

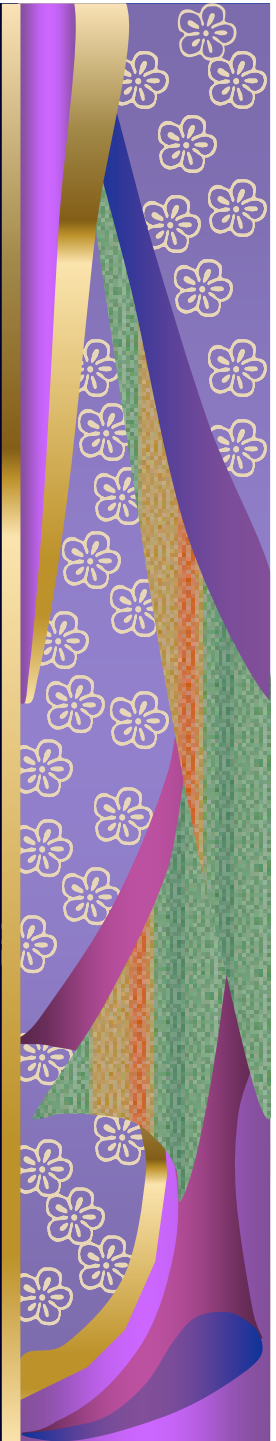
# Social Welfare: a contribution to poverty Alleviation

**Presentation to the School for International Training  
Community Health Programme**

23<sup>rd</sup> October 2009

Shirin Motala

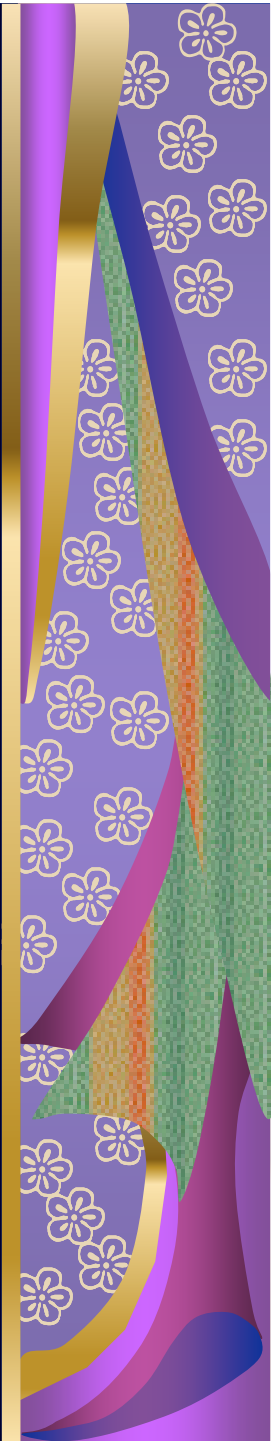
Centre for Poverty, Employment and Growth,  
Human Sciences Research Council



# A look back in History .....

Pre-Apartheid SA's social welfare system informed by:

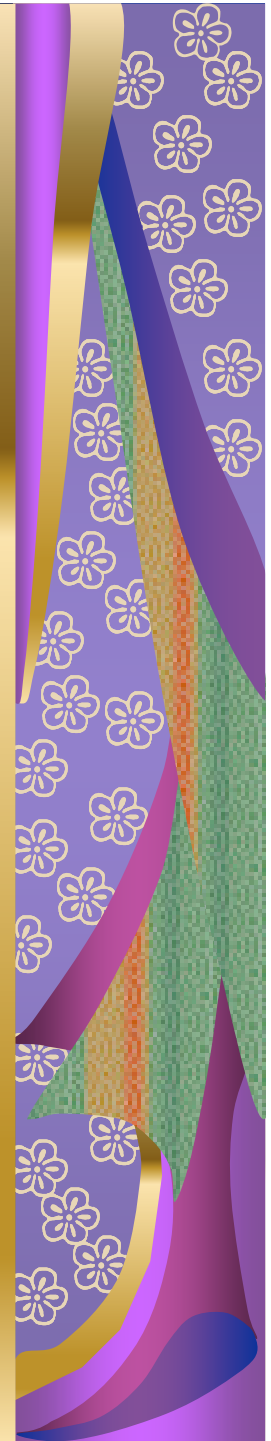
- Poor Law system of Britain (1598): limited relief & provision for “setting the poor to work” – much hated
- Post 2<sup>nd</sup> World War Beveridge Reforms - social security and social services
- Carnegie Commission 1932 study on poor white problem in SA – recommended work preservation for whites, skills development and training, public works programmes, increasing provision and access to governments services e.g. housing, education etc.
- 2<sup>nd</sup> Carnegie Commission 1984 – focused on causes of poverty, called for a fundamental redistribution of power issue.
- Resulted in extension of some social security provisions to other race groups, township housing, state maintenance grants, old age pension etc.



## Different policies are designed to meet different purposes

Child and family policies could be to:

- Keep family unit together (general aim)
- Increase number of children (France)
- Decrease or limit number of children (China)
- Increase school attendance of children ('Oportunidades' in Mexico)
- Reduce poverty experienced by children (CSG in SA)



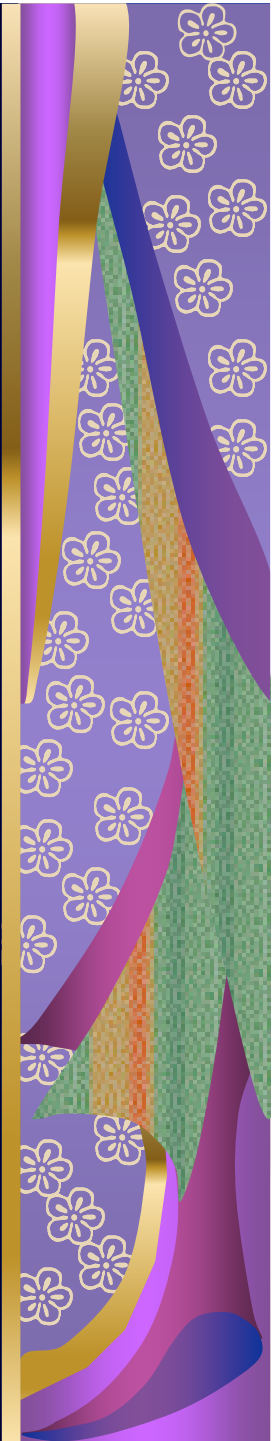
# From Apartheid to Developmental Social Welfare – post 1994

## Vision

- A caring and integrated system of social development services that facilitates human development and improves the quality of life.

## Mission

- To enable the poor, the vulnerable and the excluded within South African society to secure a better life for themselves, in partnership with them and with all those who are committed to building a caring society.

