POLICY FOR SOCIAL SERVICE PRACTITIONERS

DEPARTMENT OF SOCIAL DEVELOPMENT

*Date:* 31 January 2013
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EXECUTIVE SUMMARY

This policy, which regulates all social service practitioners, is a product of a protracted process to review the Social Service Professions Act 110 of 1978 as amended in 1998. The aim of the 1998 amendment, and of a number of subsequent amendments, was to transform the social service sector, and to make the legislation more inclusive of a broader range of social service professionals. A further process of extensive legislative review was embarked upon, but halted in 2008 in response to a parliamentary directive. In terms of the directive, a process of policy making had to precede the legislative review.

The policy process, of which this document is the outcome, was initiated in December 2011. The policy development process was inclusive and thorough. Consultation from relevant stakeholders and interested parties was sought on each of the five drafts of the document, and all feedback and comments received during these consultative processes were considered. A consultative process was followed to obtain consensus on the structure and composition of the institution that will regulate this workforce, on the scope of work of each practitioner and to identify the opportunities for collaboration between the practitioners in service delivery. The latter being an essential element to ensure that duplication of services does not occur, and that collaborative partnerships that the sector needs are engendered.

The objectives of the policy are:

- To provide the contextual, institutional and regulatory framework for the establishment of functions, powers, responsibilities and regulation of the Social Welfare Services Sector within the Republic of South Africa.
  - Defining the sector
  - Providing a framework for the regulation of the sector
  - Providing contextual guidelines

In the past, the human resource profile within the social development sector was restricted to one social service professional; namely the social worker. Over the many years, this restriction also proved to be of huge detriment to service provision. This singular recognition also affected the organizational structures of state departments and the NPO sector, the subsequent funding of human resources specifically within the NPO sector, and the roles and responsibilities of this sector. A number of amendments were made to the Social Service Professions Act 110 of 1978 to correct this imbalance. For example, the development and consequent professionalization of other social service professions was allowed. Nevertheless, the legislative amendments to Act 110 have not yet redressed the restrictive profile. This policy attempts to redress the imbalances by being as inclusive as
possible of all segments within the social development sector, and ensuring the provision of opportunities for participation by all role-players and their effective contribution towards the development of this policy.

This policy has included the following social service practitioners for recognition purposes:

- Social Workers, and included in this category are: Auxiliary Social Workers and Student Social Workers. Social Workers in fields of specialization-, which include Probation, Adoption, Occupational, and Forensic Social Workers and any other specialities undergoing registration at the time of writing this policy.
- Community Development Practitioners, and included in this category are: Social Workers in fields of specialization Community Development, and Assistant Community Development Practitioners.
- Child and Youth Care Workers, and included in this category are: Auxiliary Child and Youth Care Workers, students and learners in Child and Youth Care Work.
- Youth Development, and included in this category is Youth Workers,
- Early Childhood Development Practitioners.
- Community Based Personal Care Workers, Aged and Disabled carers and Special Care Workers.

This policy development process took place within a particular social context. While there has been progress in a number of development areas in South Africa, the country continues to face numerous social and economic challenges. The National Planning Commission's Report of 2008 recommended some strategies and solutions. Attaining these solutions, however, remain partly dependent on effective collaboration between the various role players. Social service practitioners are critical role players, who by virtue of their training and capability can assist in the mending of the social fabric of society.

The policy developers also had to take account of existing and other relevant legislation. The White Paper on Social Welfare, which advocates for a new paradigm to social development service delivery, created the opportunity to shift from the restricted perspective to an expanded human resource profile that would serve the broader public and vulnerable groups. The White Paper also includes recommendations with regard to expanding the human resources needed to implement the developmental approach to social welfare services. These recommendations are aligned to the legislative provisions made by the transformation of the Social Work Act of 1978 into the Social Service Professions Act 110 of 1978.

This policy also seeks to address the identified obstacles to the expansion of the human resource profile. Overcoming these obstacles is a necessary condition to obtaining sector expansion. These obstacles include;

- the failure to recognize all practitioners in the field,
• the absence of an institution that takes responsibility for planning the workforce,
• (agree on key role players and lead organization)
• the failure to acknowledge the right to self-determination of existing practitioner groups such as child and youth care work and community development practitioners, (how can we best craft this sentence)
• the insufficient availability of standardized education and training initiatives.

This policy should result in legislation that creates an enabling environment, facilitates broad-based participation, and creates an opportunity for emerging professions to participate and interact meaningfully with a relevant statutory body. This will allow the statutory body to assist in the development of such occupations. The processes of obtaining recognition as social service practitioners are lengthy and complex, and there is, therefore, a need for guidance and capacitation of the groups seeking such recognition.

The purpose of the policy is thus to create an enabling framework that will ensure the broadening of the human resource profile of the social development sector and, thereby, improve the provision of care and protection services to vulnerable groups. The framework will also contribute to quality service delivery of developmental social services, through the regulation of social service practitioners.

**The policy aim is to:**

• provide protection for all social service practitioners, as well as, protection for the intended recipients of social development services
• ensure increased accessibility of the South African society to social services.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABET</td>
<td>Adult Basic Education and Training</td>
</tr>
<tr>
<td>ACDP</td>
<td>Assistant Community Development Practitioner</td>
</tr>
<tr>
<td>APO</td>
<td>Assistant Probation Officer</td>
</tr>
<tr>
<td>CDP</td>
<td>Community Development Practitioner</td>
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<tr>
<td>CHH</td>
<td>Child Headed Households</td>
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<tr>
<td>CYCC</td>
<td>Child and Youth Care Centre</td>
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<td>CYCW</td>
<td>Child and Youth Care Worker</td>
</tr>
<tr>
<td>DoE</td>
<td>Department of Education</td>
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<tr>
<td>DoH</td>
<td>Department of Health</td>
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<td>DHET</td>
<td>Department of Higher Education and Training</td>
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<td>DoJ&amp;CD</td>
<td>Department of Justice and Constitutional Development</td>
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<td>DoL</td>
<td>Department of Labour</td>
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<td>DSD</td>
<td>Department of Social Development</td>
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<td>DCS</td>
<td>Department of Correctional Services</td>
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<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>HWSETA</td>
<td>Health and Welfare SETA</td>
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<tr>
<td>IDU</td>
<td>Intravenous Drug use</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NACCW</td>
<td>National Association for Child Care Workers</td>
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<tr>
<td>NPO</td>
<td>Not for Profit Organization</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>NSPG</td>
<td>Norms, Standards and Practice Guidelines</td>
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<tr>
<td>NQF</td>
<td>National Qualifications Framework</td>
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<tr>
<td>OFO</td>
<td>Organizing Framework of Occupations</td>
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<tr>
<td>PBCYC</td>
<td>Professional Board for Child and Youth Care</td>
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<tr>
<td>PBSW</td>
<td>Professional Board for Social Work</td>
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<tr>
<td>PE</td>
<td>Public Entity</td>
</tr>
<tr>
<td>PFMA</td>
<td>Public Finance Management Act</td>
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<tr>
<td>QCTO</td>
<td>Quality Council for Trade and Occupations</td>
</tr>
<tr>
<td>SACSSP</td>
<td>South African Council for Social Service Professionals</td>
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<tr>
<td>SASSA</td>
<td>South African Social Security Agency</td>
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<tr>
<td>SAASWIPP</td>
<td>South African Association of Social Workers in Private Practice</td>
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<tr>
<td>NASW (SA)</td>
<td>National Association of Social Workers South Africa</td>
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<tr>
<td>ASASSWEI</td>
<td>Association of South African Social Work Education Institutions</td>
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<tr>
<td>SAW</td>
<td>Social Auxiliary Worker</td>
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<tr>
<td>SL</td>
<td>Skills Level</td>
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<tr>
<td>SSP</td>
<td>Social Service Professional</td>
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<td>SWSP</td>
<td>Social Welfare Service Practitioner</td>
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<td>SSP</td>
<td>Sector Skills Plan</td>
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<td>SAQA</td>
<td>South African Qualifications Authority</td>
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<td>SETA</td>
<td>Sector Education Training Authority</td>
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DEFINITIONS

- **Adoption Social Worker:** A social worker as defined in the Children’s Act 38/ 2005.
- **Assistant Probation Officer:** A person who has been defined in the Probations Services Act 116/1992.
- **Auxiliary Child and Youth Care Worker:** A person who has obtained the relevant qualification to perform child and youth care worker at an auxiliary level.
- **Care:** The promotion of the social, emotional, physical, and intellectual development of vulnerable groups including material maintenance and care responsibilities.
- **Child and Youth Care Worker:** A person who works in the life-space of children and adolescents with both normal and special development needs to promote and facilitate optimum development through the planned use of everyday life events and programs to facilitate their ability to function effectively within different contexts.
- **Community Development:** A multi sectoral, multi-disciplinary and comprehensive intervention model adopted to re-orientate social welfare service delivery from the treatment and rehabilitative model to the developmental approach.
- **Community Development Practitioner:** A person who facilitates community development initiatives and collective solutions within a community to address issues, needs and problems that arise within that community. Furthermore, they develop strategies to encourage community participation and raise community awareness of available services, programmes, and support networks.
- **Consultation in supervision:** Consultation in supervision is an activity in supervision; it is determined by the contract and the performance appraisal.
- **Designated Social Worker:** Any social worker that works for the Department of Social Development (DSD), a municipality or a designated child protection organization.
- **Developmental Social Work:** The practical and appropriate application of knowledge, skills and values to enhance the well-being of individuals, families, groups, organizations and communities in their social context. It also involves the implementation of research and the development and implementation of social policies that contribute to social justice and human development in a changing national and global context.
- **Developmental Social Welfare:** The social welfare system of South Africa is based on the principles of the social developmental approach. In this framework, developmental social welfare is measured by such elements as promotion of human rights, use of partnerships to deliver services; integration of socio-economic...
programmes and bridging the micro-macro divides in service delivery. Developmental social welfare emphasizes the empowerment of individuals, families, groups and communities as active participants in the developmental processes.

- **Developmental Approach**: The approach links social welfare programmes more effectively with economic development programmes. Social and economic development is viewed as complementary.

- **Early Childhood Development**: The process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school going age.

- **Early Childhood Development practitioner**: A person who promotes and facilitates the optimum care, development and education of young children from birth to school going age and uses a holistic approach towards their well-being, development and education.

- **Early intervention**: Services delivered at this level focus on early identification of risks, behaviour, symptoms in individuals, groups, organizations that could negatively impact on social wellbeing.

- **Education and Training Institution**: A university, a college or other education and training institution that offers an education and training programme or programmes leading to a prescribed qualification.

- **Forensic Social Work**: A social worker whose primary function is providing expert testimonies in courts of law with the primary client being the judiciary system.

- **Job**: A set of roles or tasks designed to be performed by an individual for an employer in return for payment.

- **Job Description**: A job description sets out key performance areas, competency requirements and accountabilities.

- **Learner Child and Youth Care Worker**: A person who is in a learnership programme being trained to enter the field of child and youth care.

- **Learner Auxiliary Social Worker**: A person who is in the process of being trained to become an auxiliary social worker.

- **Mentoring**: It is a formal or informal transmission of knowledge, skills, attitudes, psychosocial support, and professional development within a sustained period of time.

- **Minister**: means the Minister responsible for social development.

- **NGO/NPO**: Organizations that are not set up primarily for the personal gain or profit but rather to advance the public interest or some common interest of communities. These organizations are sometimes called non-governmental organizations (NGOs) or non-profit organizations (NPOs). The organizations are organized on a local, national or international level often driven by people with a common interest. The NGOs perform a variety of service and humanitarian functions, bring citizen concerns to government, advocate and monitor policies and encourage political participation.
through provision of information. Some are organized around specific issues, such as human rights, environment or health.

- **Occupational Social Work**: A specialized field of social work practice, which addresses the human and social needs of the community of work within a developmental approach through a variety of interventions that aim to foster optimal adaptation between individuals and their environment.

- **Occupation**: A set of specializations whose main tasks are characterized by such a high degree of similarity that they can be grouped together for purposes of the classification. This could encompass a number of jobs.

- **Partial Care Service**: When a person, whether for or without reward, takes care of more than six children on behalf of their parents or caregivers during specific hours of the day or night or for a temporary period by agreement between the parents or caregivers or the provider of the service.

- **Practise**: To render any service within the scope of a social service profession.

- **Practitioner**: Any person recognized to render a service within the social development realm.

- **Prescribed Qualification**: The minimum qualification for registration as a social service practitioner.

