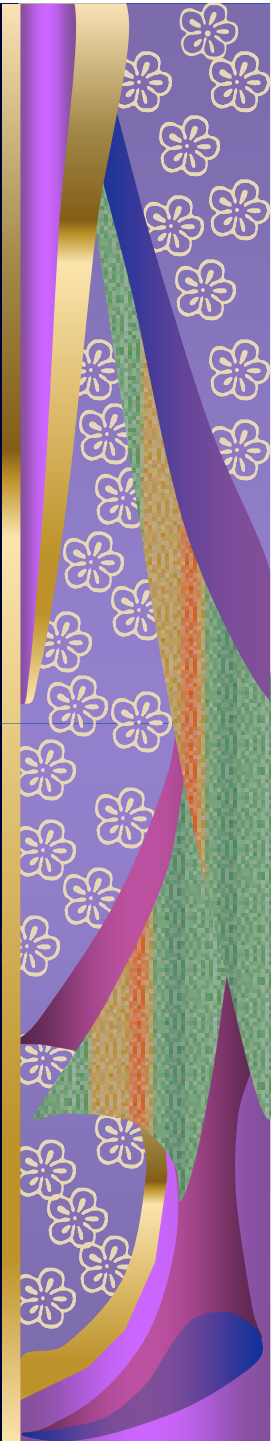


Developmental Social Welfare: A contribution to Poverty Alleviation

**Presentation to the School for International Training
Community Health Programme**
12th October 2010

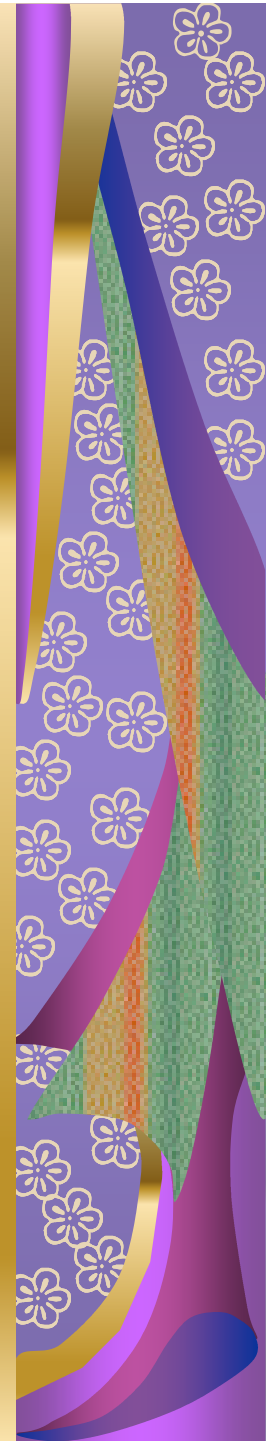
Shirin Motala
Centre for Economic Development & Performance
Human Sciences Research Council



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
- **Deficit Theory** – “deserving or underserving”
- **Dependence Theory** - disincentive to work
- Post 2nd 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.
- **2nd 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.

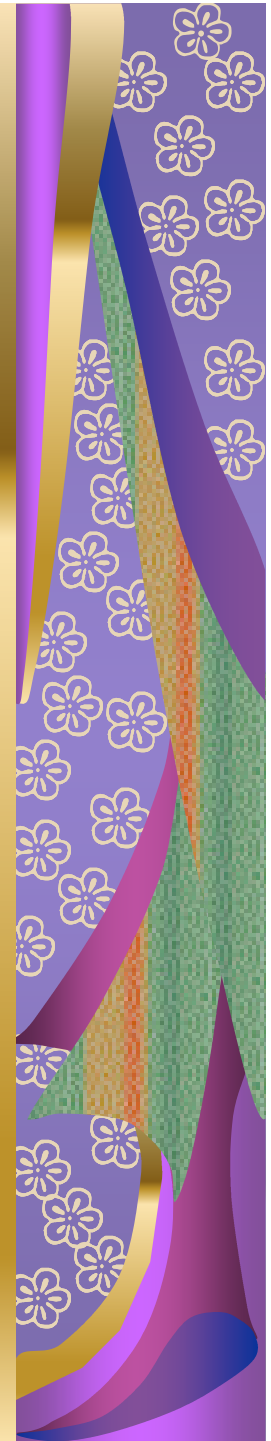


Different policies are designed to meet different purposes

Example:

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)



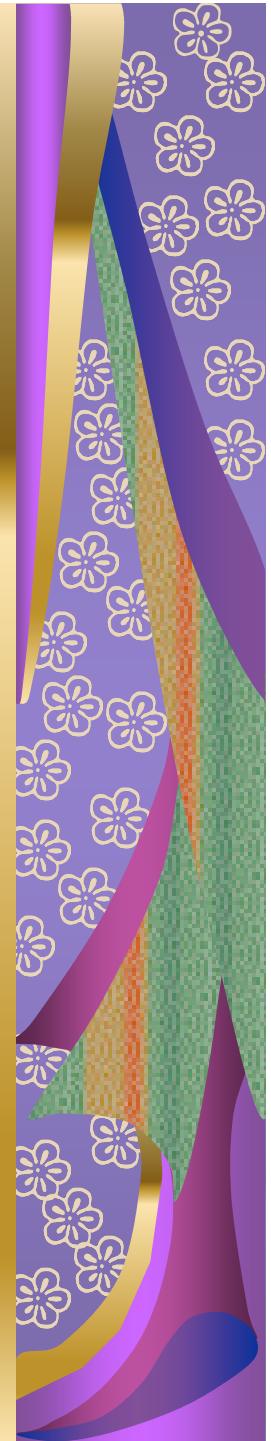
From Apartheid to Developmental Social Welfare – post 1994

Vision

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

Mission

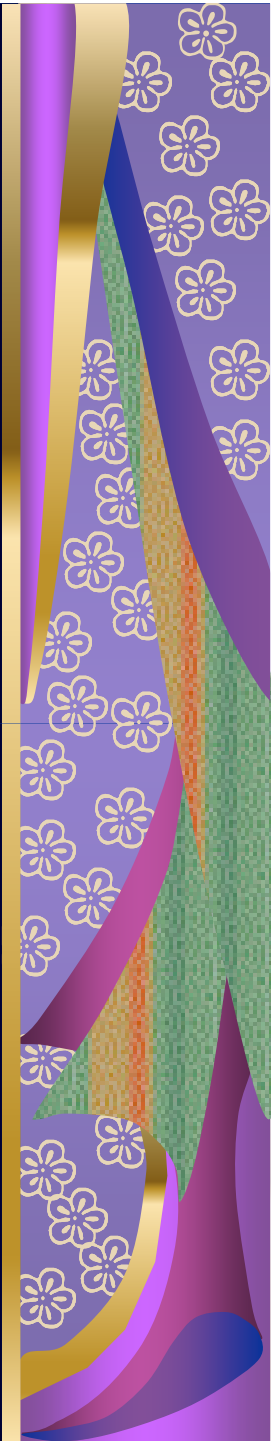
- To enable the poor, the vulnerable and the excluded within South African society to secure a better life for themselves, in partnership with them and with all those who are committed to building a caring society.



