are included in discussions around changes to key elements of the budget process such as the equitable share.
Parliament debates the Division of Revenue Bill which specifies the equitable share formula.

Provincial Treasuries will need to be alerted to the motivation for, and purpose of, the new component.

After the equitable share formula is revised, provincial DSD will need to submit well-motivated budgets to ensure that they receive an increased share of the provincial block grant.

5. Resource implications

This proposal will not change the overall resource envelope, but should result in a larger share of provincial funds coming to DSD.

6. Timing and sequencing of the recommended actions

Annexure W1 to the 2016 Division of Revenue Bill states that the National Treasury will in 2016 embark on a detailed review of the equitable share formula, and that it will consult the Technical Committee on Finance and the Budget Council as part of this work.

Ideally, this work should be completed in time for the new formula to be used for the 2017/18 budget.

Proposal 4: Increase DSD welfare budgets incrementally

1. The issue, condition or problem addressed by the proposal

Currently welfare services are seriously underfunded, resulting in far fewer services being delivered than are needed, as well as inadequate payments to NPOs that deliver services on DSD's behalf. There are also stark inequalities in the size of provincial DSD budgets relative to need.

Calculations based on the 2015/16 budget suggest that an annual increase of 1,9% per year in social development spending for five years would more than double welfare service spending (i.e. the total DSD amount less social security and administration) if expenditures on administration and social assistance/security remained constant. This increase would also more than allow for all provinces to achieve the level of DSD spending of Northern Cape per poor person, as it requires an increase, over the five year period of 95% rather than the 100% implied by doubling. This incremental and gradual increase to social welfare financing would assist in reducing the crises in the sector and would promote equity and access to services.

2. The proposed action/s

- At national level, provide for an annual 1,9% increase in the real value (i.e. after inflation) of provincial DSD budgets excluding the amount allocated for inflation.
- Allocate the additional funds proportionately to the degree of under-expenditure relative to current Northern Cape expenditure per poor person.
- If the additional funds are allocated through the equitable share, all provincial treasuries must undertake to allocate the additional funds to DSD, and provincial DSDs must undertake to utilise the additional funds on service delivery.
- Provincial DSD must ensure that the additional funds are not used for early childhood development (ECD) (given that 14% of current provincial budgets go to this single service area and a special conditional grant for ECD is already planned for 2017/18), and should also not be used for compensation of government employees.

3. Alignment with the National Development Plan

The NDP states explicitly that "[s]ocial welfare services must be expanded".
The specification that additional funds be utilised for service delivery rather than administration is in line with the thrust introduced in the 2016/17 budget.

4. The delivery agents / partners

National Treasury, National DSD, provincial treasuries and provincial DSD will need to agree on the best way to effect this increase to ensure it achieves the objective of expanding service delivery and enhancing equity.

5. Resource implications

By the fifth year the additional funds needed amount to R15 billion in 2015 rands. The phasing in of the additional funds will avoid a sudden demand on national finances and will also allow time for provinces to build the capacity to utilise the additional funds.

6. Timing and sequencing of the recommended actions

The increase is to be phased in over a five-year period, with the first increase in the 2017/18 budget.

Proposal 5: Strengthen national planning and standardise service offerings across provinces

1. The issue, condition or problem addressed by the proposal

The nine provinces have similar organisational and budget structures for DSD, and many similar services. Nevertheless, the priority given to different services differs widely across provinces. There is further variation across districts within a province, and even possibly between service points within a district. In a few cases – such as in respect of substance abuse in Northern Cape – some variation is understandable given the situation in needs of a particular province. In some cases the differences reflect historical legacies that have not yet been overcome. In other cases, there is no compelling rationale for the differences. The result is inequity for people in similar circumstances of need but living in different provinces and areas within provinces.

The variation across provinces, or even across districts, is facilitated by the absence of strong guidance from national DSD. While norms and standards have been developed for many services, these are often over-ambitious and unachievable in the near future. They also sometimes focus on the standards for a particular facility or the like, rather than norms related to the population in need (apart from the general ratio of social workers too population). They also do not specify the relative priority of different services. In the absence of strong direction from national, officials designated as having policy responsibilities at provincial and even district level develop their own approaches and priorities, with limited harmonisation with other provinces and districts.

A further factor that results in differences in quality of services is the wide variation in subsidies paid to NPO service providers in respect of the same service.

2. The proposed action/s

- Put in place realistic and achievable standardised norms, standards, priorities and transfer payment amounts.
- Utilise existing work, such as the KPMG and Afrec costings after updating, for determining transfer payment amounts so as to avoid unnecessary waste of time and resources.
- Ensure that the new provisions are implemented across all nine provinces.

3. Alignment with the National Development Plan

The NDP takes a strong stance on the need to address ongoing inequity and the negative consequences of inequality. It states: "Inequality and inequity continues. Opportunity continues to be defined by race, gender, geographic location, class and linguistic background. 'Inequality hardens society into a class system, imprisoning people in the circumstances of their birth. Inequality corrodes trust among fellow citizens, making it seem as if the game is rigged.' [citing Packet]"

4. The delivery agents / partners

National DSD, in consultation with provincial DSD and civil society partners, must develop and/or revise norms, standards and priorities.

National DSD, provincial DSD, civil society partners, and national and provincial treasuries must develop reasonable and standardised transfer payment amounts for standard services. (The amounts would then be adjusted on an annual basis.)

Provinces must reassign staff who have been given inappropriate responsibility for policy development at provincial and district level.

5. Resource implications

There will be an initial limited cost associated with the (re-)development of norms, standards and priorities.

Determination of NPO transfer amounts will be covered by the broader financing reform work. (See other proposal)

In terms of recurrent expenditure, there will be relative savings to the extent that provincial and district staff currently assigned responsibility for planning will be freed up for other tasks.

6. Timing and sequencing of the recommended actions

The norms, standards, priorities and transfer amounts can be developed incrementally over a period of two years. Standardisation of transfer amounts should be prioritised so that the standard amounts can be built into the 2017/18 budgets.

