Restructuring social services in South Africa

This article by Anne Letsebe and Jackie Loffell highlights some key areas to be addressed in the process of restructuring the social services in South Africa. It does not offer ready solutions to the many dilemmas which arise, but identifies some possible strategies in order to focus discussion around the building of a human service system which has maximum grassroots support and makes participation a reality.

Vision and value base

For the purposes of this paper, social welfare refers broadly to social services, social security, social facilities and social policies to promote physical, social and emotional well-being in society.

Social welfare in South Africa needs to be committed to a new vision which promotes social justice, responds to contemporary social realities and holds a vision for change.

In a new South Africa, policies of national development should reflect the central importance of welfare.

Welfare should become an instrument for nation building (for example through initiatives such as family services) and there should be a redistribution of resources to and within the welfare sector. This conception of welfare involves an important shift in thinking - welfare has in the past featured low in public consciousness and the priorities of policy makers.

Some structural issues to be addressed

A Centralisation vs regionalisation

The present system combines some of the worst features of over-centralisation with some serious drawbacks of regionalisation. Authority has been firmly vested in Pretoria as regards major policy decisions and the allocation of funds, and local initiative has been severely hampered as a result. On the other hand, delegation of authority to provincial and homeland structures has led to wastage, fragmentation and inefficiency. Accountability to the general population has been minimal. The system did not evolve out of widespread and open consultation between government and all sectors of the welfare community. The answer seems to be in some kind of middle way, drawing from the potential benefits and avoiding the worst disadvantages of each.

In a system in which the best possible balance is achieved between centralisation and regionalisation, a strong welfare structure at central government level could take responsibility for distributing human service resources equally through the country, and ensuring that key policies addressing agreed priorities are implemented nationally. These might include issues such as pre-school educare for children, anti-poverty programmes and affirmative action for the disabled.

Regional offices could be accountable to central government as well as to local constituencies for their progress, and flexibility and initiative should be encouraged.

B. Fragmentation

Fragmentation in the health and welfare services is legion. In welfare the structure is divided into three racial "own

Principles underlying social welfare policy

*** People are the wealth of a country. They have the capacity to contribute to their own development and to the development of the nation. The government will actively facilitate this development at the local, regional and national levels.**

*** Government will create a new infrastructure that will enable individuals to take maximum responsibility both for their own well-being and the well-being of their fellow citizens.**

*** The family is a natural and fundamental unit of society, and government will ensure circumstances in which secure and fulfilling family life will be protected.**

*** All citizens, irrespective of race, gender, religion, political affiliation or disability will have equal access to human welfare services. In the allocation of scarce resources, the sole criterion will be human need.**

*** The needs of those who are disabled or in any way disadvantaged will be specifically addressed through affirmative action.**

ARGUMENTS FOR A SEPARATE MINISTRY OF SOCIAL WELFARE

- Budgetary allocations: historically physical health care has received more financial resources than social services.
- Differences in orientation: While medical and social service disciplines are closely related fields, they involve separate bodies of theory and expertise which remain distinct from one another despite areas of overlap.

  Also, while health workers and the social services have vital roles to play in areas such as housing, employment, education and social development, their contributions will be different.
- Status differentials: experience has shown that where there has been a merging of health and welfare structures inside South Africa, these have typically been dominated by health personnel who (particularly doctors) are attributed particular status in a community. As such, the structures have come to focus on physical health at the expense of other important aspects of the overall well-being of people.
- A separate ministry of social welfare would focus on specific problems of social welfare which have been overlooked in joint ministries.

ARGUMENTS FOR A SINGLE MINISTRY OF HEALTH AND WELFARE

- Decreasing fragmentation;
- Maximising the use of available facilities for meeting a wide range of human needs;
- Better co-ordination;
- Cost effectiveness.

affairs'' departments and one Department of Development Planning which deals with 'African interest'. These are further broken down into four provinces embracing parallel structures of local welfare committees, regional welfare boards, and national advisory councils. All these divisions each have their own fields of service and working committees, leading to even more duplication. In order to prevent conflict, there is a ''common affairs'' South African Welfare Council. There is a National Welfare Policy Council, composed of ministers responsible for welfare, and an Interdepartmental Consultative Committee on Social Welfare Matters, composed of state officials.

This situation is compounded by the presence of the private sector which is particularly fragmented within itself. There is also fragmentation along religious and cultural lines.

The private welfare sector is poorly co-ordinated and does not, on the whole, engage in effective prioritising and strategic planning of its own. In addition, private organisations, in order to survive, are frequently engaged in expensive and highly competitive fund-raising activities on a very individualistic basis.

The division of responsibilities between the state and the private sector requires careful reappraisal.

Voluntary organisations should be encouraged to provide services which, as far as possible, do not simply duplicate those of others, but rather help to make up the total service network.

It is in the interests of all that the private welfare sector be well co-ordinated and engage in co-operative planning and the setting of overall joint priorities.

