WHITE PAPER FOR SOCIAL WELFARE

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Principles, guidelines, recommendations, proposed policies and
programmes for developmental social welfare in South Africa.

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PREAMBLE

1. *South Africans are called upon to participate in the development of an equitable, people-centred, democratic and appropriate social welfare system. The goal of developmental social welfare is a humane, peaceful, just and caring society which will uphold welfare rights, facilitate the meeting of basic human needs, release people's creative energies, help them achieve their aspirations, build human capacity and self-reliance, and participate fully in all spheres of social, economic and political life.*

2. *South Africans will be afforded the opportunity to play an active role in promoting their own well-being and in contributing to the growth and development of our nation. The challenge facing the welfare system is to devise appropriate and integrated strategies to address the alienation and the economic and social marginalisation of vast sectors of the population who are living in poverty, are vulnerable, and have special needs. An intersectoral response is needed within Government and between Government and civil society to adequately address welfare needs.*
A further challenge is to address past disparities and fragmentation of the institutional framework in the delivery of welfare services.

3. *The Ministry for Welfare and Population Development is committed to the continuity of existing services whilst at the same time re-orientating such services towards developmental approaches. The Ministry will strive to achieve the above social goals in a collaborative partnership with individuals, organisations in civil society and the private sector in keeping with the values, goals and priorities of the Reconstruction and Development Programme.*

4. *The approach and strategies contained in this White Paper for Social Welfare will inform the restructuring of services and social welfare programmes in both the public and the private sectors. The identified principles, guidelines and recommendations for developmental social welfare policies and programmes will be implemented progressively. A five-year strategic plan of action will be developed. This plan will provide details on goals, objectives, activities, time frames, progress indicators, costing, and the parties responsible for the implementation of social welfare programmes.*

5. *This White Paper has been drawn up with the full participation of the stakeholders in the welfare field. It is a negotiated policy framework and strategy, and it charts a new path for social welfare in the promotion of national social development. The proposed direction of the White Paper is in line with the approach advocated by the United Nations World Summit for Social Development, held on 6 to 12 March 1995.*

CHAPTER 1

SOUTH AFRICAN SOCIAL WELFARE CONTEXT

SOCIAL DEVELOPMENT CONTEXT

Economic growth and income distribution

1. South Africa has experienced declining economic growth rates over the past two decades, with the average annual growth rate of the Gross Domestic Product (GDP) falling below the annual population growth rate.

This situation has resulted in a decrease in per capita income, and increasing poverty and pressure on the welfare system to meet basic human needs. Inflation has affected the capacity of poor families to meet their needs. Further, low levels of economic growth and income are also associated with low levels of savings. This means that when individuals and families become vulnerable, they have limited resources on which to draw.

Extreme inequality in the distribution of income exists among racial groups and households. The poorest 40% of households in South Africa earn less than 6% of total national income, whilst the richest 10% earn more than half of the national income.

Great poverty exists alongside extreme wealth. About a third (35,2%) of all South African households, amounting to 18 million people, are living in poverty. African households, households in rural areas, especially those headed by women in rural areas, are the most affected. Over half (54%) of all South Africa's children live in poverty[1].

Unequal income distribution has severely hampered development, particularly that of people in rural areas, who are generally poorer than their urban counterparts. In 1993 the average per capita income of rural Africans was only R151 per month, compared to metropolitan incomes of R335.

Rural households rely mainly on remittances and state social grants for income. Remittances make up a tenth of household income and social grants account for about a quarter of household income in rural areas. However, many rural households and their extended families do not have access to reliable remittances, wages and/or resources to generate enough support for themselves.

Employment

2. South Africa is characterised by large-scale unemployment in the formal sector of the economy.

The formal economy created an estimated 350 000 employment opportunities between 1980 and 1991, while the extended labour force grew by 4,5 million people. During this time, the number of people who were unemployed or in the informal sector (32%) more than doubled, while up to 20% of the extended labour force had to make a living from subsistence agriculture.

Unemployment has been severe among women, especially those in rural areas, as well as among young people under the age of 24. Nearly a third of black people in this group were unemployed, as were just under 20% of those aged 25 to 34. Unemployment among people with disabilities is high.

The formal sector of the economy is becoming less labour-intensive and can only provide employment for half of the labour force. It needs fewer, but better skilled people than in the past to produce the same level of output. The labour force is relatively young and has a low overall skills level owing to poor educational opportunities.

The South African economy has not been able to supply sufficient employment opportunities for all who want to work. Unemployment has increased the vulnerability of many households. In addition, the market also makes little provision for those with special needs, such as people with disabilities. Because people do not have secure and sustainable livelihoods, many turn to the welfare system for income maintenance and social support.

Access to social services

3. Poverty cannot be measured by income alone, nor can an anti-poverty programme only address income enhancing measures. This necessitates a multi-sectoral and an integrated approach.

Education is one of the most important factors determining employment and thus income. There is a close association between poverty and a lack of education. Illiteracy varies from 27% in metropolitan areas to 50% in rural areas. Illiteracy among coloureds (68%) and Africans (61%) in rural areas is higher than the national average. The lack of education of the head of a household is closely correlated with poverty in households.

Of the 7,1 million people between the ages of 16 and 24 years, approximately 2,1 million have not matriculated and do not attend school. For more than a third, this lack of education is due either to a lack of money or to family responsibilities.

The lack of education, employment opportunities and access to services has deprived many people of their dignity and the ability to look after themselves. These factors necessitate the need for additional support mechanisms to allow people to live in some degree of comfort and security.

Access to social welfare

4. South Africa has embarked on the arduous task of socio-political and economic reform. While sound economic policies and a well-functioning labour market are essential for growth and employment generation, by themselves, they are not sufficient. To reap the benefits, South Africa must invest in people; that is, develop the human capital which is essential for increasing productivity and moving people out of poverty. Internationally, the strategy that has proved most effective in improving economic and social well-being consists of three elements: labour-absorbing growth, equitable investments in education, health care and social support for poor and vulnerable groups.

5. Welfare support limits the impact of market and policy failures. It also eases the transition experienced by many workers owing to changes in work and living conditions,

as well as the weakening of social and family networks in providing social support and security.

Social welfare policies and programmes which provide for cash transfers, social relief, and enabling and developmental services ensure that people have adequate economic and social protection during times of unemployment, ill-health, maternity, child-rearing, widowhood, disability, old age and so on. Social welfare programmes of this nature contribute to human resource development by enabling impoverished households to provide adequate care for their members, especially children and those who are vulnerable. When such programmes are combined with capacity building, people can be released from the poverty trap.

6. Further, many people experience difficulties in managing life situations and transitions, which in turn impact on their social functioning. Social welfare programmes to promote optimal social functioning also contribute to human resource development and social stability.

7. There are, however, certain welfare programmes which do not necessarily benefit human capital development, but are an expression of a country's commitment to human and social rights. These programmes are protective and developmental services for people with special needs.

Welfare programmes do not only contribute towards enhancing social welfare through human capital development and the alleviation of poverty, but also through the provision of merit goods. These programmes are an expression of a country's commitment to human and social rights.

The policies of the past have resulted in social disintegration and consequent social problems. Social welfare services could contribute significantly to enhancing social integration.

Social and economic development

8. Social and economic development are two interdependent and mutually reinforcing processes. Equitable social development is the foundation of economic prosperity, and economic growth is necessary for social development. Social welfare refers to an integrated and comprehensive system of social services, facilities, programmes and social security to promote social development, social justice and the social functioning of people. Social security, social services and related social development programmes are investments which lead to tangible economic gains and in turn lead to economic growth. Without such social investments economic growth will be compromised.

Policy implications

9. Since resources are limited, trade-offs must be made between investment in economic growth and human resources, and investment in a social safety net. Welfare expenditure will only be able to expand as higher economic growth rates are achieved. The benefits of economic growth, however, should be equitably distributed through raising real per capita income and through social development programmes, which in turn will increase the capacity of individuals and families to meet their own needs. Limited resources require trade-offs between expenditure programmes. Investment in human resources and the social safety net may reinforce other investments in economic

growth. Understanding the impact of social spending on growth is critical to ensure that trade-offs do not bias spending against social development or growth.

This means that the high expectations of many people for the new democratic Government to deliver welfare services and programmes to address pressing needs cannot be fully met in the short-term. These expectations are a significant constraint and pose a great challenge to all parties to develop social security and social welfare programmes that are both sustainable and interlinked with other anti-poverty strategies.

SOCIAL WELFARE CONTEXT

10. The following critical problems have been identified within the welfare system:

Lack of national consensus

11. There is no national consensus on a welfare policy framework and its relationship to a national reconstruction and development strategy.

Disparities

12. Past welfare policies, legislation and programmes were inequitable, inappropriate and ineffective in addressing poverty, basic human needs and the social development priorities of all people.

13. Racial, gender, sectoral and geographic disparities have created significant distortions in the delivery system. In general, welfare service provision has an urban and a racial bias.

Services are not always located in underprivileged communities and are therefore inaccessible to their members.

Information

14. Information is fragmented and incomplete, leading to an inability to understand the need, impact or consequences of welfare spending.

Fragmentation

15. The welfare system was administered by 14 different departments for the different population groups and homelands. This resulted in fragmentation, duplication, inefficiency and ineffectiveness in meeting needs. Each of these departments had their own procedures, styles of work, approaches and priorities.

There is a lack of inter-sectoral collaboration and of a holistic approach. This fragmentation is also reflected in social welfare legislation.

Participation

16. Citizen and stakeholder participation in decision-making on social welfare policies, programmes and priorities was not exercised fully and effectively. This resulted in a lack of legitimacy in the welfare system.

Inappropriate approach

17. The social service delivery system is organised along specialist lines. It is fragmented between a number of fields of service, which did not always allow for a holistic approach. While some social workers have received training and practice in community development, the approach to service delivery is still largely rehabilitative, it relies on institutional care and is not preventative and developmental. Welfare services are not accessible and responsive to the needs of all people.

There is a lack of personnel to address needs, especially in provinces with large rural areas. Other categories of personnel are underutilised. A significant proportion of existing personnel are not trained in developmental approaches.

Lack of sustainable financing

18. In the past, social welfare programmes were not considered to be critical social investment priorities and were under-resourced.

Lack of enabling environment

19. There is a lack of enabling legislation and taxation policies are not "welfare-friendly".

Partnership

20. South Africa has a fairly developed social security system and a rich institutional framework of welfare services delivered by non-governmental organisations, such as voluntary welfare organisations, religious organisations, community-based organisations and informal family and community networks. These organisations have expertise, infrastructure and other resources which could play a significant role in reconstruction and development.

In the past, all these service providers were not accorded equal status by the Government. Organisations in civil society which had a progressive stance were not acknowledged or integrated into the formal welfare system.

RESTRUCTURING PRIORITIES

21. The following restructuring priorities have been identified:

(a) Building consensus about a national social welfare policy framework.

(b) Creating a single national welfare department as well as provincial welfare departments and exploring the potential role of local government in service delivery.

(c) The phasing out of all disparities in social welfare programmes.

(d) Developing representative governance structures to build up the partnership between Government, organisations in civil society, religious organisations and the private sector.

(e) Restructuring the partnership between stakeholders to develop a system which is socially equitable, financially viable, structurally efficient and effective in meeting the needs of the most disadvantaged sectors of the population, and to involve communities in planning and the delivery of services.

(f) Legislative reform at all levels of Government.

(g) Human resource development and the re-orientation of personnel where this is necessary towards establishing a developmental social welfare framework.

(h) Restructuring and the rationalisation of the social welfare delivery system, towards a holistic approach, which will include social development, social functioning, social care, social welfare services and social security programmes.

(i) Developing a financially sustainable welfare system.

(j) Developing strategies and mechanisms to translate the aims, objectives and programmes of the Reconstruction and Development Programme into action in the welfare field. The development of intersectoral arrangements within the welfare sector and between the welfare sector and other Government departments is a key priority.

(k) An ability to translate these strategies and aims into implementable budgets requires better information and modelled alternatives so that decision makers can make more informed decisions.

FORMAT OF THE WHITE PAPER

This White Paper deals with key substantive issues in the restructuring of social welfare services, programmes and social security.

The document is structured in two parts. The first part (chapters 2 to 6) provides the overall framework and the instruments needed to deliver effective and appropriate services.

The substantive issues in the first part are: a national strategy; institutional arrangements; human resource development; legislation; and finance and budgeting.

The second part (chapters 7 and 8) focuses on the actual restructuring of the social service delivery system, that is, on social security and welfare services, to enhance social integration. These chapters set out the proposed programmes, guidelines and recommendations for future action. Section 1 in chapter 8 focuses on the family and the life cycle: families, children, youth and ageing. Sections 2 and 3 address the needs and problems of women and persons with disabilities. The special needs and problems of individuals and families are addressed in Section 4, focusing on mental health, substance abuse, crime prevention through restorative justice, people with chronic illnesses and HIV/AIDS.

For descriptions of terms, please refer to the glossary.

CHAPTER 2

NATIONAL DEVELOPMENTAL SOCIAL WELFARE STRATEGY

VISION

1. A welfare system which facilitates the development of human capacity and self-reliance within a caring and enabling socio-economic environment.

MISSION

2. To serve and build a self-reliant nation in partnership with all stakeholders through an integrated social welfare system which maximizes its existing potential, and which is equitable sustainable, accessible, people-centred and developmental.

SOCIAL WELFARE AND SOCIAL DEVELOPMENT

3. Social welfare refers to an integrated and comprehensive system of social services, facilities, programmes and social security to promote social development, social justice and the social functioning of people.

4. Social welfare will bring about sustainable improvements in the well-being of individuals, families and communities.

5. Social welfare is intrinsically linked to other social service systems through which people's needs are met, and through which people strive to achieve their aspirations. Social welfare services and programmes are therefore part of a range of mechanisms to achieve social development, such as health, nutrition, education, housing, employment, recreation, rural and urban development and land reform.

6. The welfare of the population will not automatically be enhanced by economic growth. Economic development has to be accompanied by the equitable allocation and distribution of resources if it is to support social development. Social development and economic development are therefore interdependent and mutually reinforcing.

NATIONAL GOALS

7. The national goals of the proposed strategy are:

(a) To facilitate the provision of appropriate developmental social welfare services to all South Africans, especially those living in poverty, those who are vulnerable and those who have special needs. These services should include rehabilitative, preventative, developmental and protective services and facilities, as well as social security, including social relief programmes, social care programmes and the enhancement of social functioning.

(b) To promote and strengthen the partnership between Government, the community and organisations in civil society and in the private sector who are involved with the delivery of social services.

(c) To promote social development intrasectorally both within the welfare departments and in collaboration with other Government departments and non-governmental stakeholders.

(d) To give effect to those international conventions of the United Nations system which have been ratified by the Government, and which are pertinent to developmental social welfare.

(e) To realise the relevant objectives of the Constitution of the Republic of South Africa and the Reconstruction and Development Programme (RDP).

PRINCIPLES

Developmental social welfare policies and programmes will be based on the following guiding principles:

Securing basic welfare rights

8. The Government will take steps to ensure the progressive achievement of social security for all including appropriate social assistance for those unable to support themselves and their dependents.

Equity

9. Resources will be equitably distributed and should address racial, gender, geographic, urban/rural and sectoral disparities. Equality of opportunity and the social mobility of groups of people with special needs will also be fostered.

Non-discrimination

10. Social welfare services and programmes will promote non-discrimination, tolerance, mutual respect, diversity, and the inclusion of all groups in society. Women, children, the physically and mentally disabled, offenders, people with HIV/AIDS, the elderly, and people with homosexual or bisexual orientations will not be excluded.

Democracy

11. Appropriate and effective mechanisms will be created to promote the participation of the public and all welfare constituencies in decision-making about welfare policies and programmes which affect them. Consultation will be conducted with all role players, including beneficiaries and service providers, through their representatives and organisations where possible.

Those constituencies which are unable to represent themselves, for example younger children and profoundly mentally impaired people, will be allowed to be represented by interest groups.

This principle is closely related to the participation of the public in the delivery of social programmes and in the management of social service organisations.

Improved quality of life

12. The welfare system will raise the quality of life of all people especially the disadvantaged, those who are vulnerable and those who have special needs, through the equitable distribution of resources and services.

Human Rights

13. Social welfare services and programmes will be based on respect for human rights and fundamental freedoms as articulated in the Constitution of the Republic of South Africa.

People-centred policies

14. Past policies will be replaced by just and people-centred policies.

Investment in human capital

15. Welfare programmes contribute to the optimal social development of individuals, families and communities. It is also an investment in human capital development and in turn contributes to economic development. The Department of Welfare will continue to advocate for the equitable allocation of government's resources to developmental social welfare programmes.

Sustainability

16. Intervention strategies designed to address priority needs will be financially viable, cost efficient and effective.

Partnership

17. Welfare policies and programmes will be developed and promoted in partnership with organisations in civil society, the private sector and government departments.

Intersectoral collaboration

18. An inter-sectoral approach will guide the design, formulation, implementation and monitoring of anti-poverty strategies.

Decentralisation of service delivery

19. The Government is committed to the devolution of appropriate welfare functions to local government level in order to promote increased access to services, improved co-ordination of services, local empowerment and greater responsiveness to meeting needs.

Quality services

20. All social welfare programmes will strive for excellence and for the provision of quality services.

Transparency and accountability

21. All welfare organisations and institutions, both public and private, will be transparent and accountable at all levels, including levels of delivery.

Accessibility

22. Organisations and institutions will be easily accessible and responsive to all those in need. All barriers will be removed which have made it difficult or impossible for some people to participate equally in all spheres of life. Special training programmes will be provided to facilitate the development of accessible services.

Appropriateness

23. Social welfare programmes, methods and approaches will be appropriate, will complement and strengthen people's efforts, enhance their self-respect and independence and will be responsive to the range of social, cultural and economic conditions in communities. The sustainable use of human, material and the earth's natural resources will be ensured for the benefit of future generations.

Ubuntu

24. The principle of caring for each other's well-being will be promoted, and a spirit of mutual support fostered. Each individual's humanity is ideally expressed through his or her relationship with others and theirs in turn through a recognition of the individual's humanity. Ubuntu means that people are people through other people. It also acknowledges both the rights and the responsibilities of every citizen in promoting individual and societal well-being.

AN AGENDA FOR ACTION

A national plan

25. A national plan of action for the next five years will be developed by the national and provincial departments of welfare, in consultation with all stakeholders including Government departments, to facilitate the shift towards a comprehensive, integrated, equitable, multidisciplinary and developmental approach in the welfare field. Welfare programmes are contingent upon and influence the labour market. Efforts will be made to relate welfare policy more closely to changes and policy development in the labour market.

The White Paper for Social Welfare will be used as a basis for the development of such a plan of action.

All the departments of welfare will be restructured in accordance with the vision, mission, goals, principles, approach and strategies outlined in this policy framework.

Universal access

26. Policies and programmes will be developed to ensure that every member of society can realise his or her dignity, safety and creativity. Every member of society who finds him or herself in need of care will have access to support. Social welfare policies and legislation will facilitate universal access to social welfare services and social security benefits in an enabling environment.

A combination of public and private financing options will be harnessed to address the needs of all South Africans.

War on poverty

27. Social welfare policies and programmes will be developed which will be targeted at poverty prevention, alleviation and reduction and the development of people's capacity to take charge of their own circumstances in a meaningful way.

(a) Individuals, families and households are particularly vulnerable to poverty in times of unemployment, ill health, maternity, child-rearing, widowhood, and old age. Disability in a family also increases the impact of poverty. Further, economic crises, political and social changes, urbanisation, disasters or social and political conflict and the displacement of people contribute to, or heighten the distress of poverty. Adequate social protection will be provided for people who are impoverished as a result of these events.

(b) Poverty coincides with racial, gender and geographic or spatial determinants, and these will be taken into account in the targeting of programmes. While poverty is widespread throughout South Africa, African people are most affected. Women and children (particularly in female-headed households), people with special needs, and those living in rural areas, informal settlements and on farms, are most at risk and will be assisted.

(c) Poverty is often accompanied by additional social problems, such as family disintegration, adults and children in trouble with the law, and substance abuse. It is the combination of econo-mic, social, and emotional deprivation which heightens the vulnerability of poor individuals and families. Appropriate programmes will be implemented to enhance social integration. Support and assistance (such as restoring dignity and self-esteem, the promotion of competence and empowerment programmes) will be provided for individuals and families to assist them to break out of the structural barriers which keep them in poverty .

(d) Poverty is often accompanied by low levels of literacy and a lack of capacity to access economic and social resources. The welfare departments' developmental social welfare programmes will build this capacity, facilitate access to resource systems through creative strategies, and promote self-sufficiency and independence.

(e) Innovative strategies will be designed for vulnerable individuals and families to increase their capacity to earn a living through employment creation, skills development, access to credit and, where possible, through facilitating the transition from informal to formal employment. Special programmes will address the needs of vulnerable households and help them access both governmental and non-governmental employment programmes. Employment programmes for people with special needs will always be necessary and will be provided.

(f) Poverty also places strains on household resources and on family and informal networks, which increase the need for formal social welfare services. Existing family and community networks will be developed and strengthened.

(g) Poverty is one of the most important causes of hunger and malnutrition, which contribute to illness and disability.

Social welfare departments will appropriate incorporate nutritional objectives and activities into their relevant components. The welfare departments will also collaborate with other government departments to ensure that these programmes are effectively targeted at those who are vulnerable to malnutrition and at the socio-economically deprived in the form of supplementary feeding, public works, capacity building and other developmental programmes which will contribute to household food security. Welfare departments will co-operate with health departments in their supplementary feeding programmes for children and women. The nutritional needs of other vulnerable groups such as the elderly will also be addressed.

(h) Structural poverty emanates from the economic, political and social organisation of society. Unjust legislation and inequitable policies and programmes of the past have also contributed to increasing levels of poverty. In view of the structural causes of poverty, an intersectoral response is needed. The Department of Welfare will collaborate with other government departments and non-governmental organisations and institutions to develop an integrated response to poverty.

(i) In view of the widespread rural poverty, a rural development strategy will be developed by the Department of Welfare in consultation with all the relevant role players, which will increase the access of rural people to developmental social welfare programmes.

(j) An overarching anti-poverty programme will need to be developed which requires the co-operation between government departments and non-governmental organisations.

Achieving equity

28. All forms of discrimination in the social welfare system will be eliminated in accordance with the Constitution of the Republic of South Africa. Religious, cultural and language rights will be accommodated in accordance with the Constitution.

(a) Creative strategies to address racial inequalities will be considered, e. g. taking services to the people; exploring the use of mobile units; bussing people to service points if this is cost-effective; networking between communities to find solutions; strategic planning and change management interventions; mediation and dispute resolution; cross-cultural education; breaking down racial stereotypes, barriers and social distance between groups; and the exchange of resources.

National and provincial plans will be devised in consultation with stakeholders to phase out racial discrimination. Such plans will have detailed targets, time frames and monitoring procedures. Minimum criteria for the delivery of welfare services will also be developed.

(b) Governmental and non-governmental organisations will create equal opportunities for people with disabilities. Appropriate programmes will be developed to enhance their independence and promote their integration into the mainstream of society.

(c) Social welfare policies and programmes will be devised to become more gender-sensitive and to address the special needs and problems of women.

29. The national and provincial departments of welfare are committed to providing services while they orient themselves in new directions. The reorientation process will take place alongside the existing system and the new system will be phased in immediately.

A national collective responsibility

30. In view of fiscal constraints, low economic growth rates, rising population growth rates and the need to reconstruct social life in South Africa, the Government cannot accept sole responsibility for redressing past imbalances and meeting basic physical, economic and psycho-social needs. The promotion of national social development is a collective responsibility and the co-operation of civil society will be promoted.

(a) The Government acknowledges the contributions of organisations in civil society in meeting social service needs and in promoting development. The promotion of civil society is critical in building a democratic culture. Civil society includes the formal welfare sector, which is state-subsidised, religious organisations delivering welfare services, non-governmental
organisations, which are currently not state-subsidised (also referred to as the informal welfare sector), the business sector, and informal social support systems and community networks.

(b) Corporate social investment programmes and occupational social services could make a valuable contribution. The trade unions already play a role in negotiating social benefits and services in the workplace.

(c) Private social service practitioners (for example, social workers and psychologists) provide services for those people in need who are able to pay a fee for services.

The family

31. The family is the basic unit of society. Family life will be strengthened and promoted through family-oriented policies and programmes.

Restructuring the delivery system

32. Comprehensive, generic and integrated services will be provided.

(a) Comprehensive services and programmes will be promoted which emphasise the relationship between the person and his or her social environment.

(b) The welfare system has in the past been dominated by rehabilitative and specialised interventions, which are necessary but not appropriate in all cases. There is scope for addressing rehabilitative needs through developmental interventions such as peer counselling. A balance will be struck between rehabilitative, protective, preventive and developmental interventions. Preventive programmes will focus on high-risk groups who are vulnerable to particular social problems, such as children and youth at risk.

(c) In view of resource constraints, appropriate generic services will be provided as far as possible. The types of services provided will be rationalised in order to address needs more comprehensively, appropriately, efficiently and effectively. This will be particularly relevant in underprivileged communities where decentralised service points will provide one-stop multi-purpose services.

(d) Social welfare programmes will be subject to on-going evaluation and review in order to inform the process of restructuring the social welfare delivery system.

33. Organisations delivering specialised therapeutic and special needs services will deliver those services to specifically defined target groups. Specialist knowledge and skills will contribute to the generalist services through ongoing capacity-building programmes.