Proposal 6: Establish and enforce simple, effective and standardised data collection

1. The issue, condition or problem addressed by the proposal

National DSD is not currently able to produce basic statistics, for example relating to the number of all the different types of facilities, services and/or service providers registered in each province in accordance with the various pieces of legislation, the number of facilities, services and service providers funded by the provincial DSDs, and the number of beneficiaries the facilities, services and providers can/do service. All provinces should have this information, but are not necessarily able to produce it. In some cases their inability to do this may be because data collection is decentralised to district level and not aggregated. In some cases officials in NDSD responsible for a particular service area have (some of) the information, but there are usually gaps, and the information is not centralised within DSD. Different units also use different formats and collect different items of information.

The absence of comprehensive and reliable information hampers – or even prevents – effective planning and budgeting, and also undermines other responsibilities of DSD. In some service areas provincial and national DSD have tried to put in place complicated information systems related to particular service areas that attempt to capture detailed data – including information on individual beneficiaries. None of these systems appear to be operating effectively and the effort and logistics involved in ensuring that they are up-to-date and useful seems unachievable if the simpler data collection is not yet possible.

2. The proposed action/s

- Put in place standardised and simple (e.g. Excel) methods of capturing basic information on the different key facilities, services and service providers and make use of these methods compulsory for all provinces.
- The system should not attempt to capture information on individual beneficiaries. It should be restricted to basic information such as name, type, location (municipality), whether registered, whether funded, and number of beneficiaries.
- Provinces must be required to update the information on a regular basis and submit it to a centralised point (M&E r the relevant programme) in national DSD at least once per year.

3. Alignment with the National Development Plan

The NDP proposes the establishment of a national register of welfare and social service recipients. Such a register already exists in respect of social grants. However, at this point it does not seem sensible to try to develop such a database in respect of welfare and social service recipients (among whom there is likely to be much more volatility over time than for social grants) given that DSD is not yet able to collect and collate data efficiently even on services, facilities and service providers.

4. The delivery agents / partners

National DSD must design the system in consultation with provinces.

Provincial DSD must ensure that all units utilise the system.

5. Resource implications

The resource implications are minimal if an already available package such as Excel is used. Human resource implications are also minimal as staffs are probably already allocating time to the current largely unstandardised and sometimes dysfunctional data systems.

6. Timing and sequencing of the recommended actions

The increase is to be phased in over a five-year period, with the first increase in the 2017/18 budget.

Proposal 7: Integrate youth development and women development into other programmes

1. The issue, condition or problem addressed by the proposal

The youth development and women development programmes are relatively new DSD programmes introduced since 1997. The women development programme, in particular, has only been introduced as a separate area of engagement very recently in some provinces, and in others not at all. With women development, there is serious overlap with other programme areas, including both sustainable livelihoods and victim empowerment. With youth development, where the emphasis is primarily on unemployment, there is also overlap with sustainable livelihoods, while the Masupatsela cadre overlaps with community development work. With both areas provincial DSD sometimes appears to be doing work that is the mandate of other agencies.

2. The proposed action/s

- Abolish these two areas of work as separate areas of work in favour of a mainstreaming approach.
- Allocate current work being done in these areas, as appropriate, to the other programmes within DSD where it fits within mandates and functions.
- Discuss current work that duplicates that of other agencies with those agencies to reach agreement on appropriate location and responsibilities.

3. Alignment with the National Development Plan

The NDP notes the challenges that arise when agencies have overlapping mandates, and advocates for a "streamlined" approach. The NDP calls for "proper gender mainstreaming in departments."

4. The delivery agents / partners:

Within DSD, national DSD should lead a process with the provincial youth and women development programmes to identify the best home for current activities in these programmes. Staff responsible for the identified "homes" would then need to be brought into the discussions.

National DSD should initiate the discussion with other national agencies with which there are overlapping functions. Provincial DSD – and provincial counterparts of the other national agencies where applicable – will subsequently need to be included in the discussions.

5. Resource implications

This proposal could result in savings due to removing duplication of management, coordination, and duplicate implementation costs.

6. Timing and sequencing of the recommended actions

Planning for a new streamlined structure should start immediately. The process should not need extended time as many of the issues have been previously discussed and problems highlighted, including in the Ministerial Committee's report. The relevant organisational and human resource changes should be in place within a 12-month period.

Proposal 8: Focus the responsibility of the Department of Social Development in respect of disability

1. The issue, condition or problem addressed by the proposal

Between 2009 and 2014, DSD was responsible for social security and social development services in respect of people with disabilities. The overall coordination and policy role for people with disabilities was assigned to the Department of Women, Children and People with Disabilities. From 2014 DSD was assigned the overall coordination and policy role.

The disability sector made it clear in their interactions with the Ministerial Committee that disability should not be seen as a welfare issue. While DSD must take responsibility for ensuring that the needs of people with disability are catered for in terms of social security and social development services, all other government agencies must similarly ensure that this group's needs are catered for, in order that people with disabilities may be economically, socially, and environmentally empowered and integrated.

2. The proposed action/s

- Discuss within Cabinet the appropriate location of responsibility for coordination and policy in respect of people with disabilities.
- Focus DSD's responsibility in respect of people with disabilities on social security and social development services.

3. Alignment with the National Development Plan

The NDP notes in its vision for social protection that people with disabilities should enjoy the full protection provided under the Constitution when they experience vulnerabilities and are at risk. This vision is to be attained through a combination of public and private provision of services that cut across a range of government and other sectors.

4. The delivery agents / partners

The Minister of Social Development will be responsible for taking forward the necessary discussions within Cabinet.

National DSD and SASSA (in respect of social security) and provincial DSD (in respect of services for people with disabilities) will be responsible for mainstreaming of disability as well as special provisions for people with disability in their ongoing work.

5. Resource implications

This proposal could reduce the resource requirements of DSD to the extent that resources are currently allocated for overall policy and coordination in respect of people with disabilities.

6. Timing and sequencing of the recommended actions

The Minister should raise the issue of location of responsibility for coordination and policy in respect of people with disability as soon as feasible to avoid ongoing confusion and unhappiness among people with disability and their organisations.

