

Towards effective child protection: Ensuring adequate financial and human resources

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During the apartheid era, social services targeted a small group of (mainly White) children, and the emphasis was on providing clinical social work-type interventions to individuals after abuse took place, known as the “residual model”.¹ In 1997, the (then) Department of Welfare demonstrated its commitment to the goal of establishing “a society based on democratic values, social justice and fundamental human rights”² through the publication of the White Paper on Social Welfare (White Paper).³

In line with the principles of social justice and equality, the White Paper committed to scale up services to meet the needs of all children – in other words, to universalise access.⁴ The White Paper also adopted a rights-based approach to give effect simultaneously to the rights to protection from violence; physical and psychological integrity; dignity and health, amongst others (see figure 3 on p. 44). This was to be achieved by switching from the existing “residual” model to a “developmental” model of social welfare.⁵ The developmental model aims to prevent abuse before it occurs by focusing not just on individuals but also on their connections to family and the wider community.

The legal and policy framework has been developed to provide for a holistic child protection system that includes prevention and early intervention as part of a continuum of care (see the essay on pp. 35 – 42). However, the delivery of effective prevention and early intervention services is dependent not only on a sound legal and policy framework but also on adequate resources.

This essay presents a brief analysis of the adequacy (or otherwise) of resources dedicated to the delivery of prevention and early intervention services in terms of the Children's Act. These programmes cover preventing all forms of harm, not just violence. After discussing the current situation, we look briefly at the future plans of the Department of Social Development, and conclude with a few recommendations to strengthen the system. In relation to the implementation of prevention and early intervention services, we ask:

- Are resources shifting to realise a developmental model of social services?
- Why has the move from the residual to the developmental model not started?
- Are the financial resources adequate?
- Are the financial resources appropriately targeted?
- Are there enough social service professionals?
- Are social service professionals sufficiently trained?

- What are government's plans to strengthen the social welfare workforce?
- What are the recommendations?

Are resources shifting to realise a developmental model of social services?

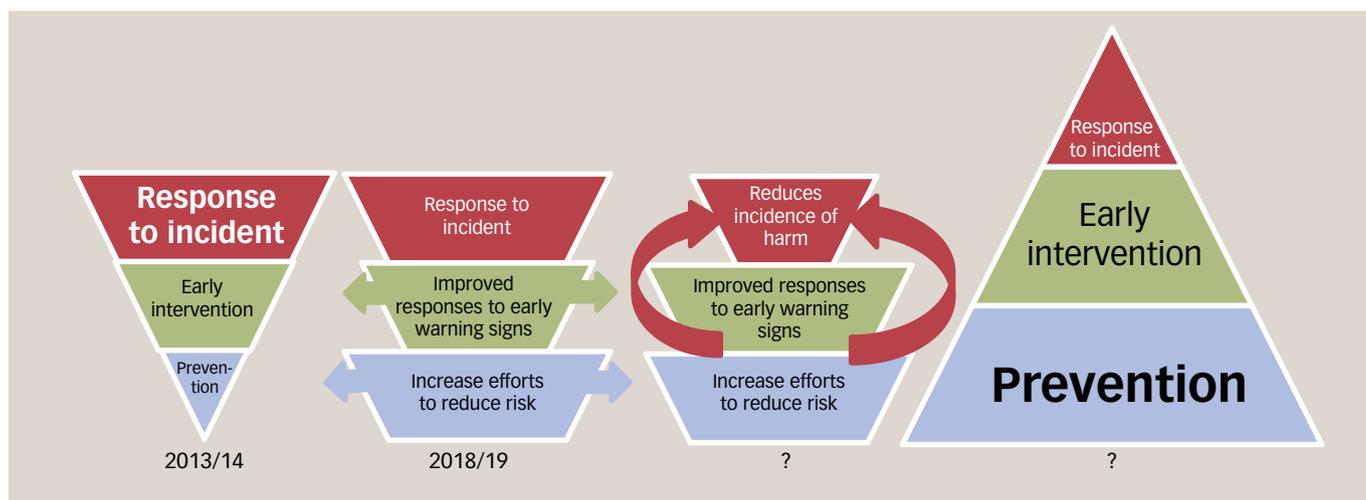
International law obliges the state to fund prevention and early intervention services, including therapeutic services, as part of a comprehensive child protection system, to the maximum extent of its available resources.⁶ This legal obligation has been incorporated into the Children's Act.⁷ The state must fund all these services but it must use its resources in a cost-effective manner. Not only are prevention and early intervention services less expensive than investigating abuse and removing children from their homes in the short to medium term,⁸ but because child abuse has life-long adverse health, social, and economic consequences for the victims, the potential long-term economic savings to the state are substantial⁹.