Specialist organisations also have a critical role to play in advocacy, policy formulation, the integrated planning of services, primary prevention programmes through public education, and in providing assistance with the development of appropriate community-based interventions in particular fields.

Community development

34. Community development strategies will address basic material, physical and psycho-social needs. The community development approach, philosophy, process, methods and skills will be used in strategies at local level to meet needs. The community development approach will also inform the reorientation of social welfare programmes towards comprehensive, integrated and developmental strategies.

35. Community development is multi-sectoral and multi-disciplinary. It is an integral part of developmental social welfare. The focus of community development programmes in the welfare field will be on the following:

(a) The facilitation of the community development process.

(b) The development of family-centred and community-based programmes.

(c) The facilitation of capacity-building and economic empowerment programmes.

(d) The promotion of developmental social relief and disaster relief programmes.

(e) The facilitation of food aid programmes in emergency situations owing to disasters such as floods, fire, civil unrest or drought, or to alleviate acute hunger. Food aid of this nature will be a temporary measure until individuals and households can be incorporated into other social development programmes.

(f) Voluntary participation in social and community programmes will be actively encouraged and facilitated.

(g) Self-help groups and mutual aid support programmes will be facilitated where needed.

(h) Advocacy programmes will be promoted.

(i) The Government will facilitate institutional development with the focus on creating and/or strengthening existing Government institutions and organisations of civil society.

(j) Appropriate public education and non-formal education programmes will be facilitated.

(k) The promotion of community dispute resolution and mediation programmes will be embarked upon where needed. Training programmes will be provided.

(l) The access of local communities to governmental and non-governmental resources to address needs will be facilitated.

(m) Intersectoral collaboration will be promoted, while the separate functions of different sectors and Government departments will be acknowledged.

Increasing human resource capacity

36. A range of social development workers will be employed to address different needs and problems and to increase human resource capacity, particularly in under-serviced communities and rural areas.

Effective training programmes, accreditation systems and the definition of the roles and responsibilities of social workers and other categories of personnel will be developed. There will be scope for some social development workers to perform specialised roles while others will be more generic or development-oriented.

A task group will be established to develop volunteer programmes at national and provincial levels. These programmes will be developed in consultation with all stakeholders in order to increase human resource capacity in the delivery of developmental social welfare services and programmes.

A five-year strategic plan will be developed to reorientate personnel towards developmental approaches. All training institutions will also be encouraged to bring their programmes in line with the new national directions.

Promoting intersectoral collaboration

37. Mechanisms will be designed to facilitate inter-sectoral policy formulation, planning, monitoring and evaluation, co-ordination, and the definition of functions and responsibilities. The development of joint national and provincial strategies will be embarked upon as a matter of urgency in relation to particular social programmes.

Such strategies will be negotiated by Government departments and other relevant non-governmental stakeholders. Intersectoral actions will take a variety of forms. They will be driven by different mandates, and may also be issue-related. Intrasectoral collaboration in the welfare field will also be developed.

The Department of Welfare will negotiate with other departments about the promotion of developmental social services and programmes in appropriate settings and particularly in health care and educational settings.

National information system

38. The national Department of Welfare in collaboration with all stakeholders will develop a National Information System for Social Welfare in order to inform policy formulation, planning and monitoring.

(a) A sound and ethically designed methodology for data collection and capture will be agreed upon and implemented.

(b) Information regarding welfare-specific needs, inequalities, and development backlogs will be collected.

(c) Indicators of poverty and vulnerability will be based on data which provides a breakdown along racial, gender, sectoral and spatial lines. This sort of disaggregation of information is necessary in order to effectively address the inequities of the past. It does not validate past racial classification systems.

(d) National and provincial data will be accessible and will be disseminated to all parties within budgetary constraints.

(e) The National Information System for Social Welfare will as far as possible be compatible with information systems in other Government departments, in the provinces and of welfare stakeholders and especially with the RDP.

(f) Social welfare departments will participate in developing the RDP's poverty and related social indicators.

(g) The system will be implemented only after thorough consultation with all relevant stakeholders.

(h) A national data-base will be developed in conjunction with role players.

39. The social welfare information system will be developed to improve emergency preparedness planning through effective early warning and other information systems. The information system must facilitate the preparation of contingency planning to meet emergency needs.

The Department of Welfare will monitor poverty and develop early warning systems to effectively assess gaps in the safety net and advocate for policies to address such needs. Poverty monitoring will be done in consultation with other Government departments and relevant stakeholders.

Equitable and sustainable financing

40. A five-year strategic financial plan will be developed for social welfare. The following critical issues will be addressed in the strategic plan:

(a) The equitable allocation of funds between the provinces to address disparities;

(b) reprioritisation within existing social welfare programmes to redress racial discrimination in the delivery of services;

(c) the allocation of resources to address rural development needs;

(d) structural efficiency in the welfare delivery system;

(e) the reallocation of resources to identified social priorities, and in order to achieve a better balance in the financing of programmes to meet the wide range of needs identified in Chapters 7 and 8;

(f) the phasing in of the financing of social welfare programmes which will be sustainable and based on approved business plans and performance audits; and

(g) the mobilisation of additional development sponsorship for social welfare.

41. The Department of Welfare will, in its National Plan of Action for the next 5 years, formulate a strategy which will ensure that, within the total allocation for the Welfare Function, the allocation to social welfare services and development will be increased in real terms in order to redress the underfunding of this component. The Department will also continue to advocate for adequate and sustainable government expenditure on social security and welfare services.

42. Negotiations will be undertaken with labour and business to facilitate a better synergy between private, work-related social insurance and public social assistance programmes.

43. Strategies will be developed to increase employment opportunities for particular target groups.

Restructuring social security

44. The following key programmes, guidelines and recommendations will be implemented to restructure the social security system:

(a) Social assistance programmes will be made more efficient through the rationalisation of the system. A uniform social grants system is being created which involves legislative changes, the development of uniform regulations, the rationalisation of computer systems and the development of a national social grants register and automated finger print technology. In addition, all beneficiaries at provincial level will be re-registered with a view to integrating them into a national social grants register. These measures will contribute to the administrative and financial efficiency of the system.

(b) A representative unit will be set up to identify groups of beneficiaries who could be absorbed into public works and other employment programmes.

(c) Social assistance to the elderly will continue to be provided in the form of old age grants. Eligibility will be determined by a means test. A more adequate social insurance strategy is needed. Employers and employees will be encouraged to contribute more effectively to retirement. The Department of Welfare will advocate for compulsory retirement provision by all employees in formal employment as a long-term strategy. In the short-term, incentives to encourage private retirement provision will be encouraged. The Government will also negotiate with stakeholders to ensure that retirement contributions are fully transferable when changing employment.

(d) A scheme will be initiated for self-employed people and the possibilities of a national savings scheme will also be explored.

(e) Uniform, simplified and more effective assessment procedures for grants for people with disabilities are being developed. A process will be set in motion to identify the problems in the interface between public and private work-related benefits in order to relieve the pressure on Government.

(f) Sustainable and affordable options of social security provision for families and children will be developed. The private maintenance system will need to be revised.

(g) The foster care system will be reviewed.

(h) Social and disaster relief programmes will be provided.

Refer to Chapter 7.

Programmes to enhance social integration

45. A National Programme of Action for South African Families, Children and Youth will be developed in partnership with stakeholders, which will provide the comprehensive framework for policy, planning, legislation and social programmes.

46. Programmes for the elderly will be designed to enable them to live an active, healthy and independent life for as long as possible. The focus of social programming will be on social security, addressing the need for affordable accommodation and social programmes to promote social integration. Community care options will be promoted. Government has the responsibility to provide for the needs of disadvantaged, destitute and frail elderly persons. Racial inequity in the delivery of services will be terminated immediately.

47. Programmes in the welfare field to address the needs of women will focus on:

(a) Strategies to counteract abuse and violence. Supportive services for individuals and families will be provided.

(b) Capacity building, economic empowerment and community development programmes will be embarked upon to address poverty.

(c) Welfare programmes will be reorientated to become more gender-sensitive.

48. The Department of Welfare will participate in a co-ordinated national intersectoral strategy to facilitate the meeting of the needs and the promotion of the rights of people with physical and mental disabilities.

49. A preventative, restorative and developmental approach to the delivery of mental health services will be promoted. The focus will be on people who are at risk as regards mental disorders and handicaps, those experiencing mental health problems and victims of violence. A permanent intersectoral mental health policy structure will be initiated.

50. Appropriate information, education, development and preventative programmes will be developed to promote a healthy life-style free of substance abuse. Strategies will be developed to curb the demand for abusive substances.

51. Appropriate social service programmes will be provided for offenders, victims of crime and their families, where needed, in order to promote their integration into society. A transformation of the child and youth care system has been embarked upon, including aspects such as youth justice and residential and community care programmes.

52. The social and economic impact of chronic illness on adults and children is generally acknowledged. Role players in the welfare field will co-operate with the Department of Health and other departments to co-ordinate programmes and to address needs intersectorally. The welfare departments will facilitate the meeting of needs through social support services. Consideration must be given to the reorientation of social work services in health care settings towards a developmental approach.

53. Programmes to address the impact of HIV/AIDS on individuals and families will focus on vulnerable groups such as young people, women, migrant workers, homosexuals, single parents, orphans, children of parents who are AIDS-ill, and dependants.

An analysis will be conducted of the impact of HIV/AIDS on the welfare system. *Refer to Chapter 8 for a further discussion of programmes to enhance social integration.*

54. Statutory/protective services to administer welfare and related legislation. At present the Department of Welfare administers 8 welfare laws.

Refer to Chapter 5 for details on the legislative programme.

CHAPTER 3

INSTITUTIONAL ARRANGEMENTS

SITUATION ANALYSIS

Government sector

1. Previously, welfare functions were combined with health and/or were split across various other Government departments. This led to fragmentation of the welfare function and a lack of acknowledgement by Government of the role of social welfare services in promoting social development.

At present, responsibility for social welfare is located in the national and provincial departments of welfare in terms of the Constitution of the Republic of South Africa.

Social welfare is not a function of local government according to the Constitution, but welfare services have, to a limited extent, also been rendered by local authorities under the former Government. Approximately 110 social workers are employed nationally by the former Black Local Authorities and other local authorities.

Other Government departments are partners in service delivery, such as the Departments of Correctional Services, Health, Justice, Education, Labour, Public Works, Housing and Sport and Recreation. In addition, departments such as the South African National Defence Force (SANDF) and the South African Police Services (SAPS) render social services to their employees.

There are also Government departments which provide financing for community-based organisations (CBOs) whose functions are closely aligned with those of the Department of Welfare.

Duplication and fragmentation both within and between Government departments is due to confusion about roles and responsibilities. Mechanisms for collaborative policy development, planning and funding are either lacking or inadequate.

Civil society

2. The welfare sector has a large institutional infrastructure rooted in civil society. A rich tradition of involvement on the part of civil society and an organisational resource base have been built up over decades.

No accurate statistics are available of the numbers of non-governmental organisations (NGOs) which currently deliver social services and development programmes. It is estimated that there are up to 10 000 organisations in civil society which have a welfare and development focus. They are based either in the formal welfare sector (that is, welfare organisations which are government-subsidised and religious organisations delivering welfare services, some of which are government-subsidised), or in what is popularly referred to as the informal welfare sector (organisations which are currently not government-subsidised). Informal social networks exist which provide tangible and intangible resources and social support. These consist of networks such as family, friends, neighbours and indigenous helping systems e.g. self-help groups, and spiritual and customary networks.

The formal welfare sector

3. There are approximately 4 800 organisations which are registered in terms of the Fund-raising Act, 1978, and of this total, approximately 50% are registered as welfare organisations in terms of the National Welfare Act, 1978. Further, the majority of registered welfare organisations are government-subsidised though they raise substantial proportions of their budgets themselves. Welfare organisations provide direct social services for particular target groups such as children and families, family life services, services in regard to problems related to substance abuse and mental health, and services to offenders and their families. This sector has a developed infrastructure, skills and resources, which have evolved over many years.

Most welfare organisations are affiliated to the 26 national councils, which are constituted on the basis of their specialised fields of service, their religious orientation, the social relief and development they may offer, or the fact that they are women's

organisations. Roughly half of the national councils' operating budget is financed by Government and the rest is raised through fund-raising programmes.

National councils provide the following services to their affiliates:

- Co-ordination of services; representation of affiliates on national and provincial structures; human resource development; marketing and public education; professional support services and organisational development; fundraising; development of new services; and policy and programme development.
- Extensive social services, facilities and development programmes are also rendered by some religious communities. About 40% of welfare services delivered by religious organisations are registered as welfare organisations. Religious welfare organisations also receive Government subsidies for some of their programmes. There are no accurate statistics of the number of religious organisations rendering welfare services and how much they contribute financially to social welfare. This contribution is however considered to be substantial.

The majority of services are residential and non-residential services such as homes for the aged, children's homes, care of the terminally ill, homes for unmarried mothers, cr ches, and special schools for the handicapped and the destitute. Other programmes which are offered include social relief and development; reconciliation and justice; counselling; and alcohol and drug services.

The informal welfare sector

4. A substantial informal welfare sector has developed in South Africa, with its roots in the anti-apartheid movement. These organisations pioneered people-centred development strategies, identified gaps in the delivery system which they attempted to fill, and lobbied for policies to effect fundamental social, economic and political changes. These NGOs are funded almost exclusively by foreign donors; their future is uncertain as new partnerships and funding policies develop. They are involved in direct service delivery and development programmes in various areas of social welfare.

The Department of Welfare is moving towards the equal treatment of NGOs in the formal and informal welfare sectors as *set out in clause 24 of Chapter 3.*

Occupational social welfare

5. Occupational social welfare and other social service programmes are provided by various businesses for their employees and their families. Business and corporate social investment programmes also fund social welfare and social development programmes in local communities and nationally. They contribute to capacity building for welfare and development programmes through training in management, administration, finance and budgeting.

Social workers are employed in commerce and industry and are involved in the delivery of social services to employees and their families. These services are part of other services offered in the workplace such as employee assistance programmes and medical services.

Although the business sector funds social service and community programmes and has provided expertise and skills in the management of community-based programmes,

there is inadequate consultation between key stakeholders on occupational social services in the workplace. More developmental interventions and services are needed in the workplace.

Social workers in private practice

6. Social work services to individuals, families, groups, communities, organisations, the business sector and Government are provided by social workers in private practice.

Social workers in private practice render services to those in society who can afford to pay for the services. In addition, their services are contracted by organisations and institutions. They offer specialist knowledge and skills in different fields, flexibility and consumer choice.

Problems in the existing partnership

7. Given the diversity of stakeholders in the welfare field there is a wealth of knowledge, skills and resources which should be harnessed by the Government and its partners in a restructured welfare system.

However, problems exist, which include the following: inequity, fragmentation, the duplication of services (which has resulted in inefficiency), a lack of capacity and infrastructure (which contributes to ineffectiveness in meeting needs), and inadequate intersectoral collaboration and communication. In some instances there has been inadequate financial accountability and discipline.

The organisational capacity of the different partners is uneven. Skills are also often concentrated in certain fields. Rural areas and disadvantaged urban communities are under-serviced.

Differences in approach, philosophies, styles of work, methods and traditions, experience in working with developing communities, and the social, economic and political context within which organisations in civil society have evolved, have contributed to diversity in the welfare sector.

Competition for scarce resources and areas of service delivery, and the fact that some organisations were subsidised while others were denied the right to freedom of association and expression, have contributed to tensions between NGOs.

Inadequate governance structures

8. Advisory structures were established at national, regional and local levels under the National Welfare Act, 1978 (Act 100 of 1978), and other associated legislation. These structures did not include all partners in the welfare field. They lacked legitimacy and were not effective as "participatory governance" mechanisms. These partnerships require close attention, channels of communication and modus operandi need to be clearly established.

APPROACH

9. Welfare services should promote the development and social well-being of individuals, families, groups and communities. They should include a wide range of role players from both Government and civil society.

GUIDELINES FOR STRATEGY

National

10. The establishment of one national department and nine provincial departments for social welfare means that the opportunity now exists to build and sustain a uniform and integrated institutional framework. Roles and responsibilities will be clarified, and mechanisms put in place to ensure harmonious and effective working relationships.

In many of the provinces, health and welfare are currently in the same department. Ideally, welfare departments will be established as separate entities in all provinces. Where such separation is not feasible, all efforts will be made to recognise the integrity of the welfare sector and to accord it equal status with other sectors. Mechanisms will be developed to explore policies and programmes which are mutually supportive, which maximise economies of scale, and which seek creative solutions to problems of an intersectoral nature.

11. According to the Constitution of the Republic of South Africa, the powers and functions at the national and provincial levels of Government are concurrent. The national department is responsible for national norms and standards for the rendering of services, and for ensuring that uniformity in the application of particular functions is maintained. Provincial departments are responsible, concurrently with the national department, for the planning, development and rendering of services. However, where mutual co-operation between national and provincial departments is essential, powers are allocated concurrently.

The national Department of Welfare will be responsible for the following functions which will be carried out in conjunction with provincial governments and other role players in the private sector:

(a) **Co-ordination:** to harmonise central functions with those of other national departments, provincial governments and other national role players.

(b) **National policy and planning:** to determine and review policy and to conduct integrated welfare and development planning which will be implemented interprovincially, intersectorally and in collaboration with the RDP.

(c) **Norms and standards for social services and development programmes, social security and facilities:** to determine and regularly review basic guidelines for norms and standards.

(d) **Legislation:** to review existing national welfare legislation, to formulate comprehensive legislation, and to promote the synchronisation of the provinces' statutory measures.

(e) **Marketing:** to promote awareness of social welfare issues at all levels within relevant sectors; to promote co-operation and involvement; and to consult with provinces.

(f) **Social welfare governance structures:** to develop and maintain appropriate consultative bodies; to represent the national department on other national structures; to establish intersectoral consultative structures; and to co-operate with, and facilitate where necessary, the development of provincial consultative structures in partnership with all role players.

(g) **Human resource development:** to undertake human resource management, planning and development; to set guidelines for professional standards and accreditation systems for all personnel; to facilitate the representation of personnel in appropriate industrial relations structures.

(h) **National programmes:** to design, finance, implement, evaluate and manage specific national programmes.

(i) **Social welfare financing:** to develop uniform financial management systems, plans andfinancing criteria for social service organisations, social development programmes, social security and a national fund-raising policy; to establish taxation policies for welfare organisations; to administer national relief funds; and to mobilise additional development sponsorship.

(j) **National information system:** to develop, maintain and co-ordinate a national welfare information system to undergird welfare planning; and to initiate and undertake operational research.

(k) **Capacity and institution building:** to facilitate capacity and institution building in all tiers of Government.

(l) **Parliamentary liaison:** to facilitate the parliamentary process.

(m) **International liaison:** to undertake international liaison.

Provincial

12. Provincial departments of welfare will be responsible primarily for the following functions in conjunction with the relevant governance structures:

(a) **Provincial policy and planning:** to formulate, co-ordinate, maintain and review provincial policy and planning in consultation with all stakeholders.

(b) **Legislation:** to review, formulate and administer social welfare legislation within the framework of the national policy.

(c) **Social welfare services:** to plan, implement, co-ordinate and monitor the delivery of developmental welfare services; to implement and monitor programmes in accordance with national norms and standards; and to develop and render specific services.

(d) **Social welfare governance structures:** to initiate and facilitate the development and maintenance of social welfare governance structures.

(e) **Social security:** to administer an equitable and appropriate social security system.

(f) **Funding:** to negotiate for provincial funding and to maintain financial management systems; to administer disaster and relief funds; to regulate fundraising at the provincial level; to finance social welfare programmes provided by organisations in accordance with national policy; and to formulate and review the criteria for such funding.

(g) **Information and research:** to undertake, promote and co-ordinate appropriate operational research and to maintain a welfare information system in collaboration with all role players.

(h) **Human resource development:** to manage and plan a human resource development programme.

(i) **Marketing:** to promote awareness of welfare matters.

(j) **Parliamentary liaison:** to facilitate the provincial parliamentary process.

(k) **Interprovincial relations:** to promote interprovincial relations and to develop and maintain intersectoral and interprovincial working agreements.

13. These provincial functions will be implemented through a head office. In addition, regional, local and district formations and facilities may be established according to provincial needs.

National and provincial mechanisms

14. Effective mechanisms should be developed between the national department and provincial departments to reach consensus on concurrent powers. These mechanisms should facilitate a co-operative spirit and a unified commitment to the broad goals of developmental social welfare.

Provincial departments will respond to the specific needs of their province's particular client base. Ways and means of doing so may differ from province to province, as may priorities, but consensus will be sought regarding broad policy, legislation, funding, norms and standards, human resource development, information systems, social security and developmental social services.

The following mechanisms will facilitate the above:

(a) The MINMEC for Welfare and Population Development, comprising the national welfare ministry and members responsible for welfare from the provincial executive councils, which is the policy-making body.

(b) The Departmental Committee for Developmental Social Services comprises heads of the national and provincial welfare departments. Other partners in the welfare and social development sectors will be involved depending on the tasks at hand. Both these groupings may constitute work groups or substructures as needs arise or as deemed fit for special tasks.

(c) Mechanisms will be put in place to compile the national and provincial budgets according to procedures prescribed by the Department of State Expenditure.

(d) Appropriate intersectoral governmental mechanisms will be established in consultation with the relevant departments. The national Department of Welfare will participate in intersectoral structures set up by other Government departments. Relevent non-governmental role players will also be involved as the need arises.

Interprovincial working agreements

15. Interprovincial working agreements will be concluded. Such agreements will address issues related to protective and statutory services and the referral of persons to services and facilities across provincial borders.

Working agreements between provinces will deal with the current context and will also take into account the future. These issues will be dealt with by the Departmental Committee for Developmental Social Services, and referred to the MINMEC for Welfare and Population Development for ratification, where necessary.

Local Government

16. The Constitution makes provision for the devolution of welfare functions to local government level.

17. The Government is committed to the decentralisation of the social welfare service delivery system. Decentralisation of services is an urgent priority. It will promote the following: increased access to services; greater responsiveness to needs at the local level; co-ordinated efforts; intersectoral collaboration and the empowerment of local communities who can be actively involved in addressing their own needs.

18. In the interim phase:

(a) The Department of Welfare will develop a strategy for the delivery of services at local government level in consultation with its stakeholders. Such a strategy will make recommendations on which functions could be most effectively devolved to local government level.

(b) Local authorities will be encouraged to make provision for the development of infrastructures and facilities for services, such as electricity, water, sanitation, transport, recreation facilities, economic development projects and job creation programmes. Liaison will also take place with local authorities delivering comprehensive primary health care.

Partnership between Government and stakeholders

19. Government will facilitate the development of an inclusive and effective partnership with all the role players in civil society on the basis of the goals, principles and actions *outlined in Chapter 2.* The resources and the unique characteristics of each of the partners will be harnessed to maximum effect.

Underpinning the partnership is the recognition of the role of organisations in civil society as essentially developmental and as strengthening democracy.

A genuine partnership will have a common purpose but will also provide for advocacy. Such a partnership will be structurally efficient, effective and responsive to local needs.

The relationship between the parties will be based on a mutual commitment to meeting basic material, social and psycho-social needs, while acting in the public interest.

The partnership will be complementary; it will leave room for the autonomy of the parties, for joint decision-making, for joint responsibility, representation and a commitment to excellence. Decisions will be taken democratically and mechanisms will be introduced for the arbitration of disputes.

20. The restructuring of the partnership between Government and civil society will be based on agreed goals, principles, strategies and priorities. The roles and responsibilities of each of the partners will be defined and negotiated where necessary.

Where there is duplication, organisations will be encouraged to rationalise their services and structures as a means to overcoming fragmentation in the delivery system.

Effective and appropriate mechanisms will be developed to facilitate the following: participation and consultation in policy development, planning and the evaluation of social programmes; intersectoral collaboration; the development of criteria for the financing of programmes and services; and the development of appropriate regulations, norms and standards.

21. An integrated institutional framework for the delivery of developmental welfare programmes will be developed in consultation with all stakeholders in Government and in civil society.

22. Government will address needs which are not being met by its partners in civil society. In this regard, Government will also play an enabling and pro-active role to ensure that services are provided in under-serviced areas. Government will provide an enabling environment for the delivery of developmental welfare services by its partners.

23. Organisations in civil society will be responsible for direct service delivery, advocacy, information systems, accountability and participation. There will be co-operation in operational research. A national information system and early warning systems will be developed.

Organisations in civil society are particularly well placed to —

(a) innovate and pioneer new services and programmes, which, if successful, could be replicated on a wider scale;

(b) identify local needs;

(c) respond speedily, appropriately and flexibly to local needs;

(d) promote grass-roots participation in decision-making and direct service delivery;

(e) represent their particular constituencies on structures, such as policy-making and co-ordinating programmes, at all levels of Government to ensure that interventions are appropriate;

(f) mobilise communities to take action to meet their needs;

(g) co-ordinate action at the local level;

(h) take advantage of economies of scale; and

(i) monitor strategies aimed at achieving equity.

24. The informal welfare sector that is rendering social services and developmental programmes which were previously not formally integrated into the welfare system, will be accorded equal status with other organisations in civil society. Organisations in this sector will have the same benefits and responsibilities as their counterparts in the formal welfare sector regarding accountability and adherence to minimum standards.