Proposal 9: Coordinate with other departments and agree on roles and responsibilities

1. The issue, condition or problem addressed by the proposal:

Concerns were repeatedly raised during the Ministerial Committee's review process about lack of clarity on the respective roles and responsibilities of the Department of Health and DSD in several services areas. Residential homes (for the elderly, people with disabilities and children) were named in particular, as were substance abuse and mental. Questions of roles and responsibilities also arose in respect of the long-delayed Harmonised Assessment Tool for disability. The confusion about the roles of these two particular departments arises, in part, because they were previously generally combined in a single department. When the departments split, functions were allocated, but all the necessary resources did not necessarily follow.

The confusion is particularly severe in respect of the Department of Health. Nevertheless, similar concerns were raised in respect of a range of other departments, including Education, SAPS and DOJCD.

Currently DSD has just over 800 offices of various sorts country-wide, of with 182 relate to institutions. Approximately half of the offices – including the institutions – act as service points, while the rest are primarily administrative. The Thusong Service Centre concept introduced in 1999 envisaged at least one such multi-purpose centre being established in each district. However, by 2016 there are only 178 centres, plus a further 165 clusters where the anchor services – SASSA, Departments of Labour and Home Affairs, and SAPS – are in close proximity to each other. Many of the centres and clusters do not have services beyond the anchor services. Meanwhile virtually all areas have government premises such as schools which may not be utilised to the extent possible to provide access to other services. In the area of gender-based violence, there has been limited rollout of Khuseleka centres.

2. The proposed action/s

- Organise meetings between senior officials in DSD and Health to discuss and agree on the appropriate allocation of roles. Include National Treasury

in the DSD-DOH discussions to allow exploration of whether the agreed role allocation necessitates any shifts in resources. Include counterpart officials in provincial DSD, Health and Treasury in discussions so that the approach can be harmonised across provinces.

- Organise regular meetings between officials responsible for relevant functions in DSD and other departments to discuss and agree on roles and responsibilities and ensure ongoing collaboration that ensures that services are delivered efficiently and effectively and in a way that does not disadvantage users.
- Ensure that relevant frontline social development officials and staff of NPOs are aware of the services on offer in respect of work opportunities, entrepreneurship, skills development and sustainable livelihoods more generally, so that they are able to refer those who could benefit from these services to the appropriate agencies.

Collaborate with the anchor service agencies for Thusong centres as well as other key agencies with, or with responsibility for, multiple facilities to explore sharing of facilities so as to make services more easily accessible. Consider, in particular, how such shared facilities can be made disability-friendly in physical terms as well as through sign language, braille and the like.

3. Alignment with the National Development Plan

The NDP notes, in respect of departments with responsibility for micro-economic issues that "more could be done to improve clarity about their respective roles and how they relate to one another". The observation is equally valid in respect of Health and DSD. The NDP also emphasises the importance of partnership. It notes that services that enable easy access to basic needs and government support should be prioritised in areas – predominantly rural – with little productive economic activity.

4. The delivery agents / partners

National and provincial DSD, Health, Treasury in respect of clarification of roles and responsibility and possible funding shifts.

National and provincial DSD and Education, as well as SAPS and DOJCD, in respect of clarification of roles and responsibilities.

National and provincial DSD and Education, SAPS, DOJCD, Home Affairs, Department of Public Service and Administration, Department of Public Works and SASSA in respect of sharing of facilities.

National DSD in respect of rollout of Khuseleka centres.

5. Resource implications

The proposal may highlight need for additional resources if some necessary activities are found which are not currently budgeted for by either Health or DSD.

6. Timing and sequencing of the recommended actions

The discussions should be initiated as a matter of urgency as this problem is longstanding and denies individuals the services that they need. The partners should aim to reach

agreement and implement the agreed roles and responsibilities within a period of 18 months.

The meetings with other departments should be initiated within a three-month period and then be held on a regular basis.

Proposal 10: Policy on orphans living with relatives

1. The issue, condition or problem addressed by the proposal

The foster care system was designed for 55 000 children, but is now dealing with approximately 500 000 children. The majority of these children are living with relatives, and are not in need of care and protection services, although they do need social assistance. The strain on the foster care system results in children who are abandoned, abused or neglected not receiving the level of service they require, as a great deal of social workers' time is spent on dealing with the administrative and court processes related to foster care.

2. The proposed action/s

- Support the extended CSG for orphans in the care of relatives and children in child-headed household that was approved by Cabinet on Wednesday 9 December 2015.
- Amend the Social Assistance Act and regulations to enable the extended CSG to be operationalised.
- Ensure that the budget is approved to enable the above.
- Fast-track amendments to section 150 of the Children's Act and related sections to align with the extended CSG. The effect of the amendments will be to ensure orphans and abandoned children living with relatives are screened at community level by a social service practitioner, who will refer them to apply for the extended CSG and who may refer them to a social worker only if it appears that the child has care and protection needs.
- Retain those relatives already receiving the foster child grant for orphans in their care in that system, but make increased use of section 186 of the Children's Act which extends the orders until the child turns 18 and requires home visits at two year intervals by a social service professional.

3. Alignment with the National Development Plan:

The NDP records that 3,6 million children are single or double orphans and that this number is expected to peak at 5 million in 2020. The NDP points out that most orphans live with relatives, and highlights the importance of extended kinship networks in providing family care. Almost all of these children are black and living in poverty.

Although the NDP does not include a specific proposal on this issue, this proposal of an extended CSG coupled with more community-based support for orphans living with relatives aligns with using the available workforce more efficiently, because social work time will be freed up for care and protection services, while other social service professionals can provide the community based services.

4. The delivery agents / partners

Department of Social Development will have to drive this policy change.

Parliament will need to pass the required legislative changes.
SASSA will need to implement the extended CSG.

Community-based organisations and social service practitioners will play a key role in initial assessments and referrals.

Designated child protection organisations will play a role.

Treasury will be a key role player in the sourcing and allocation of funds.

The children's courts will be approached by social workers with applications for increased use of the longer-term foster care.