- **Prevention**: The level of service delivery that focuses on strengthening and building the capacity, self-reliance and resilience of service beneficiaries, whilst addressing individual, environmental and societal factors to create conditions that enhance or support wellness.

- **Probation Officer**: A social worker who has specialized in probation services and has been appointed by section 2 of the Probation Services Act to act as an expert witness in court regarding the appropriate sentencing of children and adults.

- **Professional Board**: A professional board established to register and regulate a profession.

- **Profession (1)**: A profession is defined as an “occupation requiring extensive education or specialized training”\(^1\).

- **A profession (2)**: Refers to a collection of people who use a similar system of values, skills, techniques, knowledge and beliefs to meet a specific social need. A profession is embedded in theoretical and practical training that is recognized by the National Qualifications Framework.

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\(^1\) Makofane M D M, Demarcation of Social Services: Professionalization and Specialization, 2008
**Professionalization:** Is the act of becoming a professional by embracing the core elements such as registration with a statutory body, adopting a code of ethics, and continuing professional development.

**Representativeness:** is the noun of “representative”. A representative is somebody who speaks, acts, or votes on behalf of others. Representation means the act by an agent of doing something on behalf of others by virtue of being elected by a group to do so.

**Skills Levels:** The Organizing Framework of Occupations (OFO) focuses on skills levels that have nothing to do with the level of a post or the person appointed in a post. Rather, it reflects the skills level for a particular occupation by setting out the number of years of learning required and the minimum years of work experience needed to perform competently in that occupation. The skills level is, therefore, attached to a group of occupations, and not to individual incumbents, jobs or posts.

**Social Auxiliary Worker:** A person who assists a social worker to achieve the aims of social work. The auxiliary worker practices under the guidance and control of a social worker. *(for the purpose of this policy it is referred to as Auxiliary Social Worker).*

**South African Council for Social Service Professions:** A statutory body that regulates the Social Service professions in terms of the Social Service Professions Act 110, 1978, as amended.

**Social Development:** A process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development.²

**Social Service Practitioner:** Any person registered to practice a social service profession or a social service occupation. The generic term covers both professionals and people practicing an occupation. This is a collective term used to denote all persons that practice under the mandate of Social Development and for whom this policy is applicable. *In this policy document the term Social Service Practitioner replaces the term Social Welfare Service Professional or Social Service Professional.*

**Social Services Volunteer:** A person who practices or provides social development services but willingly does not receive any payment. This person can be an entry level practitioner, a student or a registered and qualified practitioner.

**Social Welfare:** Conditions of social well-being that occur when social problems are satisfactorily managed, social needs are met and social opportunities are created to meet the needs of individuals, families, groups and communities.

**Social Welfare Services:** Services and programmes that are provided to address social needs and create opportunities for people to realize their potential. In this

² Patel L., Social Welfare and Social Development in South Africa, 2005
Document welfare services have been identified as comprising of prevention and promotion, social assistance and social relief, protection and statutory, social support, restorative, rehabilitative and therapeutic, continuing care and reintegration and after care services. In this policy document the term social development services replaces the term social welfare services.

- **Social Worker**: A person who is registered or deemed to be registered as a social worker in terms of the Social Service Professions Act 110 of 1978.

- **Social Work**: A profession that promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

- **Social work supervision**: Social work supervision is an interactional and interminable process within the context of a positive, anti-discriminatory relationship, based on distinct theories, models and perspectives on supervision whereby a social work supervisor supervises a social work practitioner by performing educational, supportive and administrative functions in order to promote efficient and professional rendering of social work services.

- **Student Child and Youth Care Worker**: A person who is in the process of being trained to become a professional child and youth care worker.

- **Student Social Worker**: A person who is studying at a recognized university or tertiary institution to obtain a qualification to practice as a social worker.

- **Supervision**: A process through which an experienced worker is given responsibility by the organization to coach and mentor another less experienced worker(s) in order to meet certain organizational, professional and personal objectives, which together promote the best outcomes for service users.

- **Tasks**: A particular area of work or responsibility within a job and a collection of tasks to form the basis of the responsibilities / areas of performance associated with a post or job and these are captured within a job description. The most important tasks that an incumbent is responsible for in their post (job) are generally referred to as their Key Performance Areas.

- **Youth Worker**: Youth workers respond to the needs and interests of young people and work within a range of environments, such as youth centres, schools, colleges, faith-based groups and youth-offending teams. Youth work is seen as any involvement, engagement, empowerment and development of young people. It is a focused intervention aimed at the holistic development (spiritual, emotional, social, and political) and empowerment of young people.
CHAPTER ONE: POLICY FRAMEWORK

1.1. Policy Statement

This policy sets the parameters for the creation of legislation that will recognise a comprehensive social service workforce inclusive of all practitioners who render a primary and secondary service to the people of South Africa. Accordingly, the policy document sets the framework for the recognition of all practitioners, outlines the mechanism that will be established to regulate practitioners, and outlines the requirements for the acceptance of practitioners as part of this group of professionals. The policy does not address operational issues, nor does it introduce practices not yet agreed to by the social development sector. Adherence to the policy document will ensure that subsequent legislation is developed to achieve the developmental goal and the objectives listed below.

This policy pertains to the social service practitioners listed below and to any other relevant social service practitioners that may in future emerge in response to changing socio-economic realities. Any emerging practitioner will be subject to the generic requirements outlined in this policy, and must be approved by the Ministry of Social Development and other relevant bodies of authority. What follows is a list of the currently recognized components of the categories of social service practitioners, (inclusive of social service occupations and social service professionals, and auxiliary workers). Each of these may perform specialist, generalist or developmental functions, or a combination thereof. Further, some have professionally recognized qualifications or training requirements, while others do not.

The following social service practitioners are included for the purposes of registration, management and development:

1. Social Workers, and included in this category; Auxiliary Social Workers and Student Social Workers. Specialized Social Workers, which include Probation, Adoption, Occupational, and Forensic Social Workers and any other specialities undergoing registration at the time of writing this policy.
2. Community Development Practitioners, and included in this category; Social Workers in the Community Development area of speciality, and Assistant Community Development Practitioners.
3. Child and Youth Care Workers, and included in this category; Auxiliary Child and Youth Care Worker, students and learners in Child and Youth Care Work.
4. Youth Development, and included in this category; Youth Workers,
5. Early Childhood Development Practitioners.
6. Community Based Personal Care Workers, carers for people with disability, those for the aged and Special Care Workers.

1.2. Developmental goal of the policy

The developmental goal of the policy emerging from a consultative process and extensive research is:

To facilitate the creation of a (1) representative (2) unified (3) expanded social development workforce that is (4) professional, (5) recognized, (6) regulated, (7) standardized and (8) delivers quality services to society. It aims to do so whilst (9) providing protection for all social service practitioners, as well as, (10) protection for the intended recipients of social development services.

The policy aims is to:

- provide protection for all social service practitioners, as well as, protection for the intended recipients of social development services and to
- ensure increased accessibility of the South African society to social services.

1.3. Policy Objectives

The overarching objective of the policy is to provide the contextual, institutional and regulatory framework for the establishment of functions, powers, responsibilities towards the effective regulation of the social development sector within the Republic of South Africa.

The specific and component objectives for the attainment of the overarching objective are listed below:

1. Defining the sector:
   i. With accurate, comprehensive and concise definitions of the practitioners included within the social development sector. Also included here are definitions of all role players, acts, institutions, roles, responsibilities, and all other relevant terminology utilised in the general functioning of the social development sector.
   ii. Further standardise and clarify all terminology relevant to the sector.

2. Providing a framework which:
   i. Facilitates the alignment of subsequent policy, legislation and strategy with regard to human resources within the sector.
   ii. Facilitates the alignment of the social development sector, in terms of strategy, institutional structures, and implementation, with the relevant legislation of the Republic of South Africa.
iii. Providing and defining the values, norms and standards against which human resources in the social development sector should be measured. Includes providing and defining the values and norms that must underpin the sector and its development, and also the development of a code of ethics for the social development sector in the Republic of South Africa.

iv. Ensures developmental service delivery in the social development sector, which must advocate for a human rights-based approach and people-centred development.

v. Clarifies the role and responsibilities of the Department of Social Development, and related to this, clarification of the roles and responsibilities of the Minister of Social Development as it pertains to planning for the workforce in the social development sector.

vi. Facilitates and participates in sufficient and appropriate research into the social service workforce in the social development sector of the Republic of South Africa.

vii. Addresses the establishment of a statutory body for social service practitioners.

viii. Ensures broad-based civil society and stakeholder participation in policy formulation, development of legislation, implementation and service provision in the social development sector.

ix. Results in a publically accountable social development sector.

3. Providing contextual guidelines for the formulation of subsequent legislation pertaining to the social development sector, which must be based on the following:

i. Establishment of appropriate and efficient institutions in the sector including a statutory body and professional boards within the social development sector for the purpose of regulating the sector.

iii. Regulation and setting of minimum criteria for education and training in the social development sector in the Republic of South Africa.

iv. The setting of minimum standards for professional conduct.

v. Expansion of the human resource capacity and

vi. The capacitation of emerging social practitioner groups who, at the time of writing this policy have not been recognised.

In all of the above, to ensure that the policy, legislation and implementation related to social service practitioners is aligned with relevant regional and international policies, legislation and implementation practices.

1.4. Guiding Principles and Ethos of the Policy

The principles informing this policy are:
• **Accountability**: The policy complies with all legislation and policy requirements.

• **Accessibility**: Accessibility in terms of ensuring that any person who wants to become a social service practitioner may be able to do so irrespective of their class, race, sex, gender, nationality, disability or culture.

• **Appropriateness**: The policy is responsive to social, economic, cultural and political conditions.

• **Collaboration**: Multi-disciplinary team approach: Recognition that services are provided in collaboration with other social service practitioners and stakeholders that work in providing integrated and holistic services.

• **Democracy and Participation**: The value of democracy is indispensable to social development in that there is likely to be less social progress in a society without representational or participatory democracy. The manner in which social service practitioners engage with service users should reflect human agency and active citizenship, recognising both rights and responsibilities. This value forms the foundation for practice and must be included in the Code of Ethics that guides the sector.³

• **Developmental Approach** to social welfare service delivery.

• **Efficiency and Effectiveness**: Objectives should be achieved in the most cost-effective manner.

• **Empowerment**: Power relations should shift towards people achieving greater control and influence over decisions and resources that impact on the quality of their lives through increasingly interdependent relationships.

• **Equity**: The disbursement of resources should be based on need, priorities and historical imbalances.

• **Equality**: All people must have access to all services and benefits, but this access should be equal.

• **Human Rights-based Approach** to service delivery (including socio-economic rights).

• **Inclusivity**: The scope of the policy is applicable to all existing and emerging social service practitioners.

• **Life-cycle Approach**: The life cycle provides a powerful framework for understanding the vulnerabilities and opportunities for investing in children and youth. The advantages of a life cycle approach are that it recognizes that: interventions are cumulative; maximum benefit in one age group can be derived from interventions in an earlier age group, intervening at one point or a few points is not enough for sustainable improvement of outcomes among the poor, and that interventions in one generation will bring benefits to successive generations.

³ For example, the code of ethics for social workers
- **Life-long Learning** as reflected in the focus of this policy and directives pertaining to continued professional development.

- **Partnership**: The policy is premised on the developmental approach and thereby upholds the value of partnership in the professional development of social service practitioners and quality practice.

- **Participation**: Social service practitioners must be fully engaged in their own process of learning, growth and change, starting from where they are and moving at their own pace.

- **Respect for Human Dignity**: All humans should be treated with respect simply because they are humans, regardless of class, race, gender, nationality, disability, culture, sex, education, religion or any other divisions.

- **Representation**: Representation in terms of the diversity of South African society must be acknowledged, and that there are diverse occupations within the sector.

- **Social Integration**: The policy and its subsequent outputs should promote the values, relations and institutions that enable all people to participate in social, economic and political life on the basis of equality of rights and opportunity, equity and dignity and be based on the principles of social justice.

- **Social Justice**: means a commitment to upholding and protecting rights, opportunities, obligations and social benefits for all citizens, especially the most disadvantaged.

- **Sustainability**: Long-term maintenance of desired goals should be possible.

- **Transparency**: There should be access to information, and openness regarding administrative and management procedures.

- **Quality Service Provision** as related to the purpose, objectives, principles and ethos of the policy and the development of subsequent legislation. To be sustained through continued high levels of participation and internal accountability through statutory bodies established in part for this purpose.