25. A representative structure made up of Government and civil society will be established immediately to address the reorientation, rationalisation and restructuring of the formal welfare sector including national councils, in accordance with the goals, principles and actions *identified in Chapter 2.* The terms of reference of the task group will be defined in consultation with the role players.

Governance

26. Appropriate, legitimate, transparent and effective governance mechanisms will be developed at local, district, provincial and national levels to build and consolidate the partnership between Government and all stakeholders in civil society.

A plan to develop such mechanisms will be negotiated with all role players.

27. The aims of governance structures will be to —

(a) undergird policy development and planning;

(b) assist in the development of legislation;

(c) co-ordinate the delivery of services;

(d) facilitate the exchange of information;

(e) determine and monitor the Reconstruction and Development Programme (RDP) goals and priorities;

(f) assist in developing criteria for social programmes and their funding; and

(g) facilitate and build an effective delivery system.

Interim governance structures

28. Interim governance mechanisms to meet the above aims will be established as soon as possible. These mechanisms will involve Government and civil society, and will operate at national and provincial levels. Such structures should not, however, duplicate existing consultative processes, and will be based on the needs of the current transition. These mechanisms will be evaluated and adjusted, and will also form the basis for the establishment of more permanent statutory mechanisms. Representation

on such interim structures will be broad and inclusive but will not be such as to make the structures unwieldy. Time frames and terms of reference will be clearly defined.

To facilitate networking between stakeholders, appropriate structures such as fora, networks and task groups will be established to promote participation at local level. In this way, all stakeholders will be given the opportunity to participate in the development of effective governance structures at all levels.

Representation

29. Organisations in civil society delivering social services and development programmes will ensure that the decision-making structures of the organisations are representative of consumers of services, members of the communities being served and other relevant role players. These structures may differ from community to community and from province to province according to the specific needs of the people, and the available resources.

30. Opportunities will be created to ensure the appropriate participation of the consumers of services so that the services are responsive to their needs. Guidelines to promote the appropriate participation and involvement of consumers will be developed. Capacity building will be considered where necessary.

Ombudsman

31. In order to ensure an effective and efficient service delivery system, the offices of ombudsmen will be established in the national and provincial welfare departments. The roles, responsibilities, functions and powers of ombudsmen will be clearly defined.

CHAPTER 4

HUMAN RESOURCE DEVELOPMENT

SITUATION ANALYSIS

Service providers and personnel

1. The major service providers in the social welfare sector employ planners, social workers, social auxiliary workers, social development and community development workers, social security personnel, child and youth care workers, volunteers, and other categories of workers and support personnel.

These service providers include the Government, the formal welfare sector, religious organisations, non-governmental organisations (NGOs) and community based organisations (CBOs), the informal welfare sector, and social workers employed by the business sector.

2. The total number of social welfare personnel nationally, in both the public and the formal welfare sector which is state-subsidised, is estimated to be 8 193, of which social

workers form the majority (56%)[3]. The public sector employs just over half of these social workers and the others are employed by the voluntary welfare sector.

3. The total number of social security personnel and administrative personnel in the public sector nationally is 2 256 and 1 315 respectively.

4. The former homelands had no voluntary welfare sector. Social workers were in the main employed in the public sector, and there were consequently no subsidised posts. Figures for the numbers of social workers in the former homelands are unreliable and social workers were not registered with the South African Council for Social Work.

5. Non-governmental organisations and community-based organisations which are not state-subsidised, employ large numbers of social development workers. There are no accurate figures.

6. Volunteers are a significant human resource, which is being utilised by welfare organisations and development programmes. There is scope for the expansion of voluntarism in order to extend welfare services.

Disparities

7. The Department of Public Service and Administration no longer discriminates on the basis of race or gender. The conditions of service in the former homelands have been rationalised. However, disadvantages experienced by sections of the community in the past on the basis of race, gender and disability still continue to exist.

Lack of welfare personnel

8. The human resource capacity in the welfare field is inadequate to address the social development needs in the country.

Some provinces are vastly better resourced than others in terms of personnel and infrastructure. There is also an uneven distribution of resources within provinces. The number of social workers per capita is not high enough, and the ratio of social workers to the population ranges among the provinces from 1:8 089 to 1:20 402. The Eastern Cape, North West, Mpumalanga and the Northern Province are particularly under-resourced.

There is an overreliance on professional social workers and there is a need to expand human resource capacity through the employment of other categories of social service personnel, such as child and youth care workers, community development workers, social development workers, and volunteers.

Urban bias

9. The deployment of social welfare personnel has an urban bias. There are too few social welfare personnel in the rural areas, peri-urban areas and informal settlements where the need for social welfare development is the greatest.

Training

10. Training for social workers is provided by Departments of Social Work at 19 universities and one college. Training opportunities are unevenly distributed through the country. While current social work education in these institutions is generally successful in preparing practitioners for work in a therapeutic and restorative social welfare system, the courses do not equip graduates to respond appropriately to the most important social development needs in South African communities. Past Government policies were not developmentally orientated and consequently no posts were subsidised for a developmental approach which impacted on the nature of academic training.

Some of the academic institutions are currently involved in reorientating their programmes in these directions. This reorientation should be done in consultation with welfare and development service providers.

Conditions of employment

11. In general, salaries are extremely low, and working conditions and service conditions are poor for all welfare personnel.

The performance appraisal system is a cause of great discontent in the public sector, partly as a result of the racial bias it had in the past. Welfare personnel in the public sector are not represented on provincial and national industrial relations structures and consequently their needs are not addressed through collective bargaining.

Welfare personnel employed by the formal welfare sector, that is voluntary welfare organisations which receive state subsidies, are not in a position to provide competitive salaries and benefits for their employees. Nor is the planning of career paths actively practised in the welfare sector.

Concern has been expressed about inappropriate management styles in both the public and private sectors.

APPROACH

12. Human resource development and management is critical to the achievement of social goals and will be developed by both the public and private sectors. Government will consult with all stakeholders including academic, formal and informal training institutions and organisations, and professional and allied associations.

Opportunities should be created for social welfare personnel in the public and private sectors to develop themselves and to make a contribution to the reconstruction and development process.

13. Human resource programmes should address past imbalances through affirmative action.

14. The potential role of the social welfare sector in meeting the basic needs of communities and reducing mass poverty and inequality requires a paradigm shift towards developmental social welfare. Strategies should be developed to reorientate personnel towards developmental social welfare goals and priorities *(see Chapter 2 and Glossary for a discussion on developmental social welfare).*

15. The existing human resource capacity needs to be significantly expanded through the utilisation of different categories of social welfare personnel, including volunteers.

Personnel should also be redeployed to under-serviced areas.

Provision must be made in the Personnel Administrative Standards (PAS) of the Public Service Commission to make it possible for different categories of personnel to be employed in the public sector. This provision should also be accommodated in the criteria for the financing of future social welfare programmes.

The right of all employees to be represented on, and to participate in, collective bargaining processes will be upheld. Welfare personnel will be encouraged to organise themselves to be represented in collective bargaining structures in order to address their needs.

GUIDELINES FOR STRATEGY

Affirmative action

16. A five-year plan of action will be developed to eliminate inequity between employees along lines of race, rank, gender and disablement. Such programmes will be implemented within the framework of the Constitution. Sound human resource policies will be developed to counteract the biases of the past.

The public and the private welfare sectors will develop and implement affirmative action programmes which will proactively address the disadvantages experienced by sections of the community in the past. Such programmes will remove the obstacles to equality and to overcoming past discriminatory practices.

Effective programmes will be developed based on an analysis of the workforce and a review of personnel policies and practices. The programmes will, among other things, also focus on recruitment and hiring policies; staff appraisals and promotions; staff training and development programmes; and the creation of a facilitative environment within organisations and institutions for the successful implementation of affirmative action programmes.

Disadvantaged groups will be assisted by bursaries, interest-free loans and academic support programmes to enter such priority areas as may be identified. Eligibility criteria will be defined.

Redeployment of personnel

17. The deployment of human resources will take place in response to the needs articulated by communities and welfare authorities. Personnel will be moved from over-serviced and underutilised programmes to those areas which are in need of additional staff. Such redeployment of personnel will be conducted in consultation with those affected.

18. Active recruitment of social welfare personnel to serve rural areas will be undertaken. Incentives will be developed to attract personnel to work in rural areas and other areas which are hard to reach.

Capacity building and reorientation of personnel

19. The efficient and effective delivery of services is contingent upon sound human resource planning and development. An appropriately trained pool of personnel at all levels, which includes both generic and specialised services, will be developed. Appropriate training will be provided by all employers in the welfare sector.

20. To ensure that the skills of personnel in the social welfare sector are upgraded, a comprehensive capacity-building programme will be embarked upon by both the public and the private social welfare sectors. Such programmes will be based on a systematic analysis of training needs, and will also form part of on-going in-service training programmes.

21. A balance will be established between preventative, curative, promotive and developmental perspectives in the planning and management of human resources.

22. Training programmes will also be specifically designed to reorient existing personnel towards developmental approaches. Some of these will be in-house programmes, others will be provided by both governmental and non-governmental organisations. Negotiations will also be undertaken with training institutions to provide a range of capacity-building programmes.

23. Career paths must be determined by human resource planning. Career planning and affirmative action will be linked to capacity-building programmes.

Education and training

24. Social development theory and practice must provide the framework for welfare education and training programmes.

25. The Department of Welfare will encourage institutions to review current welfare education and training programmes and curricula, particularly in universities and technikons.

(a) Core courses should be redesigned and made flexible and sensitive to provincial and inter-provincial variations. Curricula and training materials should be indigenous and culturally sensitive, and a balance should be maintained between therapeutic and developmental methodologies. Curricula should be developed in consultation with service providers.

In addition, many other new directions in education and training in the welfare field are needed, such as developmental social welfare and social development; welfare financing; development administration and management; social policy, research and planning; gender-sensitive welfare programming; appropriate programmes for people with disabilities, e.g. people using sign language; HIV/AIDS; multi-cultural concerns in practice; accessible communication with beneficiaries in terms of language usage; rural development practice; and intersectoral interventions.

(b) The urban bias in training programmes should be countered. Training programmes should emphasise that urban models should not be uncritically replicated in rural contexts. Alternatives should be offered.

(c) Selection procedures for admission to the social work profession should be standardised by the training institutions.

(d) The training of social welfare personnel should be tailored to meet South Africa's basic needs. Community development workers should be trained to work with national, provincial and local government structures, including NGOs, to aid them in prioritising community needs and in accessing resources. This key aspect of training to facilitate community participation has been identified as an essential prerequisite for the effective implementation of the RDP.

(e) Training should be provided for other categories of personnel, such as child and youth care workers.

Accreditation system

26. An accreditation system will be developed where necessary for all categories of welfare personnel, including community development workers, social development workers, child and youth care workers, and for particular categories of volunteers, social auxiliary workers and others that may still be defined. Such accreditation will be part of the acknowledgement of the importance of life-long learning processes.

The required levels of education and training for accreditation will be determined by a task group which will be specially appointed for this purpose. The task group will develop guidelines, consulting widely with stakeholders, and competencies for each level of education and training will be determined and accredited accordingly, where appropriate.

27. There will be articulation between the different programmes. This means that the different categories of personnel will be able to progress to higher levels from any starting point. They will be able to obtain recognition and credit for qualifications from one part of the system to another. The system will make it possible to assess and recognise prior learning, and skills acquired through experience.

Regulatory body

28. The South African Interim Council for Social Work will evaluate and monitor whether welfare personnel have received the appropriate education and/or retraining. The Interim Council will work within an integrated qualification framework set by the South African Qualifications Authority. The objectives as prescribed by the present Social Work Act, 1978 (Act 100 of 1978), will be properly negotiated and amended if necessary. The South African Interim Council for Social Work will also deal with the required registration and licensing of social workers and the body and its terms of reference will be established after consultation with the welfare community. Consensus will be reached on a code of ethics which will set out the guiding principles and values of the social work profession.

29. The development of standards for the selection and employment of all categories of social welfare personnel in the public sector will be the responsibility of the national and provincial departments of welfare. An appropriate personnel code will be developed jointly by Government and its partners to guide personnel standards throughout the welfare sector.

Salaries, service and working conditions

30. The low salaries of social welfare personnel in both the public and voluntary welfare sectors is an issue that must be urgently addressed. It is imperative that an equitable rate for jobs be instituted across the whole of the Public Service.

An investigation into salaries and into the service and working conditions of welfare personnel in the private sector will be undertaken in order to undergird policy, planning and the financing of social welfare programmes.

Salaries will be linked to performance criteria, experience and qualifications.

Voluntarism

31. Volunteer programmes will be developed by Government and its non-governmental partners. The appropriate and effective utilisation of volunteers in developmental social welfare services is critical. The financing of social programmes utilising volunteers will be reviewed. A task group will be appointed immediately to develop volunteer programmes which will identify the nature, scope, terms of reference of the programme, strategy to be adopted, structures required and financing options.

CHAPTER 5

LEGISLATION[4]

SITUATION ANALYSIS

Scope of welfare and related legislation

1. The Ministry for Welfare and Population Development is directly responsible for the execution and administration of the legislation which is contained in the Annexure. These Acts can be regarded as constituting the legal framework for South African welfare. The majority were passed by the previous Government. In addition, some of the then so-called Own Affairs departments and Independent States developed separate legislation, which was applicable only to a particular group or territory. Together, all the Acts provide for services and social benefits to designated target groups and govern eligibility requirements, norms and standards, the registration and financing of welfare services, the establishment of governance structures, fund-raising from the public and the regulation of the social work profession.

2. The welfare sector is also directly influenced by Acts administered by other Ministries, certain of which contain specific clauses on services performed by personnel in the welfare sector. The provisions of some Acts impact on welfare services, welfare target groups and the alleviation of poverty in general (partly a welfare task).

Fragmented system

3. Current welfare legislation enshrines the fragmented welfare system of the past, when different Government departments operated in isolation from each other and stakeholders' involvement in the legislative process was negligible. The present legislation is therefore inadequate.

Duplication

4. Current legislation is duplicated and overlaps. It was formulated to support racial segregation. Rationalised legislation will effect the speedy and effective integration of services.

Lack of policy

5. Existing legislation is not based on the planned implementation and continuous evaluation of a comprehensive welfare policy. It reflects ad hoc and partial reactions to different needs at different times. Important pieces of current legislation do not contain adequate policy guidelines on issues such as the values and principles underlying welfare services or the responsibilities which belong to the Government.

6. Furthermore, not all existing legislation has been examined and adjusted in terms of the present Constitution, neither has it been brought into line with international conventions and protocols, some of which still need to be signed or ratified.

National and provincial powers

7. The Constitution of the Republic of South Africa provides a new framework for the restructuring of welfare legislation at national and provincial levels. However, the constitutional criteria for the delineation of national and provincial powers are not fixed or sector-specific, but are intended to guide legislatures in decision-making. The legislation is therefore open to interpretation and could cause confusion, even conflict, between national and provincial levels of government. The situation also affects the allocation to provincial authorities of unresolved legislation that is currently the responsibility of the Minister for Welfare and Population Development.

Lack of consultation

8. Existing legislation was seldom developed in an inclusive, consultative process and there was no mandatory involvement of stakeholders in either the evaluation of legislative needs or the drafting process. It is therefore based to a great extent on the preferences and values of an elite group of politicians, public servants and opinion makers. Some aspects of the laws consequently do not have the support of the public as a whole. Their appropriateness for the South African context can rightly be questioned.

The lack of consultation also applies intersectorally. Legislation was generally drafted in isolation, by the welfare sector alone, without taking sufficient cognisance of broader issues in the socio-economic environment, dealt with by other departments or sectors. This, together with the lack of trust between departments, and vested interests, arrested the potential to develop a meaningfully integrated approach which in turn could consolidate efforts towards self-reliance in communities. Legislation was not effectively co-ordinated at the inter-departmental level, which caused legislation which impacted on welfare issues to be relatively unsympathetic to welfare causes, hindering rather than promoting services.

Public participation

9. Methods used in the past have targeted Žlite stakeholders and are not appropriate at the community level.

APPROACH

Comprehensive policy

10. Legislation will be determined by a comprehensive welfare policy. Therefore, legislation will be the end-product of, and not the initial impetus for, policy formulation. The values base and policy direction of each piece of legislation will also be clearly apparent in all Acts.

New legislation

11. New legislation is affected by the current uncertainties over the delineation of national and provincial powers. When drawing up new welfare legislation, both of the following issues should be taken into account.

(a) The fragmentation and lack of consultation with stakeholders in the past should not be repeated through independent legislative processes that are not well considered. To build a new, coherent, integrated and consolidated body of welfare legislation, some measure of uniformity should be instituted, but not in a unilateral manner.

(b) At the same time, provincial responsibility for the planning, development and rendering of welfare services and for welfare legislation responsive to provincial differences, should be recognised, and provincial legislative powers respected.

Ongoing deliberations

12. Criteria to guide future deliberations on legislation, as well as a mechanism to facilitate such discussions, should be established.

Local Government

13. The need to empower local Governments with legislative authority over welfare and the power to administer welfare legislation should be further debated.

Inclusive political involvement

14. Criteria and mechanisms should be established for involving all the relevant Ministers and their departments in the legislative processes of the Department of Welfare. Previously, political involvement in welfare was restricted to the responsible Minister. In the more open society of the present, the welfare sector acknowledges that other political representatives can contribute to the social welfare system.

15. Given any national legislation's impact at the provincial level, it should also be standard practice to involve provincial political figures, provincial departments and civil society in the development of national welfare legislation.

Subordinate legislation

16. Subordinate legislation should be subject to ministerial powers for enactment. Measures should be developed to ensure that ministerial powers over subordinate legislation are not exercised unilaterally and that the principles of transparency, inclusivity and accessibility are upheld. The drafting of regulations should be

synchronised with the drafting of the Act to which they pertain. All subordinate legislation should be gazetted for comment and approved by the Parliamentary Portfolio Committee for Welfare.

Policy development vs immediate restructuring

17. The problems inherent in South African welfare legislation underline the urgent need to develop a holistic body of legislation determined in accordance with a comprehensive policy. However, the formulation of policy is a slow process. An immediate restructuring of all legislation is not possible. A compromise will need to be reached between the long-term benefits of rational and comprehensive restructuring of legislation and the necessity of making appropriate incremental changes in the short-term.

The process of amending or extending legislation should be carefully managed. It should, as far as possible, be ensured that urgent changes made in an incremental manner are consistent with the overall policy when it is in place. Short-term amendments should be implemented speedily in order to facilitate the restructuring process.

Related legislation

18. A review of welfare legislation should take into account all related legislation.

GUIDELINES FOR STRATEGY

Legislative programme

19. The Department of Welfare currently administers 8 welfare acts, some of which will be either assigned to the provinces or delegated.

In the short-term, amendments will be made to existing legislation. Comprehensive legislation will be developed where necessary. The legislative programme will be developed in consultation with the provincial departments and other role players.

Medium-term legislative programme

20. A medium and longer-term legislative programme will be developed by the Department of Welfare in consultation with stakeholders and other Government departments.

Representation

21. A representative mechanism will be set up at national level to ensure inclusivity and transparency in establishing legislative needs and to guide and co-ordinate drafting processes in accordance with accepted values and principles. This mechanism will be linked to the governance structures in Chapter 3 in order to eliminate fragmentation of welfare structures. All welfare legislation will be approved by the MINMEC for Welfare and Population Development.

22. Similar structures will be developed at provincial level.

Comprehensive legislation

23. Future legislation will be holistic and comprehensive and will take the following criteria into consideration:

(a) The relationship between welfare and the other sectors;

(b) the range of human needs;

(c) the spectrum of measures available to develop affordable and sustainable optimum social functioning;

(d) networking with other Government departments to ensure that their legislation is welfare-friendly; and

(e) the co-operation of other sectors will be sought in order to formulate and implement appropriate welfare legislation.

Regional sensitivity

24. A balance will be struck between the need to develop an integrated and consolidated body of legislation and the need to devolve regulatory authority to allow for regional variations that are responsive to the different needs of particular communities.

Powers at different levels of Government

25. Research will be commissioned on international legislative models to guide legislators in achieving a balance between national and provincial legislative powers regarding welfare.

Participation

26. The process of formulating and administering legislation will be transparent, inclusive and accessible. Participation at the community level will be given particular attention. A multi-pronged approach will be used to involve civil society in legislative processes. Any process to develop legislation will include a comprehensive communication and empowerment strategy.

27. In Government, portfolio committees for welfare at national and provincial levels will be involved at a significantly earlier stage of the legislative process than is currently the case.

Accessibility

28. Legislation will be made accessible to the public, by:

(a) Formulating legislation in language that is clear and easily understood;

(b) developing strategies to enhance the participation of grass-roots stakeholders in the formulation of draft legislation;

(c) developing strategies to communicate the content of legislation to the public on an ongoing basis;

(d) ensuring that sources of information are effective, clear, understandable and readily available;

(e) consolidating legislation on the same issue, as far as possible, into one Act or set of regulations;

(f) utilising existing structures in civil society to participate in legislative processes; and

(g) making the national and provincial departments of welfare responsible for the facilitation of the above processes. Capacity-building programmes will also be provided.

The right to appeal

29. In order to ensure the just administration of legislation, the right to appeal will be entrenched in all legislation, including the right to appeal against regulations. Information on this right will be accessible.

Personnel

30. In addition, personnel will be equipped, through continuous and appropriate training, to administer legislation effectively, correctly and consistently, in accordance with fundamental human rights and accepted values with a sense of account.

Continuous review

31. Continuous review will ensure the appropriateness of legislation, including evaluative research with the relevant stakeholders, on the outcome and administration of legislative measures.

Power of Parliament

32. Notwithstanding the above principles relating to the development of legislation, Parliament, as the highest legislative authority, will have the final say on content.

CHAPTER 6

FINANCE AND BUDGETING

SITUATION ANALYSIS

Welfare expenditure

1. The 1995/1996 national budget for social security and welfare assistance and services (the welfare budget) is R13,439 billion, which is 8,7% of the consolidated national budget and 2,7% of the Gross Domestic Product (GDP)[5].

2. Social security and welfare services expenditure have increased significantly over the past five years. This is the single largest increase in the social services sector. Health and education's share of the national budget has remained virtually static over the same period.

3. The growth in welfare expenditure as a whole has been due to the redressing of disparities in social grants. Achieving parity in the social grants paid to pensioners and disabled persons and in parent, child and foster care grants has been a significant achievement. These grants are vital poverty alleviation mechanisms and are statutory benefits.

Structure of the welfare budget

4. The welfare budget is made up of two main components: social security and welfare assistance and services, which are contained in one parliamentary vote. The social security component amounts to 88% of the welfare budget, and welfare assistance and services to 8%, while 4% is allocated to capital expenditure.

5. Social security is the largest expenditure item in the welfare budget. Most of the money is spent on grants for the elderly (60%), and the disabled (24%), and on maintenance grants (14%). Enormous demands are made on the social security system. *These demands are discussed in Chapter 7 on Social Security.*

6. While there have been significant increases in social security expenditure, the welfare assistance and services component of the welfare budget has remained static and inadequate.

(a) Reprioritisation has not been fully implemented and to a large extent the same welfare services and programmes are being funded which were funded under the former Government.

(b) The approach in the past was to fund fields of service, for instance services to the elderly, children and families, and the disabled, correctional services and alcohol and drug abuse services.

(c) Of the total amount budgeted for welfare services, 87% is spent on residential services and facilities. The remaining 13% is spent on subsidised posts for social workers and capital expenditure. In 1994, 2 079 social work posts were subsidised[6.]

(d) Residential programmes are expensive services and the standards set for these programmes need to be reviewed. Facilities are generally not used as multi-purpose centres and are often inappropriate to the needs of people in informal settlements, large urban townships and rural areas.

(e) Residential and non-residential facilities provided are old age homes, crèches, children's homes, treatment centres for alcohol and drug dependants, and homes and workshops for the disabled.

(f) A total of 61% of the expenditure on social security and welfare assistance and services is currently spent on services for the elderly, in the form of social grants and facilities such as old age homes and community service centres.

There are 13 state-run old age homes serving 1 785 people. In addition, there are about 7 519 private residential and non-residential facilities nationally, providing services to another 436 803 people. About 45% of these facilities are provided by the state-subsidised voluntary welfare sector, most of which are old age homes which are currently occupied by white elderly persons[7] *(see Chapter 8, section on the elderly).*

(g) The total expenditure for all social security and welfare assistance and for services to disabled persons constitutes 23% of the welfare budget, and 16% is spent on child and family benefits and support.

(h) The links between social security on the one hand, and welfare policy and programme development, on the other, are inadequate, resulting in inefficiency and ineffectiveness.

Underfunding of social welfare services

7. Welfare services are inadequately funded. The Government's contribution to welfare services (excluding social security) is far smaller than that of the formal welfare sector and the informal welfare sector, i. e. the NGOs and CBOs, which are not state-subsidised.

Non-governmental contributions

8. The contribution of the formal welfare sector to welfare services is in excess of R1 billion. Accurate estimates of the contribution of the informal welfare sector to social services and development programmes are not available. Other sponsors of development programmes, such as foreign donors, religious organisations, corporate social responsibility programmes, NGOs involved in fund-raising, lottery ticket games and donations from individuals, contribute substantially to welfare services and broader developmental programmes.

There is insufficient information on the financial contributions from organisations in civil society to welfare and related development programmes.