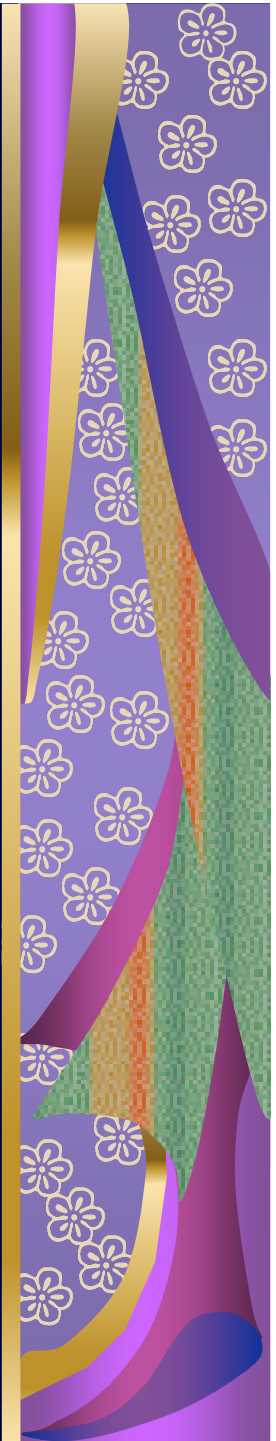


# Social Welfare/Development Responsibilities

- ❑ Delivery of comprehensive package social development services
  - in a developmental, integrated way
  - that caters for *all* vulnerable

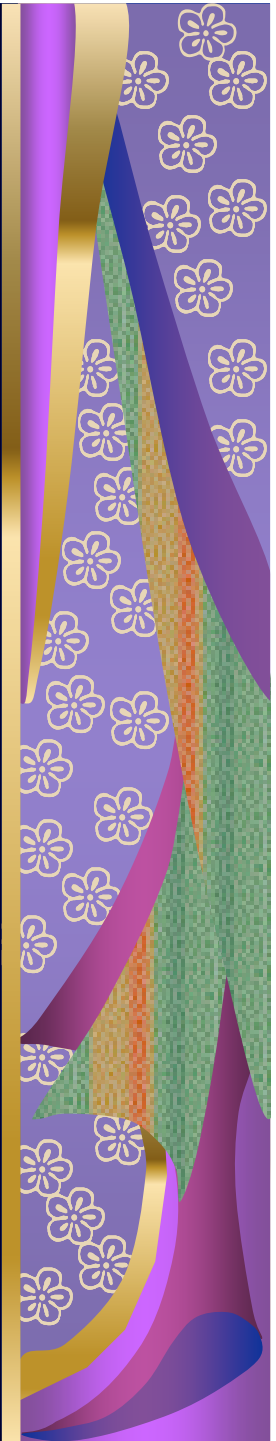
Within package 2 main service branches (White Paper):

- i. Social security (most notably social assistance)  
Aim to prevent and alleviate poverty in the event of life cycle risks such as loss of income due to unemployment, disability, old age or death occurring.
  - ii. Social welfare services (poorly understood).  
To provide support to reduce poverty, vulnerability and the impact of HIV and AIDS through sustainable development programmes in partnership with implementing agents such as State-funded institutions, Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs) and Faith-Based Organisations (FBOs).
- ❑ Another responsibility recently added (2002)
    - iii. Developing structure to facilitate co-ordinated action that guarantees rights of children made vulnerable by HIV/AIDS



# What is in the social welfare service basket?

- ❑ Full range of services associated with placing and monitoring children who need alternative care (foster placement, kinship care, adoption, residential care)
- ❑ Home and community based care and support
- ❑ Full range of protection services for children and women (violence)
- ❑ Counseling services by social workers for families and children experiencing difficulties
- ❑ Services to assist adult & children suffering substance abuse
- ❑ Early childhood development services (0-5 year olds)
- ❑ Preventative services which includes measures to address poverty and help families earn income to meet basic needs.
- ❑ Services for the elderly
- ❑ Services for adults and children with special needs – disability
- ❑ Institutional care for children, disabled and elderly

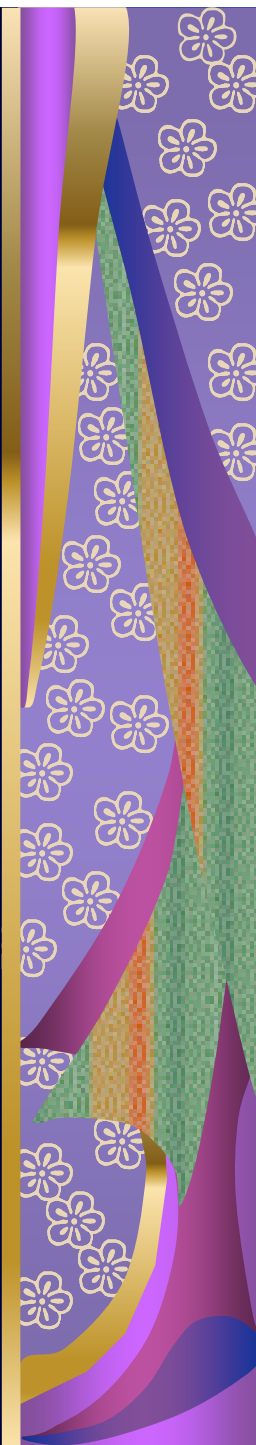


# Social Policy determined by assumptions

## Assumption

## In fact

- Nuclear family
- Parents are present
- Grandparents are old
- Female HHH are always poorer/vulnerable
- 'Women' are homogeneous and united
- Male bread winner, mother at home
- 3+ generational
- Skip generation – many parents missing
- Grandparents are in their forties and fifties
- Single parenthood
- High % of children living with mothers only
- Dual families
- Younger female HHs do better on almost every indicator
- Deep inter-generational divisions among women
- HIV/AIDS – grandparents key caregivers



# Policy Concerns – delivery of social services

Set of concerns around financing policy (1999 and 2004) to support SWS delivery (including HCBCS):

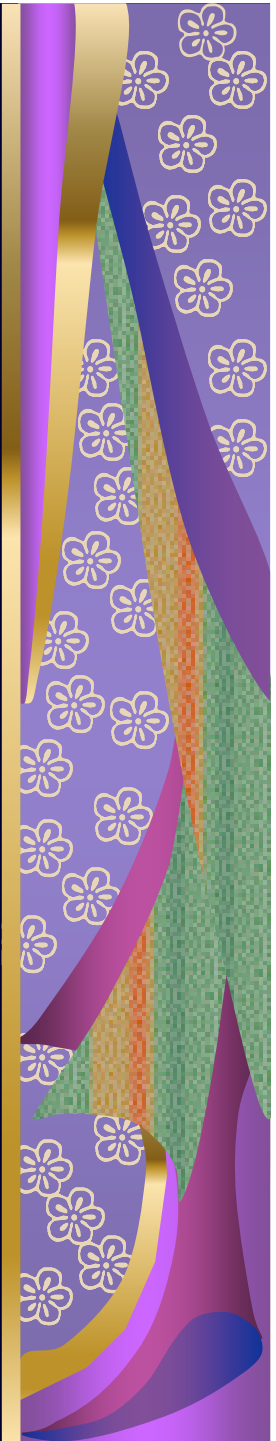
Context:

- NPOs crucial role in service delivery
- NPOs struggling against financial constraints
- State services also under resourced

- Financing policy:  
Leaves it up to discretion of govt. officials how much to allocate (even for statutory services)  
Does not offer a concrete plan to quantify the resource gaps and work towards filling them over time.