- **Ubuntu**: Human dignity is a central value of the Constitution and is the foundation of justice and peace. Social service practitioners must uphold the dignity and worth of service users and promote this right in practice. The Code of Ethics must ensure its inclusion as the foundation of behaviour of all practitioners.

- **Universal Access**: Access to social development services must be open to all as long as there is a fit to the criteria and qualifications. No individual or group should be denied access either because of lack of resources or lack of knowledge of how to access services.

- **Unity**: within the social development sector resulting from effective participation, standardization and appropriate institutional regulation.
CHAPTER TWO: SITUATIONAL ANALYSIS

The Department of Social Development has as its core mandate the provision of care and protection services to all vulnerable groups, and to ensure through this service provision that people enjoy reasonable quality of life. The Department has a commensurate responsibility to have sufficient human resources to enable delivery on this mandate. This includes capability in workforce planning and development to ensure that there is a pool of talent to enable the department to realise its mandate. The Department, as the prime employer of the social services workforce, must provide leadership in determining membership of the workforce, and rule on whether there are sufficient numbers to provide the services under its mandate.

In order to do this, the competencies and skills of the social service workforce must be aligned to the needs of the groups the sector seeks to serve. This section of the policy document is thus a brief situational analysis of some of the most relevant aspects of the social and economic context (at the time of writing this policy).

The analysis illustrates that the competencies and skills contained within the social services workforce are critical to (1) enabling the Department of Social Development to deliver on and achieve its constitutional mandate, and (2) responding to, and preventing, the daily psycho-social challenges faced by vulnerable groups. These groups include children, women, youth, older persons, and people with disabilities, persons infected and affected by HIV and AIDS, children in conflict with the law, and persons affected by substance use.

The situational analysis is not all-inclusive. Additional psycho-social challenges and vulnerable groups exist. Only what was considered most pertinent or prevalent is included. The purpose of the inclusion is to illustrate the critical need for the social service workforce. Further, although the data is presented categorically, these categories are all inter-linked and in many instances overlap. The first section covers the social and economic contexts that drive the need for social service practitioners. The second section briefly covers the vulnerable groups and the pertinent psycho-social challenges they face.

2.1. Poverty Profile

In 2010, the estimated total population of South Africa was 49,991,300 (13.8 million households), of whom 25,662,300 were female.\(^4\) The total population has increased to 51,770,560 according to the Statistics South Africa 2011 Census.

The majority of South Africa’s citizens and residents are poverty-stricken. Rural areas, and in particular the former Bantustan areas, are particularly impoverished. In urban areas, millions

\(^4\) National Planning Commission, Development Indicators, 2010
live in informal settlements, or the dark buildings of the inner-cities. Millions more depend on social grants for their survival.\textsuperscript{5}

Using R524 per month as the rough guide, 48% (that is half the country) were living below the poverty line in 2008.\textsuperscript{6} More disturbingly, 41% of the population lived on less than R388 per month in 2008.\textsuperscript{7} The situation was no better in 2009, when 46% of the South African population lived on less than R551.75 per month, 27% on less than R298.17 per month, and 12% on less than R149.08.\textsuperscript{8}

Many continue to lack access to basic services. In 2009, 24% of households were still not living in formal dwellings. In March 2010, 8 421 households were still using the bucket system and only 75% of the population had access to electricity. The 2011 Census revealed that 8.8% of the population still do not have access to piped water, 5% have no access to toilets, 2% still use the bucket system, 19.3% used pit latrines without ventilation, and 8.8% use pit latrines with ventilation (i.e. only 60% of South African households have flush toilets).

In 2010, more than 33 million South African adults did not have access to banking accounts.\textsuperscript{9}

Hunger, malnutrition and the number of children with a weight less than 60% of their estimated normal weight for their age have declined slightly in recent years, primarily due to the child support grant (an estimated 9.5 million are in receipt of the child support grant) and the introduction of feeding schemes at schools. It is, nevertheless, still endemic. In 2009, an estimated 28 109 children under the age of five were severely malnourished. Further, 26.7% of households without any employed members experience hunger compared to 14% of households that contained at least one employed person.\textsuperscript{10} The poverty profile indicates that many people (inclusive of children) are in need of some type of social service or social development programme that will assist with breaking the cycle of poverty.

The poorest 40% of the population’s share of the national income is only 6%, and this derives in large part from social grants.\textsuperscript{11} (Social grants accounted for 2% of the GDP in 2008, and has probably since increased). This suggests that most the country’s poor depend on assistance from the social service workforce for their survival.

\textsuperscript{5} Ibid
\textsuperscript{6} National Planning Commission, Diagnostic Overview, 2011
\textsuperscript{7} National Planning Commission, Development Indicators, 2010
\textsuperscript{8} National Planning Commission, Development Indicators, 2010
\textsuperscript{9} Centre Africa Intelligence, Adams and Adams Africa Focus, Third Quarter, July-September 2012
\textsuperscript{10} Statistics South Africa, Social Profile of vulnerable groups in South Africa 2002 to 2010, Report number 03-19-00
\textsuperscript{11} National Planning Commission, Diagnostic Overview, 2011
South Africa has unsustainably (in terms of political stability and development) high levels of unemployment and under-employment. In 2008, the official unemployment was at 23.2%. In 2010, the official unemployment rate (number of people who were without work in the week preceding the research and have taken active steps to look for work, and who were available to work) had increased to 25%. The broad (unofficial) unemployment rate (number of people who were without work in the week preceding the research and where available for work) was 36%. The Department of Social Development plays a key role in the support of unemployed persons with the Social Relief of Distress Programme.

Those in low-income households that are employed, support many dependents and earn little relative to the cost of living. South Africa’s cost of living reflects its status as a middle-income economy comparable to those found in other middle-income countries. This masks the fact that numerous wage earners have to support many dependents, and the consequence that even households with employed members continue to live below the poverty line.

Extreme poverty continues despite modest economic growth in the period 1995 to 2005 (growth dramatically declined from 2008 onwards), because of the consistently unequal growth that does take place. South Africa’s Gini-coefficient increased from 0.64 in 1995 to 0.69 in 2005. Any gains in income for the poor reflect increased state expenditure on social grants (increased by 26% annually between 2001-2002, and 2005-2006 and was dispensed to 9 million people) and not increased employment.

According to the Reserve Bank, South Africa’s economic growth in 2012 is likely to reach only 2.6%, too low to make an impact on poverty or the unofficial/official unemployment rate. The global economic downturn will continue to affect South Africa’s largest trading partners in Europe and North America, potentially further slowing domestic economic growth.

The South African government has responded by providing a number programmes and developed income policies to ensure that the basic needs of the broader community are met. All government departments contribute in some way to poverty reduction. The DSD has the following responsibilities; the administration of social assistance in terms of the social grants to vulnerable groups; and the social relief grant to those who find themselves in dire circumstances due to an unforeseen event. The Department also provides programmes aimed at alleviating poverty and reducing unemployment. These programmes are labour

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12 National Planning Commission, Diagnostic Overview, 2011
13 National Planning Commission, Development Indicators, 2010
14 Ibid.
15 National Planning Commission, Diagnostic Overview, 2010
16 Van der Westhuizen
17 Van der Westhuizen
intensive and implemented by individuals with specific skills sets. The skills include community development and mobilisation to assist people to become more self-reliant and thus break the cycle of poverty.

2.2. Social Grants

Expenditure on social grants increased by 26% annually, between 2001-2002, and 2005-2006, and in 2008, social grants accounted for 2% of the GDP. In 2008, there were an estimated 9 million people receiving social grants. This had increased to over 14 million recipients (14 004 128) in 2011. There were over nine million recipients of the Child Support Grant.\(^{18}\) The provinces with the highest poverty incidence levels are also those with the highest number of grant recipients (notably KwaZulu-Natal and the Eastern Cape).\(^{19}\) The table below shows the number of recipients per grant type in 2011.

<table>
<thead>
<tr>
<th>Total number of recipients per grant type in 2011</th>
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<tbody>
<tr>
<td>2 546 657</td>
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<tr>
<td>1 216</td>
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<tr>
<td>1 264 477</td>
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<tr>
<td>510 760</td>
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<tr>
<td>110 731</td>
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<tr>
<td>9 570 287</td>
</tr>
<tr>
<td>14 004 128</td>
</tr>
</tbody>
</table>

The Social Security programme, which is managed by the DSD is government’s most extensive poverty alleviation programme. Whilst 14 004 128 people are in receipt of a grant, the high levels of inter-dependence increases the impact of this grant. Poverty alleviation

\(^{18}\) The child support grant is provided to children in need up to their 18\(^{th}\) birthdays.

\(^{19}\) National Planning Commission, Development Indicators
takes place for both the grant recipient and her/his family. To supplement the Social Security Programme, the Department of Social Development, through its Community Development Programmes, supports communities with a range of interventions and strategies that combine community efforts with governmental initiatives, in order to improve the economic, social, cultural and environmental conditions of communities.

2.3. HIV/AIDS, Life Expectancy and infant and maternal health

South Africa has a generalised HIV epidemic driven largely by sexual transmissions. The most recent antenatal HIV prevalence data (2009) shows that approximately 5.7 million South African adults and children are infected with HIV. Of those infected 5.3 million are 15 years and older, 3.3 million are female and 334,000 are children. Since 2006, HIV prevalence among antenatal women has stabilised at around 29%.\(^{20}\)

In 2009, a dramatic increase in AIDS-related deaths among young adults (more marked for young women than young men) was evident. It is likely that AIDS and HIV-related TB account for all of the increases in deaths from communicable disease, as well as a considerable part of the added mortality classified as non-communicable.\(^{21}\) The total number of new HIV infections in 2010 was estimated at 410 000, of these, an estimated 40 000 were among children.\(^{22}\)

HIV/AIDS prevalence among youth increased in 2009 and 2010. The table below shows the HIV prevalence for various population sub-categories in 2010.

<table>
<thead>
<tr>
<th>HIV/AIDS Prevalence in 2010</th>
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</thead>
<tbody>
<tr>
<td>Males and females</td>
</tr>
<tr>
<td>Females</td>
</tr>
<tr>
<td>Females</td>
</tr>
<tr>
<td>Males</td>
</tr>
</tbody>
</table>

\(^{20}\) National Antenatal Sentinel HIV and Syphilis Survey (2009)

\(^{21}\) National Planning Commission, Diagnostic Overview

\(^{22}\) Ibid
The number of HIV infections increased again in 2011. In 2011, 5.38 million people were living with HIV, compared to 5.24 million in 2010. Of the new infections (2011) an estimated 63,600 will be among children aged 0-14 years. Approximately one-fifth of women in their reproductive ages are HIV positive. Consequently, there were approximately 1.99 million AIDS orphans in 2010 and 2.01 million AIDS orphans in 2011.

In 2005, 133,000 adults were receiving Anti-retroviral treatment. This had increased to 920,000 in 2010, but an estimated 1.6 million are in need of anti-retroviral treatment. South Africa is also unlikely to meet MDG targets for access to anti-retroviral drugs, despite significant increases in access to drugs across all provinces in recent years.

In 2010, life expectancy for South African men was 53, and for women 55. The assumed median time from HIV infection to death (in line with UNAIDS Reference Groups recommendations) is 10.5 years for men and 11.5 years for women.

Internationally, infant and child mortality rates have been dropping in most countries, with the exception of sub-Saharan countries. South Africa is far from the Millennium Development Goals of reducing infant mortality to 18 deaths per 1000 live births. Infant and maternal mortality rates in South Africa (43 per 1000 live births and 625 per 100,000 live births respectively in 2009) remains high, and much higher than in other middle-income countries. The three major killers of children under five years of age in South Africa are HIV/AIDS,

<table>
<thead>
<tr>
<th>Males and females</th>
<th>Aged 15 – 49</th>
<th>17.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males and females</td>
<td>Aged 20 -64</td>
<td>`17.2%</td>
</tr>
<tr>
<td>Total female</td>
<td></td>
<td>12.4%</td>
</tr>
<tr>
<td>Total male</td>
<td></td>
<td>8.5%</td>
</tr>
<tr>
<td>Total population</td>
<td></td>
<td>10.5</td>
</tr>
</tbody>
</table>

23 Census 2011
24 National Planning Commission Development Indicators
25 National Planning Commission, Development Indicators
26 National Planning Commission, Development Indicators
neonatal causes, and childhood infections such as pneumonia and diarrhoea.\textsuperscript{27} The numbers of deaths per 1000 live births by race were as follows in 2010: 47 black, 38 coloured, 28 Asian and 20 white.