Policies that shape the model of social services

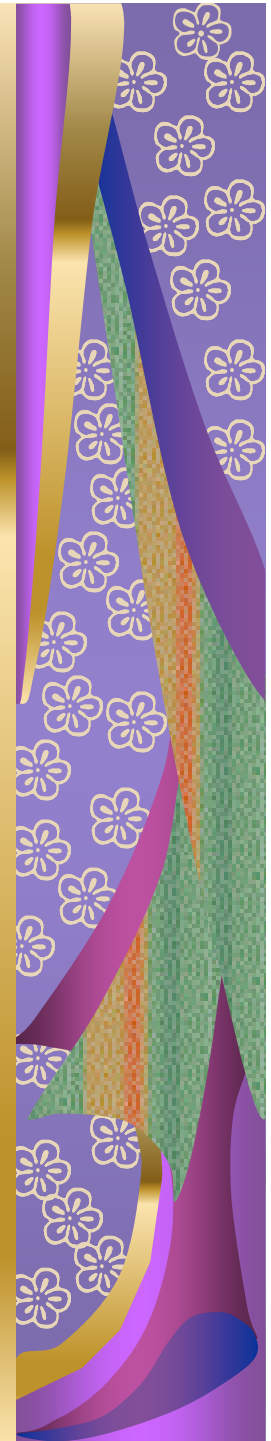
Major policies shaping South African model:

- White Paper for Social Welfare 1997
- Policy for Financial Awards to Services Providers 2004, affects subsidies to NGOs and salaries (currently under review)
- Service Delivery Model for Developmental Social Services 2006



New legislation based on DSW

- Children's Act no.38 of 2005
- Children's Amendment Act no. 41 of 2007
- Sexual Offences Act no. 32 of 2007
- Child Justice Bill B 49B of 2002
- Older Persons Act No. 13 of 2006



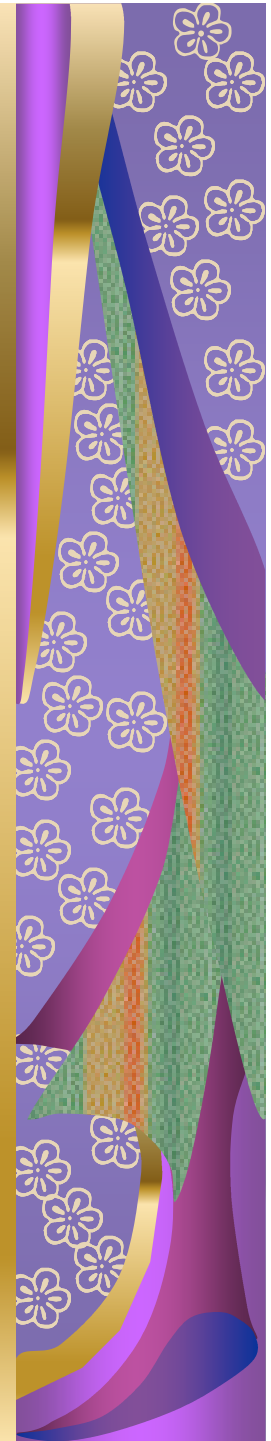
Social Policy determined by assumptions

Assumption

- 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

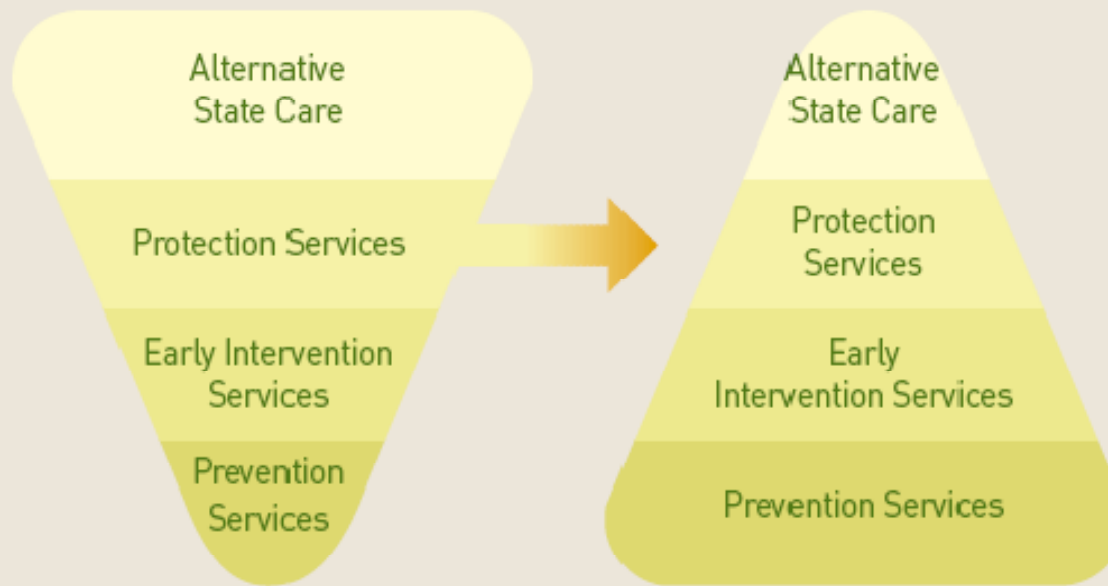
Fact

- 3+ generational
- Skip generations – parents missing
- Grandparents - in their 40's & 50's
- 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



Social Services in a Developmental Welfare Model

DIAGRAM 4: The shift in emphasis of types of service interventions from a residual to a developmental welfare system



Source: Financing Policy Notice 463 of 1999:14. In: Dutschke M (2007)
Rights in brief: Defining children's constitutional right to social services. Cape Town: Children's Institute, UCT.

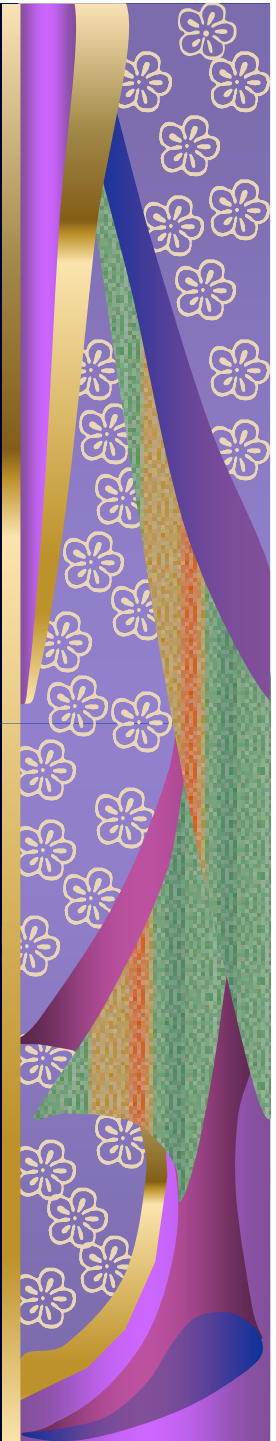
Department of Social Development Responsibilities

Within package 2 main service branches (White Paper):

- i. **Social Security** (most notably social assistance e.g. grants)
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).