In the residual model of social services (on the left in figure 6 on the next page) resources are concentrated on response services (i.e. statutory on the previous page services, alternative care, etc.), whereas under the developmental model (on the right in figure 6), resources are focused on community-based prevention, and targeted early interventions. Changing the model is a process that starts with increasing efforts to reduce risk and improving responses to early warning signs. Typically, reporting of abuse increases as more resources are used for raising awareness, so in the initial stages response services cannot be reduced. However, as the prevention programmes begin to have an impact, the number of cases of abuse decline, at which point the redistribution of services can be accelerated. This needs to be done while also expanding the whole system to reach children across the country.

Why has the move from the residual to the developmental model not started?

In 2013, more than two-thirds (68%) of key prevention stakeholders, such as departmental officials, service providers and academics, considered that measures taken by South Africa to prevent child maltreatment were inadequate.¹⁰ They cited lack of material resources as one of the biggest challenges, and less than 8% thought the number of professionals specialising in prevention was adequate for large-scale implementation of prevention programmes.

Figure 6: Gradual shift from current emphasis on crisis response to ideal future where the need for crisis intervention has been reduced



Source: Department of Social Development (2013) *Comprehensive National Strategy Aimed at Securing the Provision of Prevention and Early Intervention Programmes to Families, Parents, Caregivers and Children Across the Republic of South Africa. National Strategic Draft Plan 2013/14 – 2018/19*. Pretoria: DSD.

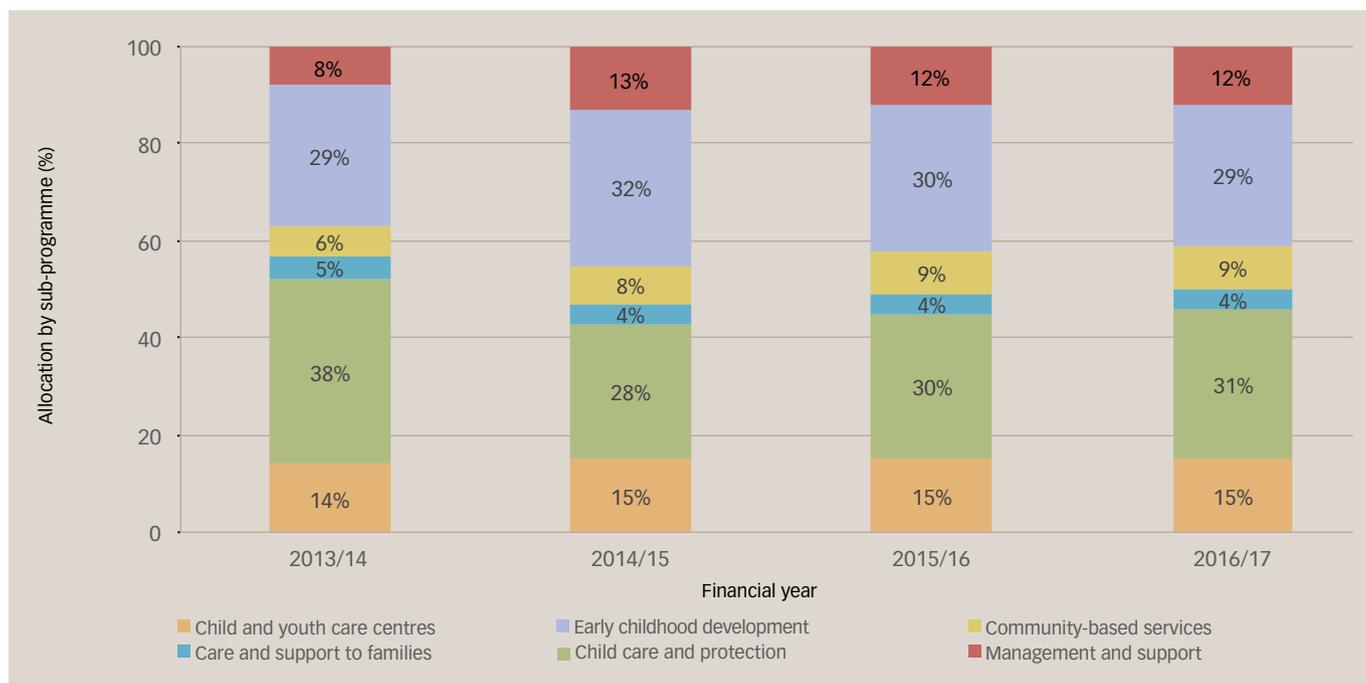
Are the financial resources adequate?