Implication: Too low and uncertain funding of NPOs, in-equitable practices and children don't get access.

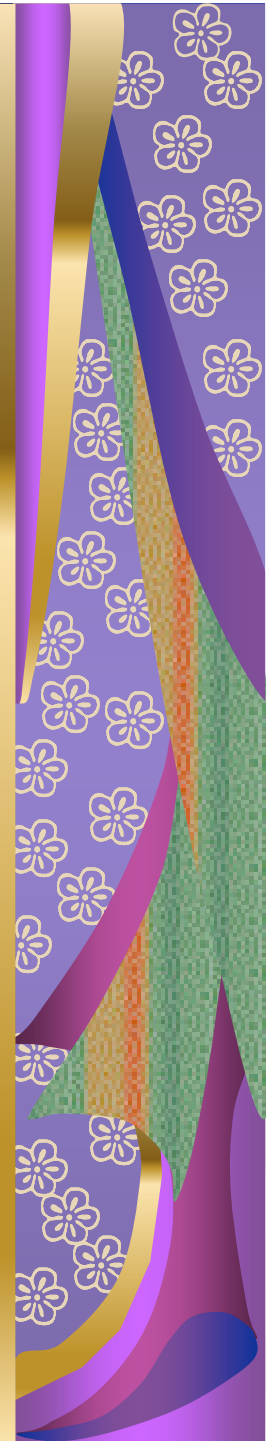
- Quality Assurance: Poorly developed or completely inadequate systems and capacity for quality assurance of service delivery.
- Inability to respond to challenges of redress and inequity in distribution of resources and services – urban – rural etc.
- Lack of coordination and integration across Departments and within departments e.g. Children in conflict with the law, Early childhood Development - Insufficient birds-eye view of how different initiatives especially for vulnerable children (including those affected by HIV/AIDS) fit together





# Social Assistance ... for vulnerable, destitute ....

- It constitutes 90% of Social Development Budget
- Non contributory – from general revenue
- Means tested
- Provision of various grants and benefits
  - Old Age Pension
  - Child Support Grant
  - Disability Grant
  - Care Dependency Grant
  - Grant in Aid
  - Foster Care Grant
  - War Veterans Grant
  - Social Relief of Distress



# Research on the Old Age Pension

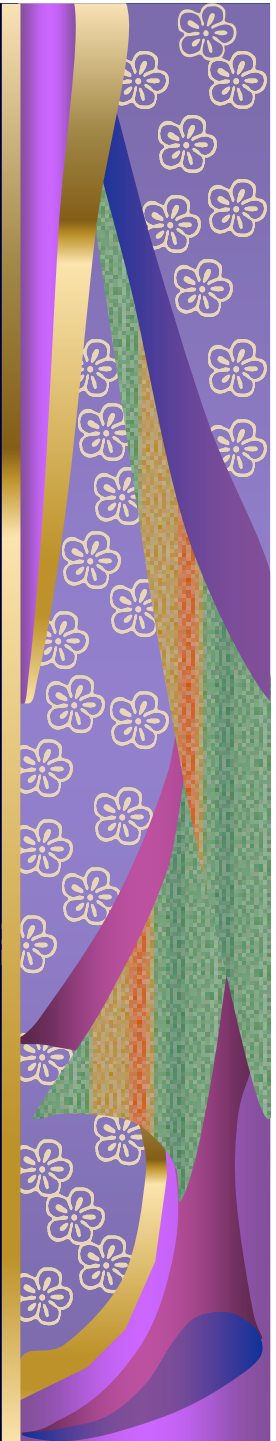
## Intended effects:

- Well targeted for poverty
- Empowering for elderly people
- Enables income smoothing

## Non-intended effects:

- Improves nutritional status of whole household
- Contributes to more years of schooling for especially girl children
- Contribution to smme development

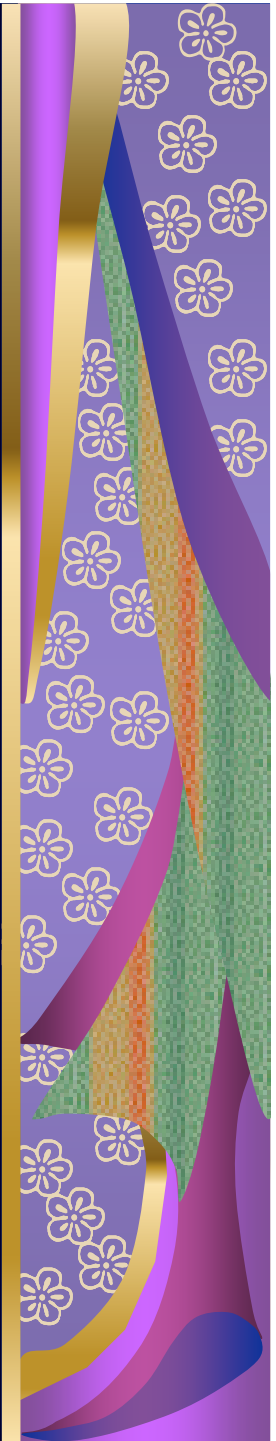
WE CAN JUDGE THESE TO BE “GOOD THINGS”,  
BUT THEY WERE NOT PART OF POLICY INTENTION



## Research on the CSG – all the findings go in the same direction:

- But xx million grants in eleven years
- Well targeted for poverty
- Most primary caregivers are mothers
- Good effects on school enrolment
- Unexpected finding: the importance of presence of mother in the household

ALL THESE WERE PART OF POLICY  
INTENT



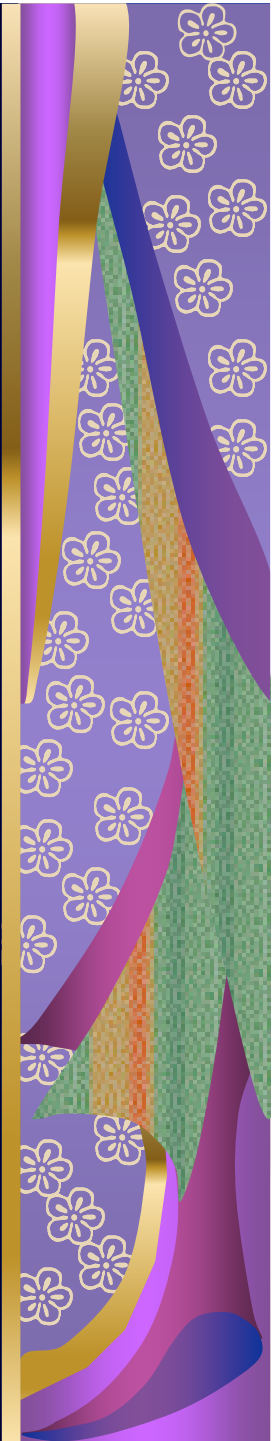
# Policy Concerns – Social Assistance

Large gap in income support for unemployed able-bodied adults in context of extensive and deep poverty as well as HIV/AIDS.

