TWENTY YEAR REVIEW

SOUTH AFRICA

1994 - 2014

BACKGROUND PAPER:

SOCIAL PROTECTION

Contact details:
Chantelle Van Der Byl
Tel: (012) 312 0102
Email: Chantelle@presidency-dpme.gov.za

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The background papers are written by officials in the Presidency and other government departments using inputs from literature reviews, commissioned research, government reviews and reports and roundtable discussions with a range of stakeholders. The views reflected in the background papers do not represent those of the Presidency, but rather reflect authors' views on sector developments.

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Acronyms and Abbreviations

COIDA	Compensation for Injuries and Diseases Act
CSG	Child Support Grant
DG	Disability Grant
ECD	Early Childhood Development
FCG	Foster Care Grant
FFC	Financial and Fiscal Commission
GDP	Gross Domestic Product
GEMS	Government Employees Medical Scheme
HCBC	Home- and community-based care
NGO	Non-governmental organisation
NIDS	National Income Dynamics Study
NPO	Non-profit organisation
OAG	Old-age Grant
OSD	Occupation-specific dispensation
PTB	Pulmonary tuberculosis
RAF	Road Accident Fund
RDP	Reconstruction and Development Programme
SASSA	South African Social Security Agency
SMG	State Maintenance Grant
Sabswa	South African Black Social Workers Association
Swasa	Social Work Association of South Africa
UIF	Unemployment Insurance Fund
UNICEF	United Nations Children’s Fund

Review

1. Introduction

Prior to 1994, the welfare sector was delineated by racial exclusion and inequalities. Welfare policy entrenched the socio-economic privileges of the white population, and differentiated races along political, economic and social lines. The white population group accessed better and well-resourced welfare services, as opposed to the black, coloured and Indian population groups. The operating procedures of the welfare policy were also fragmented along racial and ethnic lines, with specific welfare departments meeting the needs of each race or ethnic group.

At the time of the transition, millions of people were living in difficult circumstances, characterised by poverty, violence, social disintegration, disability, HIV/Aids, etc. and needed government support.

Thus, after 1994, one of the most difficult and yet urgent tasks of the democratic government was to transform and extend social protection measures to the entire population.

The need to change the system was also implicit in government's policy promises and human rights obligations. In the Reconstruction and Development Programme (RDP) (African National Congress, 1994), government committed itself to developing programmes to assist the poor and the vulnerable. These programmes included a combination of the social wage programme that is critical for reducing poverty by providing basic services, such as water, electricity, housing, education and health, as well as cash transfers. To further this commitment, the democratic government introduced some new guarantees and benefits, some of which are enshrined in the Constitution. These gave effect to section 27(1)(c) of the Constitution, which states that "everyone has a right to have access to social security, including, if they are unable to support themselves and their dependents". Section 27(2) goes further to state that the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right of access to social security and social assistance.

1.1 Contextualising social protection

Social protection represents society's responses to the varying levels of risk or deprivation that people face. These responses include secure access to income, livelihood, employment, healthcare, educational services, nutrition and shelter (Taylor, 2002:119). Although not aimed at meeting all the needs of individuals, the social protection measures are designed to lift recipients out of poverty. They deal with both absolute deprivation and the vulnerabilities of the poorest, and also with

the need of the currently non-poor for security in the face of shocks and life cycle events.
Government's Social Protection Framework is built on the principle of comprehensiveness, and thus income support, social services, social insurance and the provision of free basic services to vulnerable households constitute government's holistic approach to addressing poverty.

Key elements of the social protection system include:

- Social assistance cash grants for children, the aged and persons with disabilities
- Access to free basic services, such as shelter, water, sanitation and energy for poor households
- Free education in schools in poor communities, a school nutrition and transport programme
- Free healthcare for pregnant women and children under six
- Statutory social insurance arrangements, such as the Unemployment Insurance Fund (UIF), Compensation for Injuries and Diseases Act (COIDA) and the Road Accident Fund (RAF)
- Voluntary social security arrangements for those formally employed (through pension schemes and provident funds)
- Active labour market policies to facilitate labour market entry and redress the inequalities that are inherent in the system due to apartheid
- Income support for the working-age poor through Public Works programmes
- A developmental social welfare approach, with a focus on individuals, families and communities
- Social relief, comprising short-term relief funds for major disasters, such as fire, floods or other natural disasters (this is non-contributory and means tested, targeting the poor)

This review does not cover all the elements of social protection, as they are covered in other reviews. The focus of this review is on social security, social assistance and welfare services.

Social protection is an important mechanism for poverty alleviation and income redistribution in South Africa. Social assistance and welfare services target the aged, children, the youth, poor families, people with disabilities, drug and alcohol dependants or abusers, people with HIV/Aids and those who suffer from other chronic illnesses, women and people with special needs.

Welfare services available in South Africa include government residential care services, government-subsidised residential care services (such as places of safety and children's homes, old-age homes, rehabilitation centres and homes for the disabled, and rehabilitation centres for alcohol and drug abusers) and non-residential

care service centres (such as therapy or counselling facilities, service centres for the aged, protective workshops and crèches).
Social security is largely targeted at the employed, mostly those in formal employment.

This review provides a brief overview of the social protection/social welfare services system inherited by the democratic government, the reforms introduced by the democratic government in the social welfare sector and their impact, the successes to be celebrated and key challenges that remain in the provision of social protection.

Prior to 1994 (and after 1994 up to an undetermined date), reference was not made to social protection as an encompassing term in South Africa. The government of the day used the term “social welfare services”. The use of this term continued after 1994 and is used extensively leading up to the development of the *White Paper for Social Welfare.* This term was also used with the finalisation of the white paper. Thus, the term “social welfare services” is sometimes used when referring to social protection, particularly in the historical perspective. Specific reference is, however, made to welfare services, which differ from social welfare services, but is a critical component of social welfare services/social protection.

Although the concepts of social security and social assistance are referred to in the Constitution, no clear definition of these concepts has been established in South Africa, and the terms are sometimes used interchangeably, and also as synonyms for other terms, such as “social protection”, “social welfare” and “social insurance”.

For the purposes of this review, “social security”, largely referring to contributory schemes, and “social assistance”, largely referring to non-contributory cash transfers, are seen as two different means of promoting the ultimate goal of social protection.

The Commission of Inquiry into a Comprehensive System of Social Security for South Africa, which was instrumental in influencing the thinking and the transformation of social welfare services, defines social protection as follows:

> *Comprehensive social protection is broader than the traditional concept of social security, and incorporates developmental strategies and programmes designed to ensure, collectively, at least a minimum living standard for all citizens. It embraces the traditional measures of social insurance, social assistance and social services, but it goes beyond that to focus on causality through an integrated policy approach including many of the developmental initiatives undertaken by the State.*
>
> Taylor, 2002:41

2. The journey since 1994

2.1 A historical perspective of the social welfare system prior to 1994

In transitioning to a democracy, government transformed South Africa's social welfare service system, which had been virtually crafted for the white racial group to give them special protection against poverty and vulnerability. It is worth mentioning that poverty and vulnerability among the white population group under apartheid were minimal. Unemployment was low, given whites' preferential access to jobs and education, and there were specific measures taken to absorb the unemployed into the labour market.