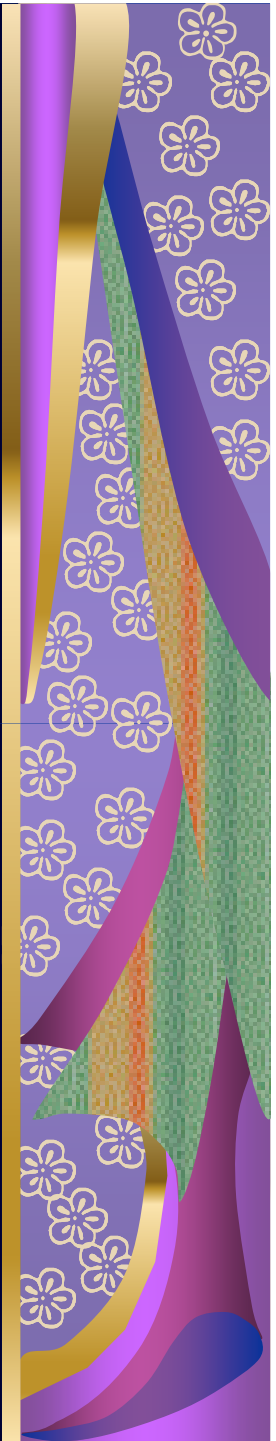
Another responsibility added more recently (2002)

- 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



Policy Concerns – delivery of social services

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

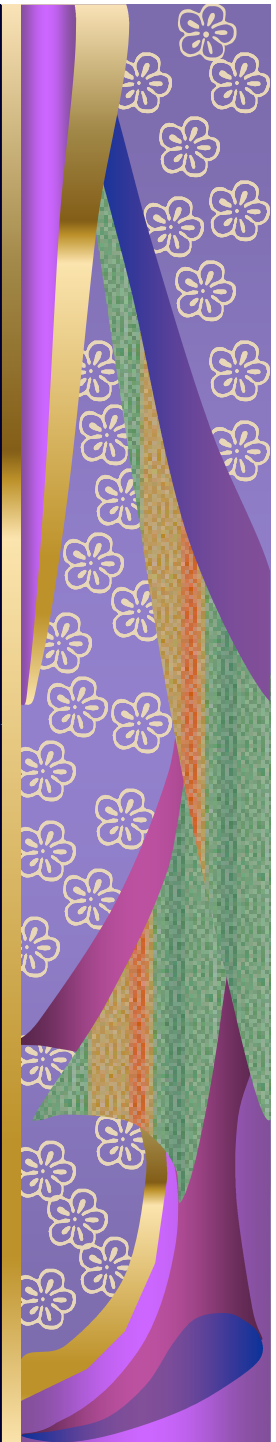
Context:

- 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 to 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 (over 60 years)
 - Child Support Grant (0-18years)
 - Disability Grant (over 18 years)
 - Care Dependency Grant (24 hr care 0-18years)
 - Grant in Aid
 - Foster Care Grant (children 0-18years)
 - War Veterans Grant
 - Social Relief of Distress



Research on the Old Age Pension

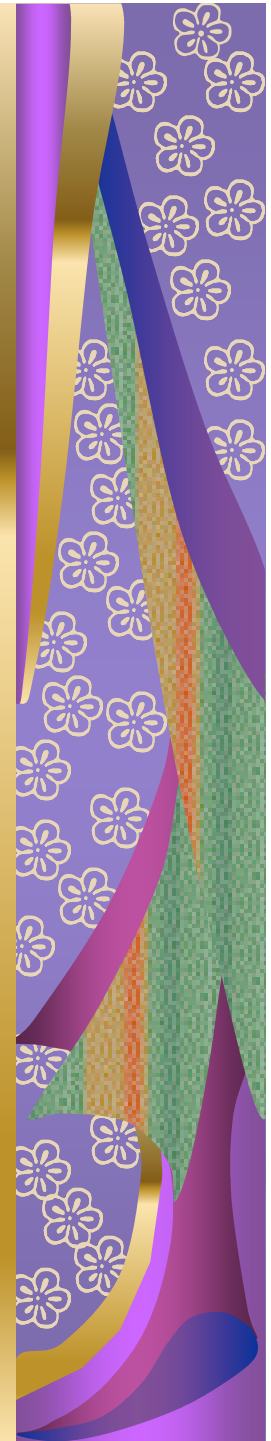
Intended effects:

- Well targeted for poverty – reaches rural and poor
- Empowering for elderly people
- Enables income smoothing

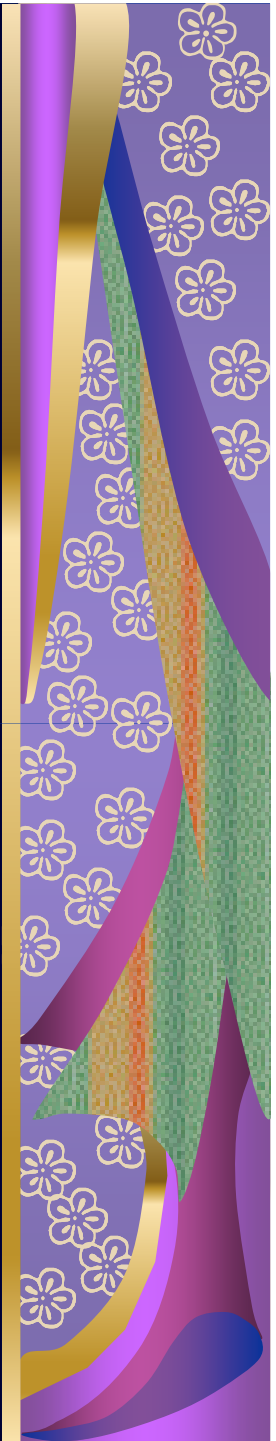
Non-intended effects:

- 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



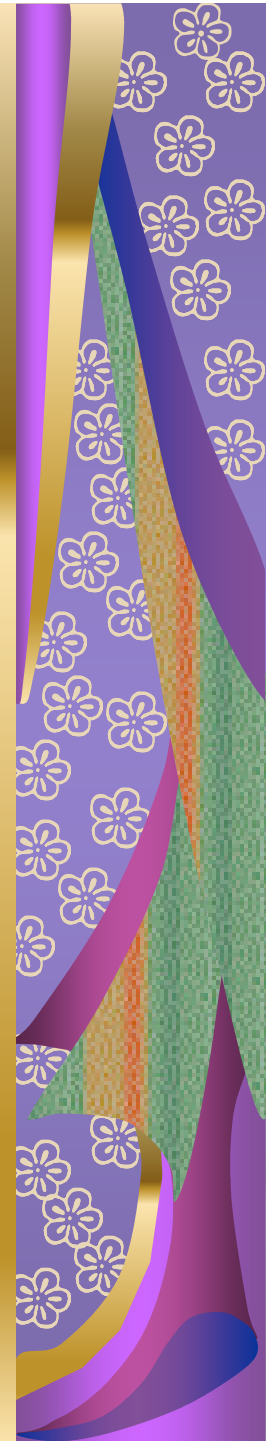
Men and women at pension-day collection points



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

- 8 + million beneficiaries – 11 years
- Most primary caregivers are mothers
- Good effects on school enrolment
- Unexpected finding: the importance of presence of mother in the household for access to grants