Inefficiency

9. Financial management, administrative systems, organisational structures and approaches are generally outdated and inefficient in all the components of the public welfare system.

(a) Administrative structures are cumbersome and costly.

(b) Budgeting has been done on an incremental basis. Figures from the previous year were used and adjusted incrementally. Budgets were developed annually and there was no long-term planning.

(c) Other Government departments also deliver services and finance some welfare programmes. These departments are: Health, Housing, Labour, Education, Justice, the

South African Police Services (SAPS), and the South African National Defence Force (SANDF). There is a lack of co-ordination between these departments, which results in fragmented delivery systems and inefficiency in the use of resources.

Inappropriateness

10. The financing of welfare programmes has been based on priorities identified under the former dispensation, which were not aimed at reconstruction and development.

Shortfalls in Social Security

11. Social security and welfare services are in one parliamentary vote. Social security is, however, a statutory benefit. When there are shortfalls in the social security component of the welfare budget, funds are often transferred from the welfare services component. This has created shortfalls in the funds available for welfare services.

APPROACH

A sustainable and equitable system

12. The financing system for social security and welfare services should be sustainable and equitable. A restructured welfare system should also be financially accountable. Management systems should be efficient.

13. Social priorities should be determined in order to re-allocate resources to meet needs and address social problems *referred to in Chapters 7 and 8* through more developmentally oriented intervention strategies. A balance should be struck between developmental and restorative interventions. Effective targeting of programmes at the poor and the vulnerable will promote efficiency in existing expenditure and effectiveness in reaching those in need.

14. An assessment of the areas of expenditure which can be rationalised will be facilitated by the continuous evaluation of budgetary allocations.

15. In addition, provision should be made for addressing socio-economic backlogs, especially in predominantly rural provinces, and for the additional unit costs of delivering services in particular provinces, depending on their unique situations.

Partnerships between Government and civil society

16. Given the enormous backlogs in meeting the social and economic needs of the most disadvantaged sectors of the population, Government will not be able to address these discrepancies by itself.

A partnership with organisations in civil society is critical. An enabling environment will be created, including legislative and tax reform to access financial resources and to maximise the contribution of each of the parties. Government will mobilize additional development sponsorship for social welfare programmes.

17. Opportunities will be created for stakeholders to participate in finance and budgetary processes.

GUIDELINES FOR STRATEGY

Budgetary reform

18. A five-year plan for budgetary reform will be developed by Government in consultation with stakeholders to bring expenditure into line with the priorities of the Reconstruction and Development Programme (RDP). This process will commence immediately. The many problems based in the insufficient information base and systems must be addressed, including critical issues such as the divergence between actual and budgeted amounts. The national and provincial departments need to do research to understand these issues better. The White Paper on Financial Management and Expenditure Budget Reform will guide the budget process. Budgeting must flow directly from and feed into the policy development cycle.

19. Appropriate procedures will be developed to prevent the use of welfare assistance and services funds to meet the shortfalls in social security costs and in relation to other functions. These measures should include improved budgeting and translation of national policy goals into implementable plans through conditional or unconditional allocations.

Increased spending on welfare assistance and services

20. Steps will be taken to increase the Government's contribution to welfare services and programmes based on developmental priorities. Such an increased contribution should be based on the five-year plan and will be designed to be sustainable. The increases will be derived from restructuring within the existing welfare function.

21. The national Department of Welfare, in conjunction with the provinces, will embark on a programme to mobilise additional development finance for priority welfare services and related development programmes.

Sustainability and efficiency

22. The following strategies will enhance the sustainability of the social security system *(they are elaborated in Chapter 7 on Social Security)*, and promote greater efficiency. In the longer term, these strategies will lead to a lessening of dependence on state social assistance programmes and an increased self-reliance on the part of the poor and the vulnerable.

(a) The social security system will be restructured to achieve structural efficiency between public and private (work-related) benefits.

(b) Active labour market policies will be encouraged to facilitate the employment of identified target groups.

(c) A more efficient administrative and management system will be designed, which should result in substantial savings.

(d) An intersectoral strategy will be embarked on to improve the recovery of maintenance payments from defaulting parents. Negotiations will be undertaken with the Department of Justice to improve the system of managing maintenance payments.

(e) More stringent and appropriate means testing and eligibility requirements for all welfare programmes will be applied. An investigation into alternative means for targeting and administering social security grants will be conducted.

(f) Integrated policies and programmes will be encouraged to ensure that there is a better interface between different welfare programmes.

(g) Negotiations will be initiated with the Public Works Programme and other programmes to ensure that funds are earmarked for priority welfare services and related development programmes.

(h) Clearly identified welfare target groups will be actively assisted in accessing the employment and training programmes provided by other Government departments and by non-governmental programmes involved in micro-enterprises, small business development, co-operative enterprises and the creation of other employment opportunities. Such a strategy will be used to divert people from the welfare system.

23. In the welfare services component of the budget there is great scope for more efficient expenditure through low-cost family-centred and community-based strategies. One-stop or multi-purpose generic services will contribute to greater efficiency. In addition, the capacity of social work personnel will be increased by the appropriate and effective use of other categories of personnel such as auxiliary workers. Reprioritisation is needed to achieve equity as almost a half of the welfare assistance and services component of the budget is still spent on white services.

Funding of social welfare programmes

24. A shift will be made from the subsidisation of social work posts and unit costs of facilities and services to the financing of social welfare programmes in accordance with the principles and guidelines for reprioritisation *set out in Chapter 2*.

(a) The national Department of Welfare will develop national guidelines on the financing of welfare programmes. These guidelines will be developed in consultation with stakeholders.

Recommendations will be made regarding the nature and scope of programmes to be financed, including the strategies to be employed; the development of eligibility and financing criteria; the setting of norms and standards for programmes; the development of user-friendly application, monitoring and accountability procedures; changes in the accounting and budgeting system of the public sector; and an approach to the management of the transition from the old financing system to the new.

(b) Some social welfare programmes may be financed in full through contractual arrangements between Government and organisations which are able to deliver an efficient and effective service, while others will be partially Government-financed. Such contractual agreements will be reached after tendering to deliver the services. Organisations, institutions and accredited private practitioners or consortiums of private practitioners and organisations are potential contractors.

(c) The Government will finance statutory programmes, including related services and facilities and alternatives such as family placements and supervised community-based options. Appropriate and affordable criteria, norms and standards for the delivery and funding of statutory services will be developed and set. Such financing will be phased in

over the five-year period of the budgetary reform plan and within the limits of Government resources.

(d) The departments of welfare will embark on a planned process to facilitate the fundamental restructuring of the financing of welfare services. Capacity-building initiatives will facilitate the changes and assist under-developed CBOs to meet the requirements of programme financing. This is necessary if services are to reach underprivileged communities.

(e) All systems and administrative and accountability procedures must be user-friendly and efficient. The change to programme financing will be completed within five years.

(f) The financing of social welfare programmes will be based on approved business plans and will reflect the priorities of the Government of National Unity. Standard business plans will be developed to be used by all the provinces. Clear outputs and performance audits will be required.

(g) During the change from one system to another, the Government will finance welfare services according to the current formula. Pending the outcome of the guidelines on the financing of welfare programmes, an interim arrangement will be devised, and nationally agreed upon criteria will be formulated for the reprioritisation of current programmes. These interim arrangements will be devised in consultation with the parties concerned.

During this interim period welfare organisations will provide business plans to indicate how they have reorientated or are reorientating their services towards reconstruction and development, what they have done, and what they are doing to achieve equity.

Fund-raising and accountability

25. Policy and legislation will be developed to promote accountability in fund-raising, in the distribution of funds and in spending on welfare programmes. Appropriate criteria will be developed in conjunction with stakeholders in civil society and structures in Government to implement the RDP.

Equity between the provinces

26. Funds will be reallocated between the provinces to achieve equity within five years. Comprehensive criteria will be developed and researched, taking into account all the relevant socio-economic factors, as well as demographic and migration patterns. The equitable division of funds between the provinces will be guided by the recommendations of the Financial and Fiscal Commission. An approach will be developed by the national Department of Welfare in consultation with the provincial departments in order to influence the manner in which equity is achieved to ensure that policy objectives are implemented in a coherent manner.

Capital projects

27. Appropriate infrastructural programmes and facilities will be developed, for example, mobile facilities, one-stop service centres, and decentralised services and service points. Existing infrastructure will be more effectively utilized and further capital projects will only be developed after a rigorous needs assessment.

Co-operation between Government departments

28. The various Government departments will be encouraged to develop complementary financing policies in order to achieve shared social goals.

(a) Ongoing communication and information exchange on the financing of joint social programmes are needed for the division of responsibilities, eligibility and the application of monitoring procedures.

(b) Policies will be developed to address duplicated financing and delivery of the same services by one or more departments. Of particular significance is the current fragmentation of services to creches and to children and adults with disabilities.

Some departments are jointly involved in the implementation of legislation.

Those involved in developing infrastructures will be encouraged to address the financing of ongoing running costs.

Enabling legislation and tax policy

29. Enabling legislation to promote the partnership between Government and the voluntary sector will be advocated. Recommendations will also be made to amend the Income Tax Act, 1962 (Act 58 of 1962), in order to ensure that criteria for tax-exempt status for NGOs are harmonised with the

objectives of the RDP. The recommendations of the Katz Commission (1995)[8] that contributions made to those NGOs which have been granted tax-exempt status should qualify for deductibility for tax purposes, subject to a cost-benefit analysis, are supported.

Financial management information systems and capacity building

30. The lack of financial management and policy capacity at national and provincial levels needs to be addressed in order to deliver effective programmes.

CHAPTER 7

SOCIAL SECURITY

INTRODUCTION

Definition

1. Social security covers a wide variety of public and private measures that provide cash or in-kind benefits or both, first, in the event of an individual's earning power permanently ceasing, being interrupted, never developing, or being exercised only at unacceptable social cost and such person being unable to avoid poverty and secondly, in order to maintain children. The domains of social security are: poverty prevention,

poverty alleviation, social compensation and income distribution[2]. The social security system in South Africa has four major elements:

(a) Private savings — people voluntarily save for unexpected contingencies such as disability, retirement and chronic diseases.

(b) Social insurance — joint contributions by employers and employees to pension or provident funds, or social insurance covering other unexpected events. Government may also contribute to social insurance covering accidents at work.

(c) Social assistance — non-contributory and income-tested benefits provided by the State to groups such as people with disabilities, elderly people and unsupported parents and children who are unable to provide for their own minimum needs. In South Africa, social assistance has taken the form of social grants.

(d) Social relief — short-term measures to tide people over a particular individual or community crisis. This is also non-contributory and needs-tested.

SITUATION ANALYSIS

Social assistance

3. About 88% of the total social welfare budget is currently allocated to social assistance, amounting to approximately 7.5% of Government spending. Racial parity in payments and the new constitutional requirements for equity have increased demands on the welfare budget.

4. There were 2 848 344 beneficiaries of all the types of grants as at 31 May 1995. About 7 out of every 100 South Africans are in receipt of Government social assistance of some sort. Provinces with the heaviest beneficiary loads are the Eastern Cape and Northern Cape at 11,8% and 11,3% respectively; provinces with the lowest beneficiary loads are Mpumalanga and Gauteng at 2,9% and 4,5% respectively. The level of social assistance benefits is very low in relation to the cost of living.

5. Previously, the types and levels of grants and the range of services was determined on racial grounds. Many people were unaware of their rights to social security. Parity in the amounts of all grants was achieved in 1993. Regulations are being formulated for uniform and integrated systems.

Poverty alleviation

6. There is little understanding of the significant role played in the past by social assistance money in alleviating poverty. Surveys show that the grants for elderly and disabled people have a significant impact on the incomes of households which receive social grants. Social assistance is a vital element in providing food and general security. This is especially true of the African population, African women, and people in rural areas. The Reconstruction and Development Programme (RDP) has identified these same groups as targets for support.

Grants for elderly persons

7. Grants for elderly persons comprise a large proportion of overall social assistance. The number of elderly South African beneficiaries has stabilised, with fairly good coverage (80%), but there are still particular pockets where many eligible people do not get a grant. The impact of a grant income on household income for people in poverty is dramatic. The majority of people in poverty who are not white live in three-generation households, and the grant is typically turned over for general family use. In 1993, there were 7,7 million people in households which received a state grant. For black South Africans, each pensioner's income helped five other people in the household.

People with disabilities

8. Of the total South African population, 1,6% receives a disability grant, which is much lower than the percentage of disabled people. The following problems have been identified with social security pertaining to people with disabilities:

(a) Disabled people's organisations have generally been excluded from social and economic policy formulation.

(b) There has been little emphasis on training and rehabilitation to integrate disabled people into the economy. The policy has simply been one of passive income maintenance through grants. People with disabilities have been marginalised.

(c) The means test has penalised and demotivated disabled people who have private savings, or who take up (generally lower paid) work, which often lasts only temporarily.

(d) The means test in respect of medical benefits from the State serves as a disincentive for people with disabilities to be employed as they forfeit State medical benefits if they earn approximately R1 700 per month.

(e) Disability has been assessed on the basis of physical impairment only, and has not taken into account whether a person with a limited disability could find work.

9. The limited scope and poor application of the Workmen's Compensation Act, 1941 (Act 30 of 1941), resulted in the systematic transfer of costs from industry to the State (especially to Welfare, and, to a lesser extent, to Health). The compensation system broke down completely in rural areas; rural families and communities bore the burden of diseases and disabilities incurred in the urban workplace which should have been compensated for by employers.

10. New rules in occupational and social legislation have led to new gaps in provision. There are inadequate linkages between work-based and State benefits.

Child and family benefits

11. There is great racial inequity in child and family-care benefits. Poor black women have been particularly disadvantaged. It is from this group that the greatest demand for social assistance will be felt in future.

Women can claim support for themselves and their children through the law courts. The system, however, is complex and unreliable. There is a high rate of defaulting by fathers. Where the judicial system fails, mothers may apply for State maintenance grants. These have comprised only a small part (about 15%) of the overall social assistance budget, while as many as 2,8 million women qualify for them under the present rules of eligibility.

Administrative systems

12. The fragmentation of Government administration has led to gross inefficiencies. Many loopholes were created which could be exploited by officials and the public.

13. The manual system used in some of the accounting systems and the lack of an integrated national ID system have created many problems. In the labour sector, records of employment histories have been totally inadequate. Recent computerisation is supporting the national move towards an integrated national social grants register.

14. The outsourcing of the payment function transfers security risks to the private sector. The advantages are that queues may be shorter for the pensioners and the potential for fraud reduced. Outsourcing however, also increases the distance between the state and beneficiaries if things go wrong. If payments are made by private firms, the development of public infrastructural development such as post offices and banks may not be prioritised.

Social insurance

15. The Mouton Commission noted the rapid coverage of social insurance provision over the past 15 years. The insurance industry is of major importance in the South African economy. The Mouton Commission also noted that the rate of growth of recipients of retirement funds had exceeded the growth in the number receiving old age assistance.

There was a reduction in the number of people receiving old age grants from 96% in 1960, to 67% in 1990, despite the greatly improved coverage of recipients of State old age grants during that time. The number of elderly beneficiaries will stabilise over the next decade. Currently there is fairly good overall coverage of elderly people who qualify for benefits, about 80%. This is a very high take-up rate of beneficiaries and compares very favourably with even advanced industrial countries.

16. High and increasingly long-term unemployment places strains on unemployment insurance. The Unemployment Insurance Board has had to stop granting extended unemployment benefits, which, given the lack of an employment assistance programme, leads to an increasing reliance by the unemployed on welfare.

17. It is interesting to reflect on the differences in amounts going to social assistance compared with social insurance. For example, the amount paid nationally through workmen's compensation in 1990 for work-related disability and illness was less than R200 million, compared with R223 million for state disability grants in 1995 in Gauteng alone. These amounts indicate the extent to which Government is bearing the responsibility for social assistance. A greater investment in social insurance is needed.

18. In the workplace, provident funds are drawn before they have matured. This is especially the case with those workers in lower income jobs who often withdraw their provident funds to supplement inadequate unemployment insurance benefits. In such instances, workers who reach retirement age would have spent their savings, and consequently would end up drawing a State social grant.

For higher income workers, there is a growing concern about the trend in the pension industry to change from defined contribution retirement funds to defined benefit funds, which could place employees at greater risk.

19. A further unresolved issue in social insurance is the lack of transferability of part or the whole amount of contributions when individuals change work, so that savings are not preserved.

20. Great inadequacies exist in the collection of private maintenance from defaulting parents.

Private savings

21. The disincentives to creating private or work-related savings in lower income groups which existed in the past (there was a 100% penalty or "poverty trap" built into the system) have been addressed in the new regulations of the Social Assistance Act, 1992.

Social relief

22. Social relief for individuals has been unevenly spread. It has taken the form of cash, vouchers, rental payments, and so on, but has been limited largely to coloured and white people. Relief payments are short-term measures, whereas poverty itself is enduring.

23. Social relief in times of disaster (droughts, floods, fires) has either been poorly targeted (white farmers on unsustainable agricultural land), or has not been linked to sustainable development.

Impact of HIV/AIDS

24. The spread of HIV/AIDS will lead to an increased demand for disability benefits; for work-related dependants' benefits; for foster care and adoptive care for children orphaned by AIDS; for community-based and institutional care; and for an increasing role for elderly people as care-givers.

Migrant workers and others not covered by benefits

25. Millions of people were forced into a contractual migrant labour system which prevented them from settling permanently in cities. Employers and insurers would not allow contract workers to be covered by pensions and provident funds. These workers and their partners inevitably relied on State grants.

Domestic workers, farm workers and people in the informal sector are not covered or are inadequately covered by work-related benefits, and consequently need State social assistance.

APPROACH

26. (a) The Government is committed to the provision of a comprehensive national social security system and the Government's Growth, Employment and Redistribution strategy recognises the importance of a broad social security net comprising social payments and targeted welfare services.

(b) The proposal for a transformed social security system should be built on two pillars. Firstly, it will require comprehensive social assistance to those without other means of support, such as a general means tested social assistance scheme. Secondly, it will require the restructuring of social insurance, including the retirement industry, unemployment insurance and health insurance. There is scope for less fragmentation and improved efficiency in the social insurance system.

(c) Although the Department of Welfare has a central role to play in serving the social security needs of the great number of people who have no formal employment and live in grinding poverty, the creation of an effective social security system requires integrated inter-departmental and inter-Ministerial planning and co-ordination, in consultation with civil society, labour, business and other stakeholders.

(d) Through this process the Department of Welfare commits itself to the establishment of a comprehensive social security policy and legislation.

27. There will be universal access to an integrated and sustainable social security system. Every South African should have a minimum income, sufficient to meet basic subsistence needs, and should not have to live below minimum acceptable standards. The social security system will also work intersectorally to alleviate poverty.

(a) The social security system will aim for co-responsibility between employers, employees, citizens and the State.

(b) Social security is an integral part of the RDP and the Government's proposed national growth and development strategy.

(c) A social security system is essential for healthy economic development, particularly in a rapidly changing economy, and will contribute actively to the development process. In a society of great inequality the social security system can play a stabilising role. It is important for immediate alleviation of poverty and is a mechanism for active redistribution.

(d) The social security strategy must mediate the changes in demographic patterns as regards affordability and sustainability. There will be more elderly people in future in addition to the continuing need for the support of broken families. The spread of HIV/AIDS will also increase the demands on the social security budget.

(e) A social security strategy will build on constructive elements already present. These are —

* the fairly good social insurance coverage of those in formal employment;

* the well-established and well-targeted State grants for elderly people;

* the new Regulations to the Social Assistance Act, 1992, which have the potential to solve past problems through the means test;

* the determination of the Ministry for Welfare and Population Development to deal with inefficiency and fraud;

* the new computerised system which is already contributing to greater efficiency;

* the improved legislation governing work-based disability and disease;

* the new national commitment to eradicate poverty; and

* the latest regional and national research, which involves more stakeholders, and is being used to inform policy-making directly.

28. The following principles underline the proposed approach:

(a) Social security will be based on the right to administrative justice; it will be accessible in terms of procedures, methods of communication and the attitudes of personnel to beneficiaries in both rural and urban areas.

(b) Social security will be transparent, with clients receiving timely information about their social security status and changes in status; publicity given to court cases involving abuse of the system; the disclosure of the terms of contract and unit costs of private firms involved in social grants; and transparency and accountability in the granting of tenders.

(c) There will be uniformity across provinces regarding the types and levels of benefits. This will ensure that the poorer provinces can maintain nationally determined levels of benefits, which will be transferable between provinces. There will be flexibility at the provincial level regarding procedures for delivery, both in the interests of efficiency and to ensure the most appropriate service to clients.

GUIDELINES FOR STRATEGY

General strategy

29. The general strategy will be built on the approach and principles outlined above. It will work towards institutional transparency and accountable management.

Administrative improvements

30. The development of uniform procedures and appropriate tools for the assessment and monitoring of the entire system, including the privatised payout system.

31. The rationalisation at provincial level of formerly separate social security sections.

32. The creation and maintenance of an adequate and uniform social grants system which includes legislation, regulations, the Personnel Administrative Standards (PAS), which are set by the Public Service Commission for social security personnel, rationalisation of the computer system in the provinces, the development of the National Social Grants Register and automated fingerprint technology.

33. The re-registration of all beneficiaries at provincial level with a view to integrating such data with the National Social Grants Register will be embarked upon. This will be an important step in addressing the abuse of the system.

34. Accessible written materials will be developed. An education programme will be developed to inform the public about the restructuring process and the new procedures.

Information systems for cost effectiveness

35. A better information system will be developed in order to facilitate a better synergy between State and private sector benefits.

36. A commitment to the public disclosure of information about the unit costs of private firms involved in the system of social grants, so that transparent cost-benefit analyses can be made. The costing-out of State delivery should include costs incurred by other departments. There will be national and provincial co-ordination to ensure that the Government acts on full information.

37. The identification, especially in rural areas, of beneficiaries of State grants who should have received compensation from the Workmen's Compensation Fund, and of claims against the Fund.

Personnel

38. The assessment of personnel structures to ensure a well-trained, competent staff corps. Staff released by the introduction of computers and by privatisation will be trained for improved contact with the public, including educating the public about social security rights and responsibilities.

39. The development of training courses and the production of training manuals for staff to enable them to apply the new procedures.

New models

40. The creation of a small unit, consisting of people knowledgeable about both social security and community and social development, and including stakeholders outside of Government, which will identify areas in emerging RDP public works programmes in which social security beneficiaries can take up work or service opportunities. An important task will be to identify for the RDP the groups of people who should be absorbed into public works programmes.

41. An investigation, with other relevant departments, of the more effective use of the current infrastructure for the delivery of social assistance benefits.

42. Intensive action-research into alternative models of community-care in order to deal with the needs of the chronically ill and people affected by HIV/AIDS.

43. The encouragement of the development of active constituency groups and movements intersectorally to enhance efficiency and effectiveness and the sustainability of the social security system.

44. To explore the establishment of one-stop service points, including advisory services at the local level.

Comprehensive system

45. The general long-term objective is to have an integrated and comprehensive social security system supported by the collective potential of existing social and development programmes. This would be supported by a well informed public, which is economically self-reliant, in a country which has active labour market policies aiming at work for all, while accepting that all will not necessarily have formal employment. Where these broad goals cannot be met, social assistance should be a reliable and accessible provider of last resort. A comprehensive and integrated social security policy is needed to give effect to the Constitutional right to social security.

Strategy for social security for families

46. The approach underlying the way forward is a broad commitment to the preservation of the family as a unit in which children are raised to healthy adulthood, including the promotion of policies to fully integrate women into the economy.

47. A short-term, immediate and urgent step will be to start the process of reaching national consensus about the issue of family support. An intersectoral commission will be established and the process of public debate begun. A searching legal, economic and social investigation into increasing parental support through the private maintenance system will be conducted to educate policy-makers and the public regarding the needs of families for social support, and to consider realistic trade-offs.

48. The environment best suited to meeting the primary needs of children is the family. Maintenance and foster grants are key forms of community care provision. Adoption allowances to enable less wealthy families to adopt, and possible assistance to families who are prepared to adopt children with disabilities will be fully explored, bearing the best interests of the child in mind.

HIV/AIDS will add to the present high number of homeless children and increase the need for foster and adoptive care.

Strategy for social security for people with disabilities

49. The Government, in partnership with disabled people's movements, business, labour, representatives of constituencies who are unable to represent themselves, and other relevant organisations in civil society will take the lead in policy formulation.

50. The social security system will be made more accessible in terms of the physical environment, procedures, and communication methods. The Department of Welfare will negotiate with other Government departments about increasing accessibility to training, employment opportunities, transport and other core facilities within the community and open labour market. Such initiatives will be balanced with social security programmes as part of a strategy to integrate people with disabilities into the mainstream of society.

Furthermore, consultations will be held with the Department of Health about adequate access to health care for people with disabilities. It is important to remove current disincentives to disabled people to take employment because of the potential loss of public medical care benefits.

The Department of Welfare will be guided by organisations of people with disabilities and representatives of those constituencies which are unable to represent themselves.

51. The Department of Welfare will take the lead in an employment quota, the details of which will be negotiated with disabled people's organisations. Employees with disabilities will strengthen the social security services' efforts to communicate with empathy to the public. The Ministry for Welfare and Population Development will promote more widely an active labour-market policy for disabled people through employer, employee, and welfare organisations. It will promote, internally and externally, the United Nations Standard Rules on Equalisation of Opportunities for People with Disabilities.