Transformation initiatives involved the transfiguration of the provision of social assistance, the social security regime, welfare services and protection for the vulnerable, empowering individuals and communities, and perspectives on HIV/Aids prevention and treatment programmes with the aim of alleviating poverty, promoting inclusion and equality, and creating a caring society.

The pre-1994 social welfare services system, both in its design and in its implementation, entrenched the socio-economic privileges of the white population. The system was inefficient and ineffective, with fragmented and duplicated services that did not meet the human needs of vulnerable and poor citizens. There were 14 different departments for the various race and ethnic groups and the then homelands that were also administered through the welfare system. There was no consistency in operating approaches and priorities for these different departments in the area of social welfare. Health and welfare sectors were grouped under a single Department of Health and Welfare, and health issues usually overshadowed welfare concerns when it came to tangibles like budgetary allocations.

In 1990, welfare expenditure shares were 23 percent for whites, 52 percent for Africans and 24 percent for coloured and Indian people, despite Africans constituting 76 percent of the population (Patel, 2005:71). The white population could more easily access better funded, and, by extension, higher-quality services (Department of Social Development, 2013b:6).

Within the social welfare services budget, the bias was towards social security or social assistance. This bias was evident in the budget, which was made up of two main components: social security, and welfare assistance and services. The social security component amounted to 88 percent of the social welfare services budget, and welfare assistance and services amounted to 8 percent, while 4 percent was allocated to capital expenditure. Social security was the largest expenditure item in the social welfare services budget. The social security budget was spent on grants for the elderly (60 percent) and the disabled (24 percent), and on maintenance grants (14 percent).

The government of the day adopted a traditional approach to social welfare services. The approach to service delivery was dominated by rehabilitative and specialised interventions, which are necessary, but not appropriate in all cases. It did not always allow for a holistic approach. It further did not take into account and respond to the needs of the vulnerable citizens. No attention was paid to empowering the poor and vulnerable, or communities, to ensure that they eventually became self-sufficient.

2.1.1 Social assistance

In 1993, the social assistance programme benefited less than 2.4 million South Africans in the form of the Old-age Grant (OAG), the Disability Grant (DG) and the State Maintenance Grant (SMG). The distribution of social grants was skewed to favour the white population, thus creating significant disparities between different racial groups, and between rural and urban groups. For instance, "in 1993, the last year for which racially disaggregated welfare spending data is available, only 0.2 percent of African children were in receipt of maintenance grants, while 1.4 percent of white children, 4.0 percent of Indian children and 5.0 percent of coloured children received the grant" (Lund, 2008). The system was highly disjointed, with 14 systems of social grants provision, often located in inappropriate departments in the homelands.

Table 1: The distribution of the old age pensions by households, 1993

	Total	African	Coloured	Indian	White
Percentage of households	100.0	71.4	7.7	2.7	18.2
Percentage of old-age pension per household*	100.0	89.2	5.3	1.5	4.0
Percentage of households of group with old-age pension		23.7	13.6	10.8	4.5
Percentage of old-age pensions (rural)	66.4	73.9	5.5	0.0	10.3
Percentage of old-age pensions (urban)	19.1	15.5	57.4	56.8	32.4
Percentage of old-age pensions (metros)	14.6	10.6	37.1	43.2	57.4
Take-up rate: men/women**	62/69	77/80	61/66	64/67	5/14

**Of all households receiving the old-age pension, the proportion received by different population groups.*

***The take-up rate is the percentage of people eligible for a benefit, who actually receive the benefit.*

Source: Lund, 1996

Error! Not a valid bookmark self-reference. demonstrates that, in 1993, while African households constituted 89.2 percent of pensioner households, 23.7 percent received the old-age pension; in contrast, whites constituted only 4.0 percent of pensioner households, of which 4.5 percent were in receipt of the old-age pension. It

is apparent, therefore, that in 1993, needy African households were severely underserviced compared to white households.

2.1.2 Social security

For the majority of employed black people, social insurance coverage, such as compensation for injuries in the workplace, unemployment insurance and pension funds, were not provided to them by the system. Alongside unequal pay practices underpinned by discriminatory practices, it was common practice to have separate pension funds for different race groups in a company. The social insurance programmes were often inadequate and the 1993 two-tiered pension system (comprising public pension and private market pensions and annuities) was insufficiently regulated and severely under-resourced (Barrientos & Pellissery, 2010:17). Until 1994, most of South Africa's lowest skilled and most vulnerable workers had no unemployment insurance.

Occupational health and safety standards were poor in extremely dangerous working conditions and there was a sharp increase in the occupational disease and injury rates in the workplace. Blacks were predominantly employed in jobs that were prone to these workplace hazards.

The compensation system was inadequate and, in some instances, non-existent. The focus of medical attention for black miners, for example, in the mining industry was on the detection and repatriation of those miners who were unfit to work. Thousands of black miners were sent home every year after having been diagnosed with pulmonary tuberculosis (PTB) on the mines or by labour recruiters. Rural families and communities bore the burden of diseases and disabilities incurred in the urban workplace, which should have been compensated for by employers. In instances where there was some compensation for people who were disabled through accidents at work, the money that they received was, in most cases, inadequate to meet their needs, and did not compensate for the loss of their jobs or their poor job prospects for the future.

2.1.3 Welfare services

In adopting a traditional approach to welfare services, the government of the day played a residual role in welfare services provision. In addition, the system was negligent and inattentive towards the different needs of vulnerable citizens. The main focus of the delivery of social welfare was on institutional care through casework, statutory social work services and the application of the medical model of social services. The residual approach dictated the funding approach. The subsidy financing of non-governmental organisations (NGOs) delivering social welfare services involved a calculation of payment based largely on a per capita amount for social workers and a per capita amount for people staying in residential facilities.

The delivery of social welfare services was largely through NGOs, such as voluntary organisations, churches, community-based organisations, and informal family and community networks. Their status mirrored that of the South African society. There were two non-government welfare sectors in South Africa: the formal voluntary or private welfare sector and the informal or alternative welfare sector. Organisations that had “a progressive stance, were not acknowledged or integrated into the formal welfare system” (Parliament of South Africa, 1997:7).

The formal sector was made up of organisations that were registered and received government subsidies, although they also raised part of their budget. These organisations provided services for particular target groups, such as children, families, services related to substance abuse and mental health, and services provided to offenders and their families. Naturally, the formal sector developed and accumulated infrastructure, skills and resources. They were affiliated with national councils.

The national councils were critical, as they complemented the functions of these organisations and offered services that relieved their affiliates. It was estimated that approximately half of the budget of the national councils was subsidised by government.

In addition to the formal welfare sector, the social work services were provided by social workers, most of whom were in private practice. Their services were available to those who could afford them, as well as to organisations and institutions that contracted them. The government subsidy to registered formal organisations covered the services of social workers.

The informal sector, on the other hand, had its roots in the anti-apartheid movement and was funded almost exclusively by foreign donors. In contrast to the formal welfare sector, the informal welfare sector’s approach was people-centred. It identified gaps to fill in the delivery system and lobbied for policies to effect economic, social and political changes.