Why a problem:

- Unemployment structural (most will remain unemployed) ( *in work poverty* as well)
- Even with current grants a large proportion of those caring for orphans affected by HIV/AIDS are in desperate financial situations that make it difficult to provide for children's needs.
- Exclusion of children age 14-18 from CSG access.

Some good news.....





# BuaNews ONLINE

www.buanews.gov.za

## ■ Compiled by the Government Communication and Information System Date: 22 Oct 2009

■ Pretoria - As from January next year, children who are 15-years-old will be eligible to receive a Child Support Grant from government.

"Cabinet is pleased to announce the approval of the extension of the Child Support Grant (CSG) to eligible children between the ages of 15-17 years," government spokesperson Themba Maseko said on Thursday following an ordinary Cabinet meeting.

"The Child Support Grant for 15 year-olds will start on 1 January 2010; 16-year olds on 1 January 2011 and 17-year-olds on 1 January 2012," Maseko said.

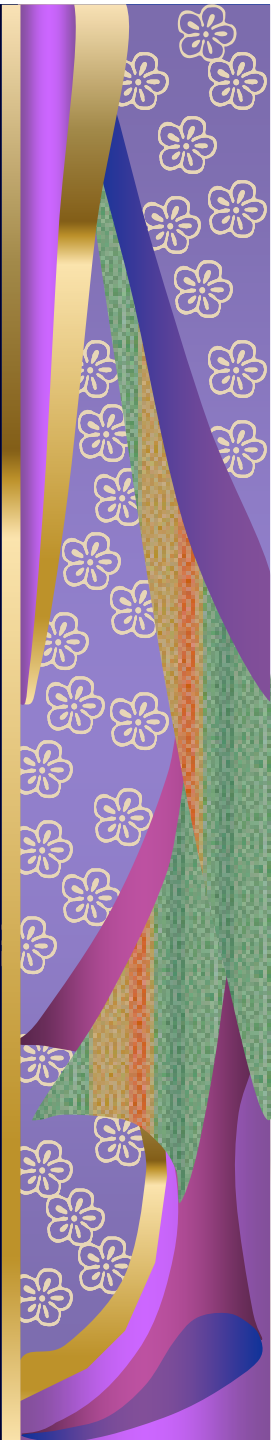
These grants will benefit approximately 2 million children from poor households. The total cost will be R1.3 billion, R2.6 billion and R3.5 billion respectively over the three-year period, he said.

Maseko noted this decision only applied to children from poor households, adding that it was part of government's commitment to reducing the incidence of poverty amongst children. Caregivers of the beneficiaries will have the responsibility to ensure that the beneficiaries remain in school, Maseko said.

Over 13 million citizens are currently receiving social assistance benefits and of these beneficiaries, nine million are children.

Government has recognised social grants remain the most effective form of poverty alleviation, especially during the current financial downturn.

In April this year, government increased all grants, including the old age and disability grants, which were increased from R960 to R1 010, the child support grant from R230 to R240, foster care grant increased from R650 to R680 and the care dependency grant from R960 to R1 010.

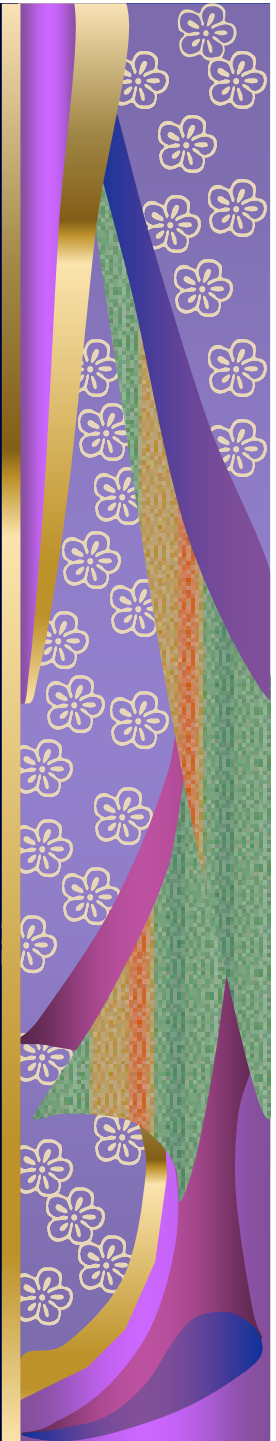


## More concerns....

CDG not accessed by children with disabilities if they are not requiring 24 hour care.

CDG criteria does not integrate needs of children's suffering chronic illness due to HIV/AIDS infection and impacts

Why a problem? No top up in grant system offered to children to provide for extra income needs of children suffering chronic illnesses.



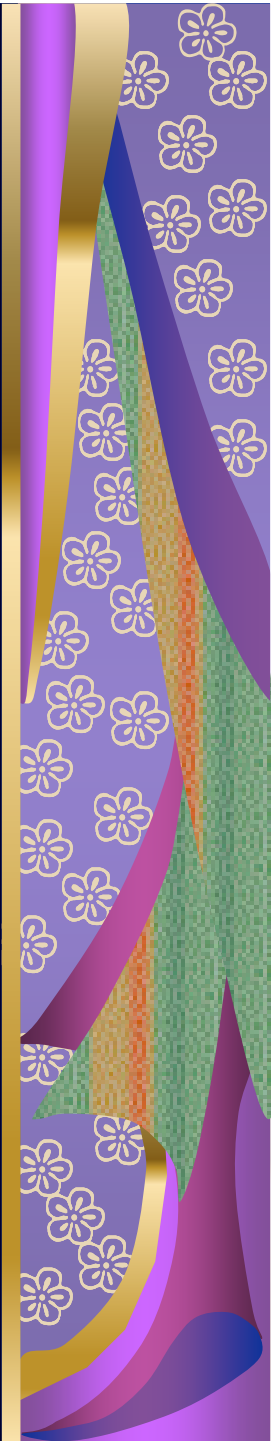
# And more ....