5. Resource implications

The action will have considerable resource implications as there are large numbers of orphans living with relatives who will be eligible for the extended CSG amount. However, this will cost less than taking all those who are eligible into the foster care system, both in terms of social assistance costs and in terms of human resource time. The proposal is that the extended CSG will be an additional 50% of the current CSG added to the CSG amount. Treasury is already working on the budgetary implications.

6. Timing and sequencing of the recommended actions

The legislative amendments should be fast-tracked and passed within the next twelve months.

The new extended CSG should be introduced in the 2017/18 budget year.

Proposal 11: Accelerate NPO funding reform process

1. The issue, condition or problem addressed by the proposal

Non-profit organisations (NPOs) deliver a substantial proportion of social development services across most service areas. Their service delivery assists government in fulfilling its commitments. There is, however, widespread acknowledgement that the current funding arrangements for NPOs are inadequate in many respects, including the amount of funding, disparities across and within provinces, and inefficient processes. Many of the challenges were highlighted in the NAWONGO case in the Free State which ran from 2010 to 2014, but the challenges are not confined to the Free State province. National Treasury and DSD have been collaborating on a project to address the problems, and have already done substantial diagnostic work. There are, however, as yet no fixed plans or dates for addressing the problems. In the meantime many NPOs are struggling to continue delivering services, some are closing, some retrenching staff, some cutting back on service areas. All of these actions reduce the already inadequate services available in terms of need. There is a serious danger that with all government agencies required to cut back on their budgets from 2016/17 going forward, NPO transfers will bear the brunt of the cutbacks.

2. The proposed action/s

- Put in place immediate measures to address inefficiencies such as late payment. Require that all provincial DSD and their sub-units comply with approved and efficient measures and monitor that they do so.
- Accelerate the project and allow for phased introduction of reforms, with a first substantial phase to be implemented in 2017/18 financial year at the latest.

3. Alignment with the National Development Plan

The NDP calls explicitly for "a review of funding for non-profit organisations."

4. The delivery agents / partners

National Treasury and DSD play the lead role in the project

Provincial Treasuries and provincial DSD must be engaged in respect of solutions, and will be required to implement agreed actions and approaches

NPOs must be consulted and informed about progress and proposals. Consultation must not be allowed to delay reforms unnecessarily.

5. Resource implications

Introduction of efficiencies into the NPO funding system should result in better use of available resources as NPOs will receive funding on time and be able to plan and spend in a more organised way.

Addressing current under-funding of NPOs will require non-negligible additional resources. (see earlier proposals on expanding allocations for DSD).

6. Timing and sequencing of the recommended actions

Measures to address inefficiencies should be put in place within the next six months at the latest.

The broader reforms should be introduced in phases, with a first substantial phase to be implemented in 2017/18 financial year at the latest.

Proposal 12: Institutional reforms

1. The issue, condition or problem addressed by the proposal

The Constitution assigned responsibility for welfare to national and provincial government. In the apartheid era, some local authorities delivered services in both black and white areas. Government partners in service delivery are Correctional Services, Health, Justice, Education, Labour, Public Works, Housing and Sport and Recreation. This results in duplication, fragmentation and confusion about roles and responsibilities. Provinces bear the primary responsibility for service delivery, while national government is responsible for policy and coordination. Some calls for local government to have more responsibility, but this could result in greater inequity. Provincial DSD works according to a district structure which aims to ensure attention to local needs and specifics. Problems include poor distribution of programmes and staff at district levels with uneven capacity and unnecessary bureaucracy.

There is currently confusion about what is core to national DSD functions, provincial functions and local government. This results in staff at operational levels being tasked to perform many different functions and being unable to focus on core responsibilities. There are no accurate numbers for NPOs delivering social development services as the NPO database includes other categories. Close to 40% of registered NPOs work in the social services sector. Of these, only a portion would fall under the social development umbrella. The extent of government subsidies – in particular the number of organisations funded – has expanded since 1997, but other sources of funds have declined. About 30% of NPO transfers go to ECD centres.

2. The proposed actions:

1. Specify the core basket of social protection provisions (including basic welfare services) that are to form part of the social protection floor.
2. Provide clarity on the core functions of DSD in relation to the basket of social protection services – including social welfare – and on any overlaps across other government departments.
3. Ensure that there is a fit between the organisational structure and the mandate and functional structure of National and Provincial DSD.
4. Design streamlined and simple process maps to guide planning, decision-making, coordination, monitoring and accountability processes within and across the social development sector.
5. Align the Integrated Service Delivery Model and existing service delivery frameworks, norms and standards at an operational level, ensuring that the role of NPOs is fully incorporated.
6. Expand the types and reach of developmental social welfare services and improve the quality of care.
7. Clarify the role of NPOs and related sectors in the provision of developmental social welfare and improve the partnership model so that it extends beyond a focus only on funding and monitoring.
8. Ensure that services provided for existing and future legislation for social welfare services is properly managed, funded and audited so that the responsibilities of the state and of the service providers are understood and carried out.
9. Review and improve funding and other support measures to NPOs providing social welfare services.

3. Alignment with the National Development Plan

In chapter 11 of the NDP planning and policy priorities include addressing the neglect of developmental welfare services, expanding social welfare services and improving access to social welfare services in generic and specialised fields.

4. The delivery agents / partners

These will include National and provincial Government departments of social development working with the NPO sector and other appropriate service providers.

5. Resource implications

An incremental and phased approach should be adopted to expansion of welfare services so that the financial and other costs can be managed without compromising the services needed by those who are most vulnerable and at risk.

6. Timing and sequencing of the recommended proposal

Changes to the system need to begin immediately so that the changes improve the possibility of meeting the MTSF objectives and the NDP priorities set in chapter 11 and government outcome 13.

Proposal 13: Human resource reforms

1. The issue, condition or problem addressed by the proposal

PERSAL recorded a total of 33 187 employees of national and provincial DSD in December 2015. Of this total, 8 129 social workers, 2 573 social auxiliary workers, 1 933 community development workers, and 3 818 CYCWs appeared to be frontline workers. The distribution of the various categories of staff across programmes and sub-programmes varies substantially across provinces.