South Africa is one of twelve countries globally in which maternal mortality has increased since 1990. According to the latest Millennium Development Goals Country Report for South Africa, the maternal mortality rate could be as high as 625. The MDG target is 38. The main non-pregnancy related causes of maternal mortality are HIV/AIDS, hypertension and obstetric haemorrhage.\textsuperscript{28}

The above analysis shows a country that is still challenged by the pandemic and is at this point highly susceptible to long-term political destabilisation and social and economic decline, and therefore requires strong preventative and other palliative interventions to stop the scourge of the pandemic. The DSD is responsible for the care and protection of Orphans and Vulnerable Children, provision of psycho-social support to families and children infected and affected by HIV, and the provision of prevention strategies and social change behaviour interventions to stem new infections across all target groups served by the DSD.

\section*{2.4. Substance use and abuse}

Drug use in South Africa is more prevalent than in much of the rest of the world. Approximately 9\% (2.2 million people) of the South Africa population use cannabis, compared to the global average of 4\% (that is more than double). Similarly, approximately 1\% of South Africans (0.21 million people) use cocaine compared to the world average of 0.1\%.\textsuperscript{29} In general, drug use in South Africa is twice the world norm.\textsuperscript{30} There are 1.97 million known problem drinkers,\textsuperscript{31} and South Africa is one of the ten countries consuming the most alcohol.\textsuperscript{32} According to the Medical Research Council, there is a liquor outlet for every 190 persons in South Africa, and the overall prevalence of alcohol abuse is likely to be as much as 30\% among certain groups. Approximately 70\% of alcohol consumed is malt or sorghum beer.

According to the Central Drug Authority (whose research was not statistically representative) 65\% of the respondents surveyed were using substances in their homes. The following

\textsuperscript{27} National Planning Commission, Development Indicators
\textsuperscript{28} National Planning Commission, Development Indicators
\textsuperscript{29} Institute for Security Studies
\textsuperscript{30} Health 24
\textsuperscript{31} Medical Research Council
\textsuperscript{32} National Planning Commission
substances (in rank order) are most likely to be used: alcohol, dagga, glue, cocaine, prescription medication, and heroin (at 10%, most of whom are likely to die as a result).  

The consequences of substance use identified in the research include participation in crime, violence, abnormal and anti-social behaviour, HIV/AIDS, death, physical damage to users’ bodies, mental illness and extensive family violence (including child abuse). In general, substance use results in increased incidence of abuse. The children, dependents and families of these users develop mental illness, maladaptive personalities, anxiety disorders, depression, and become bi-polar. For young people, added risks include involvement in prostitution, risky sexual behaviour (contraction of STIs, HIV and teenage pregnancies) and learning difficulties.

Local research has found rates of foetal alcohol syndrome in excess of 30 per 1 000 in certain high risk communities, at least three times higher than the highest rates reported in high risk communities in the USA. According to the research conducted by the National Planning Commission, South Africa has the highest incidence of alcohol foetal syndrome in the world.

Drug and alcohol related crimes in South Africa have consistently increased (according to police crime statistics, which does not account for unreported crimes such as drug-related theft from family and friends, or domestic violence).

- 212.9 per 100 000 of the population in 1994
- 207.4 per 100 000 of the population in 2001
- 303.4 per 100 000 of the population in 2005
- 357.5 per 100 000 of the population in 2007
- 430.5 per 100 000 of the population in 2010

The organisation ‘Doctors for Life’ reports that five per cent of sentenced prisoners have been convicted of drug-related offences. The Human Sciences Research Council reported that just over half of all male prisoners reported taking alcohol and/or drugs immediately before or after committing the offence for which they were imprisoned. The relationship

33 Central Drug Authority, Substance use and abuse in South Africa: A presentation to the National Mental Health Summit, 12 April 2012
34 Central Drug Authority, Substance use and abuse in South Africa: A presentation to the National Mental Health Summit, 12 April 2012
35 Central Drug Authority, Substance use and abuse in South Africa: A presentation to the National Mental Health Summit, 12 April 2012
36 Health 24, 13 August 2008, Everything about drugs
37 National Planning Commission, Diagnostic Overview
between drug abuse and contact crimes (assault, assault with GBH, indecent assault), rape, and murder is also emphasised by the Institute for Security Studies 2011 crime reports.

There is also a close and causal relationship between substance use / abuse and domestic violence. A study conducted by the Department of Social Development in 2008 on the nature and prevalence of domestic violence in South Africa showed that alcohol is a key contributing factor to domestic violence and argued that interventions focussing on reducing substance use would have the largest measurable impact on reducing domestic and related family violence.\(^{38}\) The study found that there is an important link between the propensity to domestic violence and drug and alcohol use – 76% of the perpetrators of domestic violence identified in the study “regularly use” alcohol and other drugs, while approximately half of perpetrators were considered by the victims to have “serious” substance abuse problems. In general, the victims and perpetrators interviewed reported that abuse was more likely to take place when perpetrators were using alcohol or drugs. The majority of victims said that they feared the abusers the most when the abusers used alcohol. Survey respondents were asked to report on the worst incidence of domestic violence they had experienced. Drugs/alcohol use was a trigger in 63% of the worst incidences reported, and 73% of the overall incidences reported.\(^{39}\) More recent research, notably a Gender Links study on gender-based violence in Gauteng, found that men’s alcohol consumption was closely associated with perpetration of all forms of gender-based violence, including rape. It also found that 4.2% of women had been raped while drunk or drugged and that 14.2% of men surveyed had forced at least one woman to have sex when she was too drunk or drugged to refuse.\(^{40}\)

In the DSD HIV, STI and TB Prevention strategy alcohol and substance abuse is identified as one of the key behaviour and social determinants of the HIV epidemic. Research data demonstrates that alcohol consumption is associated with risky sexual behaviour. There is a strong link between alcohol and unprotected sex. Alcohol abuse is positively associated with multiple sexual partners and decreased condom use. Whilst information on IDU and abuse of other substance is scarce in South Africa, research in other countries suggest that as a practice it predisposes individuals to high risk of HIV infection through needle exchange and engaging in risky sexual behaviour.


Substance use/abuse also has direct costs to the economy. It is estimated that the direct costs of drug use is R10 billion per annum. According to the Medical Research Council, the crimes committed in order to support drug users’ addictions costs in excess of R10 billion per year. The cost of problem drinking is estimated at between R78 billion and R130 billion (the Medical Research Council) per year.

The factors that contribute to the likelihood of individuals using/abusing substances include unemployment, poverty, lack of good parenting, peer influence, lack of appropriate knowledge, a family history of use/abuse, availability and mental illness. Family disintegration is one of the major results of substance abuse, and the effect is felt by children, youth, women and older persons. The management of all these psychosocial phenomenon is the direct responsibility of the DSD as these affect the quality of life of all people and more so the vulnerable groups.

2.5. Families

The preceding discussion highlights some of the many challenges that most South African families are facing. Social ills, such as crime, substance abuse, violence, sexual abuse amongst others, contribute to adversities in the family. Social and economic factors, such as high unemployment, high population growth rates and low levels of economic growth, contribute to widespread and acute poverty and the inability of families to support themselves (let alone extended families).

The prevalence of these social and economic challenges negatively affect families, resulting in dysfunctional relationships, disintegration and a general inability to fulfil the "traditional" social functions of the family; notably the provision of nurture, care, and support to family members. This disintegration of families arguably contributes to moral decay.

The Children’s Act 38 of 2005 has as its foundation the preservation of the family and the care and protection of children. To realise the objectives in the Children’s Act, the social services provided to families (and especially to families at risk, in crises or otherwise vulnerable) must be increased. The needs of families are complex and diverse. Effective support and intervention, therefore, requires a host of collaborative efforts and specialist support services. In terms of its mandate, it is the responsibility of the DSD to develop an appropriate response. In order to develop and implement and effective response, the Department requires an appropriately skilled and diverse workforce, which can respond to the varied needs of individuals, families, and communities.

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41 Central Drug Authority, Substance use and abuse in South Africa: A presentation to the National Mental Health Summit, 12 April 2012
2.6. Children

Children, (defined in the Constitution as persons under the age of 18 years) comprise 40% (22,296,752) of the total population. Black children constitute 85% of all children in South Africa.  

There were 1.99 million AIDS orphans in 2010 and 2.01 million in 2011. In 2009, 4.4% of children were double orphans, 11.6% were paternal orphans, and 3.5% maternal orphans (overall 20% of children were orphans).

In general, household structures are severely disrupted and this affects children profoundly. Only one third of children live with both parents, while 24% live with neither their parents, 3% live with their fathers, and 39% live with only their mothers. About 8% of children live in skip-generation households with their grandparents.

Between 2002 and 2010, the percentage of children living in child-headed households (households that comprise only individuals aged 18 or younger) has consistently remained below 1% of all children. Approximately 0.5% of children (100,000 children) lived in child-headed households in 2010, but there have been as many as 170,000 at a time.

South African children are poor. Approximately 62% of children live in households with a per capita income of less than R570 per month. The vast difference between population groups is illustrated by the finding that 68.4% of black African children live in low income households, compared to only 3% of white children. Approximately 36% of children live in households without any employed members and social grants and remittances are vital to improve the access to food and education.

In 2010, 18.6% of children resided in households that experienced hunger compared to 16.25% of the total population. Black African children are much more likely to experience hunger than white children (20.4% compared to 0.8%). Households that contain children, particularly child-inclusive female-headed households are much more likely to have experienced hunger.

42 Statistics South Africa, Vulnerable Groups Report, 2010
43 Statistics South Africa, Census 2011
44 Statistics South Africa, Vulnerable Groups Report, 2010
45 Statistics South Africa, Vulnerable Groups Report, 2010
46 Statistics South Africa, Vulnerable Groups Report, 2010. These statistics should be interpreted with caution as they are derived from percentages that are in turn based on mid-year estimates with additional uncertainty.
47 Statistics South Africa, Vulnerable Groups Report, 2010
48 Statistics South Africa, Vulnerable Groups Report, 2010
Nearly one third (33.2%) of children had inadequate or severely inadequate access to food.

Children are also victims of crime. Among the dominantly social contract crimes committed against children in 2011, 51.9% were sexual offenses.\textsuperscript{49} According to the Institute for Security Studies, most of the victims of crimes committed against children are between 15 and 17 years old. The organisation’s analysis indicated that 54.9% of murders, 59.6% of attempted murders, 70.8% of assaults GBH, 63.1% of common assaults and 39.5% of sexual offences committed against children affected those in the age group of 15 – 17 years. The organisation notes the disturbing finding that in the case of the most prevalent crime against children, namely the 20 141 cases of sexual offenses recorded during 2008/9, 60.5% were committed against children below the age of 15 years. Even more disturbing is the fact that 24.9% of these sexual offenses involved children aged 0-10 years.\textsuperscript{50}

The population statistics indicate that approximately 22 296 752 of the population are children. Of this number 10 191 778 children are in receipt of social assistance, and therefore could be categorised as children at risk. The above statistics point to the need for increased care and protection of children. Children are the most vulnerable and need adults to provide this care and protection.

The DSD has responded by introducing the Children’s Act 38 of 2005, which outlines a comprehensive Child Protection System for the country. Implementation of the Act is negatively affected by the insufficient human resources available to do so. For the first time, the Children’s Act has also made the provision of prevention and early intervention services a legislative directive, which increases the pressure on the current workforce to provide these services.

A recent study undertaken by the DSD titled \textit{Situational Analysis of Social Welfare Workforce serving Children}, found that there is a shortage of all the social service professionals indicated in the Children’s Act as role-players in the implementation of the provisions of the Act. This report also indicated the following:

\textsuperscript{49} Institute for Security Studies, 2011 Crime Report
\textsuperscript{50} Institute for Security Studies, 2011 Crime Report
The preceding discussion clearly illustrates the need to expand and align the social service workforce to the needs of children. This policy, by facilitating the expansion and professionalization of the social service workforce, will contribute directly to an increase in the ability of the sector to service the needs of children and other vulnerable groups.

It would be remiss not to include some data on early childhood development presented by Minister in the Presidency in Child Gauge 2012\(^52\), and the National Planning Commission in its Diagnostic Overview, as this is one of the largest group of social service practitioners that this policy caters for. The Minister refers to a series of studies published in the Lancet Medical Journal which indicated that “cognitive development of over 200 million children under the age of 5 was held back by poverty, ill-health and under nutrition, and identified early childhood as “the most effective and cost-effective time to ensure all children develop their full potential. The National development plan further recommends that in order to improve education standards all children have access to two years of quality early childhood education before they start formal schooling. This is a challenge for both the Departments' of Social Development who are responsible for the provision of early childhood development programmes for children up to the age of 5 years, and the Department of Basic Education, which is responsible for providing Grade R – to prepare children for formal schooling.