The former homelands had no voluntary welfare services. Government was the largest employer of social workers, and thus there were no subsidised posts for social workers in the former homelands. The reach of NGOs in the informal sector in rural areas was limited; thus people in many rural areas had limited or no access to welfare services from government or NGOs.

Despite the discriminatory practices, social welfare service delivery was challenged by under-funding from government. There was a large funding gap that the non-governmental sector had to fill if needs were to be met. This was covered by donors and private funds.

2.1.4 Lack of welfare personnel

Human resource development and management is critical to the achievement of social goals. Government's approach to social welfare provision influenced the nature of the human resources that were required, as well as the supply thereof. The democratic government inherited a racially divided and poorly resourced social welfare service system.

The South African Council for Social Service Professions reported that there were about 17 583 registered social workers and 3 533 registered social auxiliary workers in 2012. This was almost 20 years into democracy, and an indication that the base in 1994 was very low. The number included social workers who worked for government, non-profit organisations (NPOs) or the private sector, as well as those who were no longer in practice, but retained their registered status. Of these social workers, about 40 percent were employed by government and about 16 percent were employed by NPOs. A further 45 percent of this figure was registered social workers who were either employed in the private sector or were not practising.

The White Paper for Social Welfare decried the over-reliance on professional social workers who played a dominant role in welfare and were professionally organised. Other categories of social service personnel, such as child care workers, community development workers and social development workers, were neglected.

Legislation demanded that social workers, particularly those in the public sector, provided services only to those designated as being of the same race as themselves. There were two associations of social workers: the white Social Work Association of South Africa (Swasa) and the South African Black Social Workers Association (Sabswa).

The number of social service practitioners was inadequate to deal with the high caseloads, deepening poverty and varying social ills. The political and economic situation faced by the majority of the population was resulting in social disintegration. High unemployment rates among Africans, the disintegration of families due to the migrant labour system and laws that restricted the movement of Africans, alcohol abuse and family violence were some of the observed negative consequences of the apartheid government's violence and repression. The apartheid government system exposed South Africa to, and made it particularly vulnerable to the further spread of HIV/Aids, but with limited resources to address the issue. The rampant poverty, migrant labour system (Fourie & Meyer, 2010:4) and inequality in healthcare (Seftel, 1988) contributed to the quick and uncontrolled transmission of HIV.

2.2 Reforms introduced by the democratic government

The democratic government set out to fundamentally transform South African society in line with the constitutional provisions that envision a more inclusive, equal and caring society. These injunctions find resonance in the vision for a developmental

approach to welfare provisions outlined in the RDP, and subsequently given expression to in the *White Paper for Social Welfare*. This white paper was the basis for reforming social welfare services. The key thrust of the developmental social welfare approach adopted in the white paper 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” (Parliament of South Africa, 1997:Preamble). The overall goal was to transform society at every level, with the aim of “meeting the basic needs” of all. The developmental approach further encourages the integration of social and economic development to enhance the dynamics of social development processes.

South Africa’s commitment to social protection is reflected in government’s expenditure on this item since the advent of democracy. The public social security expenditure (excluding health expenditure) reached 8.43 percent of the gross domestic product (GDP) in 2005 (International Labour Organisation, 2010:258). In comparison, during the same period, Mauritius allocated 5.91 percent of its GDP to pension and other social security benefits (International Labour Organisation, 2010:258). Such high expenditure on social security is notable in that the majority of the sub-Saharan African countries spend less than 1 percent of GDP on the sector (International Labour Organisation, 2010:52). Brazil distributes an even greater portion of its GDP to social security at 9.60 percent, whereas in China and India, only 4.08 percent and 3.10 percent of the GDP are contributed to social protection respectively.

2.2.1 Policy interventions

The *White Paper for Social Welfare* was the basis framework for restructuring social welfare services. It identified the following 11 priority areas that required urgent restructuring:

1. Building consensus about a national social welfare policy framework.
2. Creating a single national welfare department, as well as provincial welfare departments, and exploring the potential role of local government in service delivery.
3. Phasing out all disparities in social welfare programmes.
4. Developing representative governance structures to build up the partnership between government, organisations in civil society, religious organisations and the private sector.
5. Restructuring the partnership between stakeholders to develop a system that 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.
6. Legislative reform at all levels of government.

7. Human resource development and the reorientation of personnel where this is necessary towards establishing a developmental social welfare framework.
8. Restructuring and rationalising 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.
9. Developing a financially sustainable welfare system.
10. Developing strategies and mechanisms to translate the aims, objectives and programmes of the RDP 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.
11. 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.

The *White Paper for Social Welfare* propelled the adoption of developmental welfare for the country and provided a paradigm shift to a social welfare service delivery model. Through the creation of a separate department of welfare, the project of transforming the welfare sector began.

Over the past 20 years since the adoption of the *White Paper for Social Welfare*, government has complemented it with various pieces of legislation and policies to give effect to some of its goals. Some of these acts have been targeted at specific groups, such as the Old Persons Act and the Children's Act, while some have been more general. It furthermore introduced a series of collective interventions that redistribute resources and benefits with the objective of empowering disadvantaged groups of people and raising the general welfare of society. The overall conceptual view and direction of these have been very positive. It has been clear that government's approach to social welfare has represented a shift towards developmental social welfare, which emphasised empowering people to help themselves and thereby become self-reliant.

2.2.2 Change in approach

With the adoption of the *White Paper for Social Welfare,* government laid the groundwork for embracing a developmental welfare system, and for reversing the negligent and unequal policy that characterised the apartheid era. Access to social assistance came to be understood as an integral link in reconstruction, redistribution and development in order to "open up previously suppressed economic and human potential in urban and rural areas" (Parliament of South Africa, 1994).

The tenets articulated in the *White Paper for Social Welfare* also laid the groundwork for moving away from a traditional welfare system and towards a developmental approach, which emphasised community-based programming, economic empowerment and inclusion, and poverty alleviation over the long term. Citing a close partnership with civil society as an enabling factor, the white paper reasoned

that South Africa could better achieve a welfare system in which the "development of human capacity and self-reliance within a caring and enabling socio-economic environment" was made possible. It further acknowledged the importance of including a range of role-players from government and civil society in promoting the development and social wellbeing of individuals, families, groups and communities (Parliament of South Africa, 1997:8–9).

The white paper approach also sought to strike a balance between rehabilitative, protective, preventive and developmental interventions. Preventive programmes were to be the focus for high-risk groups who are vulnerable to particular social problems, such as children and youths at risk.

This change in approach impacted on a series of events and components of the social welfare service in many ways.

2.2.3 Social assistance

Social assistance is the one area where significant changes and progress has been made by the democratic government. The changes include modifying the previous social protection system to eliminate racial inequities and introducing some new guarantees and benefits:

- The Child Support Grant (CSG) was introduced in 1998. It initially targeted children aged 0 to 7 years. The age limit of the CSG was gradually raised to 18 years.
- The Old-age Grant (OAG) was normalised so that blacks would also get a monthly income, unlike before 1994, when they received it bi-monthly. The age limit for men was gradually lowered from 65 to 60, to match the limit for women. Social grants became a core component of South Africa's poverty alleviation strategy.
- The Disability Grant, Foster Care Grant, Care Dependency Grant and War Veterans' Grant were extended.