In 2006, Barberton and colleagues calculated the cost of implementing the Children’s Act.¹¹ They worked on four scenarios: the cheapest, called the “implementation plan low” scenario involved incrementally expanding existing services at minimum norms and standards; the most expensive scenario, called the “full cost high”, was based on providing high quality services to all children who need them.¹²

The way budget allocations and expenditure are reported does not correspond neatly to the services and programmes required by the legislative framework. Most prevention and early

intervention programmes are funded by the Department of Social Development (DSD). The funding however is scattered across a number of sub-programmes in the provincial budgets, making it impossible to track expenditure or even estimate how much is being spent on prevention and early intervention. Changes to the budget structure introduced for 2014/15 and the government’s Medium-Term Expenditure Framework allow easier comparison with the estimated cost of implementing the Children’s Act, but the budget still does not give separate figures for prevention and early intervention services. Therefore, we analyse the amounts budgeted for the children and families programme that covers all Children’s Act services.

Figure 7: Distribution of the children and families budget across sub-programmes, 2013/14 – 2016/17



Source: Budlender D & Francis D (2014) *Budgeting for Social Welfare in South Africa’s Nine Provinces, 2010/11 – 2016/17*. Cape Town. Chart compiled by L Jamieson, Children’s Institute, UCT.

i Implementation plan low and high scenarios (based on 2005 levels of actual service delivery, scaled up in a phased manner each year), and full cost low and high scenarios (based on evidence of the numbers of children who need the services, scaled up in a phased manner each year).

The year 2014/15 corresponds to year six of the implementation of the Children’s Act. According to the implementation plan low scenario, a minimum of R15,9 billion would be required for all Children’s Act services, whereas the full cost high scenario estimated that in excess of R93,6 billion would be needed.¹³ However, in 2014/15, allocations account for less than half (45%) of the predicted costs of the implementation plan low scenario, and only 7% of the predicted costs of the full cost high scenario.¹⁴ Indeed, the allocations for the children and families programme have consistently been well below the estimated cost of what is needed.¹⁵ Although, the budget is expected to grow by 6% in real terms between 2013/14 and 2016/17,¹⁶ the allocations are expected to remain well below the estimated cost of implementation. Put simply, the budget for all Children’s Act services is totally inadequate.

Recent studies of the budgets for the Sexual Offences Act¹⁷ and Domestic Violence Act¹⁸ also highlight under-resourcing of services for children affected by violence¹⁹.