“The phasing in of a reception year (grade R) has resulted in huge increases in the participation rate of five- and six-year olds. In 2007, 80.9% five-year olds were enrolled in educational institutions compared to 45.6% in 2001 and only 22.5% in 1996. Among six-year

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\(^51\) Situational Analysis of Social Service Workforce serving children Report 2012
\(^52\) South African Child Gauge 2012 Report
olds, participation improved from 49.1% in 1996, to 70.3% in 2001, and then 91.4% in 2007.53

“However, the quality of early childhood education and care for poor black communities is inadequate and generally very poor. Early childhood development is underfunded by government and is largely provided through support provided by donors to non-governmental organisations. Despite the policy commitment to early childhood development, implementation in the poorest communities lags behind. This shows up in development indicators on children.”54 The Children’s Act prescribes that all service providers and practitioners working in the field of early childhood development must be appropriately qualified to do so. In terms of the provision, the DSD is responsible for ensuring that ECD practitioners are suitably qualified.

Another category of children that need special mention is children who are perpetrators of crime, or children in conflict with the law. Whilst the DSD is responsible for providing services to children who commit a crime in the form of reception, assessment and referral services, as well as secure centres for children awaiting trial, the number of children in need of this service is continuously increasing. The implementation of the Child Justice Act 75 of 2008 resulted in the number of awaiting trial children decreasing from 711 as at March 2010 to 163 in January 2013, a decrease of 77%. Over the same period the number of sentenced children (being detained in youth correction centres) decreased by 60% from 771 to 28255. However, this decrease in number are absorbed in community based diversion programmes which demands a high rate of supervision by social service practitioners.

2.7. Women

As the Women Empowerment and Gender Equality Draft Bill states, many practices, “including cultural, patriarchal, traditional, customary and religious practices” continue to “impair the dignity of women and [to] undermine equality between men and women”. Or as the National Planning Commission phrased it; “patriarchal practices still render the participation, citizenship and voice of women suboptimal”.

Women are expected to conduct their productive and reproductive roles, thus reducing the possibility of engaging effectively or even adequately in the broader economy.56 Women are

53 National Planning Commission quoting National Treasury 2010
54 National Planning Commission, Diagnostic Overview
55 The Times January 16 2013
56 Ibid
more likely to be unemployed, and when they are employed, women still earn less, on average, than men. Only 18% of managers in South Africa are women.\textsuperscript{57}

Poverty among female-headed household is much higher than average poverty rates, in part, because women continue to earn less than men do.\textsuperscript{58} More than half; 51.4% of female-headed households are poor compared to 29.5% of male-headed households.\textsuperscript{59} Female-headed households generally contain more dependents and have a larger average household size than male-headed households.\textsuperscript{60} Similarly, 44.3% of female-headed households were without a single employed member compared to 23.5% of male-headed households.\textsuperscript{61}

Women continue to be subjected to extremely high levels of violence, sexual assault, abuse and misogynistic intimidation. The National Planning Commission summarized it as: “Violence against women is rife and the rate of sexual offences is extraordinary high by international standards with poor conviction rates for such offences”.\textsuperscript{62}

Despite widespread claims about a reduction in crime and violence this in not the case and stem from comparisons between 2008/9 and 2010/11 data. Longitudinal comparisons of SAPS, ISS and Statistics South Africa statistics show a consistent and dramatic increase in all crime since the late 1990s. Sexual offenses accounted for 10.4% of all reported contact crime in 2010/11.\textsuperscript{63} With regard to sexual offenses (which are most likely under-reported) there were 137.6 reported cases of sexual offenses per 100 000 of the population in 2006. In 2007, it was 133.4 per 100 000 per annum, and in 2010 it was 138.5 per 100 000 per annum.\textsuperscript{64} In 2011, it was 132.4 per 100 000 per annum (i.e. 66 196 reported cases).\textsuperscript{65}

Assault (at 29.1%) and Assault with Intent to cause Grievous Bodily Harm (at 31.1%) accounted for a large percentage of reported contract crimes in 2010/11.\textsuperscript{66} Although police do not keep records of domestic violence or gender-based violence, it stands to reasons that many of these were incidents of gender-based violence. The police statistics also show that

\textsuperscript{57} National Planning Commission, Diagnostic Overview
\textsuperscript{58} National Planning Commission, Diagnostic Overview
\textsuperscript{59} Statistics South Africa, Social Profile of vulnerable groups in South Africa 2002 to 2010, Report number 03-19-00
\textsuperscript{60} Statistics South Africa, Social Profile of vulnerable groups in South Africa 2002 to 2010, Report number 03-19-00
\textsuperscript{61} Statistics South Africa, Social Profile of vulnerable groups in South Africa 2002 to 2010, Report number 03-19-00
\textsuperscript{62} National Planning Commission, Diagnostic Overview
\textsuperscript{63} ISS, SAPS, Crime Report, 2010/11
\textsuperscript{64} National Planning Commission, Development Indicators
\textsuperscript{65} ISS, SAPS, Crime Report 2010/2011
\textsuperscript{66} ISS, SAPS, Crime Report 2010/11
the dominant social crime committed against adult women (and reported) is common assault (46.9% of cases).

Statistically representative surveys of the prevalence and nature of gender-based violence in Gauteng, the Western Cape and KwaZulu-Natal suggest that gender-based violence is far more widespread than SAPS reports suggest. The research found that 51% of women in Gauteng, 45% of women in the Western Cape, and 36% of women in KwaZulu-Natal had experienced gender-based violence. Further, 51% of women in Gauteng, 44% of women in the Western Cape and 29% of women in KwaZulu-Natal had been subjected to intimate partner violence. In 1991, it was estimated that 25% (1 in every 4 women) was assaulted by an intimate partner every week, that one adult woman out of every six was assaulted by her partner, and that in at least 46% of these cases, the men involved also abused the woman’s children.

Approximately 12% (more than one in ten women and this is likely to be under-reported) of women in Gauteng have been raped, 6% of women in the Western Cape and 5% women in KwaZulu-Natal. The SAPS figure show 55 165 cases of rape and sexual assault in the preceding three financial years. In a research study conducted by LoveLife, 39% of young women in South Africa between the ages of 12-17 reported that they had been “forced to have sex” (i.e. raped). In the same study, 33% said that they were afraid of saying “no” to sex, while 55% agreed with the statement; “there are times I do not want to have sex but I do because my boyfriend insists on having sex”.

Gender-based violence places women at increased risk of sexually transmitted infections including HIV/AIDS and poor mental health. A Gender Links survey showed that 35% of the women who reported being raped were clinically diagnosed with STIs, while 11% of the women were abused by their intimate partners are now known to the HIV positive.

As indicated above, intimate partner and domestic violence remains unacceptably prevalent, and the security and legal systems continue to fail women in this regard. The conclusion of a research study by the University of Cape Town and the Institute for Security Studies on the

70 ISS, SAPS, Crime Report 2010/11
mechanism for dealing with domestic violence reads: “For many women, the family often remains the first (and sometimes only) source of assistance in attempting to resolve domestic abuse, failing which they use other structures such as the church, street committees, headmen, traditional healers and non-governmental organisations. The court system is seen as a last resort when all other options have been exhausted.”

The DSD has been assigned the lead role in developing the Victim Empowerment programme nationally. The Department is also responsible for co-ordinating the response to victims across the various departments under the auspices of the National Crime Prevention Strategy (NCSP). This places the DSD at the centre of service and programme development for the victims of violence. In addition, it has the responsibility to develop programmes for the perpetrators of violence. In pursuit of its mandate, the DSD has adopted a preventative approach. As such, the DSD is at the forefront of devising awareness programmes aimed at reducing violence against women, children, and older persons. The DSD also plays a role in ensuring that the response to victims takes place in an integrated and collaborative manner.

2.8. Youth

In 2010, youth comprised 37% of the South African population. The proportion of youth continues to increase.

Almost half of (49.3%) of the households headed by younger persons do not contain any employed members compared to households headed by older youth. Despite the prevalence of poverty and the vulnerability of the youth, the youth are not expressly targeted by any grants.

The unsustainably high unemployment figures discussed above, disproportionately affect the youth. A large proportion of out-of-school youth and young adults are not working. About two thirds of unemployed youth are below the age of 35. Unemployment rates for black youth are higher and almost all the job losses in 2009/2010 were experienced by those under the age of 30, and with less than a grade 12 education. Low levels of education attained and low standards in education ensure that youth are poorly prepared for further training and work. “This lack of job readiness is a strong disincentive to hiring young people, and when people cannot get stable employment before they reach the age of 24, the chance of them ever


74 Statistics South Africa, Social Profile of vulnerable groups in South Africa 2002 to 2010, Report number 03-19-00

75 Statistics South Africa, Social Profile of vulnerable groups in South Africa 2002 to 2010, Report number 03-19-00

76 National Planning Commission, Diagnostic Overview
getting a permanent, stable job falls dramatically. The inability to support the young people
to make the school-to-work transition is probably the biggest challenge in the labour
market." The table below shows the rates of youth unemployment by age cohort for 2010.78

<table>
<thead>
<tr>
<th>Youth unemployment rates per age cohort in 2010</th>
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<tbody>
<tr>
<td>15 – 24</td>
</tr>
<tr>
<td>25 – 34</td>
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<td>35 – 44</td>
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<td>45 – 54</td>
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<tr>
<td>55 – 65</td>
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<td><strong>Total</strong></td>
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The South African education system has maximum expenditure (compared to other middle-
income and developing countries) and minimum returns.79 Young persons’ emerge from the
system unable to cope with tertiary education or the requirements of employment. Young
people from impoverished households perform particularly badly. According to the National
Planning Commission, “low literacy levels among parents80, poor nutrition, violence and
social fragmentation are factors that explain why the performance of school children from
poor communities remains low relative to their wealthier peers. The National Planning
Commission continues; “pupils who come from households without parents, without income
support and whose daily lives are shaped by violence, alcohol and substance addictions and
abuse require counselling and support services that are not available in schools or poor
communities. Social workers, school nurses and parent-teacher committees, as well as,
broader engagements with community organisations are not part of the school system.”81

77 National Planning Commission, Diagnostic Overview
78 National Planning Commission, Diagnostic Overview
79 See National Planning Commission, Diagnostic Overview for details
80 23.5% of adults are illiterate
81 National Planning Commission, Diagnostic Overview
Nevertheless, the youth can generally be said to have access to education. There were just over 14 million learners in 2010, of which approximately 12 million were in publically funded or government schools. The other approximately two million were in independent schools or tertiary institutions. Public schools therefore cater for over 96% of learners.\textsuperscript{82}

In 2007, the gross enrolment rate for grades 1 to 7 was 98%, suggesting near universal coverage. For grades 8 to 12 enrolment was at 85%. This shows that many learners drop out before completing grade 12.\textsuperscript{83} The percentage of children (28.2%) and youth aged 15-24 (36.8%) who dropped out of educational institutions, cited ‘no money for fees’ as the main reason.\textsuperscript{84} A noticeably larger percentage of females (13%) than males (0.6%) cited ‘family commitment’. By the age of 22, 56.6% of youth are neither attending any educational institution, nor working, while 28.7% are working and 14.7% are still attending an educational institution. The youth are at risk of becoming unemployable and falling into a chronic systemic poverty.\textsuperscript{85}

The National Planning Commission has identified the need for a number of other professionals such as social workers and nurses to be present at schools in order to mitigate/negate some of the problems that children and youth experience in school, and to decrease the incidence of the youth dropping out of school. Whilst the recommendation is sound and it is needed in order to advance the protective net for children, it will increase the demand for social workers and other social service practitioners. This policy, which should result in the expansion, diversification and professionalization of the social sector is therefore necessary for the operationalization of the NPC recommendation.

The DSD, thus, has a critical role to play in the empowerment of youth both socially and economically. At the time of writing, the Department embarked on a massive youth conference, as a form of business intelligence, in order to strengthen youth programmes and to meet the needs of the youth more holistically.