In giving effect to section 27(1)(c) of the Constitution, which states that "everyone has a right to have access to social security, including, if they are unable to support themselves and their dependents, appropriate social assistance", government abolished the racially based SMG in 1997 and introduced the CSG. The SMG excluded black women from receiving social assistance targeted at alleviating poverty in children. The CSG, on the other hand, is an unconditional cash transfer available to the primary caregiver, regardless of gender and biological relationship. From virtually a zero base, access to the grants initially grew slowly as the SMG was phased out.

According to section 27(2) of the Constitution, which covers the right to health, social security and social assistance, the state "must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights" (Republic of South Africa, 1996).

Social assistance provision represents a sustained redistribution of resources to the poor and remains the democratic government's most effective poverty alleviation programme. Social assistance programmes have been expanding at an unprecedented rate from covering just 2.7 million people in 1994 to covering over 16 million to date. This represents over 31 percent of the population benefiting from social grants. About 2.9 million of these are people above the age of 60, while 11.3 million are beneficiaries of the CSG. A further 1.1 million are people living with disabilities. Table 2 summarises the grant recipients by grant type as at 30 September 2012. With a budget in excess of R100 billion, it represents a deliberate and concerted effort by government to address poverty within a rights-based framework, as enshrined in section 27 of the Constitution, which enjoins the state to progressively realise the right to social security for all, within available resources.

The impact has been immense, as is evidenced by analyses and impact assessments conducted through a range of studies. Research conducted by, among others, the Department of Social Development and the United Nations Children's Fund (UNICEF), found that the grants system, in particular the CSG, has made a significant dent in the transmission of intergenerational poverty through a combined impact on both young children and adolescents. Young children displayed improved cognitive development, lower rates of childhood illness, better school attendance and improved educational outcomes. Adolescents were also positively affected, with a reduced likelihood of working outside the home, engaging in transactional sex, substance abuse and joining gangster groups.

The major South African cash transfer grants, such as the Old-age Grant and Foster Care Grant, are unconditional. In contrast, Brazil and Mexico are known for programmes such as *Bolsa Familia* and *Oportunidades*, both of which are conditional on school attendance and health check-ups (International Labour Organisation, 2013). South Africa's Child Support Grant, which currently reaches over 10 million children, was provided on an unconditional basis until 2010, when "soft" conditioning was incorporated into the programme (Department of Social Development, 2013b:12). The South African government, in seeking to ensure that income support is complemented by building human capital and ensuring that caregivers reciprocate, introduced school attendance as a requirement, but not as a precondition, for access to the grant (Department of Social Development, 2010:67).

Table 2: Total number of grants for the period 1996–2012

Grant type	1996/97	1998/99	2000/01	2002/03	2004/05	2006/07	2008/09	2010/11	2012/13
Old-age Grant	1 637 934	1 812 695	1 900 406	1 943 348	2 124 984	2 195 018	2 390 543	2 678 554	2 873 197
War Veterans' Grant	13 473	9 197	5 617	4 638	2 963	2 340	1 500	958	587
Disability Grant	711 629	633 778	655 822	840 424	1 293 280	1 422 808	1 286 883	1 200 898	1 164 192
Foster Care Grant	42 999	46 496	66 967	83 574	195 454	400 503	474 759	512 874	372 960
Care Dependency Grant	2 707	16 835	33 574	42 355	86 917	98 631	107 065	112 185	117 884
Child Support Grant		21 997	1 111 612	1 998 936	4 165 545	7 863 841	8 765 354	10 371 950	11 341 988
Total	2 408 742	2 540 998	3 773 998	4 913 275	7 869 143	11 983 141	13 026 104	14 877 419	15 944 527
Growth rate		5.49%	48.52%	30.19%	60.16%	52.28%	8.70%	14.21%	7.17%

Source: Department of Social Development, 2013c, Socpen system. End of March 2013 take-up rates.

The social protection system of South Africa boasts a high coverage in the area of old-age pensions in global terms, as it reaches of 85 percent of the elderly over 60 years (Department for International Development, 2010:114).

2.2.4 Social security

Retirement schemes went through various statutory reforms – which encouraged inclusivity and better access to provisions – during the period after apartheid. The South African Labour Court abolished discrimination in retirement plans. The major gaps in unemployment insurance coverage that existed in 1994 were addressed by the establishment of the UIF. The UIF was extended in 2003 to include domestic workers, and seasonal farm labourers and their beneficiaries, providing some income smoothing during times of illness, maternity or adoption, unemployment and other categories that were previously marginalised (International Social Security Association, 2003).

In 1996, the Road Accident Fund (RAF) was established to compensate victims of road accidents. It provided for reimbursement to compensate for a reduction of income due to an accident, medical and insurance expenses, as well as non-monetary losses. The system unfortunately lent itself to difficulties such as fraud, opportunistic claims and professional malpractice, not to mention lengthy litigation processes. The system therefore was reviewed. Cabinet, in September 2011, approved a new policy to reform the Road Accident Fund, which will result in the introduction of the Road Accident Benefit Scheme (Buys, 2013). The new bill introduces a new dispensation that will be in line with social security principles,

ensuring a system of more equitable and fair benefits to all affected by road accidents.

Government, have sought to enhance the regulation of the private provision of social security. In the area of healthcare, the establishment of the Council for Medical Schemes has significantly enhanced the regulatory regime, while at the same time driving a reduction in the number of private medical schemes. The establishment of the Government Employees Medical Scheme (GEMS) has been providing access to private health insurance to more than one million civil servants, at possibly the lowest administration cost, many of whom would have been unable to access this social security provision.

While access to social grants since the early reforms in 2000 grew exponentially, reforms in the field of social insurance were less dramatic. Nevertheless, the case for addressing this pillar of the social security system (the contributory component) became necessary. South African household savings rates were falling (a 2008 report states that they have declined from about 5 percent in 1992 to below zero) (Olivier et al., 2008).

Many people are excluded from the safety net provided by the social security system. The system is also plagued by inefficiencies. Social security is largely contribution-based and biased towards formal sector workers, with very limited coverage of those working in the informal sector. This means it is not in alignment with the dynamics of the labour market. This applies to the coverage for retirement, unemployment and compensation for injury and diseases.

2.2.5 Welfare services

A robust welfare services system should be one of the pillars of the country's social protection agenda. The poor bear the greatest burden of a heavily constrained and fragmented social welfare system. Since 1994, government policy has been defined by attempts to de-racialise the welfare services and to transition from a traditional to a developmental welfare system, which emphasises community-based programming, individual economic empowerment and inclusion, as well as poverty alleviation over the long term. The *White Paper for Social Welfare* continues to be a broad framework for designing and implementing a welfare services policy.

Access to services is no longer racially determined. Government also continues to work in conjunction with civil society in the provision of welfare services. Civil society organisations provide support for the umbrella of welfare services, which encompasses child welfare, child services, youth services, youth welfare, family services, and services for the handicapped and the elderly.

Through support and extending government funding to voluntary organisations and NGOs, including those that were previously excluded from funding, welfare services

are being expanded to underserviced communities. Under apartheid, the NGO sector fulfilled an important social service delivery function in the absence of adequate state provision to the disadvantaged majority. The two racially segregated sectors of NGOs described above (the formal and the informal sector), which had very different histories, had to combine to constitute the NGO welfare sector.