DSD's ISDM proposed social worker: population ratios of 1: 5 000 in Gauteng, 1: 4 500 in KwaZulu-Natal and Western Cape; and 1: 4 000 in other provinces. In Eastern Cape the population per approved post stands at less than 3 000, the approved norm, even before considering social workers employed by NPOs. At the other end of the scale, in Gauteng and Mpumalanga the population per approved social worker post stands at more than 7 000. Yet Mpumalanga is a predominantly rural province. Provincial analysis does not show the full extent of geographical disparities as there are further disparities within each province.

Government has committed substantial resources to addressing the human resource needs. Initiatives include substantial increases in the number of funded posts (although too many posts remain unfilled), a very substantial social work bursary programme with some follow-up employment opportunities, and funding for training and employment of other social service professional cadres, including social auxiliary workers and child and youth care workers. Nevertheless, social workers continue to perform work that could be (better) performed by other (lower-paid) categories of social service professionals.

Government salaries and conditions determined in Public Service Coordinating Bargaining Council. Occupation-specific dispensation (OSD) for social workers introduced in 2011 and also reportedly covers other categories. Many social workers remain dissatisfied with their salaries and conditions of work and with aspects of OSD.

The situation is worse in the NPO sector, where salaries are substantially lower and there are more limited, if any, benefits. This was the issue raised most often in the Ministerial Committee's reviews. Many of the complaints focused on social workers, in particular, being paid less when employed by NPOs than when employed in government, with various perverse results. The problem is bigger than this, as there is no minimum wage for other (generally lower-paid) workers in NPOs. There have over the years been some attempts to develop a sectoral determination for the welfare sector, but these attempts have stalled. The reason for the most recent interruption in the process is that there is currently a national process ongoing towards national minimum wage that would cover all workers in the economy, including welfare workers.

National DSD is currently developing a comprehensive five year HR Sector Plan in collaboration with provinces. Meanwhile DSD, like all other government agencies, is required – in consultation with National Treasury and the Department of Public Service and Administration – to develop and implement a plan to manage its personnel expenditure within a reduced budget for 2016/17 going forward. The necessary reductions are required to focus on reducing unnecessary managerial and administrative staff.

2. The proposed action/s

- Take forward DSD's current ongoing work on a comprehensive five-year human resources sector plan with full consideration of actual and potential human resources in the NPO sector.
- Develop an appropriate organisational design for the sector as part of the development of the HR Sector Plan.
- The design must take into consideration the partnerships which must be formed with the NPO sector in particular, and other partners in general to adequately address the service need/demand.
- Organisational structures must be aligned from the national to district level. The "line of sight" must be clear in terms of the specific contribution of each sphere, programme, division or unit to the developmental social welfare mandate.
- Redundant hierarchies must be eliminated and problematic hierarchies must be addressed (e.g. employees reporting to a manager on the same level)
- Job descriptions and skills profiles should be customised in relation to functions, not occupational categories.
- Use the demand/supply study, when concluded, as the basis for a longer-term plan to produce appropriate quantity and quality of the core cadres of social workers, social auxiliary workers, child and youth care workers and community development workers.
- Collaborate with institutions of higher learning, SACSSP as well as government partners such as the National School of Government to ensure continuous professional development.
- On a minimum wage, two options are proposed, depending on the progress of the national minimum wage process:
- If the national minimum wage process is delayed, reinstitute the process for a sectoral determination for welfare workers, including a minimum wage, and pursue it with energy.

If the national minimum wage process proceeds smoothly, ensure that the welfare sector is not excluded, and that NPO transfer amounts are adjusted to align with the prescribed minimum.

3. Alignment with the National Development Plan

The NDP notes the need for equity to be considered in the determination, and enforcement, of minimum wages. It notes that earned wages constitute an important component of the social wage which, in turn, is a core component of the social protection floor.

4. The delivery agents / partners

Department of Public Service and Administration will pl

Department of Labour and Employment Conditions Commission will have the responsibility of developing the determination if the sectoral determination route is pursued.

Relevant unions in welfare services as well as NPO employers will need to be consulted in the process if the sectoral determination route is pursued.

DSD will need to adjust NPO transfer amounts whatever route is chosen.

5. Resource implications

A minimum wage would require an increase in the size of NPO transfers.

6. Timing and sequencing of the recommended proposal

Reforms need to be introduced as soon as possible as sufficient and motivated human resources are key to delivery of social development services.

Proposal 14: Education, training and skills development

1. The issue, condition or problem addressed by the proposal

Education, training and skills development remain critical for the provision of social development services across government, NPOs and the private sector. According to the NDP the numbers of social service professionals are too few to cope with the extent and the wide range of chronic social conditions.

All universities except the very newly established universities in Northern Cape and Mpumalanga provide social work qualifications, and they indicated that they have moved from teaching social work through a traditional clinical model of social work to a DSW approach. There is, however, a serious shortage of competent supervisors. This is exacerbated by the increase in inexperienced social workers resulting from the rolling out of the bursary programme.

Several universities that previously developed specialised courses for social workers had discontinued them. Accredited qualifications and training exist, although there are very few opportunities for higher-level qualifications in categories such as community development and child and youth care work.

For example, the current situation of children and youth in South Africa highlights the gaps in service provision for children and youth. The ministerial rollout of the Isibindi programme, with its target of 10 000 new qualified auxiliary child and youth care workers at the end of the five-year period, is contributing to addressing the gap. However, the need is for more than this number of workers. Further, funding for the full rollout is under threat.

The categories of professionals who are in demand and require specialised education include those in the field of treatment and care of substance addictions, those in

probation and correctional practice, those in social policy and management, those in financial management of the social development sector, and those who are involved in social development (including development planning, social inclusion and community development and peace-building).