Foster care – when it was unavoidable to remove child from own home, into care of others. Award on basis of child's (not carer's) income – it was not primarily a poverty oriented grant. Involved judicial judgement. Involved professional social worker's intervention. Involved home visits



## Why problem?

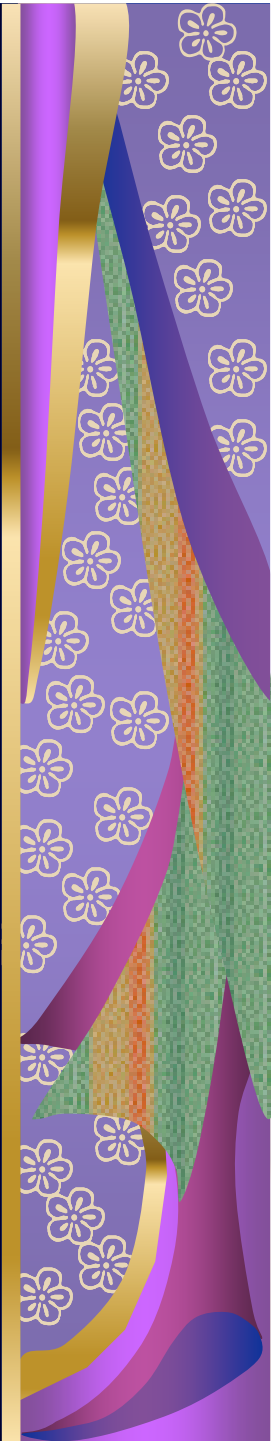
- Complex administrative procedure costly
- Grant amount - seems unfair to other children affected by poverty.
- Without proportional increase in capacity (eg social workers and magistrates) practice having effect of undermining child protection services and hence service delivery to other vulnerable children.
- Hiding key policy problem - insufficient income support for care givers.



# HIV/AIDS

HIV/AIDS is changing -:

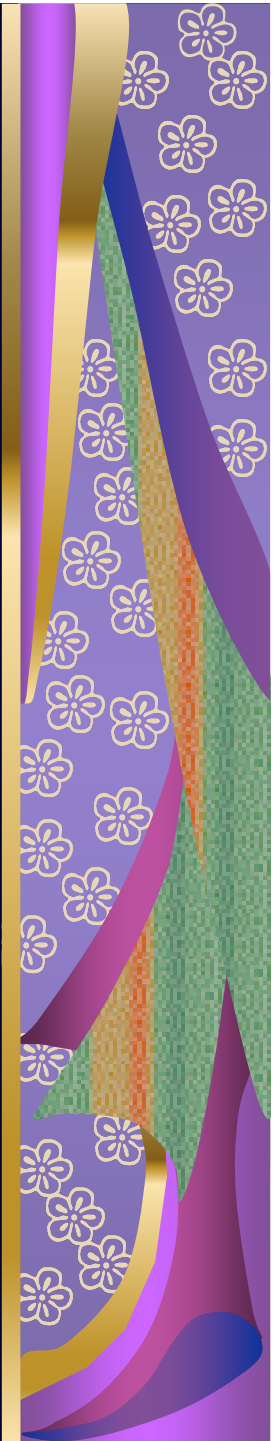
- Who does the care work in households? And for whom?
- Households spending patterns – health costs & funeral costs
- The way people are earning
- What people are doing?  
(employment, income generation, subsistence farming, schooling, etc.)





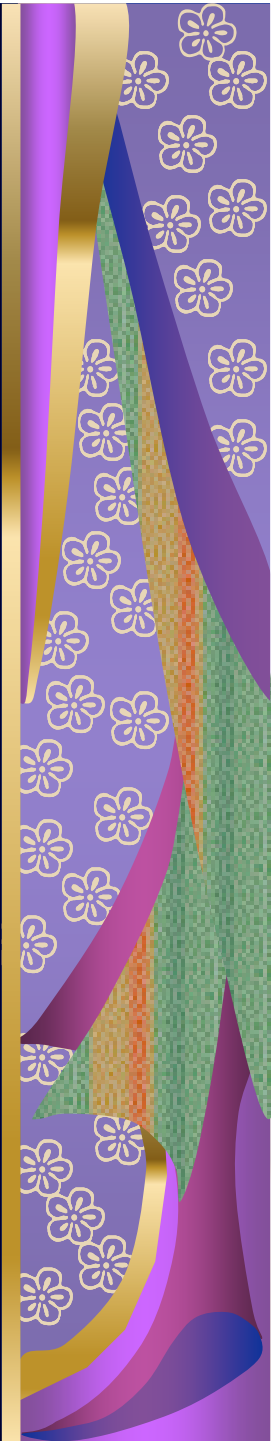
# Chronic Diseases & Grants: Incentivising illness or a pragmatic response to AIDS Pandemic?

- Health care system – overburdened. Inverse relationship between demand and supply (3402 people for each Doctor)
- HIV places a strain on already poor system – 370 000 new infections annually
- DG is only form of support to those living with HIV/AIDS
- Narrow criteria –The DoH definition of disability as approved by cabinet in 2005 means a moderate to severe limitation in a person's ability to function or ability to perform daily life activities as a result of a physical, sensory, communication, intellectual or mental impairment.
- Evidence suggests that people are not testing for fear of losing the DG once their CD 4 count improves.



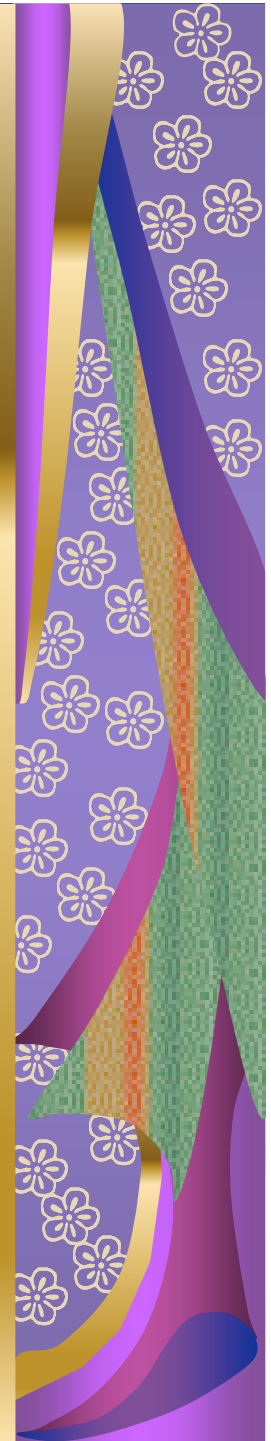
# Case Study

- Ms X from Lusikisiki is a victim of this system. Having contracted TB in January 2006 she was given a Temporary Disability Grant, and was able to overcome the infection.
- Four months after her grant had lapsed she was diagnosed with HIV and a few months later redeveloped TB.
- Her case is one that highlights how the relief offered by the welfare system works only when individuals are very ill rather than intervening at an earlier period to the chronically ill from becoming so severely debilitated in the first place.



