Setting the scene for social services: The gap between service need and delivery

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Widespread poverty and unemployment impact in many ways on families' capacity to care for their children. Furthermore, historical inequalities in investments in education, health care and basic infrastructure have contributed to poor quality services and persistent backlogs in historically disadvantaged areas. Child vulnerability, particularly in these areas, is further compounded by high levels of illness and death associated with HIV/AIDS.

Within this context, adequate mechanisms for the care and protection of children are imperative.

This essay highlights key challenges impeding the full implementation of social services[1] for children. It emphasises the great need for preventive and early intervention services in consideration of historical under-service provisioning and the scale of challenges today. Service delivery challenges introduced in the essay are examined in more detail in the others that follow.

This essay:

- explains important social welfare policy shifts since 1994;
- comments on whether these policy shifts have been translated into practice;
- discusses the current scale of need for social services;
- describes the challenges preventing social services from meeting the needs of vulnerable children and their families; and
- looks at how the commitment in the Children's Act, to invest in social services, can be maximised.

What important social welfare policy shifts have taken place since 1994?

The Bill of Rights in the 1996 Constitution laid a solid foundation for the creation of a developmental social welfare system through the recognition of a range of socio-economic rights for everyone, with additional protection for children. In particular, section 28(1) recognises children's rights to family care, basic nutrition, shelter, basic health care services, social services and protection.

The Department of Social Development has since made strides in reforming its policy in line with these constitutional commitments. This began with the adoption of the White Paper for Social Welfare in 1997, setting in motion a major overhaul of social security, child protection and related legislation.

One of the most important developments in post-apartheid social welfare policy was the move away from an almost singular focus on the "treatment" of social ills (the residual model) to an approach which is developmental in nature. The developmental approach to social welfare integrates social support with economic development. It aims to empower individuals, families and communities to be self-reliant and to deal effectively with adverse social conditions. Importantly, the White Paper recognises the "family" as the basic unit of society. It states that "family life will be strengthened and promoted through family-oriented policies and programmes", ultimately to minimise the necessity for state intervention.

Other significant progress towards a developmental approach includes the introduction of the Child Support Grant, and the Children's Act (No 38 of 2005). These policy shifts were made in order to support the large numbers of vulnerable children and their families more effectively through both social security (social grants) and social services.

Have the policy shifts been translated into practice?

The Department of Social Development has two core and inter-related functions – the provision of social security and the delivery of social services.

Given the high levels of income poverty in South Africa, social grants play a critical role in supporting children. In an effort to strengthen family-based care for children, the government introduced the Child Support Grant (CSG) in 1998, progressively expanding coverage over the last 10 years. According to the department's SOCPEN database, the grant reached just over 8.1 million children by end January 2008. Despite some remaining challenges, such as the restriction of the grant to children under 14 years[2] and barriers faced by caregivers in accessing birth certificates, the social security programme has been a major success and an important component of the child care and protection system.

1 The term 'social services' means the services that need to be delivered to give effect to children's constitutional right to "social services" in section 28(1)(c). Please see the essay on page 23 for more details.
2 As of January 2009, the CSG will be extended to children up to 15 years of age.

In contrast, the social services arm of social development has lagged considerably behind. Social services are generally classified in terms of levels of intervention, and include prevention; early intervention; protection; and alternative state care. 'Social services' is therefore a catch-all for a broad range of interventions – delivered through state and non-governmental social service practitioners and volunteers – to support individuals, families and communities who are at risk. Across all four levels of service delivery, the need for services far outweighs the capacity of the State to respond.

The lack of a post-1994 legislative framework for these services has contributed to the lack of resources and capacity that is plaguing the sector. Once the new Children's Act, which gives effect to the vision of the Constitution and the White Paper, is put into effect (anticipated for 2009) improvements should start.

The dire need for priority attention and resources to be allocated to social services for children is discussed below.

What is the scale of need for social services?