The democratic government also facilitated the development of a non-racial association of social workers, dissolving the two racially based associations and forming the National Association of Social Workers, South Africa.

However, since budget allocations to the welfare services component have not increased, government has not been able to extend funding on a large scale to previously excluded voluntary organisations as rapidly as can be expected. Up to 90 percent of the budget of the Department of Social Development is spent on social transfers, thus alotting the other 10 percent to NGOs and other government structures to provide a variety of necessary social services (Department of Social Development, n.d).

NGOs play a crucial role in reaching out to marginalised communities, building trust and attempting to provide much-needed help and support. Their evolution over the years has contributed to creating diversity in the social welfare sector. The size, scope and focus of NPOs have shifted dramatically over the last 20 years, with more attention and monitoring given to welfare services in particular.

The collaboration between government and the non-profit sector has improved access to welfare services, especially in the under-resourced areas of society. In many cases, the ability of civil society to provide services on the local level has been better than that of government (Patel, 2003:3). In fact, 53 percent of organisations involved in social welfare work directly with local communities and provide localised services (Patel, 2003:4–5). Fifty percent of NGOs offer an income augmentation programme, and 59 percent provide skills training (Patel & Hochfeld, 2012:10). As a result of civil society's attention to poverty alleviation and ability to implement services at the local level, beneficiaries are reported to be 4.6 times more likely to use community-based programmes than institutional services (Patel, 2008:79).

In general, there are improvements, and service agencies are becoming more integrated, accessible, equitable, less discriminatory, more relevant and more responsive in their strategies to meet local needs.

The home- and community-based care (HCBC) programme, outlined in the *White Paper for Social Welfare* and formally introduced in 1999, served as a critical factor in actualising government's commitment to constructing a developmental welfare system (Friedman et al., (2010:7). Government has, over the years, initiated a range of policies and guidelines that articulate government's goal of the home- and

community-based provisioning of welfare services by identifying vulnerable groups and allocating government funding for HCBC services. A range of policy instruments provided for a gradual expansion of the HCBC system by implementing it in a growing number of districts. The Department of Social Development strengthened its capacity in monitoring and evaluation, which helped promote the capacity of communities in dealing with HIV/Aids.
HCBC organisations operate in all provinces in South Africa, offering a range of services, targeting vulnerable households with financial support in the form of government subsidies. The growth of HCBC organisations is particularly remarkable in areas that were previously not reached by NGOs that provide welfare services. Limpopo provides the most HCBC services, followed by organisations in KwaZulu-Natal and Mpumalanga.

Not all HCBC service providers receive financial support from government. A criticism levelled at the HCBC programme is that poor communities are asked to carry the burden that would otherwise be that of society as a collective at stipends below a decent wage. This poses a threat to their long-term survival in providing a vital service.

A priority is improving service system efficiency for service users with complex needs by taking a “whole-system” approach, where services recognise their interdependencies, plan together to provide a comprehensive range of services for a local population, establish clear links between these services and provide ways of tailoring services and care to the individuals and their carers.

2.3 Human resources

As a consequence of changes in the government welfare approach and structures, and resultant changes in the non-government sector, human resourcing in the welfare sector had to undergo transformation.

There was a broadening of the occupational base of those offering welfare services. As acknowledgement that other social service professions had a role to play in transforming the welfare system, the *White Paper for Social Welfare* listed different categories of occupational categories, which demarcated social service professions into a number of occupational categories that complemented social workers. Some of the work done by these occupational categories was previously done by social workers. Most of these occupational groups were elevated to professional status despite their lack of professional organisation. As already stated, social work enjoyed a dominant role in welfare and, since the profession had been supported by the apartheid government, it was the only occupational group that was professionally organised.

All the social service professions mentioned in the *White Paper for Social Welfare*, with the exception of community development workers, have been brought under government regulation.

The need for a change in approach also saw criticism levelled against the appropriateness of social work training for equipping social workers for social and community development. Educational institutions training social workers were seen to be focused on training in therapeutic and restorative work. The 2001 Ten-point Plan for Welfare, announced by the Minister of Social Development, Dr Zola Skweyiya, said that social workers had to be reoriented to social development (Parliament of South Africa, 1997:32).

The need for increasing capacity was also becoming clear. Amid rapid growth in social and economic challenges in South Africa (high unemployment concentrated among the youth, a growing culture of child abuse and neglect, as well as child-headed households, increased numbers of vulnerable communities, violence and abuse against women, children, people with disabilities and the elderly, in particular, who are also at risk of being abandoned or neglected), there was a growing need to find ways to respond to the short supply of social work professionals. To address the increasing need for more social workers, government initiated a recruitment drive of students to study social work, complemented by a departmental scholarship programme.

3. Recognising the challenges

The journey from 1994 has been a complex and difficult one. Social protection/social welfare is, by its nature, complex and broad. Since 1994, and more specifically after the adoption of the *White Paper for Social Welfare*, social welfare in South Africa has been underpinned by a developmental approach. Alongside the provision of a safety net through social assistance to alleviate the immediate suffering of the poor and vulnerable, welfare policy aimed to empower people to lift themselves out of poverty.

Social policy formulation has been in line with the objectives of the democratic government to empower individuals and communities. Policy implementation and the programme design of complementary policies has, however, been a lot more challenging, hindering the goals of alleviating deep-rooted social problems, such as widespread poverty, significant levels of income disparity, vulnerability and exposure to risk. It has also limited the ability to generate stability and self-sufficiency for vulnerable individuals and households.

South Africa has developed an advanced social protection system, and thus a myriad of instruments and intervention programmes. The evidence shows that some of these interventions have been instrumental in achieving the objective of extending

a safety net to the majority of the poor. Being able to provide social assistance to more than a fifth of the nation's population is indeed an admirable achievement. The most important measure of a successful social protection programme is the extent to which its beneficiaries are assisted to be self-sufficient and to be lifted out of poverty. This is, after all, one of the tenets of the RDP and *White Paper for Social Welfare*, among other policy papers.

The goal of helping the poor become self-reliant remains a challenge for social welfare policy in South Africa. Despite the importance attached by government to this component in its policy statements, the focus at progamme level has been extremely biased towards safety net strategies. Unfortunately, civil society groups have also focused attention on social grants at the expense of developmental strategies and initiatives.

Social welfare services interventions cannot be solely responsible for achieving these goals, as they need to complement and be complemented by other elements of social protection, such as health, education and basic services provision.

3.1 Welfare services

The goals of the *White Paper for Social Welfare* have yielded a robust programme of social grants and social security, but have not yet influenced necessary improvements in the delivery of welfare services (Giese, 2007/2008). Despite having adopted a developmental approach to service delivery, the focus over the past decade has been predominantly on social security; in particular, social assistance to the detriment of other developmental social services. The crowding out effect of the social security budget has resulted in the severe curtailment and neglect of other services in the welfare sector.

However, a combination of other factors has hampered the pace of the transformation of welfare services. Resource constraints, coupled with the complexity of the change process and inadequate institutional capacity, are some of the factors hampering the change process. The huge backlog of services for the poor and vulnerable as a result of the country's apartheid past presents significant delivery challenges for government and also for the management of popular expectations from civil society groups. At the same time, the social costs of the transition are growing. These take the form of rising unemployment, the escalation of the HIV/Aids epidemic and increasing domestic violence.