Figure 7 (on the opposite page) shows how the children and families budget will be divided from 2013/14 to 2016/17. In 2013/14, the largest share (38%) of the children and families budget was spent on child protection services, whereas only 5% was allocated to care and support to families that cover prevention and early intervention, and 6% to community-based services that include the Isibindi programmeⁱⁱ and drop-in centres. The apparent reduction in the share of protection services between 2013/14 is mostly due to the new budget structure rather than a reallocation of funds. From 2014/15 to 2016/17, there is no significant shift between the sub-programmes, hence it is clear that funds are not shifting towards prevention and early intervention.

Are the financial resources appropriately targeted?

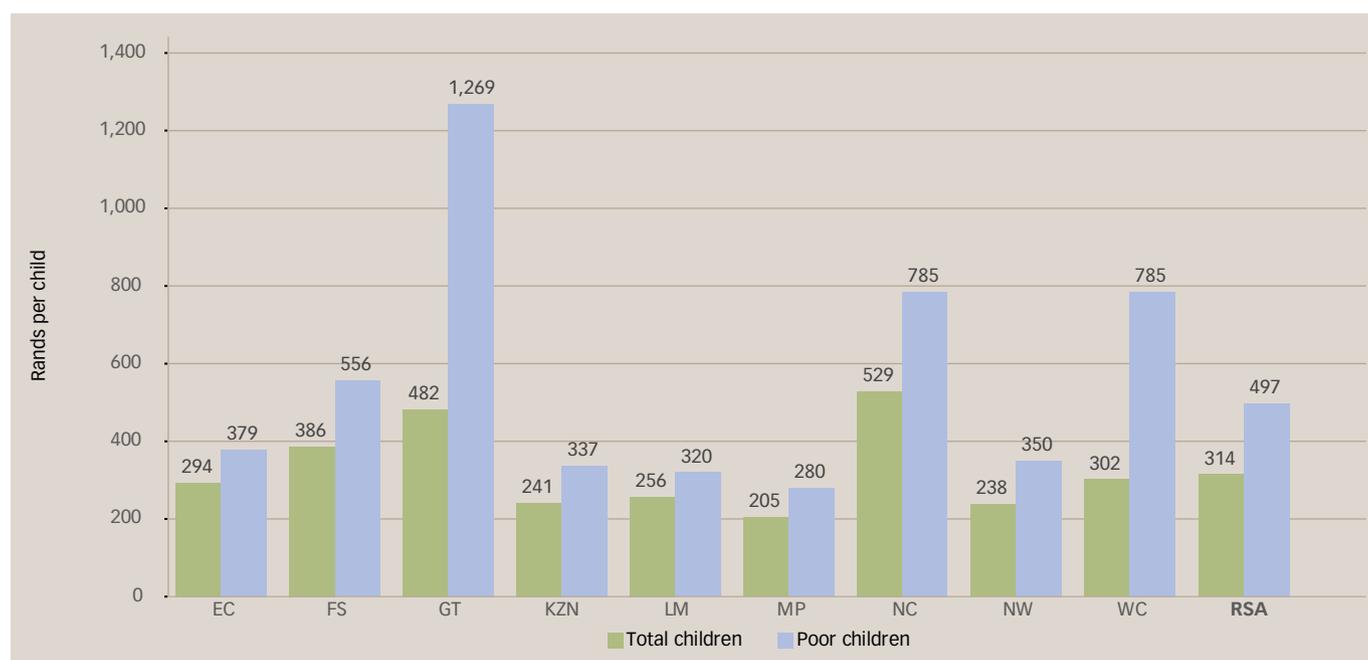
To ensure that previously marginalised groups and communities have access to services, the Children’s Act requires every province to prioritise the funding of services to children with disabilities and the provision of services in under-resourced communities.²⁰ There is no information available to assess allocations to children with disabilities. If this information is not being collated, it is likely that funding is not being prioritised in this manner. Figure 8 below shows the per child budget allocation in the children and families programme. The allocations for poor children are significantly higher than for the total child population, suggesting that resources are being targeted at poor children within each province.

A crude comparison of the provincial share of resources with the percentage of the total child population (table 4 on the following page) reveals that resources are still unevenly distributed, suggesting the persistence of historical inequalities and calling into question universal access.