# In favour of Chronic Diseases Grant

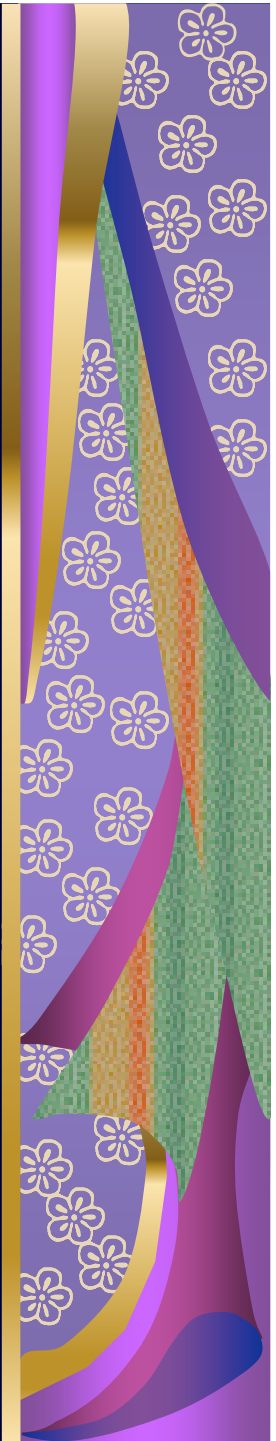
- It will target the burden of disease on the health system prior to people becoming sick
- The CDG offers a means for providing those living with HIV to have financial ability to access nutritious food and travel for medical services
- Will encourage testing for TB and HIV
- Encourage adherence to treatment
- Enable better mapping of the epidemic
- Curb spread of XDR TB
- Good for children if their parents live longer and healthier



# CSG Grant – making more babies? Myth or Reality – CSG in court

## *What we know about fertility in SA?*

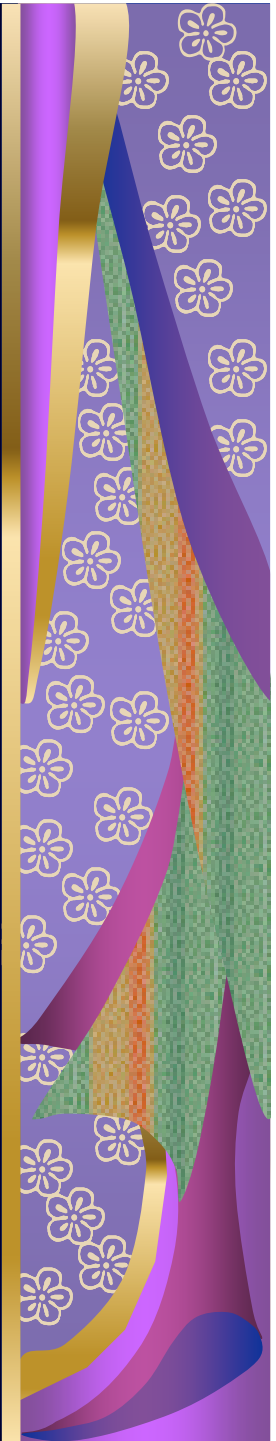
- Fertility rates in SA having been dropping for 40 years.
- Related to economic and social factors
- Between 1995 and 2001 KZN Women's fertility fell from 3.7 to 3.2 children per women
- Same for teenage pregnancies – although rates are still to high



# Teen Pregnancies – some facts

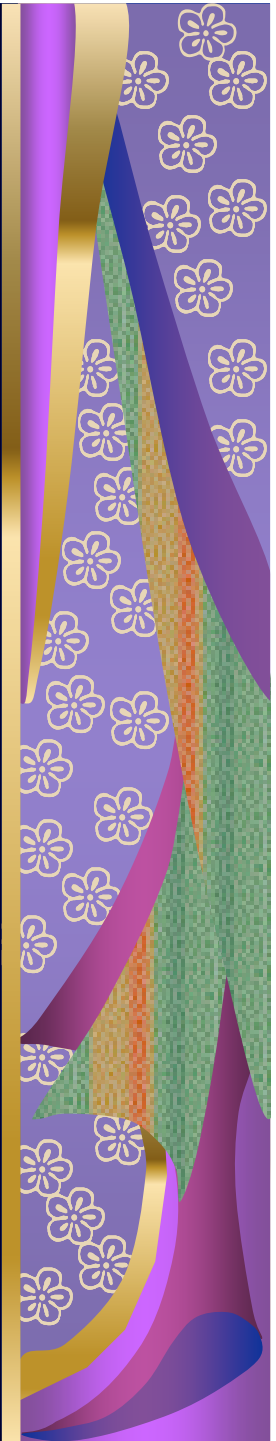
- 1999 – Teen preg rates 35% had been pregnant
- 2003 – it had dropped to 27%
- Rural vs Urban: 60 % higher in rural areas
- Primary school completion v. matric: 3 times higher in those with only primary school
- Age: incidence is much higher in 18 & 19 : 93% of all pregnancies in teens are in the 17-19 year age group. Only 7 % of pregnant teens are below 16 years?
- years olds than younger teenagers
  - 1 in 13 girls aged 15 fall pregnant
  - 1 in 7 girls aged 16 fall pregnant
  - above 17 years 1 in 3 girls fall pregnant
- Race: 7 fold difference between African & Coloured women v. White & Indian women
- 10-20% of first sexual experience was coerced for teens – child sexual abuse

**Link between sexual violence early in life, violence and teen pregnancies – pregnant 19 year olds were 14 times likely to have been abused as children**



# Prevention Response: Reduce Vulnerability

- Teenagers in SA are in limbo – increased vulnerability
- For a poor young girl – acquiescence to economic pressure and social expectations makes rational sense and for her own good.
- ***Change the meaning of pregnancy*** – provide alternatives to self evaluation and affirmation