While not disputing the importance of social assistance, the neglect of welfare services has had a far-reaching impact on their capacity to address the social conditions that give rise to poverty and underdevelopment.

The Department of Social Development (2005:11–12) sums up this impact expressively as follows:

- There are inadequate numbers of social service practitioners to deal with high case loads and deepening poverty.
- There are large numbers of children awaiting trial in prison due to a shortage of probation workers and a lack of infrastructure, such as places of safety and secure community care facilities.
- Prevention and early intervention services are very poorly developed.
- There is an increase in social pathology and social problems, such as substance abuse, street children, child sexual exploitation, and HIV/Aids.
- Service providers in the non-governmental sector are unable to render services because of the inadequate remuneration for these services and difficulties with fundraising, resulting in services being in a state of collapse.

The *White Paper for Social Welfare* had the transformation of the welfare sector as one of its goals. However, over the years, this goal has been interpreted differently, ranging from the transformation of the staff composition of welfare institutions, to the transformation of the beneficiaries targeted (urban vs rural), etc. The Minister of Social Development addressed this confusion in the foreword to the Integrated Service Delivery Model by indicating that "over the past decade, the notion of what constitutes developmental social services has been a matter of debate, misunderstanding and misinterpretation" (Davids, et al., n.d.).

A thorough examination of the *White Paper for Social Welfare* reveals that transformation implies more than just addressing historical racial imbalances and institutional fragmentation in the provision of social welfare, but also a reorientation of services towards developmental approaches, from a historical approach that was largely rehabilitative with little focus on prevention, relied on institutional care and aimed to enhance the integration of services.

The white paper advocated a balance between rehabilitative and protective services on the one hand, and preventive and developmental programmes on the other.

The impact of this confusion has led, among other things, to the following negative consequences:

- A different understanding of what social welfare services are and how they are to be transformed – both within government departments and among stakeholders.
- Social welfare programmes being planned and implemented differently in the various provinces, with varying degrees of intersectoral collaboration.
- The social development departments and their non-governmental partners in different provinces having varying capacity to implement the transformation vision.

A greater challenge for both government and service providers has been the implementation of the de-institutionalisation policy. In 1995, close to 87 percent of the social welfare services component of the budget was spent on residential institutions, especially for the elderly white. This has been difficult to change. De-institutionalisation has also been challenged on grounds of reverse discrimination and the inhumane treatment of vulnerable persons.

The NGOs and voluntary agencies responsible for these services have been under great pressure to realign their programmes and budgets with the new developmental direction for social welfare, and found these aspects of the policy particularly difficult to implement.

Furthermore, the majority of voluntary welfare organisations delivers statutory services mandated in terms of legislation such as child protection. These services are mainly casework services. This situation is likely to persist for the foreseeable future, unless additional financial resources are allocated to community-based development.

It can be assumed that services reach the poor, but how effective these interventions are has not been determined. Since voluntary welfare organisations are under-represented in rural areas, the impact of these organisations in addressing the needs of the ultra-poor is limited and is progressing slowly. Many NPOs working in rural and underserviced urban areas are hampered in their outreach work due to violence, a lack of infrastructure, transport, appropriate skills and access to other resources to sustain local development efforts. Strengthening community-based efforts and innovation in underserviced communities remain a major challenge.

3.2 Human resources

The expansion of the social worker workforce is an imperative to the delivery of welfare services. Responding to the social breakdown of families, communities and society requires a range of generic and specialist education and training that is not available to poor communities. The inability of South Africa’s social welfare services to provide the quality of care required is reflected in the inadequate supply of social workers, auxiliary social workers, community development, and child and youth care professionals, as well as other categories of social service professionals. There is an overreliance on professional social workers and 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.

However, a major challenge for the provision of services to children, as well as other categories of vulnerable persons, is the disparity between the service offering provided for in policy and legislation, and the disconcerting lack of social workers available in both the public sector and NGOs who provide statutory services. It is

estimated that South Africa needs double the number of social workers the country currently has.

The provision of bursaries and engagement with universities to increase the training of social workers has had positive effects over the last five years. However, the planning challenges faced by provinces (lack of infrastructure and budgets) result in these social workers not being employed and thus doing little to address the problem.

Although the number of social workers increased by 27 percent between 1994 and 2008, only approximately 15 000 social workers are available and trained to serve South Africa's population of 48 million people (Patel, 2008:77). Only half of social worker positions were filled in 2004, and almost all social workers leave their posts after five years (Holscher, 2007:119).

It is estimated that South Africa currently needs 60 000 to 70 000 social workers, but there were only about 17 000 social workers registered with the South African Council for Social Services Professions in 2013. Not all of them are known to be practising as social workers. This represents a 77 percent shortfall and could affect the implementation of crucial welfare and social legislation.

According to the Department of Social Development:

- 66 329 social workers are required to implement the Children's Act;
- a further 743 social workers are required to implement the Older Persons Act; and
- 1 426 social workers are required to implement the Prevention of and Treatment for Substance Abuse Act.

The shortage of social workers and other professionals impacts on both service delivery and the working conditions of these professionals. In its Integrated Service Delivery Model, developed in 2005, the Department of Social Development indicated that the desired caseload per social worker is 60 cases, but owing to high levels of poverty, deprivation and a high incidence of HIV/Aids, the actual caseload per social worker is far higher.

While there is a cadre of community development workers in the system, their training and capacity-building environment is fragmented. This is exacerbated by the challenges in intergovernmental alignment around home- and community-based care activities, including overlapping mandates between the departments of Health and Social Development.

A fragile relationship between the public sector and NGOs remains. This is primarily on account of the disparity in salaries and service conditions, with social workers in

the public sector being far better off. Given that NGOs deliver most of the services, it is unfortunate that only about 16 percent of social workers are employed by the sector.

3.3 Cooperation between departments

The development of intersectoral arrangements in the social services sector and between government departments is important. Poor coordination between and within different services, both at times of episodic events and in the long term, are currently failing to adequately meet the needs of many vulnerable groups. There is a need to explore switching from specialised services to one-stop or multipurpose generic services, and more effectively linking up programmes delivered by other departments involved in developmental social welfare service delivery.

The types of services provided by the different government entities need to be rationalised in order to address needs more comprehensively, appropriately, efficiently and effectively. The current services to centres and to children and adults with disabilities, in particular, are fragmented and not responding to the complex needs of service recipients and their carers. In addition, there are limited linkages between cash transfers and social welfare services, as well as linkages with the justice system.

As a result of the fragmented and compartmentalised nature of the planning and programming of welfare services, efforts to build connections between government provisions that could lead to more sustained and comprehensive service delivery have not been very successful.

3.4 Service delivery and funding model

The state-NGO sector partnership has been significant in transforming the nature and scope of service delivery. It is not debatable that the NPO sector has harnessed the relevant skills, expertise and knowledge of community-based strategies through decades of welfare service delivery. While the delivery model of welfare services takes this into account, it is not convincing that there is a common understanding of what the delivery model should be. As a result, the current approach has proven to be unsustainable over the past 20 years.