One way in which the DSD is trying to ensure that prevention and early intervention target under-resourced communities is through the Isibindi programme, which delivers services to vulnerable children in communities (mostly in remote, rural areas) with high HIV and AIDS prevalence rates, high rates of unemployment and poverty, and few existing social services.²¹ The estimated total cost of rolling out the programme nationally escalates from R269 million in year 1 (2013/14), to R1,2 billion in year 5 (2017/18) and totals R3,8 billion over the five year roll-out period.²²

The Finance Minister has allocated R650 million across the provinces in 2013/14, and R700 million in 2014/15 to cover both

Figure 8: Department of Social Development budget allocations to children and families, per child per province, 2014/15



Source: Budlender D & Francis D (2014) *Budgeting for Social Welfare in South Africa's Nine Provinces, 2010/11 – 2016/17*. Cape Town. P. 47.

ii Isibindi is a support programme for orphaned and vulnerable children developed by the National Association of Child Care Workers (NACCW) and implemented by a range of non-governmental organisations in all the provinces.

Isibindi and early childhood development (ECD). Experts however are warning that not all provinces are allocating the additional funds to the programmes: "In 2013/14 Limpopo planned to allocate only 12% of the additional money it would receive. Free State (54%), Eastern Cape (61%) and North West (61%) also planned to allocate much less than they would receive for Isibindi and ECD."²³

Table 4: Comparison of the share of resources allocated for Children's Act services with the share of the child population, 2013

Province	% of national allocation for all Children's Act services*	% of child population*
Eastern Cape	10	14
Free State	8	6
Gauteng	29	18
KwaZulu-Natal	16	23
Limpopo	10	12
Mpumalanga	6	8
North West	7	7
Northern Cape	3	2
Western Cape	11	10
Total	100	100

Sources: *Budlender D & Proudlock P (2013) *Are Children's Rights Prioritised at a Time of Budget Cuts? Assessing the Adequacy of the 2013/14 Social Development Budgets for Funding of Children's Act Services*. Cape Town: Children's Institute, UCT.

*Meintjes H & Hall K (2013) Demography of South Africa's children. In: Berry L, Biersteker L, Dawes A, Lake L & Smith C (eds) (2013) *South Africa Children Gauge 2013*. Cape Town: Children's Institute, UCT.

Funding for non-profit organisations (NPOs)

The implementation of an integrated child protection system is dependent on collaboration between government and non-profit organisations (NPOs) (see the essay on pp. 43 – 50). It should be clarified that, although NPOs deliver most prevention and early intervention services,²⁴ the responsibility lies with government to ensure that the services are provided. As a result the government has an obligation to pay NPOs for the services they provide.

According to the Presidency, NPO funding has declined steadily since 1994, reducing the range and compromising the quality of social welfare services.²⁵ Since the global recession in 2008, international funding has been greatly reduced with the result that many NPOs have retrenched staff, scaled back their interventions, or closed down.²⁶ National government recognises that to increase the reach of social services, it will need to build better partnerships with the NPO sector.²⁷ Partnership could mean many things – what NPOs need is for government to pay them a fair price for the services they provide.

In 2013, the budget included an extra R600 million to support NPOs. However, several of the provinces are using some or all of this money on their internal systems for "monitoring and support" to NPOs rather than for monetary transfers to NPOs.²⁸ The Free

State funding policy which replicates the national Policy on Financial Awards for Service Providers²⁹ has been successfully challenged in court.³⁰

The DSD has acknowledged that it has a statutory duty to provide these services; however, it argues that its obligation is to progressively realise the right to social services. Hence, the full payment of NPOs for services is envisaged only as a future goal.³¹ Although the national and Free State policy are based on the same principles, the court did not comment on the national policy. The DSD is revising the national policy but drafts published to date do not include full payment to NPOs delivering prevention and early intervention services.³²

Are there enough social service professionals?