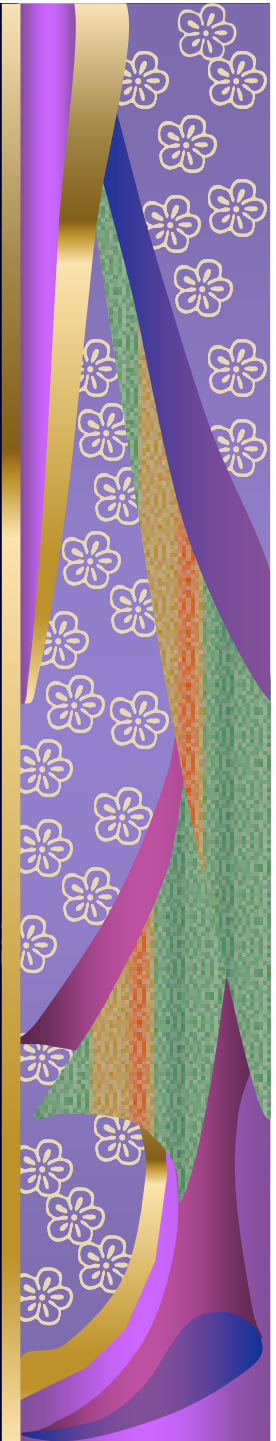


# Living in a world of increasing *insecurity*

## Some Trends .....

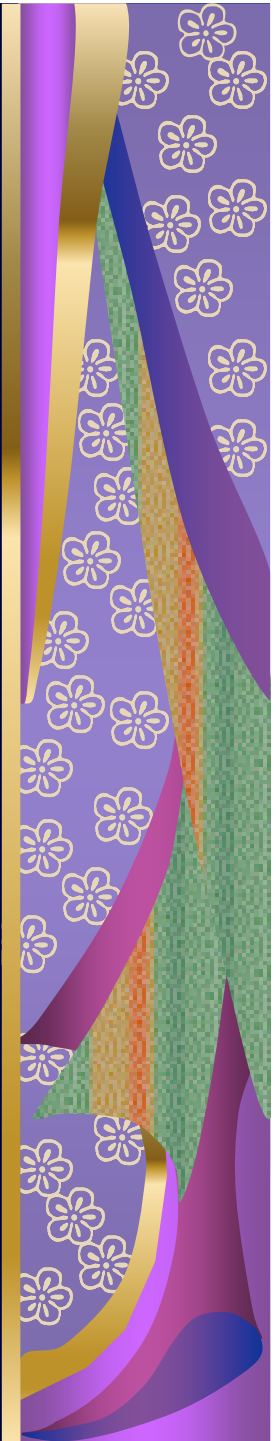
- Fewer workers are in formal employment.
- Fewer people rely on the land for subsistence and basic security.
- Traditional forms of family and community life have been eroded and with it the support systems have been eroded.
- Female headed households are increasing –greater poverty
- More women are migrating internally and across national borders in search of work.
- Governments are reducing their role in social services and welfare.
- Women are living longer, but not easier lives – exception is HIV/AIDS affected countries.
- Poverty and exclusion of large numbers ....
- Shift away from transitory poverty or lifecycle related poverty

CHRONIC POVERTY  
is the norm



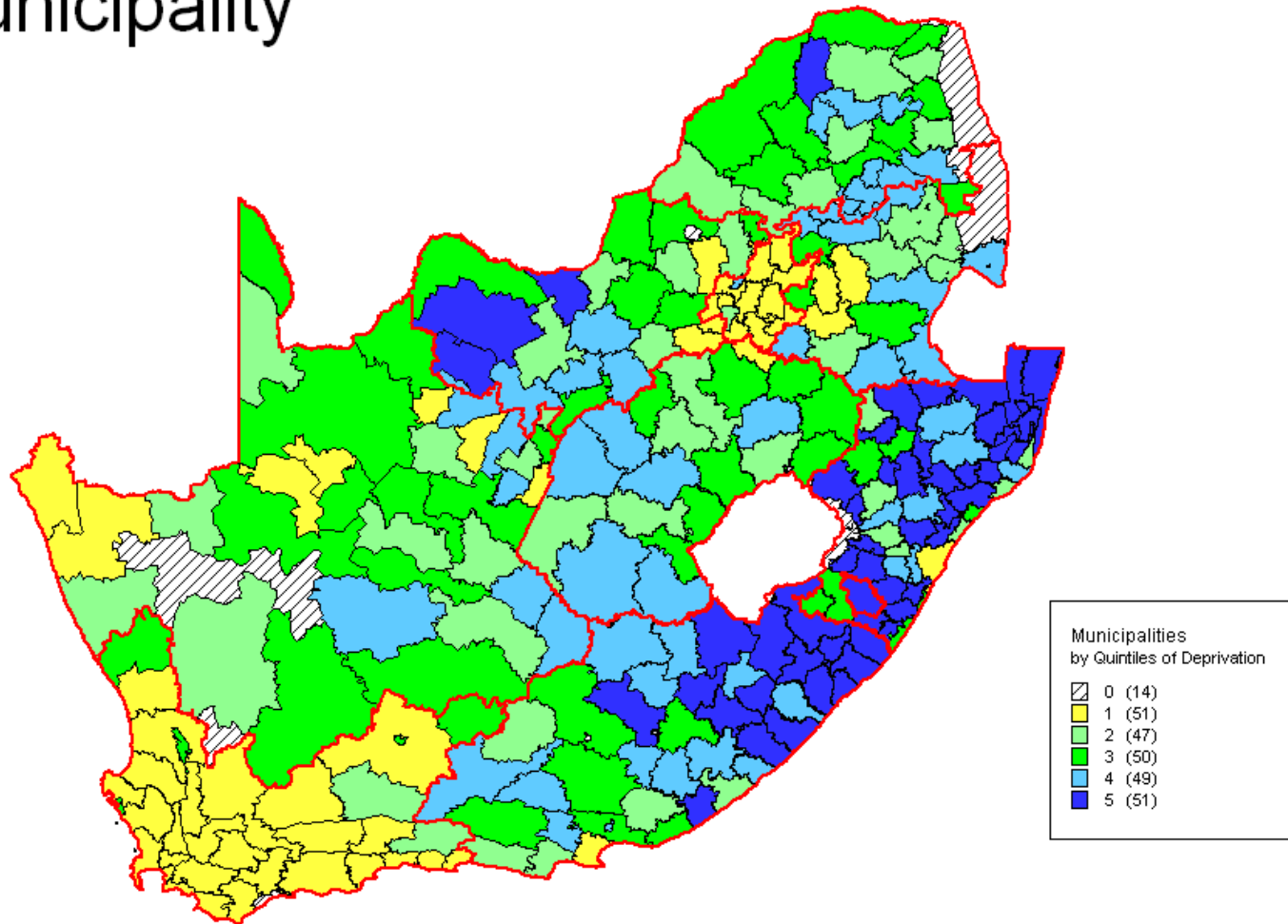
# Being chronically poor means...

- Living in larger households, female headed and older headed.
- Adult members of hh are less educated – lower levels of literacy.
- Hh spend less on food per person than other hh.
- Have less access to arable land per capita
- More likely to be receiving pensions.