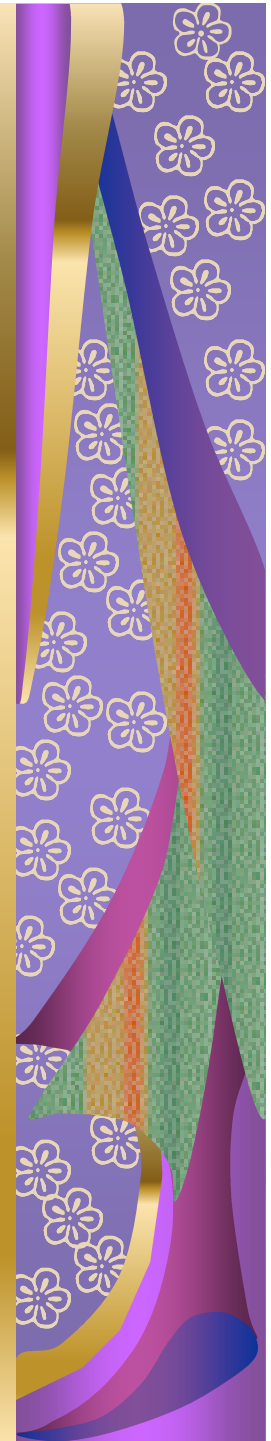
ALL THESE WERE PART OF POLICY
INTENT



Characteristics of CSG beneficiaries

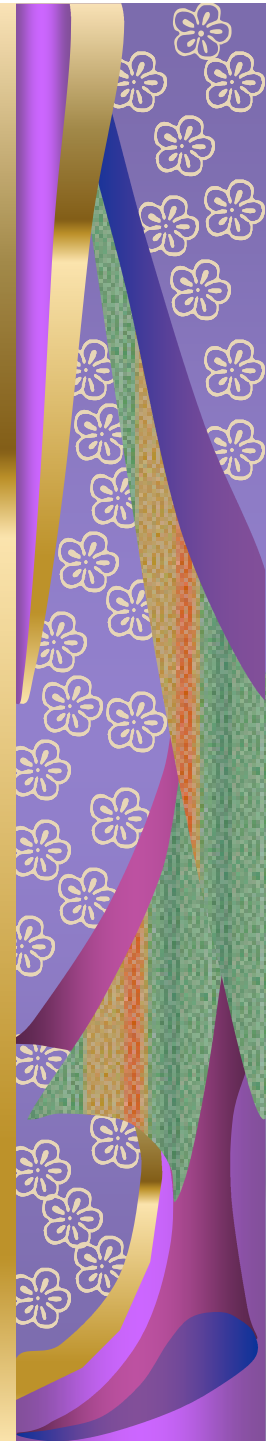
According to NIDS 2008:

- Almost 60% of all children under 14 receive some form of cash transfer from the state, the vast majority receiving the CSG.
- 82% of child grants are received by one of the child's parents, 12% are received by grandparents and 3% are received by an aunt or uncle.
- Less than 2% of grant beneficiaries are teenagers; one-third are in their 30s; 15% are over 50



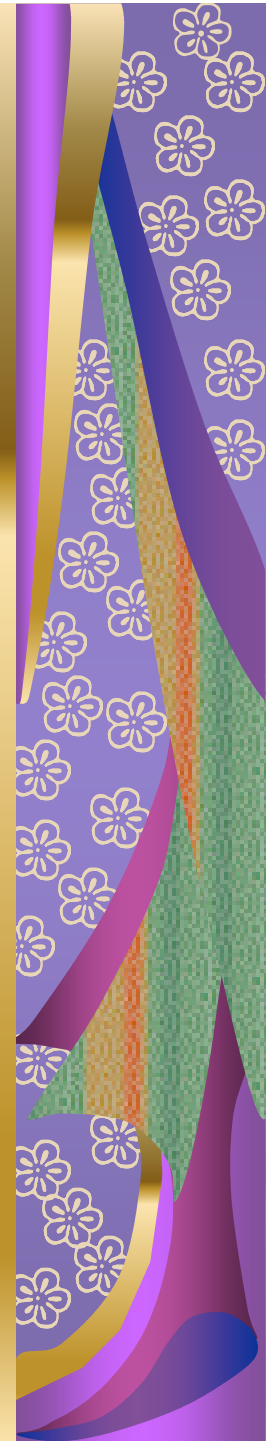
Problem of targeting/Equity

- There are currently more than 600,000 maternal orphans (73%) not receiving any grant, a vastly higher proportion than for any other group.
- Disproportionately – younger children 0-2 years not accessing grant
- Fewer rural children accessing grant
- CSG value not in keeping with inflation – annually increase R10-R20