The case study below illustrates the depths and complexity of the challenges facing children in poverty-stricken and AIDS-affected rural communities – in this case in KwaZulu-Natal.

The scale of challenges facing children is highlighted in provincial and national data on child well-being. The latest analysis of the *General Household Survey* for 2006 shows that 70% of children in KwaZulu-Natal live in households where the total monthly income is less than R1,200. Nationally, approximately 12.3 million children live in households with less than R1,200 per month. Furthermore, the latest antenatal survey in 2006 estimates that 39% of women attending public antenatal clinics

CASE STUDY 1: Sindile and her siblings

Sindile* was five years old when her parents died of AIDS in 2002, leaving Sindile, her sister Jabu (8) and brother Thokozani (11) in the care of their maternal aunt. The family survived on the aunt's disability grant and the occasional food parcel from the Department of Social Development. "But they were happy", says Nokuthula, an employee of a local non-governmental organisation, "the mother's sister loved the children, and they loved her".

Over the next six months, there were rumours of an abusive uncle (the father's brother) who had heard about the food parcels and began visiting the children, taking goods from their homestead. These visits became more frequent until the paternal uncle took Sindile and her siblings to live with him. Having shown no interest in the children previously, he saw this as an opportunity to secure resources.

Sindile's brother Thokozani had severe epilepsy and required daily medication. In the care of his uncle, his condition worsened and he struggled to cope at school.

After months of prompting from Nokuthula, a social worker from the local Department of Social Development visited the uncle's home, where she found "a terrible mess". The homestead included the abusive uncle, his wife and a number of children, none of whom were well cared for. In addition to Thokozani, Sindile and Jabu, the uncle "looked after" his own five children (one of which had a child) and two children of another brother who had died. Despite reports of abuse and the social worker's own observations, the children were not removed. The case was not reported to the local police.

In 2004, about a year after moving in with his uncle, Thokozani died. Nokuthula heard from family members that he had received a severe beating the day before his death. She arranged for a doctor from the local hospital to examine the body. The doctor found bruising and a bloodshot eye, but nothing to prove that the beating led to the fatal epileptic fit.

The doctor's report was submitted to the social worker, accompanied by weekly pleas from Nokuthula to move Sindile and Jabu back into the care of their maternal aunt. The social worker eventually visited the homestead again and heard firsthand from the children about the prevailing violence and abuse. Still – nothing was done. The social worker was afraid of the uncle and, she told Nokuthula, Zulu custom made it "complicated" to remove orphaned children from a paternal uncle.

A little while after Thokozani's death, the uncle's wife was transferred through her job to an area about 1½ hours away by car. Sindile and Jabu accompanied her, and the other eight children remained with the abusive uncle. At least one of these children later ran away, living on the streets to escape the violence at home.

The social worker who originally handled the case resigned and her post remained vacant for some time. The new social worker knew nothing about the case until Nokuthula briefed her and pleaded with her to follow up. But, as a result of a series of personal problems, the new social worker was off work for over six months and nothing was done.

When asked whether the uncle (now deceased as a result of AIDS) ever received the grants that motivated him to take the children, Nokuthula said that the social workers thwarted his many attempts to get the grants because, they said, "he is not fit to be a parent". While they did not feel able to challenge the paternal uncle's position as caregiver, they were able to prevent him from accessing grants. Nokuthula explains too that the local Department of Social Development office was severely understaffed. Due to the demand for Foster Care Grants, social workers spent most of their time handling foster care applications and renewals, leaving little time for prevention and early intervention services or to deal with "complicated" child protection cases.

* All names have been changed to protect identities.

in KwaZulu-Natal are HIV positive. Research on the demographic impact of HIV/AIDS by Dorrington, Johnson, Bradshaw and Daniel estimates that, as of 2006, approximately 5.4 million people in South Africa were infected with HIV. The same study estimates that 1.5 million children had lost their mothers – two-thirds of these deaths were AIDS-related. In 2006 alone, 300,000 children became maternal orphans. (For more data on child well-being, see pages 61 – 95 in *PART THREE: Children Count – The Numbers* or visit www.childrencount.ci.org.za.)