The Children's Act norms and standards specify that prevention and early intervention services must be based on a multi-disciplinary and intersectoral approach,³³ implying that social service practitioners are required to work with other professionals, and that they should be from more than one department. An analysis of the whole workforce is beyond the scope of this essay, which limits the analysis to the key social service professionals providing Children's Act services. The Children's Bill costing included estimates of the number of professionals required to provide children's social services and, as with the budget, four scenarios were calculated. Table 5 (on the opposite page) presents the numbers for the cheapest and the most expensive scenarios for the implementation of the Children's Act.

Over the last decade the government has introduced measures to expand the workforce, including bursaries for social work students, recognising social work as a scarce skill and improved pay and compensation packages set nationally through occupation specific dispensations.

Consequently, between 2000 and 2014 the number of social workers grew from 9,072 to 18,213.³⁴ The DSD estimated that 1,487 social work graduates will enter the labour market in 2014/15 and a further 2,130 in 2015/16,³⁵ and National Treasury has allocated R938 millionⁱⁱⁱ to the provinces to employ these graduates between 2014 and 2016³⁶. Many of the provinces claim that the additional funds are inadequate to absorb the new graduates, for example in the Eastern Cape, "the R65,3 million available for 2014/15 is reported to be sufficient only for the carry through of the costs of social workers already employed."³⁷ Consequently, that province will not reach the national norm of one social worker per 3,000 "clients".

The DSD has also committed funding to the Isibindi programme to recruit and train an additional 9,000 community-based child and youth care workers (CYCWS) before the end of 2018.³⁸ By December 2013, training of child and youth care workers had commenced in all provinces, with 2,776 trainees enrolled on the programme.³⁹ Whilst this progress must be applauded, the DSD has described the social service workforce available to implement the Children's Act "as incomplete, underdeveloped and ill-funded", and

iii R120 million in 2013/14, R305 million in 2014/15 and R513 million in 2015/16.

Table 5: Key personnel required for Children’s Act in year six of implementation

Category	Number of practitioners required	
	Implementation plan low scenario	Full cost high scenario
Social workers	16,504	66,329
Social auxiliary workers	14,648	48,660
Child and youth care workers	12,955	216,813

Source: 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. Johannesburg: Cornerstone Economic Research.

has acknowledged that there are shortages of all the professionals needed to implement the Children’s Act.⁴⁰

Importantly, some of these practitioners also work with other vulnerable groups, not just children, and provide services in addition to prevention and early intervention. Listed below are the total number of each type of practitioner who (potentially) can provide all services across all groups – it shows how acute the shortages are:

- In July 2014 there were 18,213 social workers, and 5,239 social auxiliary workers, registered with the South African Council for Social Service Professions (SACSSP).⁴¹ However, one cannot assume that all of them are working, as data from previous years show. In March 2012 the total number of registered social workers was 16,740. Of these only 6,655 (40%) were employed by the government and 2,634 (16%) by NPOs – the rest (54%) were in private practice or not practicing at all.⁴²
- As CYCWs are not required to register, there are no accurate figures on the total number of these practitioners. However, the SACSSP has registered 2,674 CYCWs to vote in the 2012 election of its board. In 2013, the National Association of Child Care Workers had records of 10,904 individuals who had completed one or more of the Further Education and Training Certificate (FETC) in Child and Youth Care modules. It is assumed that most of these CYCWs are employed in child and youth care centres, as in 2011 only 800 community-based CYCWs worked in the Isibindi programme.⁴³

Two other categories of social service professional that provide prevention and early intervention services are ECD outreach workers and youth workers. Both groups are struggling to get professional recognition:

- Most ECD practitioners work in crèches and educare centres and there are only 1,000 ECD practitioners recorded as doing outreach work (i.e. delivering parenting programmes and support to families in the community).⁴⁴
- Youth work^{iv} has not been recognised as a professional career and consequently there are no prescribed qualifications or

standard definitions of youth work. Although some provincial DSDs and NPOs employ individuals to do youth work, statistics are not collated and both the *Situational Analysis Report of the Social Service Workforce Serving Children* (Situational Analysis)⁴⁵ and the Social Service Practitioners Policy⁴⁶ are silent on the number of people performing this function.