\section*{2.1. Older Persons}

Large components of the South African population rely on older persons for their survival. Financially, other household members rely on older people to share their social grants, and socially, older people are increasingly called upon to take over the nurturing responsibilities

\textsuperscript{82} National Planning Commission, Diagnostic Overview
\textsuperscript{83} National Planning Commission, Diagnostic Overview
\textsuperscript{84} Ibid
\textsuperscript{85} Statistics South Africa, Social Profile of vulnerable groups in South Africa 2002 to 2010, Report number 03-19-00
that their children are unable to perform because of illness, or absence as a result of labour migration.\textsuperscript{86}

Poverty is prevalent amongst the elderly as well. A larger percentage of elderly-headed households reported hunger than households headed by individuals aged 18-59 years (15.25 compared to 12.6%). The elderly’s likelihood of living in households that experienced hunger increases with the size of the household, and more particularly, the number of additional dependents with whom they share their resources.\textsuperscript{87}

Older persons face a number of challenges, some of which include lack of mobility, isolation and lack of infrastructure particularly in the rural areas, inability or difficulty accessing pension pay-points, increasing responsibilities for grand-children and other family members, discrimination, abuse, violence, crime (easy targets), persecuting and murder for so-called witch-craft, economic exploitation, deteriorating mental and physical health and lack of access to necessary health services.\textsuperscript{88}

These challenges are exacerbated by the lack of adequate services, resources, and access to health services in terms of distance, affordability and equitable distribution to all those who need the service. There is a critical need for services, such as Frail Care, within all communities. Insufficient human resources within the social sector, however, means that services are provided on an ad hoc basis with no uniformity across provinces. Overall, there is insufficient funding for the provision of services to older persons.

The preamble to the Older Persons Act states that “it is necessary to effect changes to existing laws relating to older persons in order to facilitate accessible, equitable and affordable services to older persons and to empower older persons to continue to live meaningfully and constructively in a society that recognises them as important sources of knowledge, wisdom and expertise . . .”

The DSD is responsible for the implementation of the National Policy on Active Aging, which will ensure that older persons are retained in the mainstream of society and services and programmes are developed to keep them as active and contributory members of society. This responsibility demands that DSD play a co-ordinating role as well to ensure that all government departments plan services for older persons.

\textsuperscript{86} Statistics South Africa, Social Profile of vulnerable groups in South Africa 2002 to 2010, Report number 03-19-00

\textsuperscript{87} Statistics South Africa, Social Profile of vulnerable groups in South Africa 2002 to 2010, Report number 03-19-00

\textsuperscript{88} Southern African Catholic Bishops Conference, Parliamentary Liaison Offices, Briefing Paper 302, October 2012
2.2. People with Disabilities

The United Nations estimated in 2002, that there were more than half a billion of people with disabilities in the world and that 80% of these were living in the developing world. In addition to the constraints imposed by their disabilities, these persons often face discrimination, prejudice and exclusion from policy development processes.

The current definition of disability is the loss or elimination of opportunities to take part in the life of the community equitably that is encountered by persons having physical, sensory, physiological, developmental learning, neurological and other impairment, which may be permanent or temporary or episodic in nature, thereby causing activity limitations and participation restriction with the mainstream society.89

The 2009 General Household Survey estimated that people with disabilities constituted 7.9% of the total South African population (3 901 000 people, of whom 1 834 000 were male and 2 067 000 were female). The number of people with disabilities has increased from the Census 2001 estimate to 2 255 982 (5% of the total population).

In 2001, the prevalence of sight disability was the highest (32%), followed by physical disability (30%), hearing (20%), emotional disability (16%), intellectual disability (12%), and communication disability (7%).90

In 2009/10, there were 1 264 477 recipients of the disability grant, suggesting that there are many more individuals who may qualify and have not been reached. This is a process that the DSD should facilitate.

The 2009 General Household Survey calculated that 872 learners passed grade 12 in special schools in 2009. According to Statistics South Africa, 30% of people with disabilities had no education (compared to 13% of the non-disabled population) in 2005.

In the labour market, 2009 statistics from the Department of Labour show that there were 260 people with disabilities in top management positions (50 female and 210 male), and 704 disabled people in senior management positions (174 female and 530 male). In general, people with disabilities are far less likely to be employed than the non-disabled.

The responsibility of DSD is to ensure that people with disability are mainstreamed into society, and that programmes and services reflect the principle of inclusivity. This task of advocating for and monitoring and evaluating services to ensure mainstreaming requires a host of actors.

89 National Planning Commission, Diagnostic Overview
One of the primary social welfare services that the (DSD) provides to people with disabilities is that of rehabilitation. The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities defines rehabilitation as a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and social functional levels, thus providing them with the tools to change their lives towards a higher level of independence.

Rehabilitation includes vocational, educational, psycho-social, social and medical (health) elements. The general trend has been to provide these services independently of each other and while this may be necessary in some instances, it is important from a developmental social service delivery point of view that all rehabilitation services are offered as a combined and comprehensive package that is inclusive of all elements. The approach to providing this package of services also has to take into account the social/environmental contexts that impact on people with disabilities and the extent to which these contexts shape the services that are developed and offered. Therefore, the role of the DSD in the provision of services to persons with disabilities is one of leadership, development, and of funding, and needs a human resource competency that is fairly specialised in order for services to meet the needs of this special group.

2.3. Inmates

The Department of Correctional Services (DCS) is one of the secondary settings in which social workers are employed in order to execute its mandate. These social workers have a critical role to play in terms of care and protection of children in youth correction centres and in rehabilitation of offenders. In addition they have a critical role to play in the protection of children born to incarcerated mothers.

Children who are born of mothers who have been sentenced may only live with them until the age of 2 years. Therefore, it is the responsibility of the DCS to provide stimulation services or ECD services to those children in the first 2 years after birth. Thereafter, an alternative place of care must be found for that child within a community. This function does need the competency of social workers and/or child and youth care workers.

Effective rehabilitation of offenders be it children or adults is the stated goal of the DCS. Correctional Centres are over-crowded and plagued by a number of challenges. The number of detainees’ increases annually and most detainees are serving lengthy sentences (the majority are sentenced for more than 10 years). Many of these detainees need psycho-social support and their families need material support. The DCS employs social workers to
deliver this service to offenders. In 2009 alone, 114 972 detainees were sentenced, while 47 602 detainees were awaiting trial.\textsuperscript{31}

Summary

In the preceding section of the policy, an attempt was made to indicate the plethora of psycho-social challenges faced by the vulnerable groups that the DSD is responsible for, and the DSD’s response to these. Human resources are required to respond to these challenges in order to drive services and programmes to prevent the occurrence in some cases, ameliorate in others, and to offer statutory interventions and aftercare to others. Therefore, the continuum of care and protection that the DSD is responsible for is extensive, diverse and labour intensive.

For years, the DSD has attempted to respond to these challenges through the use of social workers, but history and the deepening disintegration of family life attest to the need for an expanded workforce. This workforce should be complimentary and include a repertoire of appropriate competencies to meet the complexities of life challenges faced by the vulnerable groups that the DSD is responsible for. Whilst there has been growth and diversification among social service practitioners in the field, this has happened in the absence of an appropriate regulatory framework. Consequently, these practitioners are not recognised in the value chain in social service delivery. It also means that labour force planning does not take adequate account of these practitioners. There are consequences for the communities they serve as well. In the absence of a regulatory framework and incorporation of all social service practitioners into a formalised system, communities have limited recourse in terms of the quality of services provided to them.

The societal challenges outlined above clearly illustrate the need for, and shortage of, social service practitioners. Large components of the population lack access to services and remain unsupported. It also points to the need for a multi-skilled and expanded workforce. The required skills and services include (but are not limited to); counselling, therapy, community development and organisation, child care, and personal care across the life cycle. The workforce also has to be constituted to be competent to work in a number of primary and secondary settings, within the organs of state, the NGO sector, families and communities.

\textsuperscript{31} Statistics South Africa, Mid-year population estimates, July 2010
CHAPTER THREE: CONTEXTUAL ANALYSIS

3.1. Background

The adoption of the White Paper for Social Welfare in 1997 was the catalyst for the transformation agenda of social welfare in South Africa. This policy perspective introduced the concept of social development and therefore had at its foundation the social development approach to social welfare. According to a leading specialist in the field "the social development perspective to social welfare provides the most appropriate and sustainable way to tackle the dual challenges of addressing past disparities and new needs flowing from the risks of human security and development in South Africa". This approach is based on the recognition of human rights, the investment in human capacities, participation of the socially excluded, partnerships, social solidarity, and active citizenships.

The shift of social welfare towards a developmental paradigm is based on a constitutional policy and legislative mandate. The execution of this mandate required a fundamental transformation of the welfare sector and thus the delivery mechanisms. Whilst a number of positive changes are evident since the adoption of the White Paper specifically in the realm of policy and legislative reform, the recommended changes in institutional arrangements, models of service delivery, human resources, and a number of approaches to service delivery were not implemented.

In order to transform the entire social development sector to the new developmental approach there should have been a systematic approach that would have responded to the recommendations. Crucial amongst these recommendations was the shift in paradigm as required by the developmental approach, namely the need for community development as an essential feature of the service delivery model. The features of the developmental welfare service delivery model according to Patel92 are:

- Rights-based approach to service delivery;
- Integrated family-centred and community-based services
- Generalist approach to service delivery; and
- Community development and developmental welfare services.

A second critical recommendation was the need to expand the capacity of social development practice in order to meet the demands of the general populace for social services.

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92 Leila Patel - Social Welfare and Social Development – p 160-161, 2005
Whilst a number of other social service practitioners (specifically child and youth care) made attempts to be recognised as a social service practitioner, resistance to inclusion into the sector was experienced. In addition, the legislation was specifically developed for the social work profession, with the result that the legislative framework was preventing the inclusion of other practitioners. The training and thus, the qualification networks that ensure recognition of the various professions was, and still is, limited. The institutional arrangements within the DSD, which should give direction to the acceptance of these social service practitioners as part of the human resources recognized in the sector are inadequate. The current funding model to the NPO sector is skewed toward the funding of posts rather than programmes. The consequence of which is the incapacity of NPOs to purchase the skills and competencies required by a programme. The institutional arrangements required to regulate all these excluded practitioners are not in place. The current Social Services Professions Act 110 of 1978 (with all its amendments), which regulates social service practitioners, also fails to regulate the excluded practitioners.

The DSD, together with the SACSSP, embarked on a process in 2007/8 to expand the scope and parameters of SSP Act 110 of 1978. Following an extensive process of research, consultation and participation during 2007-2008, a new Social Service Professions and Occupations Bill (2008) was developed and presented to Parliament. However, during this period of development, Cabinet approved a directive that any new legislation to be passed in Parliament must be preceded by a policy. It is expected that such a policy should be comprehensive enough to ensure that all elements and contingencies are covered. As such, this policy will form the basis for the development of subsequent legislation. As this was not done as a prelude to the development of the 2008 Bill on Social Service Professions and Occupations, the DSD had to reconceptualise their process of development, and initiate the policy development process.

The DSD is the parent Ministry and therefore responsible for the development of this policy, which will ultimately lead to the development of the legislation. The development of the policy will make provision for:

- the broadening of the social service practitioners' base,
- the recognition of the various role players/social service practitioners in the sector,
- the institutional arrangements to implement and manage the legislation,
- guiding and regulating the various practitioners of this sector in terms of service provision,
- protection and strengthening of accountability to service recipients,
- guiding and protecting professionals within the various work settings,
- the trajectory of an occupation into a profession, and
- the delivery of social development services according to an acceptable standard.
3.2. Legislative Framework

The delivery of social development services has its foundation in various Acts and policies. Each programme that rests within the mandate of the DSD has a set of legal prescriptions that guide the manner in which services are delivered. In addition, most of these legal prescriptions identify the human resources that must deliver these services.

An analysis of the legislation governing the social development sector indicates that whilst in the past social work was the dominant profession the other categories of the social service practitioners are becoming more and more relevant in the management of the myriad of socio-economic challenges facing vulnerable groups. This analysis is supported by the research study into The Implementation of the White Paper for Social Welfare in the NGO sector which states that "Whilst the dominance of social work remains, the figures for community development workers, home based care workers, ECD workers and child and youth care workers indicates that there is an increase in the number of workers who are actually engaging directly with communities on an almost daily basis". The provision of adequate and trained human resource capacity is therefore crucial for the DSD to respond to the demands and needs of the vulnerable groups, for which it is mainly responsible.

This policy which will inform the legislation for social service practitioners is guided by what the existing legislation contains and therefore prescribes. This section is therefore an overview of the relevant legislation and policies that have been endorsed post-1994 and that identify the category of role player to deliver services.