In order to plan and budget for sufficient services – and monitor implementation – regular and reliable data are needed on the number of children in South Africa who require – and who receive – social services at any given time. The most comprehensive assessment of this was commissioned by the Department of Social Development in 2006 to estimate the cost of implementing the Children's Bill.

The costing team led by Barberton, noted the lack of reliable information on the demand for social services and on the delivery of such services to children. To cost the Bill, Barberton developed two "demand scenarios" – i.e. ways of estimating how much of every service would be required. The first scenario was based on actual and planned service *delivery* (based on departmental plans to expand services) and the second on estimated *need* for the variety of services provided for in the Children's Bill.

Their findings highlight two important issues:

- The need for social services in South Africa is large and increasing. In the absence of substantially improved (and comprehensive) social services, the burden of care on the State will be enormous by 2010.
- The Department of Social Development's current and planned provisions for service delivery to children (scenario one) fall substantially short of the estimates of actual need in scenario two. In most cases, the number of children estimated to need social services is more than double the number of children that the department is planning to provide services to.

Furthermore, disparities between demand and service delivery are most pronounced in the poorest provinces. The costing report showed that provinces with the lowest expenditure per child are also the poorest regions, and home to the country's most vulnerable children. As an example, Barberton documented that in 2005/06 the Western Cape spent 7.5 times more per capita on social welfare services for children than Limpopo (R114 vs R15). Yet, analysis of the *General Household Survey 2006* shows that 41% of children in the Western Cape live in poverty (in households with less than R1,200 per month income) compared to 82% of children in Limpopo. For further discussion of the costing report, see the essay on page 41.

Across the country, large case loads per social worker and increasing backlogs in foster care placements point to the fact that the delivery of social services is not keeping pace with demand. The gap between service delivery and service need will persist (and grow) unless major service delivery challenges are addressed.

What are the challenges preventing social services from meeting the needs of vulnerable children and their families?

There are multiple, inter-related challenges to the delivery of social services to children in South Africa. Five key challenges are highlighted here.

Shortage of social services practitioners

The Children's Bill costing team noted that "the greatest obstacle to the implementation of the Children's Bill is the acute shortage of suitably qualified personnel". This includes social workers, social auxiliary workers, and child and youth care workers.

At around the time when Sindile and her siblings lived with their abusive uncle, research by Giese, Meintjes, Croke and Chamberlain in 2003 reported that the local welfare office had three social workers servicing a population of over 110,000. To put this in perspective, Barberton points out in the costing report that the Department of Social Development's proposed norm for social workers is one social worker to every 4,500 people in KwaZulu-Natal. Applying these norms to Sindile's area, the local welfare office should have had 24 social workers.

The shortage of social workers is a national crisis. In 2005, the Department of Social Development and non-profit organisations (NPOs) employed a total of 5,063 social workers to deliver the full spectrum of social work services countrywide (including but not limited to children's social services). The costing report revealed that, at the lowest level of implementation of the Children's Bill, at least 16,504 social workers will be needed in 2010/11 for children's social services. Looking at the higher level of implementation (better service standards) 66,329 social workers will be needed in 2010/11.

Immediate and creative solutions are needed to address this shortfall. These solutions need to include recognition and remuneration for a broad range of social service providers (such as social auxiliary workers and child and youth care workers) to undertake some of the tasks traditionally assigned to social workers.

Other staff-related issues, all evident in Sindile's case and documented elsewhere (see for example Meintjes, Moses, Berry & Mapane 2007), include inadequate training and supervision of social services personnel, high staff turnover, poor working conditions and unmanageable case loads. Staffing issues are compounded by the inappropriate use of the child protection system as a poverty alleviation mechanism.