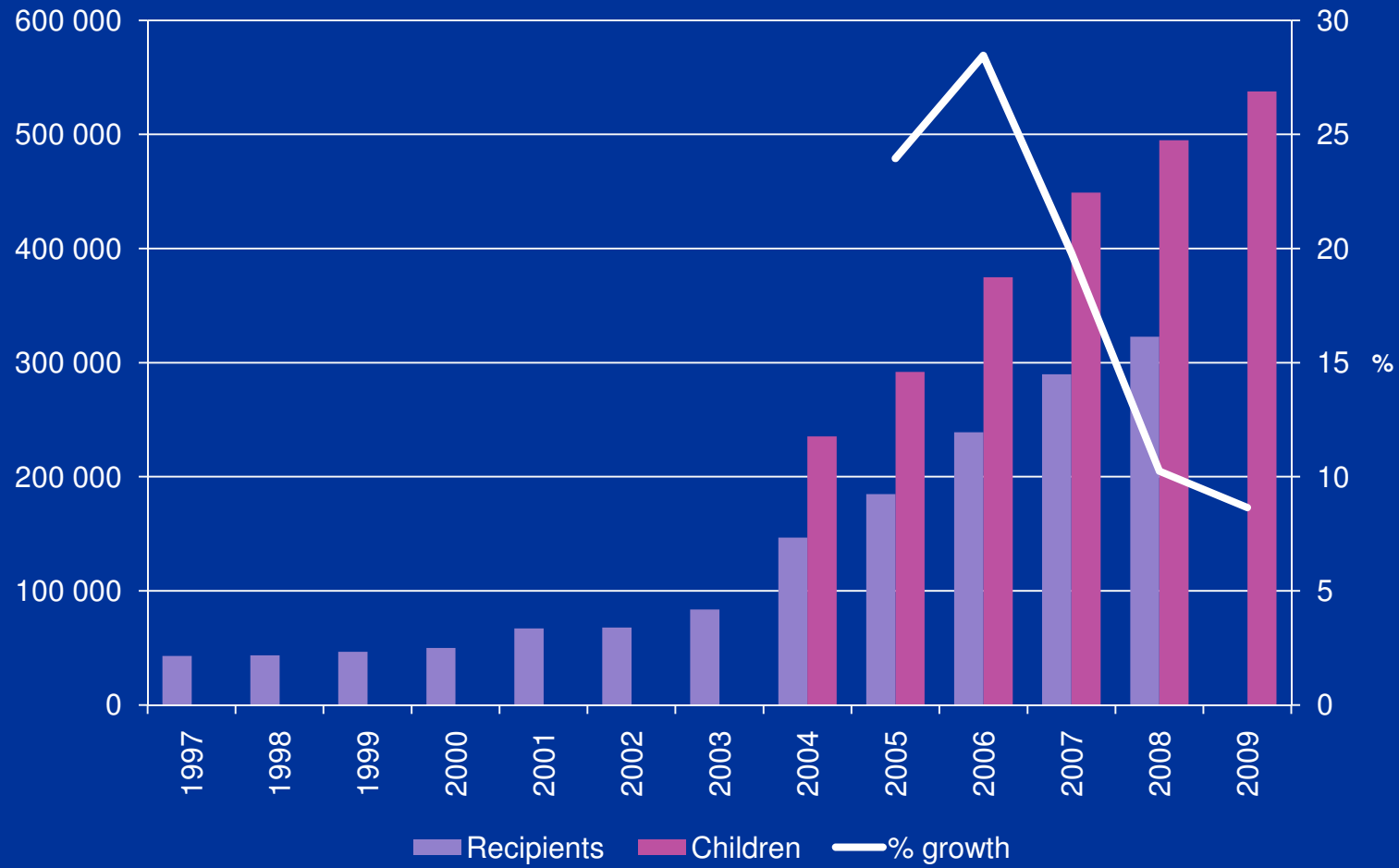


Foster Care Grant

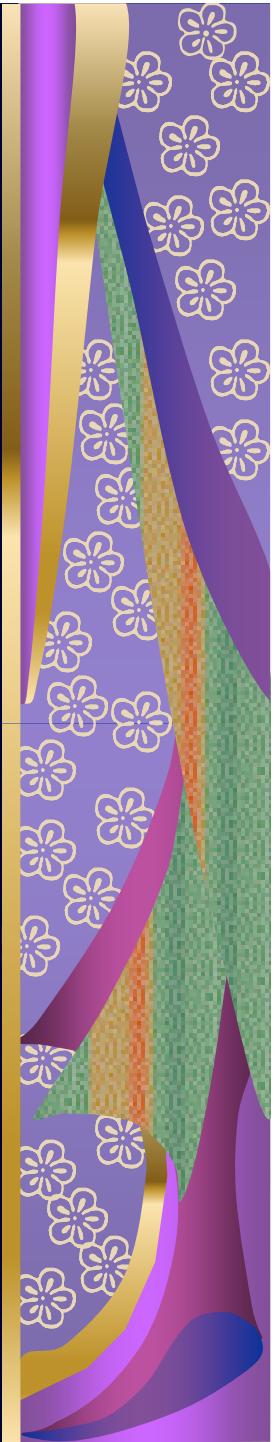
- Designed for “at risk” children that have been placed in the custody of foster parents in terms of the Child Care Act.
- Significantly larger grant than the CSG at R710 p.m.
- The expansion of the HIV/AIDS pandemic has led to large growth in the number of recipients, outpacing population growth.
- 44% of Foster Care Grants go to children older than 14



Foster Care Grant beneficiaries



Source: SASSA



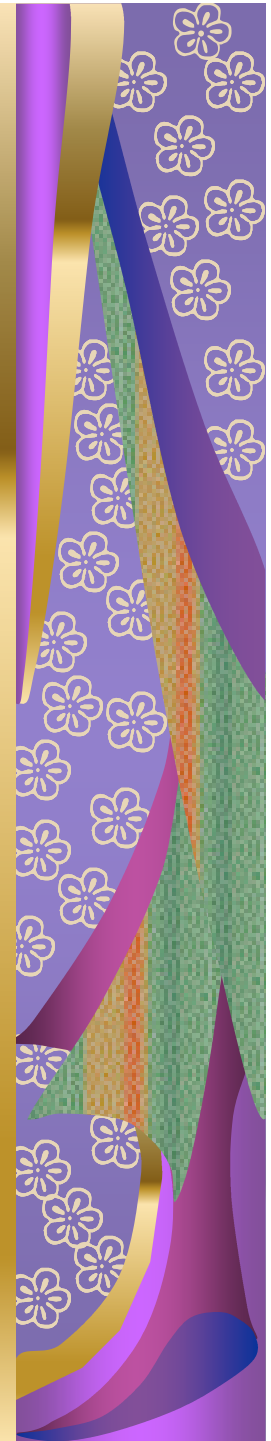
Profile of FC beneficiaries

- 79% of Foster Care Grant beneficiaries meet the Child Support Grant means test.
- 10% of Foster Care Grant beneficiaries have non-resident caregivers. This is illegal
- The most frequent recipient reported is the child's grandparent (36%) and 12% report an uncle or aunt.
- Three-quarters of the children receiving the Foster Care Grant are orphans (42% are dual orphans, 22% are maternal orphans and 10% are paternal orphans).



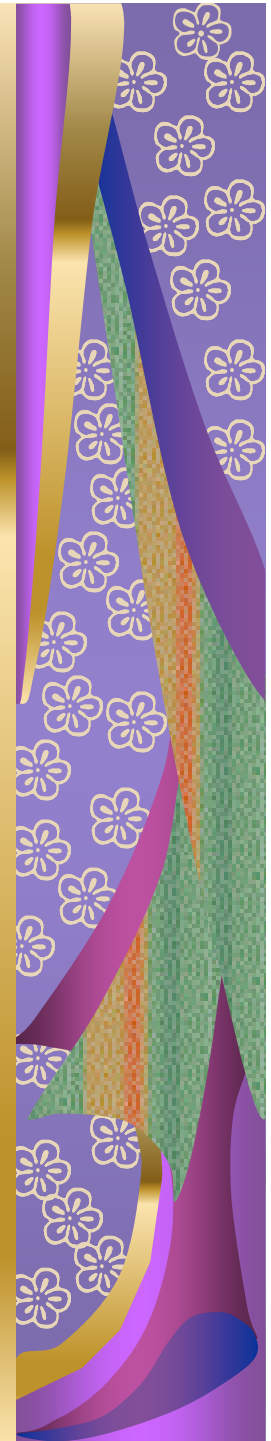
Challenges : Foster Care Grant

- Complex administrative procedure costly
- Without proportional increase in capacity (e.g. 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.



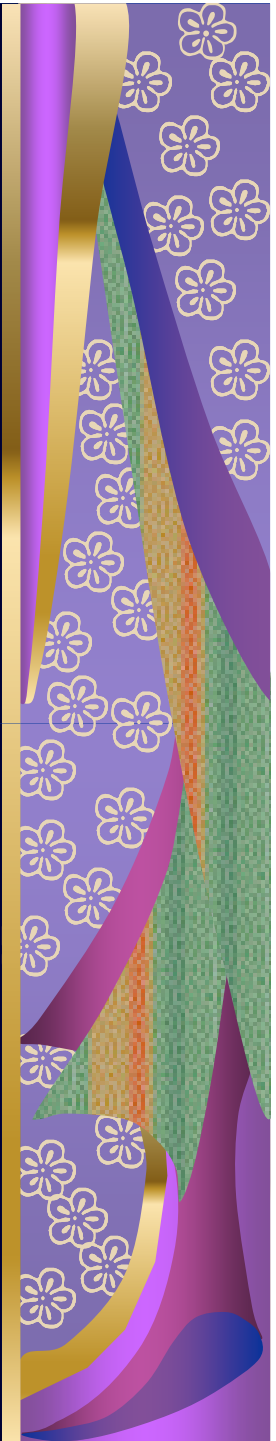
Disability Grants

- Disability Grant for adults – means tested and medical evidence required.
 - ❖ Can be permanent or temporary
 - ❖ Subjective application of ‘definition’ for disability.