3.2.1 National Legislation


The Constitution, as the supreme law of the country, is the basis within which all legislation must be developed. It emphasizes accountability by all public administrations, within which the rule of law is complied with. The Bill of Rights is enshrined in it, and this requires that services must be provided impartially, fairly, equitably and without bias.

The Constitution states that everyone has the right to appropriate social services and social assistance. Services are required to be accessible and to comply with principles of administrative justice.

- **Social Service Professions Act 110 of 1978, as amended**
This Act provides for the establishment of a South African Council for Social Service Professions and defines its powers and functions. It also provides for the registration of Social Workers, student Social Workers, Auxiliary Social Workers and persons practising other professions in respect of which professional boards have been established; for control over the professions regulated under this Act; and for incidental matters. The Social Services Professions Act was formerly known as the Social Work Act, which provided for the establishment of the South African Council for Social Work and defined its powers and functions.

This Act is currently under review. This policy process forms part of the review process.

- **Children’s Act 38 / 2005 as amended**

The Children’s Act 38 of 2005 (as amended by the Children’s Amendment Act 41 of 2007) and the associated Regulations came into force on 1 April 2010.

The objectives of the Children’s Act include; to give effect to children’s constitutional rights to family care, parental care or appropriate alternative care when removed from the family environment; protection from maltreatment, neglect, abuse or degradation; and to have children’s best interests considered to be of paramount importance in every matter concerning the child.

Whilst the primary aim and objectives of the Act are to preserve and strengthen families and to give effect to the constitutional rights of children, the Act also introduced the first piece of legislation that recognized the need for a range of Social Service Practitioners, and took the bold step of incorporating and assigning functions to this broad workforce. The professionals mentioned in the act include: Social Workers, Adoption Social Workers, Auxiliary Social workers, Probation officers, Child and Youth Care Workers, Community Development Workers and Youth Workers.

- **Probation Services Act 116/1992**

The objectives of this Act are two-fold, mainly to provide for the establishment of programmes aimed at combating crime, and to render assistance to, and treatment of, persons involved in crime (including children).

The Act was amended in 2002 through the Probation Services Amendment Act 35 of 2002. The amendment made provision for programmes aimed at; preventing and combating of crime, extending powers and duties of Probation Officers, providing for duties of Assistant Probation Officers, making sure that there is mandatory assessment of arrested children, providing for the establishment of a probation advisory committee and providing for the legislation of family finders and for matters related to them.
This Act makes specific and detailed note of the powers and duties of Probation Officers and Assistant Probation Officers.

- **Child Justice Act 75/2008 as amended**

The purpose of the Child Justice Act is to establish a criminal justice system for children, who are in conflict with the law and are accused of committing offences, in accordance with the values underpinning the Constitution and the international obligations of the Republic. The purpose of the Act is to deal with children in conflict with the law outside of the criminal justice system and to make provision for child justice courts. Provision is made for the assessment and placement of such children. Principles of restorative justice are incorporated into the Act, and sentencing options have been extended. The role of the Probation Officer is dealt with extensively in this Act.

- **Criminal Law (Sexual Offences and Related Matters) Amendments Act 32 of 2007**

The Act aims to incorporate all sexual crimes into one law and clearly defines sexual crimes and related matters. It sets out a uniform and coordinated approach to the implementation, and delivery of, services in terms of the laws relating to sexual offences. It provides protection to victims of sexual offences and ensures that they receive adequate and appropriate services. In addition, it identifies the roles of different departments for its implementation.

- **Correctional Service Act 111 of 1998**

The purposes of the Correctional Service Act are; to enforce sentences of the courts as prescribed, to detain prisoners in safe custody whilst ensuring their human dignity, and to promote the social responsibility and human development of prisoners and persons subject to community correction. Social workers are employed in Correctional services to offer psychosocial support to all categories of offenders.

- **Domestic Violence Act No116 of 1998**

It is the purpose of this Act to afford the victims of domestic violence the maximum protection from domestic abuse that the law can provide. The responsibility to provide services to all victims of crime resides with the DSD. A Social Worker is the key to the provision of psychosocial support to victims.

- **Prevention and Treatment of Drug Dependency Act No 108 of 1998**

This Act provides for the establishment of a Central Drug Authority, the establishment of programmes for the prevention and treatment of drug dependency, the establishment of
treatment centres and hostels, the registration of institutions as treatment centres and hostels, and the committal of certain persons to and their detention, treatment and training in such treatment centres or registered treatment centres.

The Act identifies a Social Worker and a mental health practitioner as the required social service personnel. The role and powers of a Social Worker are extensively covered in the act. The “mental health practitioner” is not well defined but presumably refers to a psychologist, or a Social Worker specializing in mental health.

- **Older Persons Act 2006**

The objectives of the Act are to maintain and promote the status, well-being, safety and security of older persons, and to maintain and protect the rights of older persons. The Act shifts the emphasis from institutional care to community-based care in order to ensure that an older person remains in his or her home within the community for as long as possible. In addition, the Act regulates the registration, establishment and management of residential facilities for older persons; and introduces legislation that combats the abuse of older persons.

The Act makes reference to Social Workers, whose responsibilities include inspecting residential institutions and investigating possible cases of abuse of older persons. The Act also makes provision for “Carers and Home Based Care Providers”, but does not describe the job descriptions or qualifications of these practitioners. The Act does stipulate that the Minister must provide for a register of these practitioners and have in place a code of ethics for such caregivers.

- **National Development Agency Act 108/1998**

The primary objective of the NDA is to contribute towards the eradication of poverty and address the causes thereof by granting funds to civil society organizations for the purposes of carrying out projects or programmes aimed at meeting development needs of poor communities; and strengthening the institutional capacity of other civil society organizations involved in direct service provision to poor communities.

- **Social Assistance Act, No 13 of 2004**

Government’s most successful strategy in combating abject poverty and hunger is through its Social Assistance Programme. The Social Assistance Programme covers close to 15 million South Africans, the majority (nine million), of whom are children who receive the Child Support Grant (CSG). Other provisions include the Old Age Pension, Disability Grant, Foster Care Grant, Care Dependency Grant as well as War Veterans’ Grant and Social Relief of Distress. It is with specific reference to social relief of distress that the role of a social worker in the assessment of qualifying applicants is relevant.
• **National Youth Development Agency Act No 54 of 2008**

The objectives of the Act are to ensure that youth development is on the agenda of all organs of state, the private sector and NGO’s. In addition, its concern is that programmes for youth are prioritized and are aimed at economic empowerment.

• **National Qualifications Framework Act 2008**

The objectives of the NQF include; to create a single integrated national framework for learning achievements; to facilitate access to, and mobility and progression within, education, training and career paths; to enhance the quality of education and training; to accelerate the redress of past unfair discrimination in education, training and employment opportunities. The objectives of the NQF are designed to contribute to the full personal development of each learner and the social and economic development of the nation at large.

• **Mediation in Certain Divorce Proceedings Act No 24 of 1987**

The Act contains amendments that permit the appointment of Family Advocates and Family Counsellors to each division of the Supreme Court of South Africa. Upon the request of any concerned party, the Family Advocate makes reports and recommendations to the Court about the welfare of each minor or dependent child involved in a divorce action. Divorce degrees will not be granted until the court is satisfied that the welfare of any minor or dependent child has been considered.

The professional component of the Office of the Family Advocate comprises of lawyers (Family Advocates) and social workers (Family Counsellors), who operate in multi-disciplinary teams to ensure a holistic and qualitative approach to the best interests of the child. The legislative mandate of the family advocate accords with section 28(2) of the Constitution, which states that “A child’s best interests are of paramount importance in every matter concerning the child’.

The Children’s Act 38 of 2005 recognizes the office of the family advocates as a key role-player in the implementation of the Act and acting in the best interest of the children.

• **Non-Profit Organization Act No 71 of 1997**

The Non-profit Organization Act replaces the Fundraising Act and makes provision for the establishing of an NPO environment that is conducive to growth, to serving and meeting the needs of vulnerable groups. The Act also makes provision for establishing an administrative and regulatory framework within which non-profit organizations can conduct their affairs; encouraging non-profit organizations to maintain adequate standards of governance, transparency and accountability and to improve those standards. It also acts as a protector
of the general public by creating an environment within which the public may have access to information concerning registered non-profit organizations; and promoting a spirit of cooperation and shared responsibility within government, donors and amongst other interested persons in their dealings with non-profit organizations. One of the criteria to be recognised as a designated child protection organisation is registration as an NPO. Whilst it is not compulsory for all non-profit organizations to register, registration gives the organization some legitimacy and applications for funding are likely to be considered more favourably.

- **Basic Conditions of Employment Act No 75 of 1997**

The purpose of this Act is to advance economic development and social justice by ensuring that all fair labour practices which have been conferred by section 23 (1) of the Constitution are applied to all employees. The Act establishes a regulatory framework for employment and standardizes the basic conditions of service that all employers must adhere to. The Act also makes provision for protection of all employees against discrimination. The Code of Good Practice for Employers is derived from this Act.

### 3.2.2 National Policies


The DSD adopted the White Paper for Social Welfare, which positioned developmental services and programmes at the centre of policy-making and intervention processes. This policy introduced the developmental approach to social service delivery, which breaks significantly with the remedial service delivery model of the past. It is characterized by a rights-based approach, integrating family-centred and community-based services; the linking of social and economic development, participation, social development partnerships and bridging the micro-macro divide in the conceptualization of social problems and social welfare service practice. The developmental model is a process that results in some type of change or improvement of the existing situation.

- **National Development Plan**

This Plan is quickly becoming the policy that will lead government interventions to manage all the development challenges faced by the country. This plan gives clear guidelines as to what the challenges are and makes ground-breaking proposals as to how these can be managed. It identifies ways to both improve the quality and the availability of services. It has its foundations in the legislative framework of the country and builds on a number of policies and programmes in order to create a society that is just and fair.

- **Framework for Social Welfare Services**
The Department has made a significant shift through its Framework for Social Welfare services to the development paradigm as espoused in the White Paper. This framework is premised on the tenants of the developmental approach and as a framework it serves as a guide for reorientation of Social welfare service delivery from treatment to a social development approach, hence reference to developmental social welfare services.

It outlines the transition to developmental social welfare, the elements upon which it is based, and the principles that must be adhered to when delivering services. It also defines the success of developmental social welfare services as the recognition and reliance of a diverse pool of social service practitioners that is able to implement strategies geared towards the development of human potential, capacities, and empowerment of communities. The following social service practitioners are included; social workers, social auxiliary workers, community development practitioners, youth development workers and child and youth care workers. The framework seeks to operationalize developmental social welfare by creating synergy between collaborative partners, organizations that employ practitioners and clients. This allows for a holistic and integrated assessment of the service delivery system. (It must be noted that ECD practitioners have until now been categorized under community development as one of the occupations – refer to the Human Resource Policy).

- **DSD Development Policy on Disability, 2008**

The policy requires that services for people with disabilities must acknowledge the various levels of discrimination that they experience. The policy requires that services that are provided must be specialized and responsive to their specific needs, as women, men, youth or children with disabilities.

The DSD policy on disability recognizes that women and children with disabilities are vulnerable to HIV infection and that the services to people with disabilities must include relevant support services for those who are infected and affected by HIV and AIDS.

- **Green Paper on Families (2011)**

The Green Paper is a call to all South Africans to create a new dispensation that deliberately supports and strengthens families in the country by eliminating all conditions eroding the family, inter alia, poverty and inequality, unemployment, Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), gender inequality, gender-based violence, domestic violence and child abuse. It places the family at the centre of national policy discourse. It promotes development and implementation by advocating for rights-based policies and programmes that support and strengthen families in South Africa. All categories of social service practitioners play a role in implementation.

- **National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation**
This policy framework has two fundamental aims:

(1) to reduce the incidence of child abuse, neglect and exploitation in South Africa, and

(2) to ensure the effective management of presenting cases of abuse, neglect and exploration so as:
   a. to prevent the further maltreatment of children concerned, and
   b. to promote the healing of these children, their families and their communities.

These aims are to be achieved through the development of an accessible, integrated, coordinated, multidisciplinary and inter-sectoral approach.

- **National Integrated Plan for ECD**

The purpose of the National Integrated Plan for ECD (NIP) is to bring greater synergy and coordination to current government programmes undertaken by various departments in the area of early childhood development. The integrated plan is primarily aimed at giving the children of our country the best start in life by building a solid foundation of physical, emotional, psychosocial, cognitive, and healthy development.