Inappropriate use of the child protection system

Many children are being cared for by relatives in communities affected by poverty and HIV/AIDS. These families need resources to care for the children and the State provides support in the form of social grants. The Child Support Grant is available to children under the age of 14 (to be extended to 15-year-olds in 2009) and is valued at R200[3] a month per child. It is available to the primary caregiver of a child. A 'primary caregiver' includes the biological parent and relatives, or a non-related person who takes the main responsibility for a child. It is available for a maximum of six children per adult. A caregiver applying for the CSG does not have to go through a court process but simply has to show that s/he is the primary caregiver.

The State also provides a Foster Child Grant (FCG) which is intended to support adults who are appointed as foster parents to care for a child who the court has found to be in need of care and protection. At R620[4], the FCG is substantially larger in value than the CSG and relatives caring for children are increasingly attempting to "foster" children in their care so as to access the larger value foster grant. Foster care placement has to be approved by a court, following a social worker enquiry into the child's circumstances. In addition to processing new applications, social workers are legally obliged to review all existing foster placements every two years.[5] The whole process is costly, intense and time consuming.

Social workers in rural towns like Sindile's are increasingly swamped with foster care applications by families in need of poverty alleviation. This creates an exponentially large case load that eventually squeezes out all other services.

While the use of the foster care system for children in need of care and protection is appropriate, the use of such a complex process to simply provide income support to poor families is inappropriate and not an effective use of scarce social workers' time. The financial and human resources implications of using foster care as a poverty alleviation mechanism were documented by Meintjes, Budlender, Giese and Johnson in 2005. Their research clearly shows the crippling effects that this is having on the child protection system. Given resource constraints, the child protection system is only able to assist a limited number of children. In theory, it is intended to help children like Sindile whose home circumstances place them at risk. However in practice it is predominantly being used to channel income support to poor families – leaving courts and social workers less able to protect children like Sindile and her siblings. See the essay on page 55 for more details on the link between social services and social grants.

Marginalisation of prevention and early intervention services

The policy shift set out in the White Paper for Social Welfare advocated for an approach which placed a greater emphasis on prevention and early intervention services. These services should theoretically intervene in a family situation when the family is still functioning but the first signs of potential problems appear. Giving effect to children's right to family or parental care, these include services such as family assessments, parenting skills development, psychological and therapeutic programmes, assisting families to obtain basic necessities, managing family disputes, and succession planning (helping dying parents plan for the long-term care of their children).

Effective prevention and early intervention services for Sindile could have averted much of what happened. The social workers knew that Sindile's mother was dying. They could have worked with her to secure the children's placement in the care of the maternal aunts. They could have offered family counselling to resolve the conflict between the paternal and maternal families. And they could have prevented the abuse that Sindile suffered, and possibly even prevented Thokozani's death by intervening after their first visit to the uncle's homestead.