There is substantial variation in the way provinces understand the respective roles of government and NGOs. Some provinces use a hybrid model, increasing funding for district infrastructure to enhance and enable internal delivery mechanisms. While a particular model or approach is not advocated here, a question has to be asked about the appropriateness of this approach. Its unintended consequences should be investigated. Government has huge cost drivers, such as the occupation-specific dispensation (OSD) for certain categories of social workers. NGOs are not bound by such determinations. Transferring funds to NGOs may be more cost-effective, while building capacity in government for support and monitoring.

The NPO sector provides services in resource-constrained settings, where infrastructure and basic service delivery is poor. Currently, NPOs are provided with little assistance to meet the norms and standards, subsequently limiting their access to government funding. The funding policy needs to address some of the important funding issues with which the sector is struggling. For example, the affordability of norms and standards, the funding mix between various service levels (early intervention and protection vs mandatory services) and the extent to which these services should be funded.

It is also important to clarify the criteria used to determine the funding of service delivery to agencies. Currently, these differ according to province, a phenomenon that may be justified if the criteria were clear. In some instances, there are discrepancies between the amounts paid, even by different regions in some provinces for the same kinds of services. There are also discrepancies in the amounts awarded to organisations in the same area for the same services.

Government needs to consolidate the partnership with the NGO sector. It should decide where it will intervene and how civil society will play a role, and then make the resources available to NGOs to provide the services that would otherwise be its responsibility. This partnership should take account of the fact that some of the needs will be met through a community-based approach, where services are substantially funded by government. It is government's responsibility to ensure that these needs are delivered within overall national policy guidelines, that there are clear outcomes to be achieved and that there is proper oversight. While funding for this sector is not adequate, it is unacceptable that while NGOs struggle with funding, there are unspent transfer funds that should have been channelled to the NGOs.

A recent analysis by the Financial and Fiscal Commission (FFC) has showed that total unspent funds by social development departments over the five-year period 2007/08–2011/12 amounted to R1.2 billion, with unspent funds in 2010/11 accounting for more than half this amount (R690 million). KwaZulu-Natal (R283 million), Gauteng (R182 million) and Limpopo (R176 million) had the largest share of unspent funds over the five-year period. On average, provinces underspent by 4 percent on the child care and protection subprogramme in 2009/10 and 2010/11, with KwaZulu-Natal recording the poorest spending performance, going from 81 percent of the budget spent in 2009/10 to only 68 percent in 2010/11.

It is important to consider that donor funding to NPOs declined after 1994, as most of these international donors were building a relationship with the democratic government. They changed their funding policies and channelled the funds through and directly towards government programmes.

Those with the ability to pay for social services and care privately have the advantage of better services, whereas, in instances where government has devolved

the provision of these services to the communities and non-government sector, the quality of services is plagued by inefficiencies, inadequate funding, competition for scarce resources, and inadequate monitoring and oversight of services delivered by these entities.

3.5 Social assistance

Social assistance provision, after 20 years of sustained redistribution of resources to the poor, remains the democratic government's most effective poverty alleviation programme. In 2010, the take-up rate for the CSG was estimated to be 74 percent. Therefore, there are poor children who are eligible, but who are not receiving the grant. An analysis of the National Income Dynamics Study (NIDS) of 2010 shows that approximately 3.2 million children who are eligible for the CSG, do not receive this grant. Of these are very young children, infants and those in the newly eligible age groups (Woolard et al., 2012).

Key challenges in access to the CSG relate to the difficulty of accessing proper documentation (identity documents, proof of residential address), understaffed welfare offices and inconsistencies in the application process across local South African Social Security Agency (SASSA) offices. In 2010, individuals in the bottom three quintiles (those who are most in need of the grant) were the ones who most frequently reported not having the right documentation for the application process, thus suggesting that the severity of the problem of lack of documentation persists. Measures should be put in place to address this as much as possible, as it is in government's control.

Table 2: Reasons for exclusion from the CSG among wrongfully excluded children

	2008	2010
Respondent believes child is ineligible	19.21%	20.02%
Lack of knowledge or "too complicated"	7.80%	12.15%
Cannot be bothered	11.05%	11.97%
Haven't got around to it	14.24%	20.56%
Do not have right documents	25.83%	15.28%
In process of applying	5.44%	12.70%
Other	16.42%	7.32%

There are also gaps in the current structure of social assistance. Poor children, older people and people with disabilities are protected by a safety net. However, the social assistance provided does not support the caregiver. The caregiving responsibilities of mothers exclude them from both employment and educational opportunities.

No formal system of social protection for families exists outside the categorical programmes offering child support, in the form of social assistance, for families that qualify through a means test. A particular problem involves early childhood development (ECD) support. Currently, outside the subsidy provided to mostly ECD

centres, parents do not get any reprieve or support for children's participation in ECD. Most of the ECD providers charge fees. These prove to be a burden for many income-earning families.

Lessons learned in the current administration of social assistance highlight the unintended consequences of some of the approaches that should be reviewed to improve efficiency and fairness. For example, the CSG must be reviewed to improve its value, so that convergence can be achieved with the Foster Care Grant (FCG). Significant problems are currently being caused by the FCG due to children being placed in formal foster care with their grandparents, so that they can access the higher valued FCG rather than the CSG. About 80 percent of children in foster care are placed with relatives, mostly grandmothers, due to maternal orphanhood. The foster care system was not designed to cater for this situation. It was designed for children who had been abused or neglected and needed to go through the child protection system, which involves the formal placement of children in foster care by the courts. Now, orphaned children are going through the same child protection system when they are placed with their grandparents.

Social assistance is one of the many mechanisms for poverty alleviation and poverty prevention, but should be implemented in coordination with other developmental welfare strategies. In addition to income transfers that target the causes and manifestations of poverty, alternative developmental strategies to income maintenance will have to be sought for the poor, as the continuing expansion of resources for social security as it is presently conceptualised may become unsustainable.

3.6 Social security

South Africa has high social security levels for a middle-income developing country, but it is inadequate to provide for the most vulnerable and the unemployed. The social security system still largely reflects the historical needs of vulnerable white groups under apartheid, among whom unemployment was minimal, given their preferential access to jobs and education.

In respect of social security, more progress is needed. South Africa still does not have a statutory pension contributory system, which is anomalous for its status as a middle-income country. Out of the nine million formally employed persons, about three million do not provide for their retirement. Effectively, many who have held jobs will become dependent on the state after retirement (Department of Social Development, 2006:5). Also excluded from contributory vehicles are the close to four million people in informal employment. Part of the challenge in establishing a national retirement scheme is the bifurcation of views on the role of government and that of the private sector.

Contributory schemes operate outside the rights-based framework, have significant barriers to access, are characterised by high costs of administration, inadequate benefits or low replacement rates upon retirement, and poor regulation.

The private sector provision of social security remains a key challenge in ensuring a coherent and full framework. Access to medical aid schemes remains the preserve of middle- and high-income groups, with only 15 percent of South Africans accessing medical aid at a cost similar to the remainder of the population. With the low savings rate, the domain of private retirement provision also covers just more than five million formally employed persons.