Care Dependency Grants

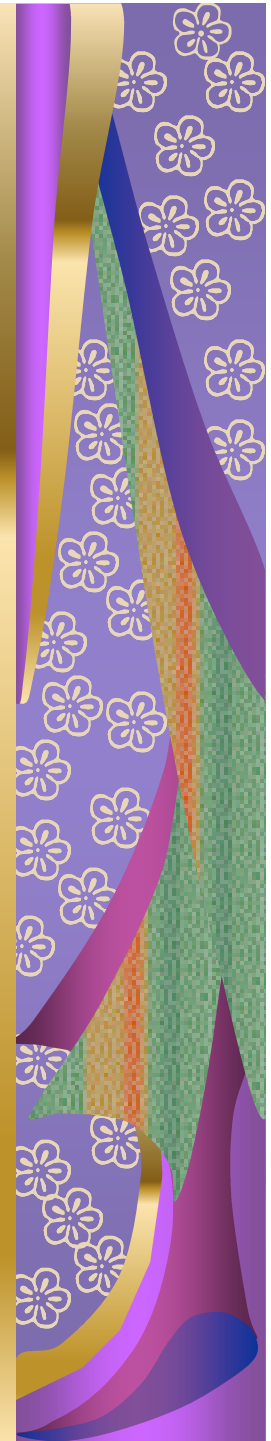
- ❑ CDG not accessed by children with disabilities if they are not requiring 24 hour care.
- ❑ Very narrow definition of disability
- ❑ CDG criteria does not integrate needs of children's suffering chronic illness due to HIV/AIDS infection and impacts or of children living with disabilities who need additional support



HIV/AIDS

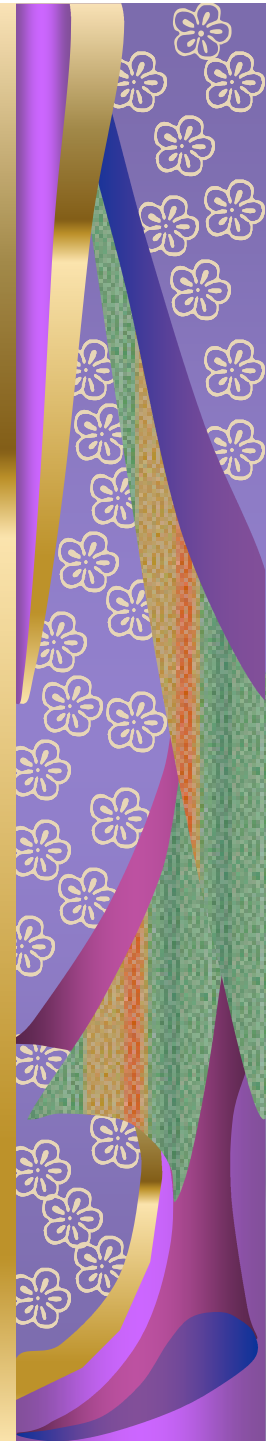
HIV/AIDS is changing -:

- 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.)



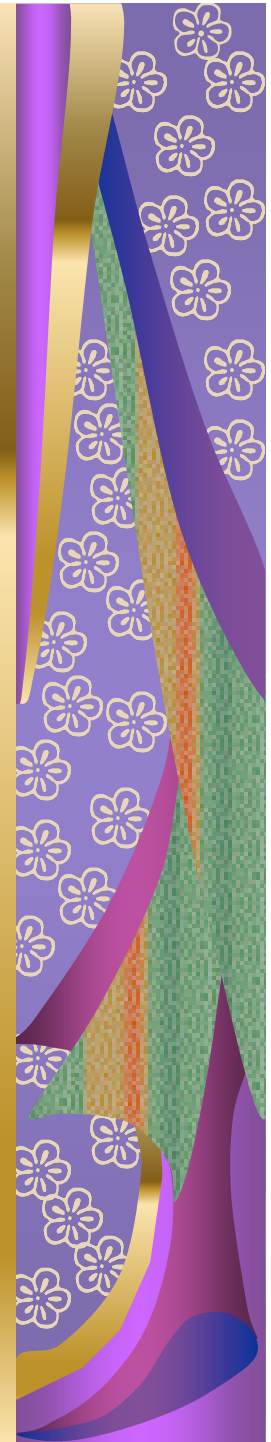
Chronic Diseases & Grants: Incentivising illness or a pragmatic response to AIDS Pandemic?

- 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

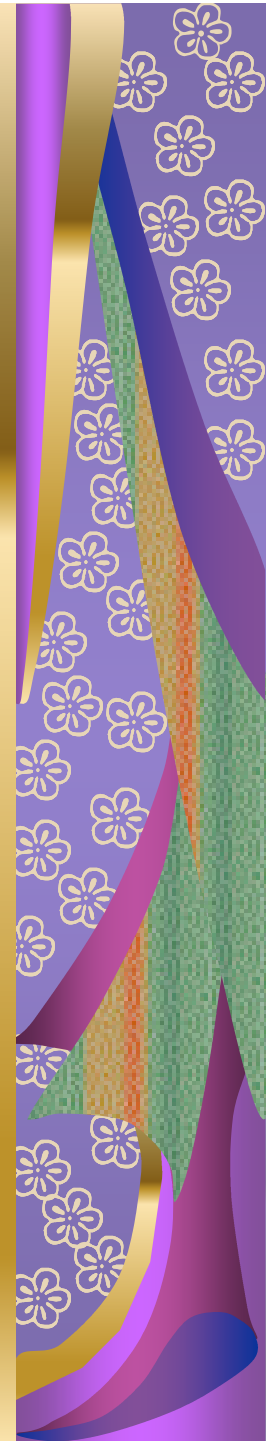
- It will target the burden of disease on the health system prior to people becoming sick
- The CDG offers a means for providing those living with HIV to have financial ability to access nutritious food and travel for medical services
- Will encourage testing for TB and HIV
- Encourage adherence to treatment
- 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?