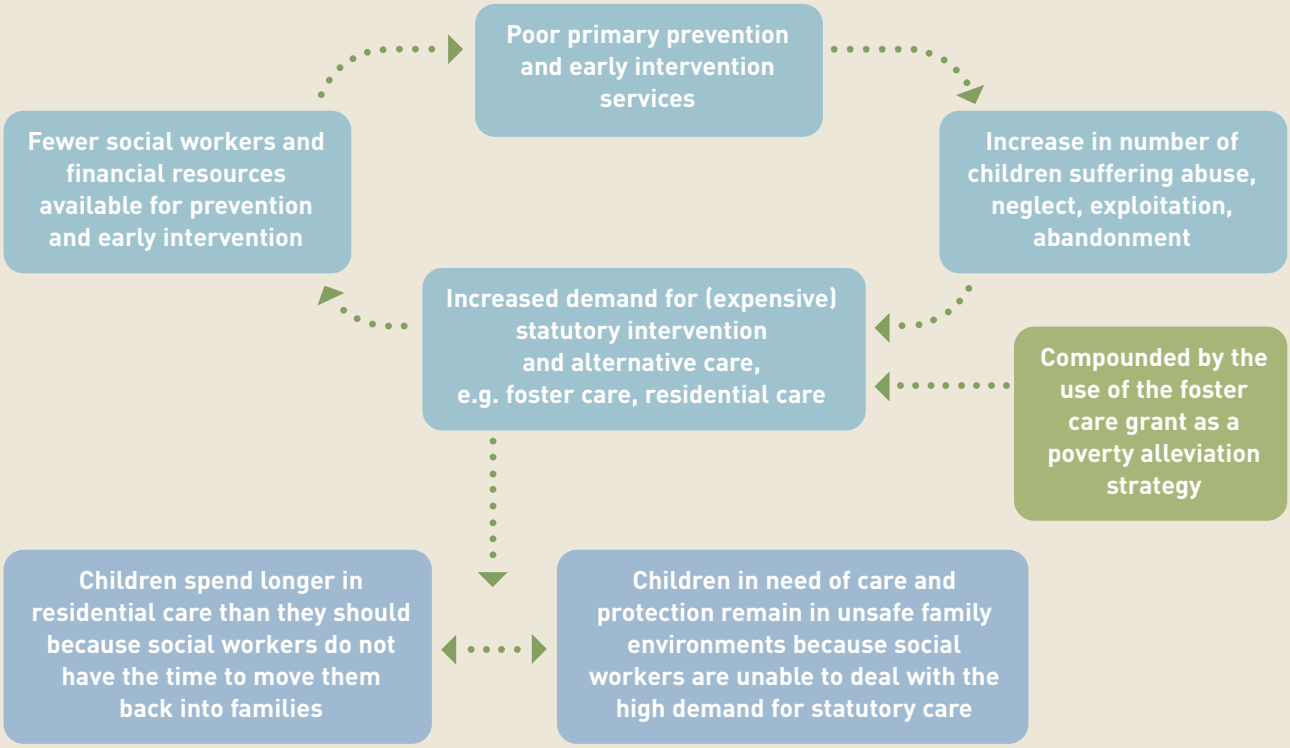
The implementation of prevention and early intervention services not only saves lives, it saves costs too. In the long run, intervening early reduces the likelihood that the State will have to take full responsibility for the alternative care and/or rehabilitation of a traumatised child, which is more costly than prevention services which keep children safely in the care of their families.

Within the context of limited resources, however, choices have to be made "on the ground" as to what gets done and what "can wait". Prevention and early intervention services are seen as less critical than statutory protection services or alternative care and are therefore the first to be cut. This leads to a greater number of children requiring protection and alternative care, further reducing the capacity of social workers to deliver prevention and early intervention. In this way, a vicious cycle develops.

Failure to deliver the full spectrum of services, including prevention and early intervention services, leads to unnecessary trauma for children and families, and ultimately increases the demands placed on the State. This is illustrated in the diagram opposite.

3 The CSG will increase by R10 in April 2008 and by a further R10 in October 2008 to a total of R220 a month.
4 The FCG will increase by R30 in April 2008 to R650.
5 The Children's Act now allows for courts to make permanent foster care orders in specified circumstances (section 186). This will eliminate the need for two-yearly reviews by social workers in some cases.

DIAGRAM 1: Vicious cycle undermining social services for children



Inadequate funding for NPOs and community-based initiatives

In the absence of sufficient state capacity to deliver prevention and early intervention services, the non-profit and voluntary sectors currently provide the bulk of these services to children and families. These organisations are performing a state function yet very few have proper service level agreements with government and many struggle to access subsidies. Inadequate support for NPOs and community-based initiatives compromises the quality and continuity of services for children and stretches community resources beyond capacity. For further discussions on government funding for the non-profit social service sector, see the social welfare policies essay on page 29, the Children's Act essay on page 35, the human resources essay on page 48, and the budget allocation essay on page 41.