2. The proposed action/s

- Increase the numbers of students admitted to study social work each year and provide support measures to ensure efficient through-put rates of social work graduates.
- Ensure that training for all four categories of social development workers complies with the minimum standards and requirements set by the SACSSP and the Council on Higher Education.
- Ensure that the ratio of social auxiliary workers to social workers does not exceed 5:1.
- Recruit social auxiliary workers from among unemployed youth who have passed grade 12 but who do not qualify for entry to university.
- Design and implement a system for auxiliary training and practice which builds credits towards a social work degree after a minimum of five years practice as an auxiliary.
- Align the quality of education and training for community development workers with the minimum requirements for professional service delivery and develop the associated curricula, minimum standards and assessment criteria.
- Build on the achievements of the ministerial rollout of child and youth care worker training and employment under the Isibindi programme to expand this workforce.
- Develop a formal educational route beyond the level 4 qualification for child and youth care workers.

3. Alignment with the National Development Plan

The NDP notes the need in the immediate and medium term to increase the supply in four categories of social service professionals to respond to the demand for appropriate basic social welfare services. The four categories are social workers, auxiliary or assistant social workers, community development workers, and child and youth care workers.

4. The delivery agents / partners

National DSD should continue provision of social work bursaries.

SACSSP, the Council on Higher Education, the South African Qualifications Authority, and the Health and Welfare SETA all have responsibilities for establishing minimum standards and/or ensuring they are met.

Higher education institutions and other government and non-government training providers are responsible for developing and offering education and training programmes.

National and provincial DSD is responsible for funding and management of the Isibindi rollout and similar initiatives.

5. Resource implications

Initiatives such as bursaries and development and implementation of new teaching programmes require resourcing. These can take the form of subsidies or transfers to learners as well as subsidies or transfers to providers. Resources are also required to provide salaries to the newly qualified and to employ sufficient supervisors to ensure that their learning continues and that potential service users receive quality services.

6. Timing and sequencing of the recommended proposal

Activities that involve continuation of existing activities, such as the Isibindi rollout and provision of social work bursaries, should continue with delay.

Development of plans and proposals for other activities should be formulated within a twelve-month period. Well-formulated plans can then be put forward to the relevant authorities in funding proposals.

Proposal 15: Community development and sustainable livelihoods

1. The issue, condition or problem addressed by the proposal

Community development is one of the strategies identified in the White Paper "to inform the orientation of social welfare programmes towards comprehensive, integrated and developmental strategies". However, the inadequate integration of community development strategies and programmes in the implementation of developmental social welfare services is a concern. Issues are being raised about how to ensure community members can come together through programmes to be active citizens and take more control of their communities, engage in collective action/s and generate solutions to community and social problems.

Both the development of sustainable livelihoods and community development strategies and programmes are sine qua non towards comprehensive social development for the improvement of the quality of life, especially of the poorest people and households. This reinforces the view of social development understood as "economic and social progress [that] should be anchored in people's lives through processes of 'capacity building' and empowerment."[1]

However in all spheres of government, as well as in the community sector itself, there is a lack of clarity about the place, functions, processes and programme activities that constitute community development and social enterprise development. This lack of clarity and understanding creates a disabling environment for community development practitioners.

The challenges are exacerbated by the lack of recognition of community development practitioners as a professional category, the lack of appropriate education and training for community development practitioners, and the absence of appropriate provision of workplace supervision by supervisors with appropriate knowledge and skills.

1 Reutlinger, in Social Work and Society- International Online Journal; Vol 6, No 2 [2008].

2. The proposed action/s

- Clarify the concept of community development, and identify its links with poverty and sustainable livelihoods and the series of activities that lead to building community resilience.
- Recognise community development as a distinct profession.
- Ensure that education and training programmes exist to produce competent community development practitioners.
- Ensure that community development practitioners are supervised by individuals with appropriate qualifications and experience.
- Provide links with sustainable development strategies that generate livelihoods for those between 18 and 59 years.

3. Alignment with the National Development Plan

The NDP recognises community development workers as one of four categories of social service professionals which are critical to respond to the demand for appropriate basic social welfare services. Chapter 11 of the National Development Plan focuses on the importance of economic and social inclusion through social protection and community development measures. Social protection measures go beyond social assistance, social welfare services and social insurance to include developmental strategies that focus on building sustainable communities and livelihoods.

4. The delivery agents / partners

- DSD's role includes clarifying the activities and functions of community development practitioners, and ensuring that the organisational structure and operations provide for adequate supervision of workers.
- COGTA, the South African Local Government Association and any government agencies that employ more than a small number of community development practitioners must be part of discussions as to how the first element of this proposal can be implemented.
- SACSSP's role includes recognition of community development as a distinct profession and establishment of a separate board.
- Higher education institution's role relates to providing quality qualifications for this cadre of workers.
- The above actors should engage with the Community Development Professional Committee, so as to ensure buy-in and that the needs and interests of these workers are addressed.

5. Resource implications

This proposal need not have significant resource implications as government already employs many community development practitioners. The proposal should ensure that the resources associated with this employment are effectively utilised for the benefit of poor and vulnerable communities.

6. Timing and sequencing of the recommended proposal

DSD should initiative discussions with the other key role players within a six month period.

More concrete plans for taking the proposal forward should be in place, and implementation should start, within a further twelve month period.

In the medium term – until economic growth takes off and employment opportunities increase – strategies for community development could include social enterprise development, employment through community work programmes and other income-generating activities within communities. Such measures can enhance community and social development by focusing on those who are living in poverty, who are between 18 and 59 years and who fall through the system because they do not have access to paid work or vocational training.

Proposal 16: Comprehensive social security

1. The issue, condition or problem addressed by the proposal

In 2007 Cabinet appointed an Inter-Ministerial Committee (IMC) on social security reform. The reform agenda includes extension of the social assistance net; introduction of a compulsory pension system; improved unemployment insurance and better linkage to labour market policies; reform of the Road Accident Fund; National Health Insurance; alignment of social insurance benefits provided by the Road Accident Fund, Compensation for Occupational Injuries and Diseases, and the UIF; social security governance and institutional restructuring; and fiscal and financial aspects. Progress to date has been slow, but in April 2015 DSD reported to parliament that the Consolidated Comprehensive Social Security Reform proposals had been completed.