52. Consultations will be held with employer and employee organisations, and with the National Economic Development and Labour Council (NEDLAC), to pinpoint shortcomings in the interface between the public and work-related systems, and to overcome the problems.

53. Options will be explored to provide financial support for home care-givers in respect of people with disabilities. An investigation will be conducted to assess care dependency and grants-in-aid.

54. Uniform, simplified and more effective assessment procedures with regard to grants for people with physical, mental and sensory disabilities are being developed.

Strategy for social security for elderly people

55. The main recommendation of the Mouton Commission — the creation of a mechanism for taking the findings further — will be the starting point of a social security strategy for social insurance.

56. The Government will advocate that all people in formal employment belong to a compulsory retirement scheme. Public education programmes will be provided to promote retirement planning.

A new scheme will be initiated for self-employed people, people in the informal sector and others who choose to join. The emphasis will be on appropriateness to the economic realities of non-formal employment. Government will take the initiative and will liaise with the private sector, trade unions, development sponsors, the Departments of Arts, Culture, Science and Technology and of Labour, as well as other role players, in setting up such a scheme.

57. Government will also negotiate with other relevant stakeholders to ensure that retirement contributions are fully transferable when changing employment.

58. Social assistance grants will continue to be provided in order to support elderly people who qualify for such benefits.

59. The development of a savings scheme will be explored in order to encourage individuals to take responsibility for their own retirement as well as to alleviate the pressure on the social grants system.

Social and disaster relief

60. Individual applicants for social relief will be referred to employment programmes wherever possible. Special attention will be paid to social relief programmes for victims of societal violence.

61. Disaster relief to communities should implement sustainable developmental strategies where appropriate. The Department of Welfare will co-operate with other departments and the RDP in the development and implementation of an inter-sectoral disaster management strategy.

Other commitments

62. The Department of Welfare will advocate for a comprehensive social security policy in collaboration with other Government departments which will strive to integrate social insurance, social assistance, social relief and private savings.

63. There is limited scope for alternative sources of financing for the social assistance aspects of social security. The State will therefore be the provider of last resort.

64. A campaign will be embarked upon to identify clients who should receive compensation from the Workmen's Compensation Fund for work-related diseases or disabilities.

65. Other alternative financing options will be explored.

66. The Government is committed to eliminating fraud and wasteful and inefficient procedures.

67. Disincentives to private saving to meet the social security needs of individuals and their families will be addressed.

68. An assessment of the needs of refugees will be conducted and appropriate programmes will be developed in consultation with all stakeholders.

CHAPTER 8

ENHANCING SOCIAL INTEGRATION

INTRODUCTION

Social context

1. The legacy of the past, the current economic crisis and political and social changes have generated great social costs, which have had to be borne by individuals, families and communities. The consequent social disintegration can be seen in family disorganisation, domestic violence, mental health problems, rising crime, illegal drugs, substance abuse and an illicit arms trade which contributes to

growing societal violence. Political, domestic and other manifestations of violence are a threat to the security of individuals, families and communities.

Urban and rural poverty has affected the capacity of families to survive and to adequately meet the needs of their members. Families caring for members who are elderly, chronically ill, disabled, or who have special needs and problems, are often faced with additional care-giving roles. This in turn could lead to financial vulnerability and increased psychological stress.

Large numbers of children are living in difficult circumstances and the youth are faced with increasing obstacles to integrating into social and economic life. Elderly people have to cope with increasing vulnerability owing to poverty and their growing isolation from the rest of society. Discrimination against women, persons with disabilities, offenders and their families and people with HIV/AIDS has contributed to their marginalisation from all social processes.

2. The advent of a new dispensation and an increase in migration from rural to urban areas, and from neighbouring African states and other countries, poses a special challenge for social welfare service delivery.

OVER-ARCHING APPROACH

3. A humane, stable and just society can only be built through social interventions which will address the alienation and marginalisation of large sectors of the population. Social welfare programmes should protect all human rights and promote equality of opportunity and the participation of all people, especially the disadvantaged and those who are vulnerable. Special programmes should be devised to promote tolerance among all people, respect for diversity and reconciliation.

Focus on poverty

4. Whilst welfare programmes should be available to all South Africans, the focus must be on the poor, those who are vulnerable and those who have special needs. Particular attention should also be paid to addressing the needs of people in rural areas, informal settlements and the parts of urban areas where people are not integrated into the mainstream of society.

Social welfare programmes will form part of an intersectoral strategy to address structural poverty and enhance human capacity such as employment creation in collaboration with other Government departments and stakeholders in civil society.

Strengthening family life

5. The family, ideally, seeks to care for, nurture and socialise its members. These members differ in terms of gender, age, stage of development, and physical and mental abilities. Children and young people, persons with chronic illnesses, physical and mental disabilities, the elderly and those individuals who are not functioning optimally and have special needs are normally members of a family. Their needs should be addressed in the context of the family life-cycle approach. Policies and programmes to strengthen and support families must be developed by Government and civil society.

Persons who are destitute and vulnerable and who have special needs and are not part of families or households, and those who do not have social support systems, such as migrating people, migrant workers who have lost contact with their family networks and adult homeless or destitute people, need special social support. Social welfare programmes need to be flexible and innovative and need to provide for those who do not have families.

The life-cycle approach

6. As far as is appropriate, the life-cycle approach should guide and inform programming. This approach refers to the interaction between family members, the wider social environment and social support networks. Programmes must make provision for the needs of families in accordance with the different stages in the life cycle. These stages are: early childhood and childhood development phase (including the preparation and child-bearing phase); the school-going and adolescent years; the launching of young adults; middle age; and retirement and old age.

Developmental social welfare programmes

7. Developmental social welfare strategies will be devised to ensure that all people have adequate economic and social protection, and have access to welfare programmes which will promote development and enhance social functioning. The national welfare strategy *outlined in Chapter 2* provides the framework for the delivery of social security and welfare services within such a social development framework.

Balance in social programmes

8. The focus of social welfare interventions will be on comprehensive, generic, family-centred, community-based and developmental strategies. A better balance is needed between rehabilitative, protective, preventative and developmental interventions.

The previous approach to welfare service delivery was based on different fields of services which corresponded with particular social problems and needs. This system should be rationalised in pursuit of comprehensive, integrated, inter-sectoral, generic, sustainable, people-centred and developmental social welfare strategies. However, there will be scope on a more limited scale for the delivery of particular specialised therapeutic services for defined target groups and to meet certain types of needs. Organisations delivering specialized services should be required to provide capacity-building programmes to support and enhance the generic services.

Consultation

9. Welfare programmes should be developed in consultation with all parties.

Citizen participation in development

10. All South Africans should be afforded the opportunity to play an active role in promoting their own well-being and in contributing to their society's growth and development.

Fiscal constraints

11. In view of fiscal constraints, it is not possible for the welfare function to grow in real terms in the medium term. Real growth will be accommodated by restructuring the welfare function. The Ministry for Welfare and Population Development will however continue to advocate increases in real terms in order to redress the underfunding of this component. All programmes referred to in this chapter will be implemented progressively.

Sections in this chapter

Section 1 focuses on the family and the life-cycle. The family is the basic unit of society in relation to meeting human needs in the different stages in the life-cycle, and the family-centred life-cycle approach is therefore carried through to all the subsequent sections of the chapter.

Section 2 focuses on the empowerment of women.

Section 3 focuses on the needs of people with disabilities.

Section 4 focuses on mental health, substance abuse, crime prevention through development and restorative justice and the needs of people with chronic illnesses and people with HIV/AIDS.

SECTION 1

THE FAMILY AND THE LIFE-CYCLE:
Families, Children, Youth and Ageing

SITUATION ANALYSIS

Social and economic impact on family

12. The social, religious and cultural diversity of families are acknowledged as well as the effects of social change on the nature and structure of families.

Families have been particularly affected by the social, economic and political policies of the past, the inequitable distribution of resources, social changes, migration patterns, the growing subculture of violence, and changes in the traditional roles of women and men. Past policies such as influx control and the migratory labour system, in addition to divorce and desertion, and a lack of housing, have redefined household structures in South Africa.

13. A major contributor to family problems and breakdown in family functioning, is the increasing economic stress facing households. Those living below the poverty line as well as poor single parent families, which are predominantly female-headed households, are the worst affected. Family dysfunction sets in when poverty is combined with environmental stress and feelings of powerlessness and frustration. This in turn could contribute to social problems which affect the capacity of the family to function optimally.

14. The financial, social and emotional resources of families are also taxed when they have to care for members who have special needs and problems.

15. The well-being of children depends on the ability of families to function effectively. Because children are vulnerable they need to grow up in a nurturing and secure family that can ensure their survival, development, protection and participation in family and social life. Not only do families give their members a sense of belonging, they are also responsible for imparting values and life skills. Families create security; they set limits on behaviour; and together with the spiritual foundation they provide, instill notions of discipline. All these factors are essential for the healthy development of the family and of any society. Children grow up in a wide range of family forms and structures, with different needs, role divisions, functions and values.

16. Families are faced with many new demands and challenges as they attempt to meet the needs of their members. Internal family problems such as alcohol and drug abuse; communication and relationship problems; marital conflict; a lack of preparation for marriage, remarriage and family life; parenting problems; family violence; a lack of family and community support networks; and family breakdown have been noted as some of the problems facing families. Children are also traumatised by violence in communities and natural disasters. Increasingly, women have had to join the labour market for economic reasons and have had to rely on child care outside of the home.

As a result of the increasing pressure on families, they are often unable to fulfil their parenting and social support roles effectively without the active support of the community, the State and the private sector.

Conditions in communities

17. The majority of South African families and children live in unhealthy, unsafe, disadvantaged communities. Overcrowding, a lack of housing and basic amenities such as sanitation and recreational facilities, and a lack of public transport have serious consequences for the stability and security of families. The lack of services and amenities in disadvantaged communities impacts on the quality of social services and facilities. A lack of knowledge about life skills results in insecure and unstable family life.

The conditions prevailing in communities, coupled with extreme poverty and a lack of family support networks, are some of the causes of the growing numbers of individuals and families who are living on the streets, particularly in urban centres.

The special needs and problems faced by individuals who are in general members of a family are discussed in further detail in the different sections of this chapter.

Children in difficult circumstances

18. The term "children in difficult circumstances" refers to those children who are denied their most basic human rights and whose growth and development are consequently impaired.

Preschool children

19. Preschool children from birth to 36 months old and in the three to six year age groups are particularly vulnerable. There are an estimated 9 947 000 children up to the age of nine years who are in need of early childhood development services.

Children under the age of six are particularly vulnerable and in need of such services. They constitute 13% of the total South African population. Two-thirds live in rural areas. African children make up 83%, coloured children 7,3%, white children 7,6% and Indian children 1,9% of the total number of children in this age group. About 60% of children of preschool age live in impoverished circumstances. Of these, 90% are Africans who live in poorly resourced rural areas.

20. Children from disadvantaged families are in particular need of early-childhood development services. At present only approximately one in ten preschool children are in early childhood development programmes. There is a lack of services for the age group from birth to three years old and for disabled children.

21. There is no acceptable set of minimum standards for the provision of services to preschool children. Some programmes are inadequately resourced. The quality of care is consequently impoverished.

Out-of-home care

22. Out-of-home care has increased. According to the latest statistics from the Department of Welfare, there are 29 000 children in residential care and 39 024 children in foster care. From January 1992 to January 1993, 3 076 children were abandoned by their parents according to the South African National Council for Child and Family Welfare.

No statistics were available on the annual number of adoptions. Adoption is currently under-utilised. Adop-tion does, however, provide one of the most cost-effective means of permanency planning for children in need of care. At present, adoption services are fragmented between multiple entities and individuals, and not all are governed by accepted standards or guidelines. The current system is not adequate to meet the needs of abandoned children or children affected by HIV/AIDS.

The expenditure on foster child grants was R129 801 360 as of 31 May 1994. There is considerable inequity in the foster child grants system, with the majority of grants being paid to coloured and white children.

Disability

23. Children with mental, physical and sensory disabilities are discriminated against and denied opportunities such as access to education, recreation and public transport.

24. Some disabilities are the result of poverty and preventable diseases such as measles, alcohol and drug abuse, or injuries sustained as a result of political violence. Black children living in rural areas or in informal settlements are the most vulnerable to disablement of this nature.

25. Facilities for early detection and diagnosis, treatment and support, are inadequate -especially in rural areas. Inadequate facilities inevitably lead to an increase in both the extent and the severity of disablement. Services are characterised by fragmentation, duplication and inefficiency.

26. There are inadequate support facilities to assist families to keep more severely disabled children in the home environment for as long as possible. There is a shortage of day care facilities for such children, particularly after the preschool phase. There is also a shortage of information on service provision and the care of children with disabilities.

Children with chronic diseases

27. Chronic diseases in childhood can limit growth, and the social, emotional and intellectual development of the child. The education of such children may be interrupted. As a consequence of chronic diseases, social interactions are often impaired, while the negative attitudes of adults and children can also have a detrimental effect. Chronic diseases differentiate children from their peers during adolescence when peer group relationships are important.

The difficulties of coping with chronic diseases can also lead to increased economic and psychological stress for parents and children.

28. Children with chronic diseases and HIV/AIDS have the same rights as their peers. HIV/AIDS is *discussed in Section 4* of this chapter.

Child abuse and neglect

29. Child abuse and neglect is a serious and growing problem. In 1994, the South African Police Services' Child Protection Unit dealt with 22 911 cases of child abuse, which represents a 36% increase over the previous year. The real extent of child abuse and neglect is unknown as a result of under-reporting, erratic research, an uncoordinated record-keeping system, and the lack of a central register. Sexually exploited children are particularly vulnerable.

30. Existing services are fragmented and under resourced, leaving large parts of the country (especially rural areas) completely without services. The standard of services varies greatly, and there is a shortage of suitably qualified and trained staff, as well as serious financial difficulties in organisations.

31. There is no policy and management protocol and no co-ordinated and comprehensive prevention strategy.

Street children

32. Two categories of street children are generally identified: those "on the street", who are forced by poverty to go to urban areas to earn money, but who have regular contact with their families; and those "of the street", who have permanently deserted their families and communities because of adverse circum-stances such as physical, sexual and emotional abuse, or abandonment. These children spend most of their lives unsupervised and unprotected. They live communally and depend on each other for survival.

33. It is estimated that the number of street children in South Africa in 1993 was about 10 000. It is widely believed that this number has increased substantially over the last few years. A strong call for public action has been made to address the street child problem.

Child labour

34. The employment of a child under the age of 15 years is prohibited by legislation. However, practical experience has shown that children from the age of 5 years have been exploited.

35. No systematic research into the economic exploitation of children under the age of 15 years has been undertaken. However, practical experience has shown that children from the age of 5 years have been exploited. Employment of children under the legally permissible age places them in a situation of risk of abuse, neglect and exploitation because of the imbalance of power between the employer and the employee.

Substance abuse

36. Substance abuse among school children, especially boys, is increasing. They are also experimenting with drugs at a much earlier age. Substance abuse is more prevalent at places of entertainment. Large numbers of street children abuse inhalants. More accurate statistics are needed.

37. Children are severely affected by parents who abuse drugs and alcohol, as such behaviour often leads to social dysfunction, unemployment, the loss of housing and the loss of dignity and self-esteem. Children of such parents may start to abuse substances themselves.

Children of divorcing parents

38. Children of divorced and divorcing parents are a vulnerable group and require special attention.

39. The Family Advocate's Office functions in terms of the Mediation in Certain Divorce Matters Act, 1987 (Act 24 of 1987). It also assists with identifying and assisting children in situations where the conflict between the parents could negatively affect the interests of the child.

Nutrition

40. Of the estimated 2,3 million South Africans who are nutritionally vulnerable, the majority are black (87%), 35,9% are children aged 6 months to 5 years, 55,6% are children aged 6 to 12 years and 8,3% are pregnant and lactating women.

APPROACH

41. The Government is committed to giving the highest priority to the promotion of family life, and to the survival, protection and development of all South Africa's children. Efforts will be made to involve families and children in decisions which affect their lives as far as this is appropriate.

42. The aim of family and child welfare services is to preserve and strengthen families so that they can provide a suitable environment for the physical, emotional and social development of all their members. Family-based policies and programmes should reflect the changing nature and structure of families. Programmes should be devised to strengthen families, and to reconcile family and work responsibilities. Significant efforts need to be made to transform family relationships which currently contribute to the subordination of women and children.

43. A range of social services should be made available to all families in need and to promote and strengthen family life. Special attention must be given to families who are vulnerable and at risk, and who are poor and involved in child-rearing and caring for their members at unacceptable social cost to themselves.

Those in need of special support are families with children, especially those who are under five years old, single-parent families, and families caring for children and members with disabilities and chronic illnesses. Families caring for the elderly should also be supported where necessary, as well as families in rural areas where there are limited economic opportunities and where there is no access to formal social support systems. These families should be targeted for immediate action and should receive the highest priority in family upliftment programmes.

GUIDELINES FOR STRATEGIES

Families and children

44. Programmes for families and children should be based on the following guidelines:

(a) The rights of families and children will be protected.

(b) Families in need should receive comprehensive protection and support from the State and organisations of civil society. Family support programmes should address the fundamental causes of family disintegration.

(c) Poor families and children should be given first priority in the allocation of resources, the transfer of information and skills and the determination of priorities for socio-economic development.

(d) Respect for human dignity and family responsibility and autonomy should be upheld. Social welfare personnel should foster self-reliance and promote the personal growth and social competence of families and children through capacity-building and empowerment programmes. Opportunities should be created for the development of families, for equal access to resources and for the appropriate representation of children and families in decision-making structures.

(e) A National Programme of Action for South African Families, Children and Youth will be developed in partnership with all stakeholders, which will provide the necessary framework for comprehensive planning and for the implementation of policies, legislation and social programmes. The programme of action should also provide a framework within which to monitor the profile of families, children and young people in terms of their survival, development and protection.

(f) Efforts should be made to ensure that families and children have equal access to appropriate social welfare services which will promote social competence in the different stages of the life-cycle. To adequately address fragmented child and family welfare services, both the social welfare sector and the judicial sector should be involved in the transformation of these services.

(g) Interventions should concentrate first on prevention, by enhancing family functioning, then on protection, and lastly on the provision of statutory services.

(h) To deal with the multi-dimensional problems of families and children, an inclusive, comprehensive, integrated, and developmental approach to social welfare service provision is needed. A family life-cycles perspective should be adopted.

(i) Welfare policies and programmes should make provision for the needs of families and children according to the different stages of family development.

(j) Interventions should strive to provide for the meaningful participation of all family members in activities aimed at promoting their well-being. Any activities involving children should be appropriate to their age and development.

45. **Priority programmes in promoting family life**

(a) The Department of Welfare will negotiate with the Department of Education about the implementation of social support and development services including life-skills training programmes which could be run throughout the school-going years and could be incorporated into the curriculum. This training should include personal relationship skills, education regarding sexuality and substance abuse, and other appropriate programmes. It should be aimed at teaching interpersonal skills, the development of self-esteem, and decision-making and problem-solving skills.

(b) Preparation for marriage and remarriage, family life enrichment, strengthening the relationship between partners, family life skills, and parenting programmes are critical to promoting the well-being of families. Other appropriate programmes will be identified in consultation with stakeholders.

(c) The business sector will be encouraged to create environments which are supportive of family life, for example, through granting leave at times of family crises.

(d) A network of trained community members will be developed to assist troubled families, to enhance networking between families and within the community, and to support each other and promote family life. Capacity building programmes will be provided for the various helping professions and for religious and community leaders, to enable them to deal more effectively with families in need.

Public eduction programmes will be embarked upon and the role of the media will be explored in providing information and education.

(e) The Department of Welfare will liaise with the Departments of Housing and Public Works and with local authorities regarding the needs of destitute/homeless individuals and families living on the streets. The Department of Welfare will advocate the establishment of an intersectoral task group to make recommendations about future social programmes.

(f) Programmes will be developed to address the needs of families affected by domestic violence. *Refer to section on women for strategies on violence.*

46. **Preschool and school-going children**

(a) Children from birth to nine years of age have special needs, which will be met to foster their physical, mental, emotional, moral and social development.

(b) A national early childhood development strategy will be devised as part of an intersectoral programme in collaboration with other Government departments, civil society and the private sector. A combination of public and private financing options will be harnessed. At national and provincial levels, intersectoral committees will be initiated to co-ordinate and implement such a strategy.

(c) The Department of Welfare will ensure that the conditions are created for the optimum development of all children and their families through the rendering of appropriate early childhood development services. These services are preventative in nature and constitute a social investment in a healthy and able nation.

(d) Disadvantaged children under five years of age will be the primary target for early childhood development services as they are the least serviced at present and the most vulnerable group. The needs of children in the age group birth to three years old and of disabled children will also be addressed urgently.

(e) No single model or programme is appropriate to meet the varied early childhood development needs of families, and a range of options will be made available, such as home and centre-based services; after-care for school-going children; stimulation programmes including part-day programmes; and family, education, health and nutrition programmes. Early childhood development facilities are particularly well placed to house supplementary feeding programmes, which are more effective when combined with nutritional education.

(f) Services and training programmes offered by existing role players — Government, local authorities, non-governmental organisations (NGOs), community based organisations (CBOs) and parents — will be reinforced. Through community development interventions, early childhood development services will be initiated in under serviced areas.

(g) Training will be developed for all those engaged in early childhood development service delivery and all care-givers, parents and social service professionals. Use will be made of formal and non-formal training services, and all training will be integrated into the National Qualifications Framework for accreditation by the South African Qualifications Authority (SAQA).

(h) Early childhood development programmes will be registered, and appropriate national standards developed, which will be flexible in order to apply to a wide range of circumstances.

(i) The Department of Welfare will promote after-school child development programmes for school-going children in collaboration with the Department of Education.

Adoption

47. Adoption is a child protection and preventative service, and an effective means of permanency planning for children whose families of origin are unable to care for them. Adoption is a specialised service requiring the expertise of accredited adoption social workers functioning within a statutory adoption system.

(a) Central adoption registers will be kept by the national Department of Welfare.

(b) Subsidised adoptions will be considered as an alternative to foster child grants to families who require financial assistance.

(c) Awareness campaigns will be launched to promote adoption as a child protection service.

(d) Traditional systems of adoption will be acknowledged within the framework of the Constitution of the Republic of South Africa.

Foster care

48. Foster care is a child-centred service. It could also be a cost-effective, family-centred and community-based way to care for children whose parents are unable to do so adequately. In order to maximise this approach to caring for children in difficult circumstances, a review of current foster care policies and programmes will be undertaken. In addition, administrative, recruitment and screening procedures, regulations, and training programmes will be reviewed, as well as the assessment of placements. Traditional and indigenous systems of foster care will be recognised provided that the needs and rights of children are protected.

49. **Residential care**

(a) Where the placement of children through family and community-based programmes is not an option, children will be placed in residential facilities, but only as a last resort. The needs of mentally handicapped children in this regard is especially acknowledged.

(b) Residential facilities will be multi-purpose, more flexible and less formal. The approach to children in residential care and to families will be focused on the individual in the context of his or her social environment.

(c) Greater use of adoption and foster care as alternatives will be explored as part of permanency planning for children in residential care. It is essential that children and parents be involved in decision-making in such processes.

(d) Joint responsibility is needed between the Department of Welfare and the Department of Education for schools of industry. Responsibilities need to be defined. The Department of Welfare also needs to be actively involved in the functioning of reform schools, especially for children under 18 years.

(e) Residential care models which are cost-effective will be explored. A diversity of approaches to residential care will be promoted. Pilot programmes will be developed to test these alternatives.

(f) The training and retraining of child-care and youth-care workers in residential facilities will be provided. Such training programmes will aim at improving the capacity of these workers to render both preventative and protective services in co-operation with social workers. Appropriate non-formal education programmes will be provided for children in residential placements which will promote social competence and integration into community life.

(g) Existing facilities must be utilized more effectively and multi-purpose programmes will be promoted.

(h) Appropriate strategies are needed to support young adults over 18 years of age who have been discharged from children's homes.

YOUTH

SITUATION ANALYSIS

Youth and young adults

60. The South African legal system has been inconsistent in its definitions of children and youth. The focus of this section of the White Paper is on the needs of the youth and young adults.

Statistics

61. There are nearly 11 million people in South Africa who are between 16 and 30 years of age. They represent 32,5 % of the potentially economically active population. Three million are unemployed and large numbers drop out of school. Poverty and social instability have resulted in high teenage parenthood, delinquency, crime and exposure to sexually transmitted diseases and violence.

Marginalisation

62. The term "marginalisation" describes the processes whereby groups or often entire populations are forced beyond or on the periphery of the social and economic mainstream. Close to 75% of young people of all races are marginalised or at risk of marginalisation10.

Needs

63. The needs of most young people include the following:

(a) A secure family life and the recognition of different types of family units;
(b) protection from violence and abuse;
(c) opportunities to reach their full educational and human potential;
(d) opportunities for career guidance;
(e) opportunities to participate in the economy and to be productive and self-sufficient;
(f) basic amenities such as water, housing and access to affordable sources of energy;
(g) a safe environment;
(h) recreation and leisure;
(i) meeting the specific life tasks necessary for the development of adolescents and young adults; and
(j) information and education on reproductive health needs and rights.

APPROACH

64. The approach of the welfare departments will be to develop a strategy for:

(a) Advocating within Government and society for a comprehensive youth policy to meet the needs of the youth.