Poor inter-departmental collaboration

Sindile's story highlights several examples of poor inter-departmental collaboration. The police, for example, were never approached to provide support or protection to the social worker in dealing with the abusive uncle. Health services could have picked up that Thokozani was not collecting his epilepsy medication regularly, and could have worked with Social Development to follow up on the child. Regular communication with the schools would have enabled social services to monitor the well-being of the children without placing extra demands on social workers' time.

Poor inter-departmental collaboration compromises care and protection services and leads to costly inefficiencies in service delivery. For example, during the costing of the Children's Bill, the costing team identified poor collaboration between the Departments of Justice and Social Development as a major issue. This has the potential to waste an extraordinary amount of time and resources on both sides, with courts waiting for information from social workers, and social workers waiting to appear in court. Such inefficiencies reduce the effectiveness of an already overburdened child protection system.

Furthermore, the failure of other departments to deliver on their obligations to children and caregivers inevitably increases the burden on the Department of Social Development, which cannot drive the implementation of a developmental welfare system without buy-in from other departments. An example of this is the impact of AIDS-related illness and death on the demand for social services. The Children's Bill costing team estimated that 54% of children referred to social services by 2011 will be children whose parents have died of AIDS. Services for these children could account for up to two-thirds

of the overall costs of implementing the Children's Bill. The increasing demand for social services for children is therefore partly attributable to failures in the government's HIV/AIDS prevention and treatment programmes, which is largely the responsibility of the Department of Health.

Given the range of child care challenges that families typically face – including access to education, health care, housing, water and sanitation – the responsibility for supporting families to care for their children is a shared one. In order to realise constitutional commitments to children, a sufficient, sustained and collaborative effort on the part of all relevant government departments is crucial.

How can the commitment in the Children's Act to invest in social services be maximised?

In order to meet the needs of a growing population of vulnerable children and families, a substantially greater investment is needed in social services, particularly prevention and early intervention services.

The passage of the Children's Act (No 38 of 2005), as amended by the Children's Amendment Bill (B19F-2006), signifies the State's highest commitment to address the needs of vulnerable children. When put into force, the Children's Act will replace the Child Care Act (No 74 of 1983) and will bring the legislation governing child care and protection in line with South Africa's constitutional and international obligations to children and their families. (See the rights essay on page 23 and the Act essay on page 35 for more details on how the Act gives effect to children's rights.)

The Children's Act provides the necessary legal framework to support the delivery of the full spectrum of social services. However, in order to ensure that 10 years of investment in drafting the Children's Act bears fruit, significant budget growth and capacity development are urgently needed to support implementation. (For more information on budgetary and human resources considerations in the implementation of the Act, see the essays on pages 41 and 48 respectively.)

What are the conclusions?

The 1997 White Paper for Social Welfare envisioned a truly developmental approach to social welfare, including social security and social services. While this has translated into practice in the arena of social grants, the delivery of social services falls substantially short of the needs of children and families in South Africa.

Key challenges to social service delivery include the shortage of social service practitioners, in particular social workers, social auxiliary workers and child and youth care workers; the inappropriate use of the foster care system to channel social assistance to poor families and the effect this is having on the child protection system; the marginalisation of prevention and early intervention services; inadequate funding for NPOs and community initiatives; and poor inter-departmental co-ordination.

With the new Children's Act comes the possibility of significantly improved services. However, much work remains to ensure that the full spectrum of services provided for in the Act are appropriately resourced and fully implemented and that the service delivery challenges outlined above are addressed.

Sources

Barberton C (2006) *The cost of the Children's Bill: Estimates of the cost to government of the services envisaged by the Comprehensive Children's Bill for the period 2005 to 2010.* Report for the national Department of Social Development. Pretoria: Cornerstone Economic Research.