Although the Children’s Act foresees a range of social service professionals working together, it has taken years to develop a common understanding of who is a social service professional and what each profession does: “... whilst each is playing a role, there is no coherency as to who is supposed to perform which function, with the result that some functions are duplicated whilst others are not being performed at all”.⁴⁷ Another problem is the over-reliance on social workers,⁴⁸ as some of the tasks that could be performed by other professions or para-professionals (who are less expensive) are reserved for social workers.

This is exacerbated by confusion around who can render prevention and early intervention services. The Children’s Act chapter on prevention and early intervention specifies that services should be based on a multi-disciplinary and intersectoral approach and that service providers must have appropriate training, support and supervision. However, the definition of child protection services also includes prevention and early intervention services,⁴⁹ leading some government officials to interpret this as meaning prevention and early intervention can only be performed by designated social workers⁵⁰.

The human resources strategies need to clearly define what social work tasks can be performed by which cadres, and how the workforce should share the workload appropriately.

Are social service professionals sufficiently trained?

Large numbers of ECD outreach workers have no formal training as there is currently no publicly-funded training for ECD outreach workers.⁵¹ Current training supply and funding is inadequate for a scaled-up ECD system. Furthermore, it is unevenly spread with an urban predominance and in terms of availability of higher level qualifications. In 2012, only six providers were accredited to offer the FETC Community Development: ECD, which caters for practitioners working with families and in the community.⁵² Concerns about the lack of training opportunities are shared by other sectors.

In 2013, only 2,341 out of an estimated 10,904 CYCWs had completed the FETC in Child and Youth Care (i.e. the auxiliary level qualification).⁵³ At present, CYCWs do not have to register with the SACSSP and do not have to be qualified to practise only. However, draft regulations specify that, before anyone can practise, he or she must meet the minimum qualifications for child and youth care practitioners to register at each level (i.e. learner, auxiliary and professional).⁵⁴ The final regulations were due to be gazetted in 2014.⁵⁵ From the date of implementation, CYCWs will have three

iv Youth workers respond to the needs and interests of youth, who are defined as persons aged between 15 – 35. They provide services to promote the holistic development (spiritual, emotional, social, and political) and empowerment of young people, including prevention and early intervention to help young men avoid violent behaviour, and both sexes to build healthy intimate relationships.

Case 8: Community-based training of child and youth care workers

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Many students in rural communities cannot afford to travel to study or to leave their homes for extended periods of time and, even if internet access were reliable for distance learning, much of child and youth care practice is based on relational work, so many of the techniques are modelled in the classroom requiring a physical presence. The National Association of Child Care Workers (NACCW) teaches the Further Education and Training Certificate (FETC) in Child and Youth Care in the communities where skills are needed. Trainers turn churches, community halls, schools, places of traditional authority, or other suitable locations into temporary classrooms. To ensure that all the venues meet the stringent health and safety requirements set by the Health and Welfare Sector Educational Training Authority, NACCW has developed a standard kit for trainers that includes a first aid kit and laminated signs to mark exits.

The FETC is 30% classroom based and 70% practice based. The learners are supervised in the workplace by a senior CYCW, and by a mentor in the Isibindi programme. The supervisor signs a page in the logbook to testify that the student completed their practical assignments, and the trainer moderates the assignments.

The CYCWs are taught from day one to integrate the theory into daily practice and adapt it to the needs of the children they are working with. Key to their success is that these professionals blend the best global approaches with their own local knowledge. Thus CYCWs are able to provide high-quality low-cost interventions that are uniquely adapted to the context they are working in. And because CYCWs train on the job in their local communities, most of them stay in the area once they qualify.

years to comply with the qualification requirements; thus there is an incentive for them to train and – thanks to the scale-up of the Isibindi programme – there are increasing opportunities for training in the communities where services are most needed (see case 8 above).