The proposals of 2015 differ in some respects from earlier proposals developed in 2012. Instead of a firm single proposal, the 2015 paper presents two options. The 2015 paper also no longer provides for the same degree of coordination by a single agency. A further element that fell away was income support for people aged 18-59 years. Other differences between the two papers reflect the fact that some proposals in the first version have already been taken forward.

2. The proposed action/s

- Adopt and implement the proposals on comprehensive social security
- Adopt the options with strongest alignment to the proposals in the 2012 paper, for establishment of a single National Social Security Fund.

3. Alignment with the National Development Plan

The NDP states as its vision that South Africa would, by 2030, "have a comprehensive system of social protection that includes social security grants, mandatory retirement savings, risk benefits such as unemployment, death and disability benefits and voluntary retirement savings.

4. The delivery agents / partners

National Treasury, Social Development, Labour, Transport, Health, Public Service and Administration and the Presidency all have roles to play, as evidenced by their membership of the IMC.

Other government agencies such as SARS will also have roles to play as the reforms are rolled out, as will non-government actors such as employers, trade unions and existing private sector funds.

5. Resource implications

The reforms could bring savings alongside the need for additional expenditure. Establishment of new structures and systems will involve both one-off and recurrent expenditures. Elements such as subsidies for poorer workers will require expenditure. On the savings side, a more streamlined system will reduce costs associated with duplication and coordination of multiple different actors. Further, an improved and comprehensive social security system could reduce expenditures related to dealing with the negative impacts on poor individuals and their families.

6. Timing and sequencing of the recommended proposal

Cabinet should adopt the proposals within the next six months. Adoption of the reforms as a comprehensive package should reduce the possibilities of resistance as happened when the measures related to withdrawal of provident fund contributions was introduced without the full reform package having been adopted.

Part X: Conclusion and next steps in achieving social development and vision 2030

Conclusion

The review of the implementation of the White Paper for Social Welfare of 1997 encapsulates a substantive and rigorous assessment of social development provision in the country. It provides both a historical analysis of what was proposed in the White Paper as well as an analysis of contemporary social and economic trends and the changes in social conditions, problems and demography that influence social development.

The methods used to conduct the review included both primary and secondary research of both qualitative and quantitative trends. This is the first time that such a comprehensive policy assessment process has taken place in social development after almost two decades of implementation of the White Paper. The timing for a review of policy implementation and the impacts on the lives of people receiving services is appropriate. The findings and recommendations framed as proposals are linked directly to the changes in the South African context. This context takes note of the need for alignment with the Constitution of the Republic of South Africa, the National Development Plan and the commitments made by the government to achieving 17 Sustainable Development Goals agreed at the United Nations in 2015.

All nine parts of the Comprehensive Report present evidence-based findings and identify critical issues and gaps in social development service provision. While a myriad of issues and problems were raised during the Review the Committee found that many of these issues and concerns were focused on routine operational and procedural matters and do not require policy or institutional changes. Because of the urgency with which these issues and problems were raised the Committee referred them to the relevant department section or division to address in the immediate or short term.

Part IX of the report provides 16 major policy proposals that require specific action, that have resource implications and that require careful timing and sequencing so that implementation can take place without disruption to ongoing social development activities.

Next steps

The Comprehensive Report and the Summary Report will be submitted to the Minister of Social Development, the Deputy Minister, all MECs, the Chair of the Portfolio Committee as well as national and provincial Departments of Social Development for their engagement and deliberations. It will follow the usual process for submission to the appropriate Cabinet Committee. The Report will also be launched publicly by the Minister of Social Development and will be distributed to all those who participated in the review process.

Appendix 1: Terms of reference

MINISTERIAL COMMITTEE ON THE REVIEW OF THE IMPLEMENTATION OF THE WHITE PAPER FOR SOCIAL WELFARE

As revised in the meeting held in October 2013

PURPOSE

To set out the scope of work of members of the Ministerial Committee for the review of the implementation of the White Paper for Social Welfare and the review of the White Paper itself.

BACKGROUND

The White Paper for Social Welfare (1997) provided a framework for the transformation and restructuring of social welfare services to realise the goals of the developmental approach. This include amongst others, building a consensus on a national social welfare policy framework, developing representative governance structures to build up partnership between government and civil society organisations, implementation of legislative reforms at all levels of government and developing a financially sustainable social welfare system.

Sixteen years after the adoption of the White Paper as a social welfare policy reform guiding social welfare service delivery, the Department of Social Development acknowledges the need to assess the appropriateness and relevance of the White Paper and to review it in order to respond to the needs of the beneficiaries within the sector. In the Budget Vote Speech for the current financial year the Minister announced that Departmental polices are geared towards responding to the life cycle needs of communities through services to children, youth, adults and older persons. These services are realised through programmes that strengthen and empower communities and find expression through family focused and community based interventions. The delivery of integrated quality social welfare services is central towards the care and protection of children, women, older persons and people with disabilities, alleviation of poverty, prevention and mitigation of the impact of HIV and Aids, prevention of and support for substance abuse, child justice and probation services and promotion of social integration for the marginalised groups accessing social welfare services.

The review seeks to establish whether the implementation of the White Paper has translated to effective, efficient and adequately accessible and appropriate services to communities.

PURPOSE OF THE MINISTERIAL REVIEW COMMITTEE

The purpose of the Ministerial Committee is twofold:

- Review the implementation of the White Paper for Social Welfare (1997) in all provinces.
- To review the White Paper for Social Welfare and make recommendations and proposals arising from the review.

TERMS OF REFERENCE OF THE COMMITTEE

To review the White Paper for Social Welfare (1997) in relation to the following:

- Assessment of the changes in the current context in South Africa
- Determination of the relevance of the White Paper for Social Welfare in the current context of South Africa.
- To review the theoretical framework underpinning the White Paper.
- To determine the extent to which the provisions of the White Paper are being implemented.
- Ascertaining the achievements, challenges experienced in the implementation of the White Paper and lessons learnt.
- To identify the gaps within the White Paper and service delivery interventions.
- To consolidate the findings, recommendations and proposals for the review of the White Paper.