(b) Providing services and development programmes aimed at the youth with special needs, who will be the primary target of the welfare department's programmes. The meeting of the needs of the youth and young adults will be an integral part of the National Programme of Action for Families, Children and Youth.

(c) Making preventative measures available, mainly education, while providing access to appropriate services for young people at risk.

(d) Co-operating with governmental and non-governmental organisations in community-based development initiatives to promote the meeting of the needs of the youth.

(e) Creating opportunities for youth involvement in voluntary programmes for vulnerable and disadvantaged individuals and groups.

GUIDELINES FOR STRATEGIES

Audit of services

65. An audit of services currently available to young people will be conducted in order to facilitate more effective planning and delivery.

Intersectoral co-operation

66. Interdepartmental and intersectoral co-operation, in particular co-ordination with youth commissions and other stakeholders, will ensure a holistic approach to youth development.

67. The different roles to be played by the three tiers of Government will be identified.

Target

68. Programmes will be aimed at the different categories of youth with special needs and those at risk. Multi-purpose youth centres will be established for youth at risk.

Programme development

69. Programmes to meet the special needs and problems of youth and young adults will be integrated into other comprehensive and generic services as far as possible and where such interventions are appropriate. The following categories of youth with special needs and programmes have been identified which will form the basis of further programme development in consultation with stakeholders:

(a) Youth with disabilities;
(b) youth involved in substance abuse;
(c) juvenile offenders;
(d) homosexual and lesbian youth;
(e) young victims and survivors of violence and crime;
(f) young people who are HIV-positive or have AIDS;
(g) youth in dysfunctional families;
(h) young women;
(i) homeless young adults and those surviving on the streets;
(j) out-of-school unemployed youth;
(k) pregnant or teenage mothers;
(l) life skills programmes, marriage and family preparation, and leadership development; and
(m) reclaiming young people from gangs and from different forms of militarization.

Refer to the section on Crime Prevention through Development and Restorative Justice: subsection on Specific Recommendations regarding Child and Youth Offending, for further principles, guidelines and recommendations for social programmes to promote youth justice.

Human resource planning

70. Future human resource planning will acknowledge the need for a generic child and youth care worker to be employed in both the public and private sectors.

AGEING

SITUATION ANALYSIS

Demographics

71. The current dispensation on ageing in South Africa does not take demographic realities into account. The white population is significantly older than the rest of the population. Demographic projections indicate that over the next 20 years the proportion of elderly people in the population will increase. The annual increase of older persons will result in a total of 3,4 million aged persons by 2015. The estimated percentage of persons aged 80 years and over is increasing. Persons older than 80 years of age are particularly vulnerable, as well as older women and the disadvantaged.

Cost of care of the elderly

72. There is an unrealistic emphasis on institutional care for older persons in the white community. The average unit cost of between R11 000 and R22 000 per person per annum for institutional care indicates that the current dispensation is unaffordable. There is also an inappropriate emphasis on the Government's responsibility for the care of the aged. There is limited information on services provided by informal service providers.

About 61% of the total national welfare budget is spent on social security and social welfare services for the elderly. An in-depth evaluation of the present situation with regard to ageing has been launched by the Department of Welfare in consultation with all stakeholders.

Refer to Chapter 6 on finance.

Lack of retirement provision

73. Economic conditions in South Africa are unfavourable, and few job opportunities exist. Large numbers of South Africans are unemployed, work in the informal sector or work in low-wage categories and consequently lack the means to save for their retirement. For those who are employed in the formal sector, preparation for retirement is inadequate or completely lacking. There are not enough incentives for financial provision for retirement and old age. It is as a result of these factors that
elderly persons are vulnerable and are often in need of social support.

Refer to Chapter 7 on social security.

Disparities and inappropriate services

74. Racial, urban and rural disparities exist in service provision, particularly with respect to old age homes. Old age homes and service centres for the elderly are occupied and used largely by whites. There are backlogs in providing facilities and services for the elderly as well as affordable housing in developing and underdeveloped communities, with an over-supply and underutilisation of other facilities and services in some communities. There is an overemphasis on institutional care and informal care is not fully acknowledged in social programming.

75. Social support systems for the care of black older persons have disintegrated in some communities owing to a number of factors such as violence and displacement. Recreational services for older persons are mostly geographically and financially inaccessible, and are also inadequate in disadvantaged communities. There is a lack of appropriate and affordable accommodation for the elderly.

Nutrition

76. Older people, especially those who are disadvantaged, and persons over 80 years of age are generally nutritionally vulnerable.

APPROACH

Ageing

77. There needs to be a shift away from the notion of "care of the aged" to "ageing", which can be defined as a holistic and positive approach, that recognises ageing as a natural phase of life without denying the special needs of older persons. The basic principle

underlying ageing is to enable older persons to live active, healthy and independent lives for as long as possible. The family is the core of the support systems for the elderly.

Community-based services

78. Community-based services within the family as the core support system should be the foundation of a new dispensation on ageing.

79. A good balance should be struck between individual, family, community and Government responsibilities for older persons. Social systems to provide the elderly with essential social services should be developed.

Ethics and perceptions

80. A generally acceptable ethical viewpoint which addresses the needs and rights of the aged, is a prerequisite for a just and responsible policy. A social commitment to a holistic approach to addressing the needs of the elderly is needed.

81. Different and changing perceptions of old age and the social status of older persons will affect society's understanding of their welfare needs. There needs to be a good balance between an emphasis on duration of life and quality of life.

GUIDELINES FOR STRATEGIES

National strategy

82. A national ageing strategy is being developed by the Department of Welfare in conjunction with all stakeholders. The following principles, guidelines and recommendations support the proposed transformation approach above:

(a) Every individual has the personal responsibility, as far as possible, to provide for his or her retirement and old age.

(b) All organisations in civil society have the social responsibility to provide and care for their older members who are in need.

(c) Government has the responsibility to provide for the needs of disadvantaged, destitute and frail older persons who require 24-hour care and who do not have the financial resources to meet their own needs.

(d) Homes for older persons should provide only for the frail elderly. Provision of frail care should be limited. Negotiations will be held with the Department of Health regarding financial support for these facilities and to review inappropriate health regulations and standards.

(e) All old age homes have a responsibility to provide essential outreach services in the community.

(f) Creative options are needed to accommodate elderly persons who are destitute or homeless. Appropriate, adaptable and affordable housing for older persons and their families is regarded as a cornerstone of any new dispensation. The Department of Welfare will co-operate with the Department of Housing to develop a strategy to address this need as a matter of priority.

(g) The Department of Welfare and welfare organisations will advocate increased access of the elderly to affordable primary health care and other basic social services, particularly in rural areas. The welfare sector will also co-operate with the Department of Health to facilitate access to nutritional programmes as these services and programmes are critical to ensuring that older persons remain in the community as long as possible.

(h) All social policies and programmes pertaining to the people of South Africa will demonstrate a commitment to and promote the concept of integrating the aged into society. That is, a society in which ageing is understood as a natural part of the life cycle.

(i) Social services to older persons in need will be community-based. Family care will be the baseline of age management programmes. Home-care of elderly people will be encouraged. Appropriate regulations and standards will be established and applied in consultation with stakeholders. Capacity building programmes will be provided to promote home-care, including support programmes for care-givers. Options such as day care, short-stay centres and outreach programmes will be explored. The community development approach will inform community based interventions to meet the needs of the elderly.

(j) A plan of action will be developed in consultation with stakeholders to terminate all forms of racial discrimination in Government-funded services immediately. Any planning concerning equity of services will be deeply sensitive to people's diverse values and traditions.

(k) The protection of the rights of older persons requires special attention given the prevalence of age discrimination, abuse and exploitation, particularly with regard to social grants.

Refer to Chapter 7 for recommendations on social security for the elderly.

SECTION 2

WOMEN

SITUATION ANALYSIS

83. Women make up slightly more than half of the South African population. While their experiences are diverse and differ according to race and class, commonalities between them do exist regarding gender inequality. Black women have been severely disadvantaged by the policies of the past. Women in rural areas have been especially disadvantaged. They are isolated and do not have access to social and economic opportunities which could improve their lives.

Poverty

84. Illiteracy and poverty are major obstacles to women's advancement. Female unemployment is higher than male unemployment. Women account for only 45% of those employed in the formal sector. Moreover, women tend to be employed at lower levels than men and therefore earn less than men do. Women are in the majority in informal sector employment where wages are generally lower and there are no social benefits. Research indicates that households headed by women are significantly poorer. Working women are faced with increasing pressures in reconciling parenthood with work responsibilities. Early childhood development programmes to meet the needs of working women are insufficient. Female-headed households are also financially vulnerable as fathers do not always pay for the maintenance of their children. This topic was discussed in the previous section on families and children.

Status of women

85. Customary marriages do not have the same legal status as civil marriages, and this is particularly detrimental to women with regards social benefits, custody and guardianship of children, property, land and inheritance. This is a serious problem for women in urban areas where traditional community systems protecting women have broken down and where women are in danger of losing property and housing when their husbands die. Discrimination against women continues to prevail in all spheres of life and women do not enjoy equal opportunities. The principle of shared responsibility and partnership between men and women is not accepted in society as the basis for achieving equity and equality.

Violence against women

86. Violence against women undermines the psychological and physical health of women and girls. It is estimated that one in six South African women is battered by a male partner. According to the South African Police Services, only 2,8% of rapes are reported to the police. They estimate that approximately 966 000 women were raped in 1993.

Reproductive needs

87. At present women take primary responsibility for contraception. The increase in teenage pregnancies is a growing concern as it could have a negative impact on the development of young women. Teenage mothers are often unable to finish school, unemployable, and locked into unwanted motherhood, poverty and the lack of opportunities to achieve their full potential. Unsafe abortions have severe consequences for women's health and social well-being. There is a lack of adequate management of the consequences of unsafe abortions.

Care-giving roles

88. Women's contribution to development has generally been invisible to social planners and policy makers and has been under-reported in social development studies. In the main, women are the key providers of unacknowledged social care to the sick, the physically and mentally disabled, the young and the elderly. In addition to their roles in the family, women in communities contribute voluntary time to social and development programmes.

Developmental needs

89. The Reconstruction and Development Programme (RDP) calls for the meeting of the developmental needs of women and particularly women in rural areas. In addition, the Constitution of the Republic of South Africa also provides for a variety of formal channels to assist women to access the resources of society and to promote their active participation. Women are, however, faced with difficulties in accessing resources and mechanisms designed to improve their status and address their needs.

Beijing Conference

90. A Global Platform of Action for the future was accepted at the Fourth World Conference on Women which was held in Beijing on 4 to 5 September, 1995. The commitments made by Governments of the world on this occasion to address the needs of women will serve as a guideline to be followed by all countries. These commitments and guidelines will form the basis of future action on the part of the Department of Welfare.

APPROACH

91. Social welfare policies and programmes must make a contribution to the goal of achieving equality and equity between women and men in all spheres of social, economic and civic life. Women's efforts to address their needs and promote their rights will be strengthened through developmental social welfare programmes.

Welfare programmes will advocate the elimination of all forms of violence against women, and the right and ability of women to control their own fertility. The human rights of women and the girl-child are an inalienable, integral and indivisible part of universal human rights, and will also be promoted.

Policies and programmes will also promote the partnership between women and men in domestic, parental, family and reproductive health responsibilities.

Mechanisms will be developed to monitor the implementation of the Beijing Platform of Action and the Beijing Declaration (Fourth World Conference on Women, Beijing, 4 to 5 September, 1995).

GUIDELINES FOR STRATEGY

Violence against women

92. Strategies will be devised to counteract all forms of abuse of and violence against women. The welfare sector in co-operation with other relevant governmental and non-governmental role players will create a national consciousness that abuse of and violence against women is unacceptable.

93. A range of support services will be provided for women who have been battered, raped and sexually abused. Such women will be given assistance in dealing effectively with both the immediate crisis and the long-term effects of trauma. Women will also be supported through legal proceedings. Programmes will also promote the personal safety of the survivors of violence.

94. Education about women's rights will be provided. Improved policing and legislative and procedural reforms will be advocated to improve the response of the criminal justice system in addressing violence against women.

95. Police officers, magistrates and criminal justice personnel will be trained in the management of violence against women.

Poverty

96. Strategies are needed to address poverty. *Social security measures are addressed in the Chapter 7.* Community development programmes will be encouraged to promote and strengthen capacity-building programmes, micro-enterprises, small businesses development and co-operative enterprises for women. Access to credit and skills training is also needed.

97. Welfare personnel will advise business and unions on the needs of women and families in order to ensure that the rights of women to job security, health, safety and child care are secured. In addition, the welfare departments will liaise with public works programmes to ensure that such programmes are effectively targeted at women in need.

Women's needs as care-givers

98. Community and home-care programmes will take into account the social and economic needs of women who are most often the primary care-givers of family members who have special needs. Women's contribution in this regard has not previously been acknowledged. Options such as employment opportunities and financial support should be fully explored.

Gender-sensitive welfare services

99. Welfare services will be re-oriented to become more gender-sensitive and to promote the dignity, self-esteem and well-being of women. Welfare programmes must also actively network with other governmental and non-governmental sectors to address the developmental needs of women.

In order to achieve this goal, training of welfare personnel in developmental social work practice and community development with a focus on gender issues will be introduced, especially in the management of violence against women. Research to inform policy formulation and social welfare intervention in the area of women's empowerment is vital.

100. Welfare departments and organisations will ensure that gender issues are integrated into social policies and social welfare programmes.

Capacity building

101. Capacity building programmes and organisations addressing the special social problems of women will be strengthened.

Women will be assisted in accessing resources and mechanisms which have been created under the Constitution of the Republic of South Africa, and under the Reconstruction and Development Programme to promote their equal advancement at all levels in society. This is particularly critical for women in rural areas.

Legislative reform

102. A programme of legislative reform will be embarked upon, and all new legislation and subordinate legislation will be monitored for gender sensitivity. Legislative reform will be strongly lobbied for in relation to the legal status of women in customary marriages, inheritances, access to land, and custody and guardianship of children.

SECTION 3

PEOPLE WITH DISABILITIES

SITUATION ANALYSIS

103. People with disabilities in South Africa face extreme levels of inequality and discrimination. Different social, economic and political factors interact and create underdevelopment, marginalisation, unequal access to resources and lack of service provision for this sector of the population. It is estimated that the number of people with physical and mental disabilities is 8,5% of the total population or approximately 3,4 million people. However, no accurate figures exist.

As indicated in Chapter 7 on Social Security, 1,6% of the total South African population receives a disability grant. The provinces with the lowest socio-economic indicators have the largest number of beneficiaries of disability grants. These parts of the country also have high unemployment rates coupled with limited facilities for people with disabilities. Provinces such as the Eastern Cape, KwaZulu/Natal and the Northern Province are most affected.

Unemployment

104. Unemployment among people with disabilities who are able to work is high. Very few are employed in the open labour market. For those who are employed, the average income is extremely low.

A significant cause of unemployment is the low level of skills and training among the majority of people with disabilities.

Education

105. The lack of access to education among persons with disabilities, particularly in rural areas, has contributed to their unemployment. More than half of the children with disabilities are at present not in school. Nationally, there are 92 schools for black children who are disabled. Less than one third of these are secondary schools.

Insufficient educational facilities have resulted in children being cared for at home. The lack of educational facilities prevents mothers from seeking employment, which in turn affects household incomes and increases stress in the family. Such deprivation and stress is especially relevant in cases where people with disabilities cannot live independently and require care, for example in the case of mental handicap.

Furthermore, adult illiteracy is high among people with disabilities. Most existing adult education pro-grammes are inaccessible to persons with disabilities.

Isolation

106. A critical problem faced by people with disabilities is the inaccessibility of the outside world. This refers to the buildings, communications intended for deaf and blind people, services such as public transport, and opportunities for social interaction such as sport and recreation.

Especially vulnerable groups

107. There are groups of persons with disabilities who are especially vulnerable: women, children, older persons, people living in rural areas, particularly in the underdeveloped regions, displaced persons and homeless persons. People with certain disabilities, such as the deaf, the blind, persons with mental disabilities and those with multiple physical and mental disabilities, are particularly vulnerable and have special needs.

Existing legislation

108. Many laws in our country still deny people with disabilities their fundamental human rights. Often the regulations governing legislation and the ways in which laws are applied affect persons with disabilities most severely.

Negative attitudes

109. Paternalistic attitudes and a piece-meal approach to addressing the needs of people with disabilities have hampered their integration into society. Past approaches have focused on the limitations and not on the capacities of persons with disabilities.

APPROACH

110. National and provincial departments of welfare will ensure that there are equal opportunities for people with disabilities in all services and programmes, and that such services will enhance the independence and promote the integration of people with disabilities into the mainstream of society.

Like all other citizens, people with disabilities have both rights and responsibilities. The departments of welfare will facilitate their active participation in all spheres of social life, as far as this is appropriate, given the nature and extent of the person's disability.

Furthermore, the World Programme of Action Concerning Disabled Persons, the Standard Rules on the Equalisation of Opportunities for People with Disabilities, and the United Nations Charter of Rights for People with Mental Handicap will be endorsed by the Department of Welfare. All organisations working with people with disabilities should endorse these documents. The Department of Welfare will draw, where appropriate, on relevant international policies and programmes to guide strategic planning and implementation.

GUIDELINES FOR STRATEGIES

Self-representation

111. People with disabilities have the right to represent themselves in all processes and structures of decision making which affect them. People with mental disabilities and deaf people have the right to be represented by persons acting on their behalf. The departments of welfare will develop appropriate mechanisms in consultation with stakeholders to facilitate the participation of people with disabilities in policy development, planning and monitoring of service delivery.

Co-ordinated national strategy

112. Social welfare will be one component in a co-ordinated national strategy to facilitate the meeting of the needs and the promotion of the rights of people with disabilities. A shift from a "care-taking" to a social development approach is needed and intersectoral co-operation is critical, particularly in relation to welfare, health, education, labour, transport, housing and recreation. A national co-ordinated disability strategy will equalise opportunities in all spheres of social life, promote social integration and address poverty among people with disabilities. The strategy must be driven by the RDP and will be implemented and monitored across all Government departments.

The Department of Welfare will co-ordinate with other Government departments to facilitate the access of people with disabilities to public buildings and national building regulations will be reviewed.

Guidelines to meet special needs

113. A generic approach to addressing the needs of people with disabilities will be promoted. It is however recognised that people with different disabilities have special needs which may require specific interventions and care. In this regard, appropriate strategies will be developed in consultation with stakeholders. The needs of mentally handicapped persons are also discussed in the section on Mental Health.

Programmes will need to be supported by Government in partnership with non-governmental organisations and the private sector.

Public education programmes

114. Public education will be embarked upon to raise awareness regarding the needs and rights of people with disabilities. Since some disabilities are preventable, public education will form part of a primary prevention strategy. The Department of Welfare will also raise public awareness about the need for improved public communication measures to facilitate the integration of people with particular disabilities (such as people who are deaf and blind) into all spheres of social life.

Human resource development

115. Effective and appropriate training for people providing services to persons with disabilities is a priority. The training of people with disabilities to deliver services themselves will be encouraged. Services will be more user-friendly.

The Department of Welfare will advocate appropriate training for teachers in order to accommodate children with disabilities and special needs in mainstream education. Human resource development and planning must take into account the need for training in appropriate communication with deaf and blind people.

Guidelines for social service programmes

116. A range of appropriate services will be provided by Government and stakeholders. Such services and programmes will include community development strategies, community-based rehabilitation programmes, support services, e. g. personal assistance for those persons cared for in the home, and interpreter services, particularly for deaf people, as well as training in sign language. Appropriate services are also needed for people who, because of the severity of their disability, are in need of permanent care.

Community-based support services and facilities will offer the person and his or her family a wide range of opportunities and options to promote independent living and integration into community life. The family is a significant support system in meeting the needs of people with disabilities. Appropriate support must be provided for families involved in care-giving, especially in the case of mentally handicapped persons.

Employment programmes

117. Special programmes are needed to foster the individual's full potential. In this regard employment opportunities, such as workshops for the employment of people with disabilities who have no potential for or capacity to work in the open labour market, will be developed and supported.

Protected employment opportunities need to run concurrently with measures designed to remove discrimination and create equal opportunities for people with disabilities in the open labour market. Appropriate capacity-building programmes will be provided in order to facilitate the transition from employment in protective workshops to the open labour market for those persons who have the potential to do so. Training and rehabilitation to reintegrate certain categories of people with disabilities into the economy will also be considered.

The responsibilities of the Ministry of Welfare and Population Development, the Ministry of Labour and the Public Works Programme must be clarified in respect of employment for people with disabilities. A plan of action will be developed for the articulation of the above initiatives.

The role played by welfare organisations in the provision of workshops which have afforded a number of people with disabilities the opportunity to engage in some form of remunerative work is acknowledged. Efforts by people with disabilities to seek employment in the formal and informal sectors and in self-help employment schemes must be facilitated.

118. **Social security**

The social security needs of persons with disabilities are discussed in Chapter 7.

SECTION 4

SPECIAL NEEDS AND PROBLEMS

MENTAL HEALTH

SITUATION ANALYSIS

Definition

119. Mental health refers to the total well-being of the individual, that is physical and psychological health as well as healthy social functioning.

Lack of data

120. One of the major problems in developing a new social welfare strategy for mental health is the lack of data; an efficient data collection system does not exist.

Statistics

121. It is estimated that the total number of persons with mental handicap is 30 per 1 000; for mild mental handicap it is 25 per 1 000; for moderate to severe mental handicap it is 4 per 1 000; and for profound mental handicap it is 1 per 1 000.11

In 1993, 20 psychiatric hospitals accommodated 14 388 persons. Statistics for provincial hospitals are not available. A total of 536 satellite clinics serve discharged patients and 17 423 persons were discharged from hospitals in three of the provinces. The available figures give an indication of the number of families who need support and the number of persons who need to be accommodated in community-based rehabilitation programmes once they are discharged.

Service providers

122. Most forms of mild mental disorder in South Africa are treated by general practitioners, psychiatrists in private practice and welfare personnel in welfare organisations and non-governmental organisations. There are also private clinics where mild to moderate forms of mental disorder are treated. Most of the severe forms of mental disorder are, however, treated at Government psychiatric hospitals and community psychiatric clinics. The Government also has a number of residential facilities known as care and treatment centres for persons with profound or severe mental handicap.

Community services for the latter and their families are mainly provided by specialist mental health societies and other community service organisations, whilst persons with mild mental handicap form a major part of the caseloads of family welfare organisations. It is important to note that persons with mild mental handicap are a high risk group and require preventative interventions.

A total of 155 social workers and eight social auxiliary workers are employed by mental health societies. These workers provide the full range of specialised mental health services in all nine provinces and are unable to address all the mental health needs which have been identified by communities. The shortage of staff with mental health training is critical.

Mental health societies provide therapeutic and counselling services, group work, home-based training, public education, the administration of grants, social relief, support groups, skills training and a few income-generating projects. A total of 81 residential facilities operate under the auspices of mental health societies serving 6 655 persons while a further 142 non-residential facilities serve 11 223 persons.

Mental health societies also operate psychosocial rehabilitation programmes for people with mental disorders with a view to their integration in the community.

In addition to mental health societies there are about 110 other community service organisations specialising in mental handicap. These organisations provide a range of services for persons with mental handicap such as special care, schools, protective works, home-based training and adult residential care. The total number of people catered for is approximately 15 000.

APPROACH

Rights

123. The following charters adopted by the United Nations General Assembly will be observed as well as any other universally recognised international instruments promoting the mental health rights of people and the fundamental rights of people with mental health problems:

(a) Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care (Adopted 17 December, 1991).

(b) Declaration of General and Special Rights of Mentally Retarded Persons (Adopted in 1971).

Comprehensive and integrated approach

124. The promotion of mental well-being is an intersectoral responsibility. A comprehensive, integrated mental health strategy will be developed in consultation with the relevant Government departments and with civil society to enhance the well-being of all South Africans.

Participation

125. The participation of consumers in the development of policy, the planning of programmes and in legislative processes will be facilitated.

Social well-being

126. Mental health interventions will enhance the well-being of society as a whole through appropriate mental health promotion programmes and in facilitating an enabling environment. Services will be provided by Government, private institutions and non-governmental providers of services.

Focus of mental health programmes

127. The focus will be on a preventative, restorative and a developmental approach to the delivery of mental health services to:

(a) High-risk groups in order to prevent the occurrence of mental health problems, mental disorders and mental handicap;

(b) individuals, families and communities experiencing mental health problems;

(c) victims of family, social and political violence;

(d) persons with mental health disorders and their families; and

(e) persons with mental handicap and their families.

GUIDELINES FOR STRATEGIES

Permanent mental health policy structure

128. A permanent inclusive intersectoral structure on mental health policy will be initiated. All relevant role players in mental health will be encouraged to participate in the appropriate structure, including the departments of welfare and health.

The proposed policy structure should attend to the following:

(a) Formulating a comprehensive mental health policy;

(b) restructuring the mental health service delivery system;

(c) developing clear guidelines for partnerships and for the restructuring of NGOs providing mental health services to ensure that one-stop multi-purpose services evolve to serve communities;

(d) capacity building to increase the knowledge and skills of community mental health workers;

(e) an effective data collection system;

(f) the training of primary health care workers, generic social workers and other appropriate categories of social welfare personnel in diagnostic and treatment skills;

(g) mental health promotion programmes;

(h) a review of community services and facilities for the mentally disabled such as protective employment, and day care centres for chronically mentally ill persons (this is particularly relevant in relation to intersectoral responsibility between the different Government departments);

(i) a policy review system; and

(j) information systems to inform planning.