What are government's plans to strengthen the social welfare workforce?

The Medium-Term Strategic Framework (MTSF) 2014 – 2019⁵⁶ is the first five-year building block of the National Development Plan (NDP), and includes activities to increase the supply of social service professionals. According to the MTSF, the DSD is responsible for putting in place a revised recruitment and retention strategy for social workers and social auxiliary workers as well as improved training, mentoring and supervision services. By addressing shortfalls within the workforce, the quality of interventions provided across the continuum of care will be improved.

The DSD is considering the recommendations of the Situational Analysis and the Policy for Social Service Practitioners⁵⁷ in order to strengthen the workforce. These include the need to recognise and professionalise a more extensive range of social service professions such as child and youth care work, youth development work, etc, and to develop a task-shifting document to clarify roles and responsibilities across all professions in the sector. In addition, the current policy will be aligned towards an effective regulatory framework for social service professions. The DSD needs to ensure that resources are allocated to meet these commitments.

In the MTSF, the DSD further identifies the need to strengthen the present workforce to improve the quality of services provided. Under the auspices of the Khusela Project, the DSD has put plans in place to develop additional qualifications and partial-qualifications in child protection; a formalised in-service training programme; a supervision, mentoring and coaching model as well as activities aimed at improving management, leadership, monitoring and

quality assurance.⁵⁸ By introducing a more standardised approach towards building the capacity of social service workforce, it is envisaged that children across South Africa will have access to quality services.

To ensure that these plans happen from a developmental perspective by moving away from traditional child protection services towards an increased focus on prevention and early intervention, the DSD intends to develop a transformation plan that consciously ensures this shift in focus. This plan feeds into the commitments made by the DSD in relation to the NDP.

What are the recommendations?

South Africa has been very effective in reshaping the laws and policies that outline welfare services, but progress towards the transformation of social services in line with the White Paper has been very slow. Services are predominantly responsive rather than preventative and, despite measures to target poor children, inequalities between provinces remain deeply entrenched. While investment in human resources and increases in budget allocations were made, the resources to implement the services envisaged by the new laws are insufficient to meet the demand for services.

Overall the budgets for the implementation of social services for children are too low and most of the budget is allocated to protection rather than prevention services. South Africa needs to invest more resources in prevention and early intervention services, and budgets should be based on accurate costing and estimates of need – this in turn necessitates the development of effective monitoring and information management systems.

NPOs are not fairly compensated for the services they deliver. The state should purchase prevention and early intervention services from NPOs at full cost. The funding crisis is urgent and greater allocation of resources should be a priority. The publication of a revised National Financial Award to Service Providers policy is advised.

The norms and standards of the Children's Act call for the delivery of prevention and early intervention programmes by multi-disciplinary teams, yet the statutory framework regulating the sector only recognises social work professionals and para-professionals. Consequently, "the vision in the [White Paper] for a strong, united group of social service professionals has not been realised".⁵⁹ Until such time as all professions are treated fairly, the lack of co-operation between professionals will continue to hamper progress.

The state has made substantial investment to increase the number of social service professionals and the workforce is expanding; however, there is still an acute shortage of higher education opportunities for CYCWs, youth workers, and ECD practitioners. All categories of social service professional should have clear career paths and opportunities for quality training, higher education and continuous professional development. This requires mechanisms for effective workforce, rather than

occupation or profession specific planning and development, including an integrated human resources strategy that covers all the practitioners in the workforce. The strategy must recognise the capacity of all practitioners to deliver prevention and early intervention services and include a task-shifting/sharing matrix to allow a redistribution of the work.

The Department of Social Development has put plans in place to capacitate social service professionals to deliver child protection services. The capacity-building interventions must focus on increasing skills and understanding of prevention and early intervention services to help shift traditional thinking in the sector towards the developmental model. This training should be incorporated into the undergraduate curriculum. Without this approach, South Africa will continue to be stuck with a reactive system and children will continue to experience violence when it could be avoided.

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