SCOPE OF THE REVIEW

The review will be undertaken in three phases:-

Phase 1: Desk top study and preparation for the review

- Analysis of the current South African Social Welfare Context.
- Analysis of the findings of relevant research on the approach and implementation of the White Paper for Social Welfare for the period 2005-2012.
- Commission papers and presentations by experts and informants representing services to children, youth, women, older persons, people with disabilities, prevention, treatment and rehabilitation of substance abuse, prevention, care and support for people infected and affected by HIV & AIDS, prevention, care and support for mental health and wellness, poverty alleviation, social integration, family strengthening, identify gaps, new needs and challenges
- Analysis of key social development policies, legislation and strategies, to establish the degree to which the country has restructured and transformed social welfare services in line with the Constitution.
- Identify areas for further research and commission relevant studies.
- Develop appropriate research methodological framework in line with the identified themes.
- Analysis of the existing human resource pool for Social Development(supply and demand)
- Assessment of the current budget allocation and future projection for the delivery of social welfare and Development services, including allocations in other spheres of government.
- Conducting comparative analysis of Institutional arrangements and models for social development services.

Phase 2: Conduct the review on the implementation of the White Paper

- Assess the nature and extent of social welfare services in all provinces focusing on services offered at service offices and facilities for children, youth, adults, People with disabilities and older persons in relation to development, care and protection, rehabilitation and treatment of substance abuse.
- Assess the degree of integration with multi -disciplinary services for the delivery of holistic social development services

- Establish the nature and scope of stakeholder relations and partnerships for social development
- Assess the accessibility of welfare services with specific reference to rural areas and farming communities.
- Conduct a comparative analysis of service delivery systems focusing on governance structures across the three spheres of government.
- Assess and determine the nature and extent to which social welfare services have been devolved to municipalities in all provinces.
- Assess the sustainability of financial resources allocated to the NGO sector and viability of funding by other government departments having core responsibility over social welfare services.
- Assess infrastructure and communication applicable for the delivery of social development services.
- Assess information management and information technology capabilities as critical service enablers for integrated social welfare service delivery.
- To assess the human resource capacity in terms of skills, competencies, supervision, workload management, restructuring and transformation of personnel to support delivery of social welfare services.
- Assess quality assurance, monitoring and evaluation systems, applicable for social development services.
- Conduct site visits to selected facilities, each representing care and protection of children, women, older persons and people with disabilities, rehabilitation of people with disabilities, treatment and rehabilitation of persons abusing substance in all provinces. This should be inclusive of government, privately and NGO owned and managed facilities to establish the nature of services, overall infrastructure, management and governance systems as well as progress made regarding transformation and restructuring of services.
- Conduct public hearings and presentations by private social welfare service providers, NGOs and government departments in all provinces to establish the nature and extent of accessibility of social welfare to line with the objectives of the White Paper for Welfare.
- Assess the extent to which changes that have been implemented are developmental (e.g. link social and economic development, community development) in nature
- Assess the extent to which there is an equitable (issues of race, spatial location, peri-urban, gender, disability, etc.) distribution and allocation of social development services
- Assess the extent to which services promote social integration.

Phase 3: Deliverables, Reporting and recommendations

Upon completion of the review process the Committee shall deliver to the Minister the following:

- A composite report on the research findings and recommendations undertaken in line with the review of the implementation of the White Paper since its inception in 1997.
- Reports on site visits conducted in identified facilities highlighting infrastructure, governance, service enablers, services and service beneficiaries.
- Reports on public hearings and presentation by private service providers,

government and NGOs highlighting the nature and extent of this sector' service delivery in relation to the DSD mandate.
- A report on the review of the White Paper including all of the above.

Make recommendations to the Minister on
- The review of the implementation of the White Paper.
- Proposed strategies to be undertaken to strengthen the transformative and restructuring processes within the welfare services sector.
- Critical elements to be considered in addressing the gaps within the White Paper.

Phase 4: Review of the White Paper for social welfare
- Develop a framework for the review process.
- Develop a discussion paper and policy proposals on the review of the White paper.
- Conduct a round table discussion with experts on the state of implementation of the White Paper provincially and nationally.
- Conduct consultative session/workshop on the review of the White Paper for social welfare.
- Consolidate and submit a draft reviewed White paper for social welfare services.
- Develop an implementation plan for adoption by the Minister.

TIME FRAMES
The Committee will commence its work upon appointment by the Minister and undertake the review over a period of twenty four (24) months.

DECLARATION OF INTEREST
Relevant interest which may give rise to potential conflict of interest should be declared upon appointment by the Minister.

INSTITUTIONAL ARRANGEMENTS
The following institutional arrangements will be observed for the duration of the Ministerial Review process.

Chairperson of the committee
The Chairperson of the Ministerial Review Committee shall report to the Minister of Social Development on matters at appropriate times.

Establishment of working groups
Working groups will be established to undertake detailed work as prescribed by the terms of reference. These working groups will be led by committee members and experts may be co-opted as and when necessary. These working groups will include the following:
- Social development context
- Chapters 2 – 4: Social welfare strategy, Human resources, institutional arrangements
- Policy and legislation
- Finance and budgeting
- Research
- Stakeholder engagement

Administrative support

The Department will appoint a Project Management Support Unit to offer technical support as per the prescribed terms of reference. This Unit will operate under the Directorate: Service Standards and will report administrative activities to the committee as required.

COMPLIANCE

Public Finance Management Act

The appointment of the Committee is subject to the provisions of regulations 20, Part 8, of the Treasury Regulations for Departments, Trading Entities, Constitutional Institutions and Public Entities, issued in terms of the PFMA.

Code of conduct governing committee members:

Quorum: If 50% of the members plus one is available for the meeting, this will constitute a quorum.
Attendance: If a member fails to attend three consecutive meetings without reasonable apology, this will be brought to the attention of the Minister by the chairperson.

REMUNERATION

The remuneration of members of the Ministerial Review Committee shall be calculated based on the Treasury Regulations 20.2.2 which gives effect to the approved remuneration payable to non-official members of Commissions and Committees.

INAUGURATION

The inaugural meeting of committee members shall take place soon after appointment by the Minister. At this meeting the Minister shall announce the chair and the deputy chair.

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