SUBSTANCE ABUSE

SITUATION ANALYSIS

129. Substance abuse is recognised as one of the greatest health and social problems in South Africa. It has wide-ranging consequences, which include physical debilitation, chronic impairment, injuries, marital and family problems, child abuse, violence in families and communities, trauma, depression, crime, traffic accidents, work stress, social misery and economic costs.

130. Alcohol remains the most popularly abused drug, and alcoholic beverages are growing in popularity, especially in informal settlements and rural areas. The abuse of over-the-counter medication and prescription drugs is on the increase. Regarding other drugs, the South African market is dominated by dagga, mandrax, cocaine, ecstasy, heroin and LSD. The simultaneous use of dagga and mandrax is widespread in South Africa. Glue sniffing is also prevalent. The increase in liquor outlets (shebeens in particular) and drug smuggling and selling as a means of income, is a grave concern.

131. It is estimated that approximately 5,8% of the South African population over the age of 15 is dependent on alcohol12. High-risk groups include the youth, sexually active young girls and pregnant women, children, especially street children, homeless adults, people living in townships, informal settlements and rural areas, prisoners and athletes. Although there are indications that the abuse of drugs and illicit substances is increasing, the extent of the abuse has not yet been established.

132. Services in the overcrowded townships, informal settlements and rural areas are grossly inadequate compared with those in urban areas. Detoxification services, at hospitals in particular, are often inadequate. Community-based services as well as treatment programmes and services for highrisk groups are very limited. Insufficient funds and personnel threaten existing services and their further development. After-care services providing for the reintegration of patients into the community are inadequate. Primary prevention programmes are a priority.

133. A network of specialist welfare organisations, together with the departments of welfare, render specific services regarding substance abuse in all the provinces. Other organisations and support groups are visible in most urban areas. A number of bodies exist which provide research services to inform policy and programme development. Guidance classes can serve as a corrective resource but can also be utilised for broader preventative programmes such as alcohol safety schools.

APPROACH

Comprehensive and intersectoral

134. The approach to substance abuse should be comprehensive and intersectoral. Combatting substance abuse should be done in partnership, through networking and co-operation between all relevant role players at all levels. International networking is very important to combat the substance abuse problem. The reduction of the demand and supply of abusive substances should be addressed simultaneously.

Services must be made accessible to people with disabilities.

Prevention

135. Communities have the right to information and education about substance abuse and to receive quality care and services. Communities should contribute financially where possible. Programmes should be aimed at all dimensions of human life: physical, psychological, social and spiritual. Prevention programmes will promote a healthy life-style free from substance abuse. Pro-active media campaigns are needed to educate the public.

Co-responsibility

136. The Government is responsible for treatment and prevention programmes. It should focus on vulnerable and high-risk groups and disadvantaged communities. Co-responsibility for the prevention and treatment of substance abuse rests with the individual, the family, civil society, schools, employers and business, religious organisations and the Government.

Community-based treatment

137. Community-based treatment and development will be promoted, particularly in under serviced areas. More appropriate community-based structures should be developed, for example day-care centres, out-patient services, mobile clinics and transit houses. Social services should also be available not only to the person abusing substances, but also to the family, especially children.

Capacity building

138. Specialised knowledge in respect of substance abuse should form the basis of generic social welfare services, voluntary service rendering and interventions by other professionals, as well as religious and indigenous care-givers.

Evaluation

139. Planning, policy formulation and legislation should be regularly updated in consultation with the relevant role players. The problems of drug and alcohol abuse will be assessed through ongoing and appropriate research.

GUIDELINES FOR STRATEGIES

Prevention and education programmes

140. Primary intervention will be aimed at awareness, information and education programmes for the public. These programmes will be targeted at school-going children, youth and parents. The focus of secondary prevention will be on high-risk groups with the aim of providing specific education, making use, among other things, of employee assistance programmes and youth forums. Tertiary prevention will focus on holistic community-based treatment programmes with the aim of re-integrating the person into society and preventing the recurrence of abuse. Appropriate information, education, development and prevention programmes will be provided to promote a healthy lifestyle, free of substance abuse. Strategies will also be devised to curb the demand for abusive substances, at the same time linking up with supply reduction strategies. Community development programmes in disadvantaged communities will promote empowerment and self-help strategies.

Re-integration into the community

141. Interprofessional treatment and after-care programmes will ensure the effective reintegration of the dependant into the community.

Expansion of services and facilities

142. Services in under serviced communities will be expanded through community-based strategies. Existing residential facilities which are not being fully utilised will need to become more efficient and effective in meeting needs. Residential facilities will only be expanded after rigorous assessment of needs. Consultations will be held with the Department of Health about the provision of detoxification and medical care services at all provincial hospitals.

Funding options

143. Funding mechanisms such as medical aid societies and medical insurance will be sought to meet the cost of treatment for substance abuse.

Accredited training

144. Specialised accredited training units will be made available to provide adequate training for allied personnel and volunteers in the field.

Data and research

145. A reliable database on substance abuse will be developed. Appropriate programmes to combat substance abuse will be undergirded by research.

Co-ordinated efforts

146. Substance abuse forums networking at the national, regional and local levels will be encouraged to lobby for the establishment of more effective prevention and treatment services. A strong representative consultative and co-ordinating body is needed which will foster partnerships and ensure the implementation of a national strategic plan for combatting substance abuse.

Legislative reform

147. Comprehensive legislation will be introduced to address the fragmentation in present legislation.

CRIME PREVENTION THROUGH DEVELOPMENT AND RESTORATIVE JUSTICE

SITUATION ANALYSIS

148. Crime in South Africa is a serious impediment to sustained harmonious development. Statistics compiled in 1994 indicate that an average of 7 177 serious offences are committed annually per 100 000 of the population, with this figure rising as high as 11 600 in KwaZulu/Natal and 9 200 in Gauteng.

149. The offenders being processed by the courts far outnumber the persons available to provide services to them.

150. Child and youth crime is on the increase. As of 31 January 1995, the Department of Correctional Services reported a total of 675 sentenced children under the age of 18, and 8 619 sentenced youths in the 18 to 21 age group. Unsentenced children in custody have been released and are being accommodated in alternative accommodation. There is a need for the transformation of the child and youth care system to prevent children getting into trouble with the law.

151. According to the Probation Services Act, 1991 (Act 116 of 1991), probation officers have the task of screening, selecting and assessing persons awaiting trial. Probation officers are also required to prepare and present pre-sentence reports and undertake the supervision of sentenced offenders. In addition, probation officers and social workers are supposed to meet the needs of victims of crime. To date, the needs of victims of crime have been neglected in South Africa.

Very few of these tasks are in fact carried out. Probation services are overloaded and understaffed. There are few fixed posts in the probation services, with most probation officers doubling up on their social work obligations.

APPROACH

152. In order to reduce offences, crime needs to be addressed from a wider social and economic perspective.

An integrated programme for crime prevention and restorative justice will be developed by the Department of Welfare in collaboration with other Government departments and stakeholders in civil society. These programmes will address the social and economic factors which contribute to crime. Social welfare programmes will focus on the prevention of crime and the reduction of offences through social support services and development programmes. The needs of offenders, victims and their families will be addressed.

153. The Department of Welfare in collaboration with other Government departments and stakeholders is developing a national plan of action to transform the child and youth care system. This plan of action will include youth justice, residential and community care, treatment programmes and human resource development. Integrated, preventative, restorative and developmental programmes are also being developed and will be linked to wider reconstruction and development initiatives.

This plan of action will be implemented in all the provinces. The management and monitoring of the process will be overseen by the national Department of Welfare in collaboration with other Government departments and stakeholders.

154. The United Nations' international guidelines on the prevention of juvenile delinquency and care of offenders and victims of crime will guide policy and programme development.

GUIDELINES FOR STRATEGY

Services to offenders, victims and their families

155. The following general principles, guidelines and recommendations will inform developmental social welfare programmes for offenders, victims of crime and their families.

(a) The families of sentenced prisoners will be assisted to preserve family life. Contact between prisoners and their families will also be facilitated. Released prisoners will be helped to become reintegrated into their families and communities. The departments of welfare in collaboration with other stakeholders will facilitate the meeting of the social needs of the families of offenders. Community-based organisations will also be involved to provide services to families.

(b) All services must aim at restorative justice by taking into account the victims' perspectives and by involving the community in justice processes, thus promoting reintegration and social cohesion. Services to victims will have a dual thrust, that is, they will focus on the needs of the victims on the one hand and stress the rights of victims on the other.

Victims' rights within the judicial system will be carefully balanced with the rights of the offender and will be in line with the civil and political rights of citizens.

(c) Alleged offenders awaiting trial have special needs. Services must be made available to them and their families. Appropriate community-based alternatives for detained prisoners awaiting trial will also be established. The Department of Welfare will participate with other role-players in the setting of guidelines for the treatment of offenders awaiting trial.

(d) Employment programmes, skills training and retraining opportunities for ex-offenders will be developed, as well as halfway houses and community-based temporary shelter arrangements.

(e) Institutionalisation will be a last resort. Only offenders who pose a serious threat to society should be imprisoned. Alternative forms of sentencing will be considered.

(f) Community sentences should be developed and maintained at a level which will command credibility with the courts as an alternative to imprisonment. Alternative sentencing should be well planned and monitored.

Probation services

156. A transformation of the probation services is required in order to provide a service that is realistic and achievable, taking into account adequate human and auxiliary resources.

The conversion of a number of posts to permanent probation service posts will be considered as an interim measure, with a longer-term plan to appoint a larger number of probation officers in order to meet the demand. The allocation of financial and human resources to each province, based on their particular developmental needs, will be promoted. Increasing human resource capacity through the training of auxiliary workers will be promoted.

Principles and guidelines

157. The following principles and guidelines pertain to youth justice:

(a) The best interests of children and juveniles must be paramount in all actions.

(b) Children and juveniles are always in some way connected to their family or support network, community or culture. These ties will be strengthened, and the capacity of such families and communities to provide support and care will be promoted.

(c) Every opportunity should be taken to ensure that children and juveniles coming into conflict with the law have access to all available services to avoid recidivism. This is vital and in the long run will lower the overall crime rate.

(d) Diversion from the legal system should be the preferred way of dealing with child offenders, and effective programmes should be developed.

Prevention targeted at children and juveniles

158. Prevention of crime and recidivism are most effective when targeted at child and juvenile offenders.

(a) Action to prevent offences will target social risk situations. Prevention programmes will be directed at groups which can be identified as vulnerable to factors associated with the causes of offences by children.

(b) In the short term, strategies will be developed to deal with immediate needs, based on the following guidelines:

* Early, sustained intervention;
* community development and involvement;
* the identification of children at risk of committing offences or further transgressions, and the provision of individualised prevention services; and
* the provision of basic educational skills.

(c) Long-term programmes will include the following:

* Health and psychological care;
* the education and empowerment of the child, parents and community;
* the supervision and care of infants and children; and
* the development of sport and leisure facilities.

(d) Prevention programmes will include the following:

* Advocacy of a system of justice for child and juvenile offenders which takes a comprehensive approach and includes provision for tertiary prevention;
* the development of diversion and alternative sentencing programmes with an emphasis on the prevention of re-offending;
* the involvement of parents and communities in efforts to prevent the re-commitment of offences; and
* early assessment of children and juveniles in conflict with the law.

159. **Specific recommendations regarding child and juvenile offenders**

(a) A new child and youth care system is essential and will be developed in partnership with all stakeholders. Services provided for vulnerable children and juveniles (for example, school dropouts) likely to become involved in crime or delinquency will be comprehensive and will range from prevention at community level to treatment in secure facilities.

Consideration will be given to the establishment of an operational research unit to undergird the development and evaluation of social programming.

(b) At the preventative level, family functioning will be enhanced and parents and children will receive social skills training. The emotional bonds between the child, the parent, the school, the community and the religious community, will be strengthened.

(c) Teachers and other professionals will be sensitised to identify vulnerable children at an early stage. The departments of education will be strongly urged to promote school based developmental social welfare programmes to address the needs of all children, especially those who are vulnerable and at risk of impaired social functioning. Vulnerable children and juveniles will be given assistance in replacing negative support networks (for example, gangs) with positive ones.

(d) An integrative programme of social upliftment will be introduced in vulnerable communities.

(e) In the provision of statutory services, the communication, co-ordination and co-operation between all role players will be promoted at a national, provincial, regional and local level, including that between the Departments of Welfare, Justice and Correctional Services, the South African Police Services (SAPS), NGOs, CBOs, community members and parents.

(f) In line with the Beijing Rules and the Probation Services Act, 1991 (Act 116 of 1991), a dynamic child and juvenile offender prevention and care policy will be developed. The primary intention of this policy will be to keep child and juvenile offenders out of the criminal justice system for as long as possible.

(g) A management protocol, and mechanisms involving a multidisciplinary team, parents, volunteers and community members, will be developed to deal with children in the pre-trial phase, for example review panels operating on a 24-hour basis, the National Child Line, and community-based supervision programmes.

(h) A uniform strategy and procedures for the assessment of the needs of child and youth
offenders will be developed and the most appropriate treatment options considered. The least restrictive and most empowering management option will be chosen. Children will be kept in custody only if it is absolutely necessary for the protection of society.

(i) Child and youth offenders and their families will receive counselling and should have access to legal aid if necessary. This will be at the discretion of the courts and should be means-tested. Detained children and juveniles will at all times and under all circumstances be separated from adults.

(j) A central register of children and juveniles awaiting trial and/or sentenced children and juveniles will be kept by provincial welfare departments in co-operation with the Department of Safety and Security. Children and juveniles kept in secure and open facilities (including schools of industry and reform schools) will be the responsibility of specially trained personnel. Special support programmes presented within the therapeutic community model will be available.

(k) Programmes for offenders will be monitored, evaluated and adapted. Programmes of this nature will be piloted on a small, localised scale before being implemented nationally.

(l) Legislation and proper management protocols will be developed as a matter of urgency between the Departments of Justice and Welfare and other stakeholders.

Diversion

160. Where possible, children and juveniles will be diverted from the criminal justice system, in keeping with the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules).

Working arrangements regarding the development and rendering of diversionary services will be entered into with welfare and other organisations.

The Department of Welfare will support the tabling of enabling legislation in order to make diversion an officially authorised option in all magisterial districts.

Custody as a last resort

161. Children and juveniles will only be held in custody as a last resort. Wherever possible they should be released into the care of their parents or guardians to await trial in their own homes. Support will be given to families. This will require interdepartmental co-operation. The use of community volunteers for finding families will be encouraged.

Places of safety

162. An adequate number of trained staff for existing places of safety and the development of other community-based placements will continue to be a priority. Secure places of safety are needed. There will be better linkages between places of safety, schools of industry and reform schools and more collaboration with the Department of Education in the management of these institutions.

The possibility of smaller places of safety for children and youth, with the emphasis on a family-type of environment and individual attention, will also be explored. Temporary foster placements for child and juvenile offenders is another option which will also be explored with the participation of communities.

Community-involvement

163. There should be greater involvement of communities in the supervision of sentenced children and juveniles through the development of special programmes for this purpose.

PEOPLE WITH CHRONIC ILLNESSES

SITUATION ANALYSIS

Definition

164. A range of chronic diseases has been identified. These chronic diseases could present as a permanent or an acute condition. They could also impact on the individual and family's capacity to function optimally. Cancer and epilepsy are examples of such chronic diseases which could affect the individual's financial, psychosocial and educational development. Persons with chronic illnesses also experience difficulties in obtaining employment.

Tuberculosis (TB) could develop into a chronic illness. It is estimated that the total number of newly diagnosed cases of TB rose from 55 000 in 1986 to 90 000 in 1993. This increase is largely due to the effect of HIV/AIDS. TB mortality is considered to be 13 000 or more per year.

The prevalence rate of epilepsy is 1% of the population. This means that there are more than 400 000 persons with epilepsy in the country. It is estimated that 20% of persons with epilepsy need intensive and/or ongoing psycho-social support and intervention. A further 20% will need a lesser degree of social intervention.

A total of 48 477 cancer cases were recorded in 1989. Figures are inaccurate as there is considerable under reporting especially in the rural areas.

165. The ability of an individual or family to care for and support a member with a chronic illness depends on the availability and accessibility of certain resources.

(a) Transport to and from the hospital pose difficulties for many persons with chronic illnesses, especially those living far from a hospital.

(b) Hospitalisation of chronically ill persons places an increased burden on hospital staff and the availability of beds. Patients are often discharged and need to be cared for at home by family members. Home-based care is often not an option for people who are homeless or whose families do not have the financial and/or psychological capacity to cope with care-giving. There is a lack of physical, material and psychological support for families and individuals caring for the chronically ill person at home.

There is a need for respite care and on-going support for these families. Creative strategies for support services are needed.

(c) Medical costs are ongoing and are a drain on the individual and family's financial resources.

(d) Persons with chronic illnesses often become unemployed as a result of their illness. They also need protection from unfair dismissal. Vocational training and alternative employment options need to be explored together with the employer, family and other support networks.

(e) There is a lack of assistive devices which are often needed to aid rehabilitation.

166. The needs of chronically ill children are *discussed in Section 1 of this chapter.*

167. People with chronic illnesses are treated within the health system but once they are discharged from hospitals, the departments of welfare, welfare organisations, religious organisations and community networks are called upon to provide social support. Social workers employed by the provincial departments of health also render such social support services and refer patients to appropriate community resources.

APPROACH

168. Appropriate social services are needed to support individuals and their families in the communities who are affected by a chronic illness. Home-based, family-oriented and community care strategies must be developed. One-stop treatment services and comprehensive district health and welfare services must collaborate to provide care, support and rehabilitation.

169. Intersectoral collaboration is critical to address needs such as transport, primary health care services, information systems, vocational training, education for children whose schooling has been interrupted, community-based rehabilitation and the utilisation of volunteers in rendering support services.

GUIDELINES FOR STRATEGIES

170. Social relief will be provided to support individuals and families. Early detection and treatment of chronic illnesses will be made available and accessible to vulnerable communities.

171. An Intersectoral Committee will be established to bring together the Departments of Welfare, Health, Education and Transport, and other formal and informal welfare organisations and non-governmental organisations, to develop a plan of action to address the needs of individuals and families affected by chronic illnesses.

Consideration will also be given to the reorientation of social work services in the health care setting towards a developmental social welfare approach.

172. Training of volunteers and auxiliary workers to increase the capacity of social workers and health workers to meet the needs of patients for social support will be explored.

173. The needs of families caring for the chronically ill at home will also be addressed.

PEOPLE WITH HIV/AIDS

SITUATION ANALYSIS

174. HIV infection rates in South Africa have risen sharply during the nineties, and almost doubling each year. The 1994 antenatal survey indicated that 7,57% of women attending antenatal clinics of the public health services nationally were infected. The national

level of HIV infection has increased from 4,25% in 1993 to 7,57% in 1994. KwaZulu/Natal, Mpumalanga and Gauteng have higher prevalence rates than the national average. Heterosexual transmission of the virus is the most prevalent.

It has been projected that the HIV epidemic in South Africa will grow exponentially. It will probably reach a plateau between the years 2005 and 2010, when between 18% and 27% of the population are likely to be infected.

HIV/AIDS affects all race groups, but is fast becoming a problem of the urban poor. It has been spreading most rapidly amongst black urban heterosexuals. Young adults in the economically active age-categories are most severely affected, which has far-reaching consequences for the family as a whole, as well as for individual family members. Apart from changes in the structure of families, HIV/AIDS also affects access to social and economic resources.

Vulnerable groups

175. The following groups are vulnerable and at risk: young people, women, migrants, homosexual men, single parents, orphans, children of parents who are AIDS-ill and dependants in a household, who are also particularly vulnerable (for example the disabled and the frail elderly).

Stigmatisation

176. The combination of material, social and emotional stresses caused by stigmatisation and discrimination make it extremely difficult for people with HIV/AIDS to mobilise effectively what is an already limited set of support mechanisms.

Financial vulnerability

177. HIV/AIDS leads to the financial vulnerability of individuals and families. They often lose their formal sector employment, which can affect entire households if the person is the key breadwinner with dependants in rural areas and neighbouring countries.

Individuals and households affected by HIV/AIDS turn to a number of sources for financial support. Work-based social insurance plays an important role for those who have been previously employed. Informal sector employment, stimulated by NGOs, provides another important source of income. Informal networks such as families, neighbourhood and indigenous helping networks also play a significant role in providing social support and care.

HIV/AIDS creates additional costs which may place households under great financial strain. Households which are indirectly affected by the death or illness of a person with HIV/AIDS also feel this, for example, families who receive orphans or who are involved with care-giving of some sort.

Psychological stress

178. Infected individuals experience considerable psychological stress, which is aggravated by the social stigma and by discrimination. People with HIV/AIDS are particularly vulnerable psychologically on being diagnosed as HIV-positive and when they begin to get ill.

The social impact of HIV/AIDS on the household as a whole is considerable. Apart from the financial stress, children suffer the death of one or both parents and parents lose their adult children. Grandparents and elderly relatives increasingly have to take responsibility for orphans and for caring for sick adult children.

Financial insecurity and the stigmatisation and fears of disclosure of people with HIV/AIDS should be addressed. Such action will play a major part in diminishing the psychological impact of HIV/AIDS.

Social networks

179. People and families with HIV/AIDS draw on a wide range of formal and informal social networks to address their needs. The special networks of homosexual people who are affected by HIV/AIDS are acknowledged.

Inability of families to provide care without support

180. While many families appear to be willing to care for the AIDS-sick and to nurture and socialise orphans, some are not able to do so owing to financial strain, poor living conditions or the absence of close relatives to provide the necessary care and support. Families in rural communities are severely affected as welfare and social services in these areas are particularly underdeveloped.

Women

181. Customary marriages can greatly increase the vulnerability of women and children affected by HIV/AIDS. This is especially true in the context of the breakdown of rural networks. Women are also disadvantaged in terms of customary law regarding property, inheritance and access to land. This disadvantage increases the financial vulnerability of the household when the father dies.

Underutilisation of personnel and services

182. Social workers and welfare organisations appear to be underutilised in the HIV/AIDS field. Intersectoral co-operation between the social work profession and the health care team is poor.

APPROACH

Attitudes

183. Attitudes of acceptance and support towards people with HIV/AIDS should be promoted. Employers, trade unions, NGOs and Government AIDS programmes all have responsibilities in this regard.

In the light of the fears and myths surrounding the epidemic, the departments of welfare will adopt a non-discriminatory approach to people living with HIV/AIDS. The departments of welfare are committed to providing all their services in a non-discriminatory fashion.

Rights of people with HIV/AIDS

184. HIV-infected people's rights to continued employment and to the concomitant social benefits need to be protected at all costs. This will serve to protect the economic integrity not only of individuals, but of whole households. Concerted efforts are needed to educate employers about workers' rights, to develop legislation which will protect workers and to monitor employer conduct.

Every effort will be made to protect the rights of people living with HIV/AIDS to confidentiality and privacy surrounding their disease. This will include educating the staff of the departments of welfare regarding the need for confidentiality and reassessing current procedures for the allocation of social grants.

The departments of welfare will develop an internal policy on HIV/AIDS.

Appropriate services

185. Appropriate and innovative education and prevention programmes as well as social services will be promoted in partnership between Government, civil society and the private sector. Home-based, family-oriented and community care strategies are the preferred options for coping with the social consequences of HIV/AIDS and the need for care.

GUIDELINES FOR STRATEGY

Children and other dependants

186. The departments of welfare will assess, monitor and promote the meeting of the needs of children whose parents are ill as a result of AIDS, children who have already either lost a mother or both parents, children with HIV/AIDS, and other dependants in the household such as grandparents or a disabled member of the family.

187. The departments of welfare will assess, monitor and enhance the capacity of existing mechanisms to meet the needs of children whose parents have AIDS and children who have been orphaned. These mechanisms are —

* the extended family
* family homes (support to women of the community who live with and care for orphaned children)
* foster care and/or adoption
* institutional care

Services outside the family

188. For those families who are unable or unwilling to provide support and care for the AIDS-ill and orphans, systems outside the family will be mobilised and supported such as hospices, which will be supported in partnership with stakeholders.

Legislative reform, education and advocacy

189. Legislative reform, education and advocacy will be initiated urgently to ensure that the rights of people with HIV/AIDS to employment, social security and tolerance are protected and entrenched.

Employment

190. Since people with HIV/AIDS are vulnerable to unemployment and may become too ill to work full-time, the development of informal sector employment is critical.

Obstacles such as the lack of access to credit and skills will need to be addressed if the development of informal sector employment is to be effective.

Targeted public works programmes designed to assist HIV-infected people who are still able to work and who do not qualify for a disability grant will be encouraged.

Social relief

191. Disadvantaged families who are meeting their needs at an unacceptable social cost will be assisted with social relief and concessions, e.g. nutrition, transport, rent, burial costs and school books.

Empowerment

192. It is crucial that individuals and organisations working with HIV-infected people encourage and assist them to mobilise their support systems themselves as this is an important factor in coping and adjustment.

Accommodation

193. The departments of welfare will advocate affordable and appropriate accommodation, albeit temporary, for people who are HIV-infected but not too ill or disabled by their illness, and who have been rejected by their families and households.