C. Relationship between health and social services

Given the inextricable relationship between the social, emotional and physical well-being of a person, a critical challenge facing us at this stage is how we structure the health and social services in a way that will not undermine either the physical and psychosocial aspects of those using the services.

Various alternatives to structuring the health and social service delivery system need to be examined. Options include:
- a unitary ministry of health and social welfare;
- separate ministries of health and social welfare;
- a ministry of health and social welfare with separate departments of health and social welfare.

(The arguments for and against these options are summarised in the adjacent box.)

There are certainly areas of overlap in the relationship between primary health care and community social work, but the most significant constraint to the integration of the disciplines is that the social welfare and health systems are structured in a way which undermines linkage between the two. Professional elitism flows from this, creating another barrier to co-operation (L.Patel).

It seems unlikely at this stage, that the full contribution which the health and welfare sectors have to make can be kept in the proper balance within one system. This situation should, however, be re-evaluated periodically. Meanwhile, co-operation at every level is critically important. The entire field of primary health care, for example, with its critical role in family life and national development, calls for intensive pooling of skills and resources between health and social service practitioners. This pooling could be extended to a variety of potential multi-service settings - e.g. advice centres might offer personal and family counselling and basic health information along with legal advice.

D. Inequalities and maldistribution of services

Racial and rural-urban inequalities are the most obvious issues to be addressed in this regard. A starting point to overcoming racial inequalities would be to make any form of discrimination based on race illegal for any state or state-subsidised organisation. (The question as to whether other restrictions on access to service, such as religion, should be treated likewise - creating a requirement that no taxpayer's money be allocated to

services which restrict access on the basis of any sectarian consideration - is a more complex issue requiring further discussion.)

Opening services is not, however, simply a matter of dropping racial clauses from constitutions. It also has to do with making services accessible and acceptable to, and effective for, a variety of people. Training and recruitment programmes to equip staff to work across language and cultural boundaries would be essential to such a process.

More open systems, involving resource persons who can be freely available to all, team consultation and democratic decision-making, will be required. Participation in agency planning and policy-making by those using the service will be critical in enabling programmes to make whatever adjustments are necessary to ensure their relevance to the needs of new consumers.

State leadership with community participation will be required in identifying the rural and urban areas in which services are lacking. Resources should be injected into such areas as far as possible and the government could give preference (in various forms of benefits) to voluntary initiatives in deprived areas.

Medical and social service graduates could be required to give services in rural areas in repayment of study loans, or such work could be instituted as a kind of "national service" for one to two years. Church and service organisations and perhaps international aid schemes could help to develop the infrastructure.

E. Integration of curative and preventive services

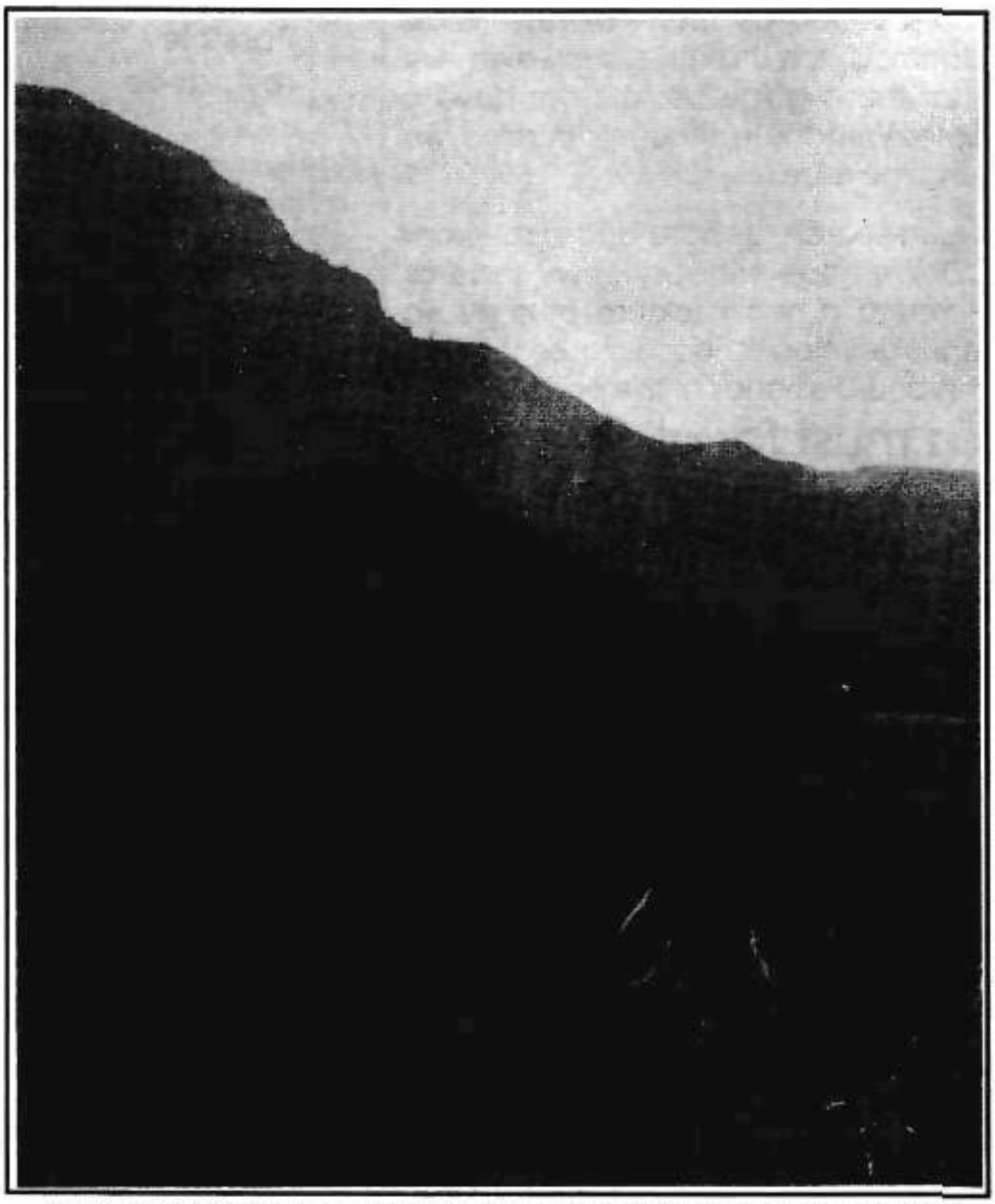
As we know, the present system has been heavily loaded towards curative services for individuals with social problems, with a bias towards the needs of white South Africans. Also, until recently, state financing of social work has been almost exclusively for poor quality curative social services, particularly where black people are concerned.