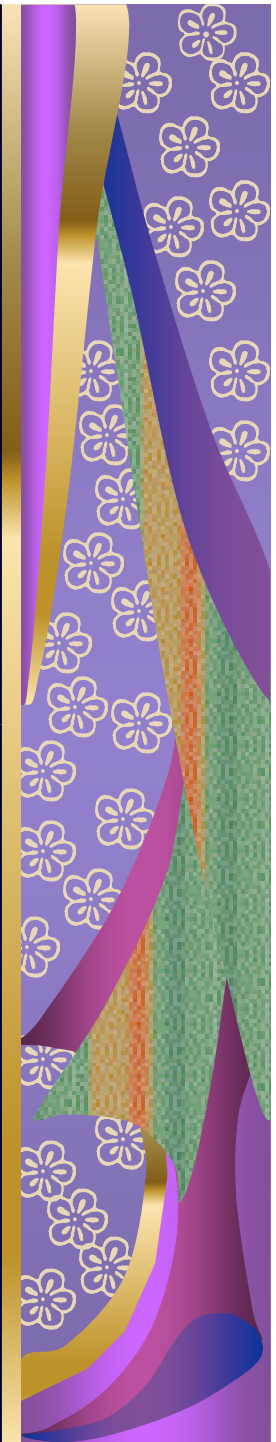
- Fertility rates in SA having been dropping for 40 years.
- Related to economic and social factors
- Between 1995 and 2001 KZN Women's fertility fell from 3.7 to 3.2 children per women
- Same for teenage pregnancies – although rates are still to high



Teen Pregnancies – some facts

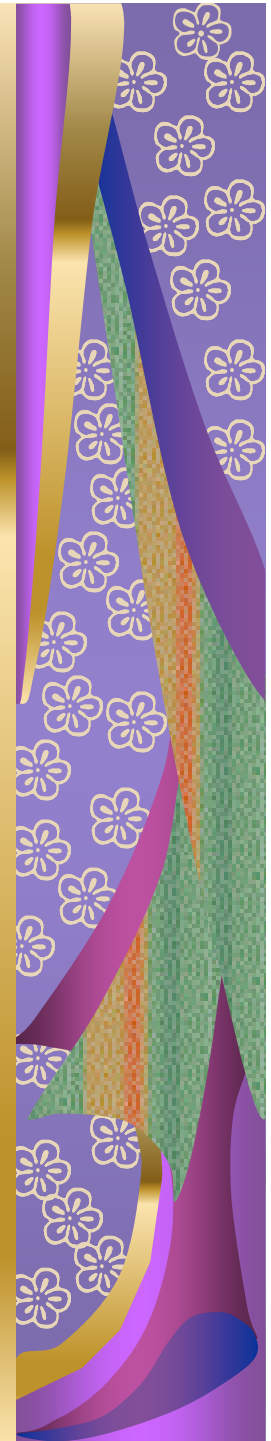
- 1999 – Teen preg rates 35% had been pregnant
- 2003 – it had dropped to 27%
- Rural vs Urban: 60 % higher in rural areas
- Primary school completion v. matric: 3 times higher in those with only primary school
- Age: incidence is much higher in 18 & 19 : 93% of all pregnancies in teens are in the 17-19 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

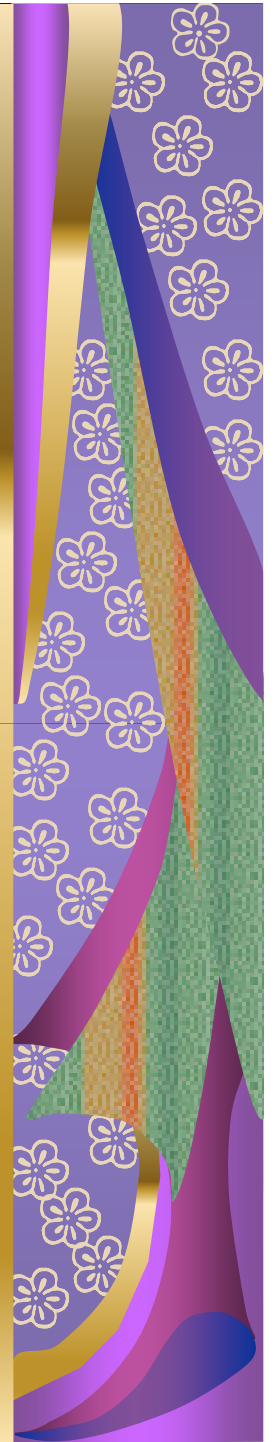
Link between sexual violence early in life, violence and teen pregnancies – pregnant 19 year olds were 14 times likely to have been abused as children



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



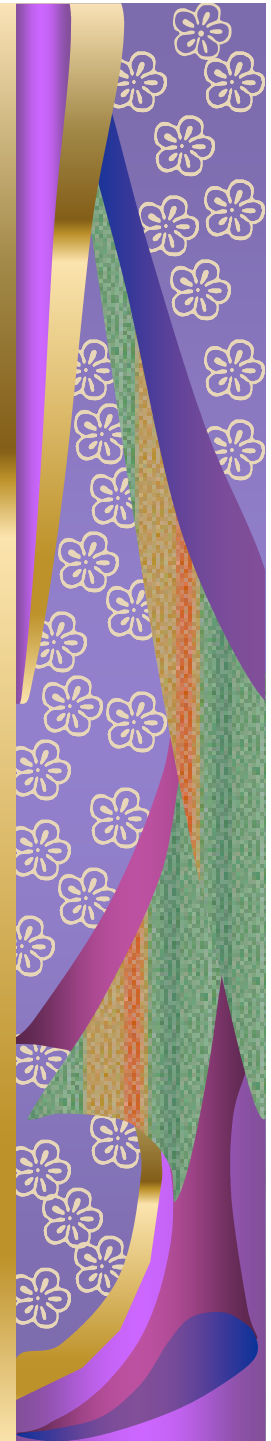


Living in a world of increasing *insecurity*

Some Trends

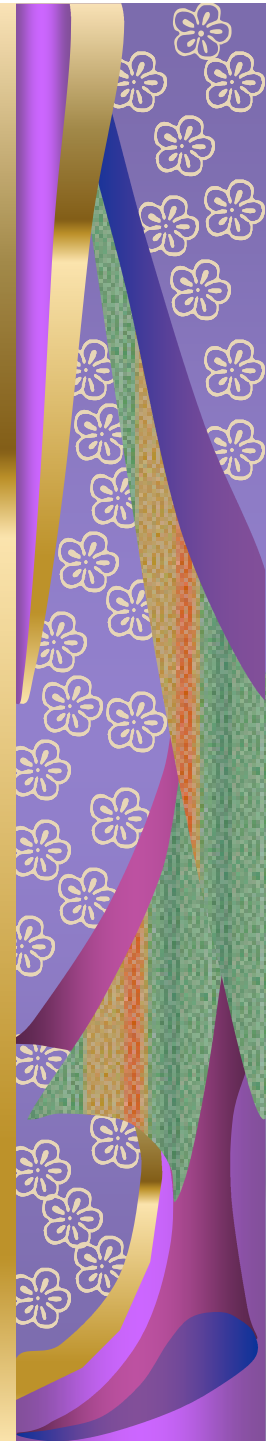
- Fewer workers are in formal employment.
- Fewer people rely on the land for subsistence and basic security.
- Traditional forms of family and community life have been eroded and with it the support systems have been eroded.
- Female headed households are increasing –greater poverty
- More women are 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