Training

194. The training of social workers in AIDS-related care and support should be instituted at undergraduate and post-graduate levels. The utilisation of different categories of workers and volunteers is crucial in order to increase the capacity of social workers to meet needs, to tap human resources, and to deliver more appropriate developmental social services.

Support for home care-givers

195. Home care-givers will be given emotional support in caring for their family members as well as financial support; training in home nursing and how to access the services of organisations providing complementary services, such as psycho-social and spiritual counselling, transport to hospital and home visits. Consultations will be held with the Department of Health to facilitate the programmes to support home care-givers.

Social security

196. An assessment will be made of the potential impact of HIV/AIDS on the welfare system and on social security programmes in particular. Efforts will be made to enhance efficiency in the social security system in order to meet needs more speedily.

ANNEXURE

LEGISLATION PERTAINING TO SOCIAL WELFARE SERVICES

RSA ACTS

1. National Welfare Act, 1978 (Act 100 of 1978)

2. Fund-raising Act, 1978 (Act 107 of 1978)

3. Social Work Act, 1978 (Act 110 of 1978)

4. Child Care Act, 1983 (Act 74 of 1983)

5. Children's Act, 1960 (Act 33 of 1960)*

6. Aged Persons' Act, 1967 (Act 81 of 1967)

7. Probation Services Act, 1991 (Act 116 of 1991)

8. Prevention and Treatment of Drug Dependency Act, 1992 (Act 20 of 1992)

9. Social Assistance Act, 1992 (Act 59 of 1992)*

*** Will be repealed when the Child Care Act (Act 96 of 1996) comes into operation.**

ACTS PROMULGATED BY THE FORMER INDEPENDENT STATES

1. Lebowa Social Pensions Act, 1978 (Act 11 of 1978)

2. Ciskeian Social Pensions Act, 1976

3. Venda Social Pensions Act

4. Gazankulu Social Pensions Act, 1976 (Act 7 of 1976)

5. Children's Act, 1985 (Ciskei) (Act 18 of 1985)

6. National Welfare Act, 1987 (Ciskei) (Act 18 of 1987)

7. Venda National Welfare Act, 1981 (Act 9 of 1981)

LEGISLATION PERTAINING TO WELFARE FUNCTIONS BUT ADMINISTERED BY OTHER MINISTRIES

1. Mediation in Certain Divorce Matters Act, 1987 (Act 24 of 1987) as amended by:

(a) Mediation in Certain Divorce Matters Act, 1991(Act 121 of 1991)

2. Criminal Procedure Act, 1977 (Act 51 of 1977) as amended by:

(a) Correctional Services and Supervision Matters Amendment Act, 1991 (Act 122 of 1991)

(b) Criminal Law Amendment Act, 1991 (Act 135 of 1991)

3. Corrective Services Act, 1959 (Act 8 of 1959) as amended by:

(a) Correctional Services and Supervision Matters Act, 1991 (Act 122 of 1991)

4. Mental Health Act, 1973 (Act 18 of 1973)

RELATED LEGISLATION THAT ALSO NEEDS TO BE SCRUTINISED REGARDING ITS IMPACT ON SOCIAL FUNCTIONING AND SOCIAL WELFARE SERVICES

1. Health Act, 1977 (Act 63 of 1977)

2. Mental Health Act, 1973 (Act 18 of 1973)

3. Abortion and Sterilization Act, 1975 (Act 2 of 1975)

4. Human Tissue Act, 1983 (Act 65 of 1983)

5. Children's Status Act, 1987 (Act 82 of 1987)

6. Prevention of Family Violence Act, 1993 (Act 133 of 1993)

7. Sexual Offences Act, 1957 (Act 23 of 1957)

8. Marriage Act, 1961 (Act 25 of 1961)

9. Matrimonial Property Act, 1984 (Act 88 of 1984)

10. Maintenance of Surviving Spouses Act, 1990 (Act 27 of 1990)

11. Matrimonial Affairs Act, 1953 (Act 37 of 1953)

12. Divorce Act, 1979 (Act 70 of 1979)

13. Divorce Amendment Act, 1988 (Act 3 of 1988)

14. Maintenance Act, 1963 (Act 23 1963)

15. Reciprocal Enforcement of Maintenance Orders Act, 1963 (Act 80 of 1963)

16. Births and Deaths Registration Act, 1992 (Act 51 of 1992)

17. Age of Majority Act, 1972 (Act 57 of 1972)

18. Legal Aid Act, 1969 (Act 22 of 1969)

19. Law of Evidence Amendment Act, 1988 (Act 45 of 1988)

20. Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973)

21. Unemployment Insurance Act, 1966 (Act 30 of 1966)

22. Workmen's Compensation Act, 1941 (Act 30 of 1941)

23. Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993)

24. Basic Conditions of Employment Act, 1983 (Act 3 of 1983)

25. Friendly Societies Act, 1956 (Act 25 of 1956)

26. Prisons Amendment Act, 1990 (Act 92 of 1990)

27. Drugs and Drug Trafficking Act, 1992 (Act 140 of 1992)

28. Gambling Act, 1965 (Act 51 of 1965)

29. Lotteries and Gambling Board Act, 1993 (Act 210 of 1993)

GLOSSARY

Affirmative action: A set of procedures designed to pro-actively address the disadvantages experienced by sections of the community in the past. Special measures are used to remove obstacles to equality and to overcome past discriminatory practices. These include redressing the imbalances of the past. The equalising of opportunity should not be seen as tokenism.

Appropriate social welfare services and programmes: Social welfare services and programmes, methods and approaches which are responsive to the needs and problems of the people and which are accessible and responsive to social, cultural, economic and political conditions. This term also refers to indigenous approaches and to the sustainable use of the earth's natural resources.

* **Basic needs:** People need to be well fed, properly clothed and adequately housed. They also need satisfying human relationships and access to economic, educational, recreational and spiritual opportunities, all of which are important for physical, mental and spiritual growth and well-being.

* **Capacity building:** The development of skills for the promotion and building of organisations. There are different levels of capacity building: upgrading of skills; review and improvement of methods used to promote organisational development; planning and organisational evaluation; revision of organisational goals and objectives; and organisational restructuring. Also refers to the development of a learning organisation capable of a continuous self-development process. Generally used to refer to skills development in a wide range of areas, such as specialist knowledge and skills, popular education and training (e.g. life skills) and social competence promotion.

* **Civil society:** All institutions and organisations outside of Government. In the context of welfare this includes: trade unions, consumer organisations, the formal and informal welfare sectors, non-governmental organisations (NGOs) and community-based organisations (CBOs), religious organisations delivering welfare services, corporate social investment, employee assistance programmes, occupational social work and social workers in private practice.

* **Child abuse and neglect:**

— *Physical abuse:* A physically harmed child is a child who is, not by accident, physically harmed by the person in whose care he or she is. It can refer to severe and repeated non-accidental injuries to a child such as unexplained bruises, burns, broken bones and cuts and repeated accidents.

— *Sexual abuse:* Sexual abuse is the involvement of a child, with or without the child's consent, with an adult (or age-appropriate adolescent) within or without the family in sexual behaviour designed for the gratification of the adult or older adolescent who has charge of the child, whether heterosexual or homosexual. Rape — when sexual behaviour is coupled with violence, i. e. by force. Incest — within family relationships forbidden by the law. Molestation — any kind of manual, oral, anal, genital, buttock or breast contact or use of objects for sexual penetration, fondling or stimulation.

— *Emotional maltreatment:* Symptoms of emotional maltreatment are speech disorders, lags in physical development and failure to thrive, as well as common behavioural symptoms such as aggressiveness and withdrawal, anxiety, fear of parents and adults, constant fatigue and poor relationships with other children.

— *Neglect:* A neglected child is one who suffers harm owing to the failure of his parents or caretakers to fulfil his or her basic needs. Physical neglect — voluntary food deprivation, poor hygiene, lack of supervision, unjustified unattended problems or medical needs, delayed medical care, lack of clothing and shelter. Emotional neglect — when he or she suffers a lack of love and nurturing.

— *Child prostitution:* The sexual exploitation of a child for remuneration in cash or kind, usually but not always organised by an intermediary (parent, family member, procurer or teacher).

— *Child pornography:* The visual or audio depiction of a child for the sexual gratification of the user, and involves the production, distribution and/or use of such material.

* **Children in difficult circumstances:** The special needs and problems of children identified in Chapter 8 could be referred to as children in difficult circumstances.

* **Client base:** The beneficiaries of the welfare system.

* **Community:** A distinction is made between community as locality and community of interest, also referred to as the functional community. The former refers to a community with clear geographical boundaries, whilst the latter refers to groups of people who share a common interest, need or problem.

* Community-based development programmes: The application of the community development philosophy, approach, principles, methods, skills and strategies to engage communities in finding solutions to needs and problems. A range of consensual and advocacy strategies are used within a people-driven process. The active involvement of the people in addressing needs, the building of various structures which grow out of local initiatives and which embrace a transformative agenda for action.

* Community development: The process in which the efforts of the people themselves are united with those of government authorities to improve the economic, social and cultural conditions of their communities. It involves two processes: the participation of the people themselves in efforts to improve their living conditions with as much reliance as possible on their own initiatives; and the provision of technical and other services in ways which encourage initiative, self-help and mutual help and make these more effective (United Nations, 1963).

* Constituencies (welfare stakeholders): For the purpose of this document, welfare constituencies refer to all the role players in the welfare field, both governmental and non-governmental. The terms welfare constituencies, role players and stakeholders are used interchangeably.

* Democracy: A system of government by the whole population, usually through elected representatives.

* Developmental social welfare: This concept was first used by the United Nations in 1989. It refers to social welfare as one of the dimensions of social development and is in line with the approach emerging from the World Summit for Social Development, 6 to 12 March, 1995. Developmental social welfare programmes refer to programmes to implement the national welfare strategy.

The concept is being used more popularly in South Africa to refer to developmental strategies. For the purpose of this document, developmental social welfare refers to the vision, mission, goals, principles and agenda for action set out in Chapter 2 of this document.

Refer also to Midgley, J. (1995) — Social development: The Developmental Perspective in Social Welfare, Sage Publications, Inc. , and to the definition of social development in the Glossary.

* Early childhood development: Early childhood development (ECD) is an umbrella term which applies to the processes by which children from birth to nine years grow and thrive, physically, mentally, emotionally, morally and socially. ECD programmes include a variety of strategies and a wide range of services directed at helping families and communities to meet the needs of children in this age group. The care and development of young children must be the foundation of social relations and the starting point of human resource development strategies.

* Employee Assistance Programme (EAP): An employment-based programme which provides assistance to employees with substance abuse problems or any other social problems which are affecting their work performance.

* Empowerment: The process of increasing personal, interpersonal and political power to enable individuals or collectives to improve their life situation. It requires the full participation of people in the formulation, implementation and evaluation of decisions determining the functioning and well-being of the society.

* Enabling environment: An economic, political, social, cultural and legal environment which enables people to achieve social development. It also refers to policies, norms and standards and regulations governing specific programmes or services.

* Family: Individuals who either by contract or agreement choose to live together intimately and function as a unit in a social and economic system. The family is the primary social unit which ideally provides care, nurturing and socialisation for its members. It seeks to provide them with physical, economic, emotional, social, cultural and spiritual security. The various family forms and structures are acknowledged in this document.

* Formal/informal welfare sector: Formal welfare sector refers to organisations registered in terms of the National Welfare Act, 1978, and to organisations and services which are financed by Government.

Informal welfare sector refers to organisations which are currently not registered in terms of the National Welfare Act, 1978, and which are not subsidised by Government. The formal and the informal welfare sectors have different traditions and emerged in different social contexts. They also differ in their respective approaches to meeting needs.

A distinction is made between the formal and informal welfare sectors as it describes the current reality. In future, once programme financing is in place, all organisations will be accorded equal status.

*** Governance:** The right to participate in and make decisions with regard to a nation's affairs, which is critical in democratising the state and society. Characteristics of good governance include: political accountability, freedom of association and participation, a sound judicial system, bureaucratic accountability, freedom of information and expression as well as capacity building. All these aspects are essential to sustainable development.

*** Household food security:** Access by a household to enough food for active and healthy lives. It is useful to distinguish between acute (transitory and sudden) and chronic (long-term) food insecurity. Chronic food insecurity is the persistent inability to meet nutritional needs, e. g. in cases of chronic illness or disability, or among the socially deprived. Acute food insecurity occurs in an emergency situation such as man-made or natural disasters (war, flood, drought, refugees).

*** Human capital:** Human capital is the stock of expertise accumulated by a worker. It is valued for its income-earning potential in the future. As with physical capital such as plant and machinery, human capital is the result of past investment and its purpose is to generate future incomes.

*** Human resource development:** The development of human capabilities, abilities, knowledge and know-how to meet people's ever-growing needs for goods and services to improve their standard of living and quality of life. It is a process in which the citizens of a nation acquire and develop the knowledge and skills necessary for occupational tasks and for other social, cultural, intellectual and political roles that form part of a vibrant democratic society.

*** Institutional development:** The focus of institution building is on creating or strengthening the existing state institutions and organisations of civil society. Implicit in this concept is the recognition that social development is dependent on well-functioning institutions. Strong organisations at all social levels are critical for —

(a) promoting cost efficiency;
(b) participation of stakeholders;
(c) mobilisation and regulation of local resources;
(d) resolution and management of conflicts;
(e) monitoring and evaluation; and
(f) translation of Government policies into action.

Institutional development is one route to human capital formation.

*** International Conventions and Rules signed and/or accepted by the South African Government:**

Ageing: South Africa accepted the following: the United Nations' Principles for the Elderly and the United Nations' Eight Global Targets, and they are being used as points of departure for planning policies and service rendering.

Crime-related matters: South Africa accepted the following: the United Nations' Standard Minimum Rules for the Administration of Juvenile Justice (better known as the Beijing Rules); the United Nations' Standard Minimum Rules for Non-custodial Measures (known as the Tokyo Rules); the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power; the United Nations' Guidelines for the Prevention of Juvenile Delinquency (known as the Riyadh Guidelines). These are being used as points of departure for planning policies and service rendering.

Children: South Africa signed the Convention on the Rights of the Child on 29 January 1993 and used it as a point of departure for planning inter alia policies and service rendering. The ratification of this Convention by South Africa is imminent. South Africa supported agreements made at the World Summit for Children, in New York in 1990.

Disability: South Africa accepted the United Nations' Rules on the Equalisation of Opportunities for Persons with Disabilities and is using them as a point of departure for planning inter alia policies and service rendering.

Families: South Africa signed the Malta Statement of the World NGO Forum launching the International Year of the Family (IYF) in 1994. The Guiding Principles on the Family is used as a point of departure for developing inter alia policies and service rendering. South Africa supported agreements made for the international Year of the Family in 1994.

Population and Development: South Africa participated in the Programme of Action of the United Nations International Conference on Population and Development, Cairo, 1994.

Substance Abuse: South Africa is a member of the United Nations' Commission on Narcotic Drugs. South Africa is participating in the United Nations' Global Programme of Action regarding the combatting of drug abuse. South Africa is also in the process of signing the United Nations' 1988 Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances.

Women: South Africa accepted agreements reached at the following: the World Conference to Review and Appraise the Achievements of the United Nations' Decade for Women: Equality, Development and Peace, Nairobi 1985; and the Fourth World Conference on Women, Beijing.

Inter-sectoral: Describes interaction between different Government sectors or departments such as health, education, housing, police, recreation, urban and rural development. Inter-sectoral collaboration refers to both governmental and non-governmental action strategies.

Life cycle: The age-related sequence of changes and stages of development through which the individual passes from birth to death. Each stage is accompanied by life tasks which need to be mastered. Although most people are said to go through similar changes in a fairly predictable order, the life-cycle concept also includes distinctive options.

Life-skills training: Training in skills that will enhance social, emotional and psychological functioning, e.g. assertiveness training, stress management.

Mental disability/handicap: People with a significantly sub-average general intellectual functioning that is accompanied by significant limitations in adaptive functioning in at least two of the following skills areas: communication, self-care, home living, social or interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety. Mild mental disability refers to an IQ of 50 to 60; moderate or severe mental disability refers to an IQ of 35 to 40 or 20 to 34; profound mental disability to an IQ of 0 to 19.

Mental health promotion: Mental health promotion focuses on the enhancement of mental well-being. It is provided to individuals, groups or large populations to enhance competence, self-esteem and a sense of well-being.

Mental disorder: Clinically significant behavioural or psychological syndrome that occurs in an individual and is associated with present distress (e.g. a painful symptom) or disability (i.e. impairment in one or more important areas of functioning) with a significantly increased risk of suffering death, pain, disability or an important loss of freedom.

Multi-dimensional centres/one stop services: Centres which offer a range of generic social services with the focus on appropriateness.

Multi-disciplinary: Collaboration between different professional disciplines.

Multi-sectoral: Collaboration between a number of sectors.

__Non-governmental organisations/community-based organisations (NGOs):__ NGOs refer to all non-governmental, non-profit organisations which are concerned with the betterment of society or the individual. NGOs are private, self-governing, voluntary organisations operating not for commercial purposes, but in the public interest, for the promotion of social welfare and development, religion, charity, education and research.

NGOs are heterogeneous and include a wide range of organisations such as community-based organisations (CBOs); mass-based organisations (MBOs), e.g. civics, women's movements, church groups, youth organisations, service organisations and private foundations.

__Nutritionally vulnerable:__ People can be nutritionally vulnerable because of the special nutritional needs due to their age or stage of life and if these needs are not met they risk becoming malnourished.

__Partnership:__ Meeting the social and economic development needs of all South Africans is a national collective responsibility which will be met by the Government in partnership with civil society, trade unions, the private business sector, corporate social investment and private social service practitioners. For a definition of civil society refer to the Glossary.

The Government will provide appropriate regulatory frameworks where necessary to faciliate the partnership. With regard to outsourcing services to its partners involving financial arrangements, equality of partnership is not feasible. Such relations are governed by contractual agreements between the parties.

__Poverty:__ Poverty is usually defined with reference to a poverty line, i.e. if a household earns an income lower than a set amount, that household and its members are deemed to be living in poverty. The poverty line varies according to the size of the household and its age composition. At the beginning of 1994 the poverty line for an urban household with two adults and three children was approximately R840 per month, and R740 for a rural household of two adults and three children. See Whitford A. and Posel, D. in **A profile of poverty, inequality and human development in South Africa,** Human Sciences Research Council, 1995.

__Prevention:__

— Primary prevention refers to early intervention that enables households to avoid problems or dysfunctioning. It is directed at large groups of people (communities) who do not currently manifest problems.

— Secondary prevention is aimed at the identification of problems and early intervention into the lives of individuals, families and groups who are at risk of developing social problems before the situation becomes critical.

— Tertiary prevention is aimed at individuals and families that present with critical problems or dysfunction. The focus is on intervention and the prevention of further problems.

__Private practitioners:__ Social workers and psychologists are the private practitioners in the human services sector. They provide services for a fee.

__Research (operational):__ Research which is conducted for the purpose of shaping policy development and social programmes, such as needs analyses, programme evaluations and advocacy. The research could utilise both qualitative and quantitative research designs and could be participatory.

__Residential facilities:__ Residential facilities refers to institutions which provide full boarding and lodging for residents such as old age homes and children's homes. Non-residential facilities are cr ches and employment workshops for disabled persons.

__Self-help/mutual aid:__ Formal or informal associations of persons who share certain problems and may meet regularly in small groups to provide one another with advice, emotional support, information and other help. Social workers often encourage and facilitate such efforts amongst client groups, e.g. parents helping parents.

* Social development: The ultimate objective of social development is to bring about sustained improvement in the well-being of the individual, family, community and society at large. The reduction or eradication of mass poverty, inequality and conditions of underdevelopment are widely accepted indicators of social progress. The dimensions of social development are: social welfare; health; education; housing; urban and rural development; and land reform.

Social development is defined by Midgley, J. in "Defining social development: historical trends and conceptual formulations", **Social Development Issues**, Vol 16(3), 1994, as a process of planned social change designed to promote people's welfare in conjunction with a comprehensive process of economic development.

* Social development workers and other categories of personnel: This refers to different categories of social welfare and other personnel including social workers, social auxiliary workers, community development workers, child and youth care workers and other categories that may still be defined (see social development above). Social development workers may be deployed to perform both specialist, generalist and developmental roles, may receive either formal or informal training, and may in some cases be accredited by an approved authority.

* Social grant: Monthly amount payable from public funds for the maintenance of a person or his or her dependants who qualify in accordance with legislation.

* Social institutions: Structures in society aimed at carrying out essential functions with a view to the protection, maintenance and improvement of group and community life and the social order. Examples are political and economic institutions, as well as the church and the family.

* Social integration: Policies and programmes which foster stable, safe and just societies and protect disadvantaged, vulnerable groups and people with special needs. Examples of programmes to promote social integration are given in Chapter 8.

* Socialisation: Process whereby the individual learns to conform to the moral standards, codes of conduct, role expectations and role performances in a specific society.

* Social justice: Ideal condition in which all members of a society have the same basic rights, security, opportunities, obligations and social benefits.

* Social legislation: Laws aimed at promoting the social functioning of individuals and groups and at protecting their rights.

* Social planning: Drafting of a programme of action directed at meeting social and human needs.

* Social policy: Accepted guidelines for the changing, maintenance or creation of living conditions that are conducive to human welfare.

* Social problem: Refers to impaired social functioning of individuals/groups/communities which affects their capacity to meet their needs or realise their values and to perform their function in society.

* Social process: Continuous and gradual change in the social structure which takes place as a result of the interaction of and relationships between individuals and groups.

* Social programmes (developmental social welfare programmes): These are designed to impact on substantive social problems. Social programmes are based on needs analysis and contain defined goals, objectives, targets, strategies, budgets and evaluation mechanisms. Social programmes have a wider social impact and may be intersectoral and multi-disciplinary. The term social programme is an umbrella concept which includes all types of services, facilities, social benefits and community-based development strategies.

* Social relief: Measures taken by welfare agencies for rendering temporary material assistance to individuals or families in crisis until they regain their independence.

* **Social security (social protection):** Policies which ensure that all people have adequate economic and social protection during unemployment, ill health, maternity, child rearing, widowhood, disability and old age, by means of contributory and noncontributory schemes for providing for their basic needs. State social assistance (grants) includes the following four categories of benefits: those associated with old age, disability, child and family care, and poor relief. The terms social security and social protection are used interchangeably. Social protection refers to income protection programmes.

* **Social welfare personnel:** This refers to all categories of personnel in the welfare field, such as social workers, social security personnel, administrative and support staff, care officers, community development workers, personnel in the population development field, social auxiliary workers, indigenous workers, social development workers, child and youth care workers, and volunteers.

* **Social work:** Professional services of a social worker aimed at the promotion of the social functioning of individuals, families, groups and communities.

* **Specialised services/interventions/organisations:** Social work with a specific group, for example the aged or people with disabilities, for which specific additional knowledge, skills and practice methods are necessary.

* **Street (homeless) children:** In this document reference is made to "street children" rather than "homeless children". The opinion is that "street children" is more appropriate and it should be noted that not all street children are homeless. No consensus was reached as to the most appropriate term in the consultative process which preceded this White Paper.

* **Structural poverty:** Poverty which emanates from the economic, political and social organisation of society.

* **Substance abuse:** The term includes the misuse and abuse of legal substances such as nicotine; alcohol; over-the-counter and prescribed drugs; alcoholic concoctions; indigenous plants; solvents; inhalants; as well as the use of illicit drugs.

* **Subordinate legislation:** Regulations and proclamations.

* **Sustainable development:** A process in which basic needs are met immediately whilst at the same time increasing the ability of future generations to meet their own needs.

* **Sustainability:** The term refers to that which is affordable, financially viable, efficient and effective. It is acknowledged that certain welfare programmes will require full Government support as these are targeted at the poor and those persons needing protective services in view of their special needs.

* **Volunteer:** A professional or non-professional person who provides a service to a welfare or development organisation, usually without reimbursement. Volunteers can be involved in one or more of the following: providing direct services to clients; performing administrative tasks; public relations; fund-raising; policy making and advising.

Footnotes

1. Whiteford A et al. (1995) A Profile of Poverty, Inequality and Human Development in South Africa, Pretoria: HSRC. In view of the inadequacy of data, it is acknowledged that all figures used throughout this document are an indication of trends. An essential requirement for improving analysis and policy development is better data systems and an improved capacity to analyse the data.

3. Figures supplied by NISWEL, Department of Welfare, 1994. These figures are an indication of trends.

4. The term legislation as it is used in this chapter refers to Acts of Parliament and of the Provinces, including the subordinate legislation, such as regulations issued in terms of the Acts. Refer to Annexure on legislation pertaining to the welfare function.

5. These and other figures in this Chapter were obtained form the Department of State Expenditure and the Department of Welfare.

6. NISWEL, Department of Welfare, 1994.

7. NISWEL, Department of Welfare, 1994.

8. Tax structure in South Africa - Interim report of the Commission of Inquiry into Certain Aspects of the Tax Structure of South Africa. Cape Town : Parliament of the Republic of South Africa, 1995.

9. John Dixon, "Social security traditions and their global applications", Institutional Fellowship for Social and Economic Development, Canberra, 1986.

10. Comunity Agency for Social Enquiry (CASE) research project, 1992.

11. Figures in this section were supplied by the SA Federation for Mental Health.

12. South African National Council on Alcohomism and Drug Dependence (Sanca), 1993.