Far greater priority should be given to the primary prevention of social problems. At the same time one would not wish to lose the benefits of the high levels of skills which have been developed in therapeutic social services.

It is important that the decisions as to where the emphasis will lie be democratically reached. It is crucial to obtain mass participation in the setting of the necessary priorities and the making of the crucial choices involved. Service consumers themselves form a vital constituency to be consulted in this regard.

Private welfare organisations could be encouraged to emphasize prevention and development by being required to allocate a certain percentage of their budgets to such work in order to qualify for subsidy.

Examples of preventive programmes that exist and could be expanded on are: family life programmes; parent effectiveness training programmes; single parent support groups; pre-marital counselling, child minder programmes for the children under their care; after school care programmes; homework centres; holiday programmes and youth volunteer programmes. Motivational programmes including career guidance and counselling, discussion forums.



The neglect faced by rural areas must be addressed in the redistribution of welfare

Practical suggestions for implementation

Given the present reality and a vision of a future welfare system as outlined in this article, the following are some of the issues we can and must address in order to make this vision a reality.

- Putting social welfare firmly on the agenda of progressive organisations.
- Developing a democratic social welfare movement: mobilising the welfare community towards the development of democratic welfare policies, responsive to needs; and create an awareness of the realities of poverty.
- Confronting apartheid in welfare:

- Engaging social welfare personnel in a process of self transformation through programmes that could help them confront their own prejudices and thus pav-

ing the way to confronting apartheid in formal welfare structures.
- Supporting formal welfare agency heads who are fighting apartheid in welfare, for example, promoting on merit rather than on the basis of colour and monitoring agencies that continue to discriminate on racial grounds and recommending to government that subsidies be withheld from agencies that continue such discrimination.
- Providing a time frame over which certain changes should be implemented by agencies.
- Providing incentives: supporting non-governmental agencies by subsidising self-help programmes initiated by the non-governmental organisations.

● Confronting professional elitism:
- Democratising formal welfare organisations by encouraging community participation in the development and control of programmes.
- Engaging in education programmes to empower service users and to teach them about their rights in every field of practice.
- Training other categories of helpers for specific tasks that do not require highly trained personnel.

● Preparing for the reception and integration of returning exiles.

● Networking: establishing inter-disciplinary helping networks to work with community groups in identifying priorities for social welfare and designing programmes.

● Carrying forward the debate on the structure of health and social welfare.

● Addressing the urban bias towards employment by social workers and other health personnel.

● Student training:
- Reviewing training content in curricula to enable social workers to respond appropriately to practice needs. Emphasising holistic health care and social service delivery.
- Encouraging combined training of students in certain areas, e.g. human relations and interpersonal skills.
- Joint placements for students in community projects.

● Research into specific welfare issues needs to be a priority area for health and social services.

Possible resistance

Because social welfare is largely a response to working class demands, we will experience resistance from capital and the government. Professional attitudes to change and the problems created by expectations as a result of redistribution of resources will also have to be dealt with. ❑

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