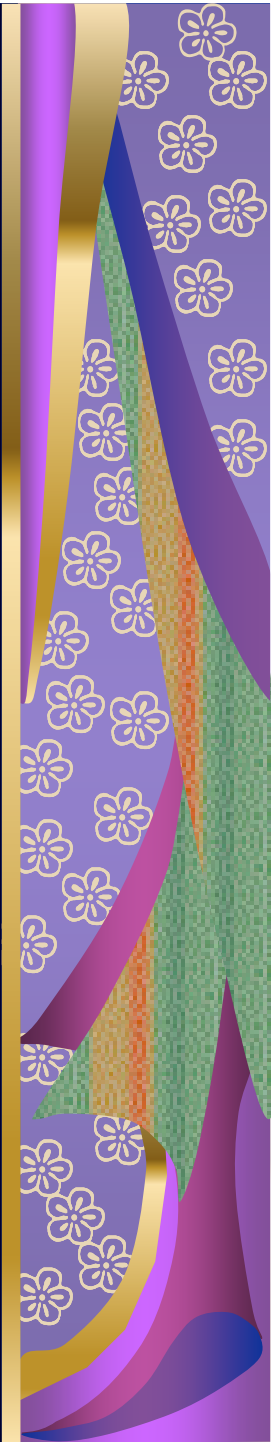


# South African Child Index of Multiple Deprivation by Municipality



# Poverty and Social Development

- Poverty: huge challenges on SA Government. Requires integrated response - not just responsibility of Social Development
- Despite substantial social spending SA has massive backlogs and gaps and increasing poverty

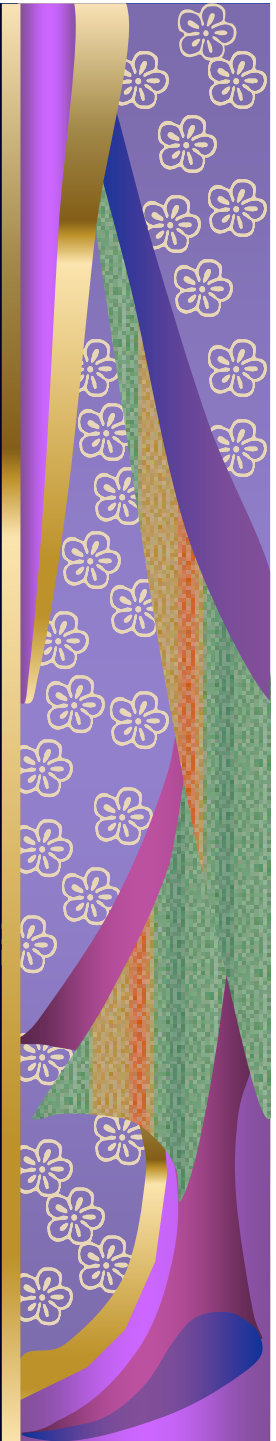


# Unemployment in SA

- Big problem: SA has one of the highest unemployment rates in the world with over 5 million people unemployed.
- Youth unemployment – unique feature. School leavers have a 50/50 chance of finding a job by age 24. Between 500,000 and 700,000 school leavers join the ranks of the unemployed annually
- Only 3% of unemployed receive u/e support
- Split between those searching and those discouraged – 61 % looking for more than a year.
- Urban 55 % U/E; Rural 45 %

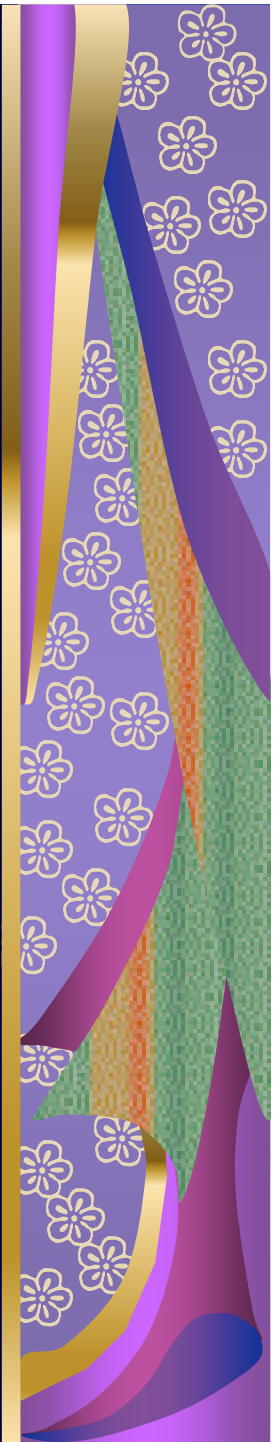
# Poverty and Employment

- Informal economy workers almost all earn under R R2,500 and mostly below R 1000.00 – street traders
- Formal sector employment in agriculture, domestic work – sector determinations generally below R 2500.00
- Low and semi skilled wages have been stagnant – not benefiting from productivity improvements
- Social Sector employment among the lowest paid, least protection, precarious, low skilled.



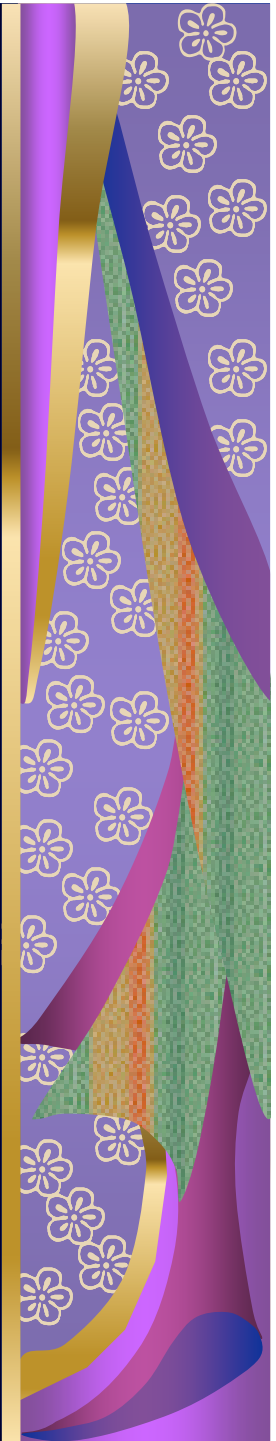
# Food insecurity

- 14,3 million food insecure people in SA – 38% of population
- 38% of SA did not meet daily energy requirements
- Female headed households worse off
- Children bear the brunt of this



# What's happening to children?

- 25-27% stunting in children under 5 years
- IMR – one of 12 countries where this is on the increase – moving away from achieving MDG targets.
- MDG target 14 per 1000
- Only 38% of children under 1 accessing the grant.
- Without the CSG South Africa's HDI would be lower and its Gini-Coefficient would be higher.



# Challenges for Social Development into the future

- Child poverty – denied opportunities
- Youth unemployment – self esteem, dignity, anomie
- Burden of care – women, children and elderly
- Care Work – skills, employment conditions need to be addressed
- Requires greater integration across departments and programmes