3.7 Institutional weaknesses

While there have been incremental improvements in social security schemes, the various schemes operate in silos. There is poor integration and alignment between contributory and non-contributory programmes, which do not operate seamlessly, consequently reducing their effectiveness.

Institutions underpinning social security interventions are weak and still underdeveloped. Better progress could have been made in this regard. Policy development and delivery platforms are also weak and fragmented. These institutional weaknesses affect interventions. Such weaknesses include the following:

- The system of old-age, disability and survivors' benefits is split between four departments.
- The RAF, which is located in the Department of Transport, has no capability to supervise a social security function and does not offer effective health coverage.
- The UIF and administration of the COIDA are both supervised by the Department of Labour, but operate in silos, with little ability to respond to cross-cutting and strategic social security functions and requirements.

The administrative bottlenecks and implementation inefficiencies of these systems require urgent attention. A case in point is the administration of the COIDA, which has been marred by administrative inefficiencies for years with no end in sight. Systemic deficiencies in the administration of the COIDA, which include delays in processing claims and an inadequate assessment of disability, reduce access by workers with occupational diseases to private medical care, and shift the costs to workers and to public sector medical care. Another unintended effect is the promotion of under-reporting of occupational disease by employers and medical practitioners. This places a further burden on poor families and communities. The UIF is also an important form of social insurance, and plays a critical role in addressing poverty and vulnerability.

3.8 Non-coverage for the informal sector workers

Most workers outside the formal sector are not protected and are vulnerable to unemployment episodes and other risks. Those employed in the informal sector, with informal contracts in the formal sector of the economy, the self-employed and the unemployed, who are not covered by social insurance arrangements, such as compensation for injuries and diseases and UIF benefits, have no safety net. This sector of workers is growing and poses a socio-economic challenge for South Africa.

Private individual insurance policies are too expensive to offer adequate protection for this sector of workers, and are not properly regulated.

South Africa's social security coverage reflects a system designed for the needs of vulnerable white groups under apartheid, among whom unemployment was minimal, given their preferential access to jobs and education. It does not take into account the high unemployment rate, and the precarious nature of work for most workers in the informal sector and in informal employment.

3.9 Information gaps

One of the critical problems is the lack of accessible information about the range of social welfare services that can be accessed. Government undertook to study the elements of such a basket of services, especially the statutory services that should be delivered.

There is an urgent need for an up-to-date situation analysis of the welfare sector. The dearth of information on service delivery makes it very difficult to assess or comment on the rate at which transformation in service delivery has been occurring in practice.

The absence of good information on what government and NGOs are doing to deliver social welfare services undermines the monitoring of progress in relation to the transformation imperatives of the *White Paper for Social Welfare* and makes it difficult to identify the gaps, or to plan effectively to fill them.

3.10 Drivers of change and their implications

The welfare sector is dynamic, with changing needs and demands. Thus, the focus should be on finding a balance between addressing and fixing short-term needs, and taking a strategic view of understanding the changes in need and demand. It is important to understand the demographic pressures, the shifting burden of disease and disability, the trends in health and lifestyle behaviour, and changing public and patient expectations. In addition, it is important to understand a number of supply-side drivers, including medical advances and the availability of financial and human

resources, and how these might impact on the future delivery of health and social care services.

There is a need for ongoing research and analysis on the effect of the cost drivers for welfare services on future service provision, including demographic trends, the growth of vulnerable child populations, the impact of technological and medical advances on life expectancy, the increase in the number of poor households, and the increase in the incidence of parental deaths due to HIV/Aids.

4. Overcoming challenges

The National Development Plan proposes that, by 2030, South Africa will have achieved a defined social protection floor, and that assistance must be provided for households who have not achieved the basic standard of living. It states that a combination of public and private services will be needed to attain a vision of universal and inclusive systems of social protection, with an agreed social floor being the central platform. There is a need to engage in a social dialogue about the meaning and nature of a social protection floor as a defined and multipronged strategy adapted to ensure that no household lives below this floor, as well as to develop more comprehensive strategies to prevent others from falling into poverty.

The past 20 years have laid a good basis for this. The country has built an advanced social protection system, with wide reach and coverage. Major strides had been made in reforming welfare policy. However, government's capacity to deliver services and to implement developmental welfare policy is lagging behind. As government works towards the next 20 years of democracy, gaps identified have to be closed and shortcomings addressed. Government needs to ensure that medium- to long-term strategies for developmental social welfare are affected.

The social security system is still fragmented, plagued by administrative bottlenecks and implementation inefficiencies. The impact of these should not be underestimated. A small improvement could make a difference to a number of individuals and communities, and go a long way in addressing some of the root causes of poverty and vulnerability. A thorough and frank understanding of these challenges is needed, as well as why they are taking so long to be resolved. Unless these challenges are resolved, it will be impossible to even think about addressing the lack of a safety net for those who are not currently covered (the unemployed and those in the informal sector). This is a serious obstacle to further policy development.

Social protection deals with complex challenges and the quest for policy and implementation solutions must be collaborative. There is a need to ensure that services are provided to the groups that need them most. This will require cooperation in policy and programme planning and implementation. Given the scarcity of resources, the country cannot afford fragmented, scattered, or hit-and-

miss efforts to respond to social needs, thereby not harnessing resources towards integrated and holistic programmes.

Although policy is often shaped at the macro-level, it is at the coalface that challenges are experienced. There is a need, therefore, to institutionalise the social development portfolio, and build social welfare at this level, with local organisations working with local governments.

The goals of the *White Paper for Social Welfare* have yielded a robust programme of social grants and social security, but have not yet influenced necessary improvements in the delivery of social services. Despite progress in reducing fragmentation in the post-apartheid era, the social welfare sector is struggling with huge constraints related to a lack of coordination and integration of systems, weak and limited effectiveness of funding, and significant capacity deficits. The distribution of, and access to both public and private social welfare services remains skewed along racial and income lines, with the wealthy having access to relatively effective private services. The demand for social services and care is increasing. Demographic trends and human development indicators point to a country with significant levels of social fragmentation, unacceptable levels of social alienation and the breakdown of social institutions. Poor social services and ineffective policing reinforce the sense of powerlessness in poor communities.

5. Conclusion

The National Development Plan argues that South Africa's social policy must seek to enhance welfare and guarantee the minimum levels of income and access to resources at or above what is judged to be the minimum and acceptable standard. This minimum standard has to be developed. It is against this standard that we will have to judge for ourselves, as a country, as we move into the next decade of democracy.

Of critical importance is ensuring that the goal of helping the poor become self-reliant is achieved.

Social security is one of the many mechanisms for poverty alleviation and poverty prevention, but it should be implemented in collaboration with other developmental welfare strategies. In addition to income transfers to target the causes and manifestations of poverty, alternative developmental strategies to income maintenance will have to be sought for the poor, because the continuing expansion of resources for social security as it is presently conceptualised may become unsustainable.

Government, voluntary organisations and citizens have pursued and achieved remarkable success in reforming a country fraught with division. The way forward has many challenges, but many obstacles have already been overcome. The tasks to reach common goals must be borne by every interested South African. In building

a social safety net, in providing welfare services and in expanding access to basic services, the country's accomplishment is almost incomparable. However, more still needs to be done.

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