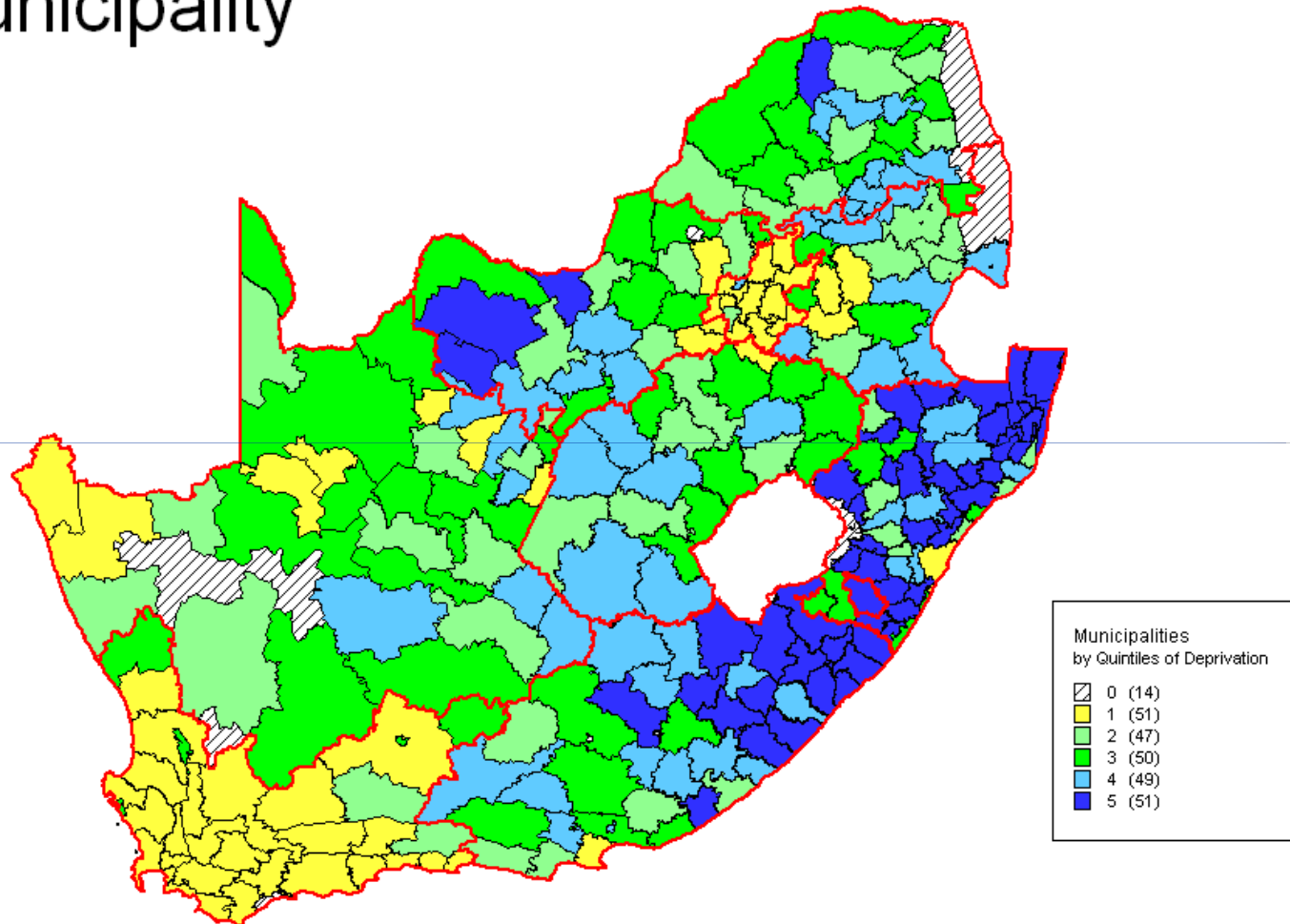


Being chronically poor means...

- 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

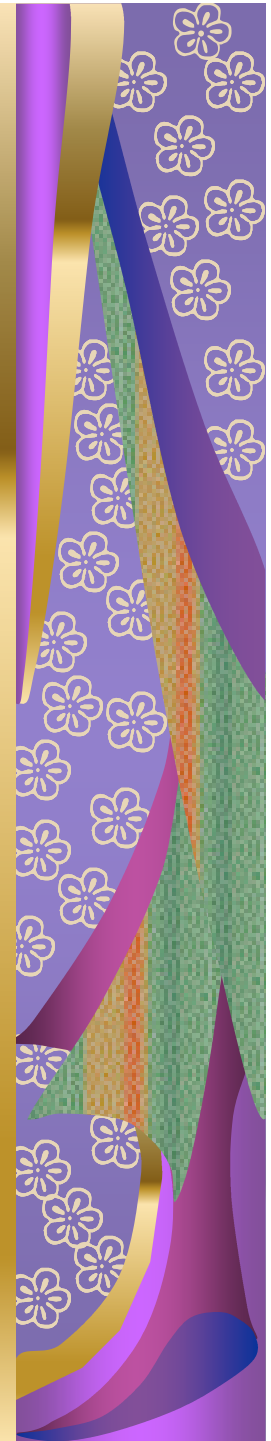


Unemployment in SA

- 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 %

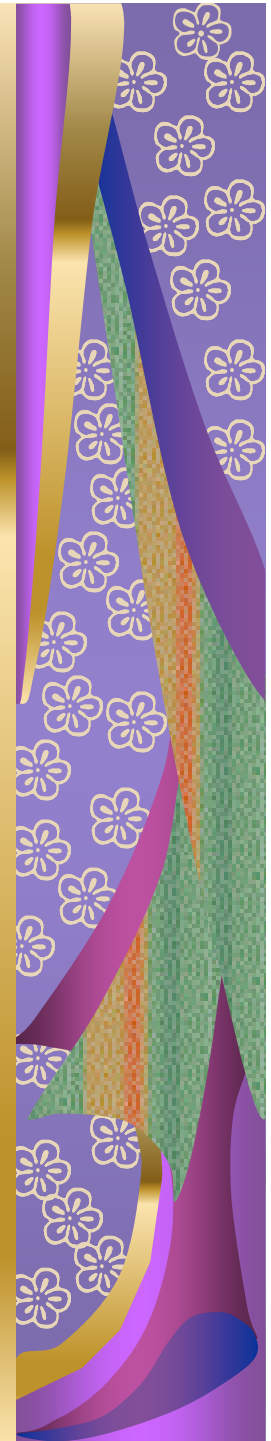
Poverty and Employment

- 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.



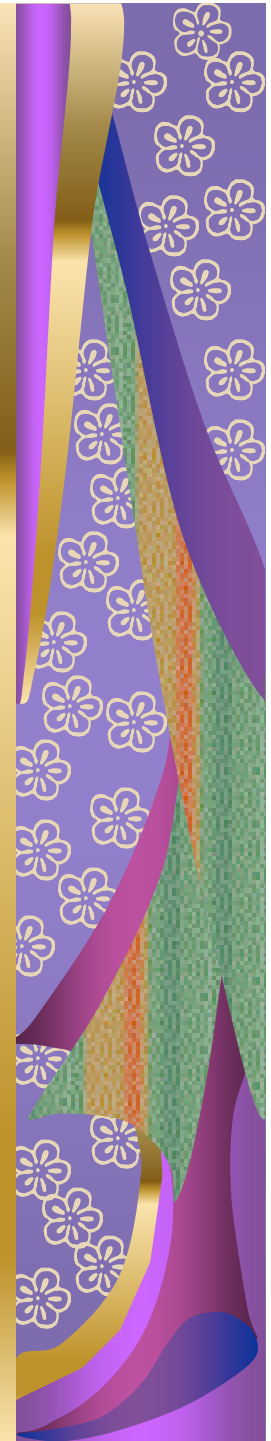
Food insecurity

- 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