Budlender D (2006) *Summary of the Children's Bill costing.* Children's Institute & Centre for Actuarial Research, UCT.

Budlender D, Proudlock P & Jamieson L (2007) *Choices which can affect the cost of the Children's Bill.* Centre for Actuarial Research & Children's Institute, UCT.

Dorrington RE, Johnson LF, Bradshaw D & Daniel T (2006) *The demographic impact of HIV/AIDS in South Africa: National and provincial indicators for 2006.* Cape Town: Centre for Actuarial Research, Medical Research Council & Actuarial Society of South Africa.

Department of Social Development (2008) SOCPEN database. Pretoria: DoSD.

Department of Social Development (2007) *Strategic plan 2007 – 2010.* Pretoria: DoSD.

Department of Health (2007) *National HIV and Syphillis Antenatal Sero-Prevalence Survey in South Africa 2006.* Pretoria: DoH, Directorate: Epidemiology and Surveillance.

Department of Welfare (1997) *White Paper For Social Welfare: Principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa.* Pretoria: DoW.

Giese S, Meintjes H, Croke R & Chamberlain R (2003) *Health and Social Services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS – research report and recommendations.* Cape Town: Children's Institute, UCT.

Meintjes H, Budlender D, Giese S & Johnson L (2005) Children 'in need of care' or 'in need of cash': Social security in the time of AIDS. *South African Review of Sociology*, 36(2): 238-268.

Meintjes H, Moses S, Berry L & Mapane R (2007) *Home truths: The phenomenon of residential care for children in a time of AIDS.* Children's Institute, UCT & Centre for the Study of AIDS, University of Pretoria.

Statistics South Africa (2007) *General Household Survey 2006.* Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

gap between service delivery and external communications to customers -horizontal communication -propensity to overpromise. SERVQUAL. perception score- expectation score.Â 1. firm needs solid foundation- targeting the right customer segments, attracting the right customers, tiering the service and delivering high levels of satisfaction. 2. develop close bonds and relationships through cross selling and bundling 3. identity and eliminate factors that result in loss of existing customers and the need to replace them for new ones. strategies for loyalty bonds. 1. deepening the relationship 2. financial rewards 3. non financial rewards 4. social bonds 5. customization bonds 6.structural bonds. why customers become more profitable the longer they remain with a firm. Gap between service quality specification and service delivery: This gap may arise in situations pertaining to the service personnel. It could happen due to poor training, incapability or unwillingness to meet the set service standard. An example would be when a doctorâ€™s office has very specific standards of hygiene communicated but the hired staff may have been poorly trained on the need to follow these strict protocols. The third gap in the model is the performance gap, reflecting the difference between service quality specification and service delivery. Given that service is largely a function of human rather than robotic resources, resources versus robotics â€“ at least to date... The delivery gap is the difference between service delivery policies and standards and the actual delivery of the service. This gap can occur for a number of reasons: Deficiencies in human resources policies.Â When using the Gap Model of Service Quality, then once you have identified a gap you can use one of the following actions to reduce the gap. Gap 1: The Knowledge Gap. Close this gap by learning what customers expect.Â Set measurable service quality goals. Train managers to be service quality leaders. Update policies regularly. Reward staff for the achievement of quality goals. Gap 3: The Delivery Gap. Close this gap by ensuring that performance meets set standards. Options to consider include: Train employees. 4 Keys to the Growing Disconnect Between Service Delivery and Delivered Service. Customer alignment starts high and runs deep. The behaviors of executives support customer focus in high performance organizations, and the practice is drilled down to include the behaviors of middle managers, too.Â Technologies enable customer connections. From CRM software to social media, high-performers leverage high tech to achieve high touch with customers worldwide. AMA and i4cp found that building customer-focus to create a competitive advantage depends on four factorsÂ Even for those who really get it, there needs to be dedicated time and attention to continuing to build the systems and ensure that everyone in the organization gets it.