The NIP reasserts the leading role of the Government in formulating, implementing and monitoring policies and programmes on early childhood development, whilst recognizing the important role-played by non-governmental and community-based organizations.

The NIP is premised the following approaches to developing young children. These are;

- delivering services to children,
- training care-givers and educating parents,
- promoting community development,
- strengthening institutional resources,
- institutional capacity building and
- raising public awareness and demand.

The qualifications required to work in the ECD sector are stipulated in the Children’s Act.

- **Community Development Policy**

In the absence of a policy on community development we have used the Concept Document on the Occupational Framework for Community Development. This document incorporates the value-based process of community development, which is; social justice, participation, equality, learning, cooperation and ecological sustainability. It defines the nature and scope
of community development and provides a guiding framework for all community development practice across a wide range of roles, settings and levels of responsibility. It further notes that the practice of community development is done by a wide range of people, whether as a generic community development practitioner or a member of another profession or occupation. The requirements for recognition of community development as an occupation and the SAQA level outcomes (at level 8) for community development to be recognised as a professional qualification are noted.

- **National Youth Policy**

Youth development in South Africa is guided by the National Youth Policy 2009–2014, which is based on a series of legislative and policy frameworks that have been implemented since 1994. These include; the National Youth Commission Act 1996 (Act No. 19 of 1996), the White Paper for Social Welfare 1997, the National Youth Policy 2000, the National Youth Development Policy Framework 2000–2007, and the Draft National Youth Policy 2008–2013. The policy relies upon information on the particular needs and circumstances of the country's youth to address identified gaps and challenges.

- **White Paper in Corrections South Africa 2005**

This policy emphasises amongst others the treatment of special categories of offenders such as children, youth, elderly, female, offenders with a mental illness and offenders with disabilities. Chapter 3 of this policy focuses on correction as a societal responsibility that encourages active involvement and participation of families and communities in addressing crime. In order for the Correctional Services department to deliver effectively on its core business, it has to adopt a needs based approach to rehabilitation. The policy calls for social service practitioners to play a role in the implementation of rehabilitation initiatives for offenders.

- **Draft Model for the Management of Human Resources in the Social Welfare Services Sector (2012)**

This model identifies the range of human resources that the social development sector deem necessary for the provision of quality services. It attempts to delineate the scope of work of each category, and makes recommendations on how these practitioners must work.


This framework was still being developed at the time of writing. The aim of the framework is to institutionalize the practice of supervision in order to develop and improve the competence of Social Service Practitioners.
The Organising Framework of Occupations (OFO)

Active labour market Skills Development in South Africa began in 2000. From the first submissions of Sector Education and Training Authority (SETA) Sector Skills Plans (SSPs) it became clear that there was a need for a single standardized tool within which occupational profiles in all economic sectors could be tabulated. The Department of Labour then began a process of developing a standardized occupation labour market analysis tool to collect information about skills demand. This tool continues to be implemented, upgraded and updated by the Department of Higher Education and Training [DHET].

The OFO clusters similar jobs together under one occupation title by:

- Field of knowledge required (Referred to as skill specialization and often expressed as learning disciplines and/or qualifications)
- Range and complexity of the tasks performed
- Materials or information worked with
- Goods or services provided and
- Experience required

Whilst the OFO is a tool that captures all jobs in the form of occupations, not knowledge fields, it starts to give South Africa a framework to classify all jobs within the labour market, and identify which of these are in demand and skills are scarce.

3.3. Brief Overview of the Social Service Professions Act and related development

The need to review the Social Services Professions Act 78 of 110 is informed by the transformation agenda of the country and especially of the social development sector. The sector adopted and implemented a new welfare paradigm in 1996. The White Paper informed the redesign of the entire South African welfare system. The South African Council for Social Service Professions (SACSSP) forms an integral part of the welfare system and obtains its mandate from the DSD. The DSD is the ultimate authority of the sector, and has an oversight role in terms of ensuring that the SACSSP is transformed to meet society’s need for an expanded and diversified workforce.

The SACSSP did undergo transformation both as an institution and an administrator of legislation. The Social Services Professions Act 110 of 1978, formerly known as the Social Work Act, which provided for the establishment of the South African Council for Social Work and defined its power and functions, was amended in 1989, 1995, 1996, 1998 and 1999. The 1995 amendment, according to the DSD 2009 Strategic Plan, provided for the

94 Implementation of White Paper in the NGO Sector, 2008
establishment of the South African Interim Council for Social Work and for “the rationalization of certain laws relating to the Social Workers that remained in force in the various areas of South Africa”. The 1996 amendment made the South African Interim Council for Social Work more representative, while the 1998 amendment established the South African Council of Social Service Professions (responsible for the regulation of the social development professions). The 1999 amendment made provision for the establishment of professional boards for the various social welfare service professions under the auspices of the South African Council for Social Service Professions.  

The 1999 amendment was an attempt to meet the need for expansion as expressed in the White Paper for Social Welfare and the indirect response to an instruction made by the Minister of Social Development. However, in practice no recognition of the expanded social service practitioners took place. A Professional Board for Child and Youth Care was established, but conditions within the SACSSP and the provisions in the Act did not allow for the immediate recognition of this category of practitioner.

The White Paper stated that “The human resource capacity in the welfare field is inadequate to address the social development needs in the country”. It further identified Child and Youth Care Workers, Community Development Workers and Auxiliary Social Workers as alternative human resources

The call for the expansion of the workforce was reiterated in 1998 by then Minister of Social Development when she stated the following: “... There is 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, probation workers ...”

The HWSETA Sector Skills Plan (2005 – 2010, updated in August 2009) identified the human resource needs for welfare services within the social development sector. The plan confirms the need for Social Workers, Auxiliary Social Workers, Probation Officers, Assistant Probation Officers, Child and Youth Care Workers, and Community Development Workers as the essential human resource requirements for delivery in the sector. In addressing the skills requirements for social development, the plan highlights the increase in the demand for Home Community Based Care (HCBC) practitioners. It further emphasizes that the majority of employees in the social development sector are Early Childhood Development (ECD) workers.

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95 SACSSP submission to Parliament 2005
In 2007, research commissioned by the SACSSP 97 indicated that:

“Currently five main occupations are involved in developmental social welfare. They include social workers, child and youth care workers, community development workers, social development workers, and youth development workers.”

In 2011, The Model for the Management of Human Resources in the social development sector raised the issue as well:

“Traditionally social workers were the only occupation recognized as rendering social welfare services in terms of the Social Work Act of 1978. The Social Service Professions Act 110 of 1978 as amended recognized that South Africa’s welfare needs would best be served by an expanded range of social service human resources to address different needs and problems and to increase human resource capacity, particularly in under-serviced communities and rural areas.” 98

In August 2011, in the Framework for Social Welfare Services (August 2011) the Minister of Social Development stated:

“The success of developmental social welfare relies on the availability of a diverse pool of social service practitioners/social service professions and occupations that are able to implement strategies geared towards development of human potential, capacities, and empowerment of communities.”

This framework suggests three core occupations for further analysis, as identified in most of the policy documents namely:

- Social Work
- Child and Youth Care work, and
- Community Development practice

It further identifies additional occupations on the level of Community and Personal Service Workers. Within this field, the Model identifies Child Carers, Education Aids [Early Childhood Development] Aged and Disabled Carers, and Special Care Workers.

The draft policy on Social Service Professions and Occupations, 2011, proposes the inclusion of a range of social development service providers and the regulation of such professions and occupations. The draft policy expands the range of such providers to include youth workers and criminologists. In addition to this overarching policy and legislative

97 Demarcation of Social Services: Professionalization and Specialization 2007
98 Department of Social Development Draft Model for the Management of Human Resources in the Welfare Sector, Feb 2011
baseline, other programme specific policies and legislation clearly outline occupational groups/practitioners necessary for the delivery of identified services.

Two attempts that responded to expanding the occupational base are worth mentioning, the 1998 and 1999 amendments to the original Act. These amendments tried to expand the base by making the Act more inclusive and recognizing that the sector is served by a number of other categories. The 1999 amendment introduced the concept of professional boards. It was envisaged that such professions and/or occupations would be regulated by a professional board. These boards would be accountable to a Council. In 2007, an attempt was made to redraft the entire Social Services Professions Act. The revised version would have recognized the broad range of social service professions within the sector. As a result of the Cabinet Directive calling for policies to precede legislation, the process was halted and the Act was not passed.

The department is involved in developing training programmes that aim to expand the workforce.

This policy makes available to the National Minister a concise account of the practitioners that currently constitute the social service sector. Subsequent legislation will, thus, apply to all identified (and emerging) practitioners.
4.1. Social Service Practitioners

Social development services are delivered by a variety of practitioners. Some of these practitioners have professional/academic qualifications. Some have not obtained such professional/academic qualifications, but have other qualifications recognized by an education authority, yet others have no recognized qualifications. This policy refers to practitioners, which is a collective term for all persons involved in the delivery of social development services (irrespective of current qualification status).

The practice of Social Work, Community Development, and Child and Youth Care all have practitioners who hold a professional status (i.e. have a recognized professional/academic qualification). The practice also includes auxiliary workers, students and learners.

The practice of Youth Development differed at the time of writing because no recognised career path existed.

The practice of Early Childhood Development also differed at the time of writing. The career path for ECD practitioners is located within the Education sector. They attain “professional” status by becoming “educators”, yet an educational qualification is not a prerequisite to work as an ECD practitioner within the social development sector.

Each of the practices listed above are at a different level of “professionalization”. The Social Work stream is well developed, and the process and requirements to obtain the necessary qualification for Social Work are clear. The practice of Community Development has registered a qualification with SAQA. Currently there is limited access to a bachelor level qualification in Child and Youth Care and the new Professional Board for Child and Youth Care will attend to the further development and proliferation of professional qualifications of the sector. The auxiliary qualification at FET level in the case of Child and Youth Care was in place at the time of writing.

The sector must be cautious in its attempt to professionalise all occupations. The sector (and its workforce) must be constituted and developed to respond to societal needs. The situational analysis above has demonstrated that a variety of practices, skills and experience are required. Professionalization (i.e. academic qualifications) will be appropriate in some
contexts and for some practitioners. In other contexts and for other practitioners, technical skills, and socio-economic familiarity will be more appropriate. Research has, for example, indicated that the need for technical/ ancillary/ auxiliary/ supportive workers is greater than that of professional workers, particularly in community based care and protection services of children.99

Specific occupational groups focus their services either on a specific target group, and have a distinct but interrelated scope of practice100. This will be discussed in detail in the next section. The ECD Practitioner focuses on infants and pre-school children, the Child and Youth Care Workers focus on children and youth, Youth Development Workers on youth, Social Workers on all target groups and the community and Community Development Practitioners on whole communities. The Community Personal care workers focus on persons who are home-bound, terminally ill and people with disabilities. These target groups are distinct and yet interrelated.

The occupational groups complement each other and provide an integrated and holistic service to enhance the beneficiaries’ capacity to function optimally as they interact with their environment. Whilst each occupational group targets a specific group, the developmental approach advocates for a holistic response to challenges experienced by individuals, families, groups and communities, therefore the concept of multi-disciplinary team approach is essential to service delivery101. Strong teamwork depends on all practitioners understanding their role and contribution related to their specific field of expertise or experience. It is therefore a prerequisite that each occupational group must define their own role, responsibility and scope of work in relation, and complementary, to the other occupational groups to avoid duplication and to enhance teamwork.

Teamwork with regard to micro level intervention requires a case management approach, which will ensure that all relevant role players from the different occupational groups render integrated and coordinated services within their scope of practice, whilst considering the best interest of each individual and/or family.

Social Workers:

The profession of Social Work (and thus the Social Worker) is entrenched as a profession within the South African social service context. The delivery of social development services in general, was until recently, considered the domain of Social Workers. Many factors contributed to the development of this singular approach. As a consequence of the singular approach, however, the Social Welfare system lacked the human resource capacity to meet

99 Situational Analysis of Social Service workforce serving children 2012
100 Framework for Social Welfare Services DSD 2011
101 Ibid
the needs of the sector’s target beneficiaries. It also became apparent that a wider range of skills were required to respond effectively to the increasing complexity of the problems presented.

Social Work itself has undergone significant changes. The Social Work profession has not escaped the process of globalization and the extremely aggressive recruitment policies of the international agencies. A high percentage of Social Workers leave South Africa for opportunities elsewhere.

In response to the shortage of practitioners and skills, the South African government has embarked upon a number of initiatives. These include;

- Declaring “Social Work” as a scarce skill. As a result the Public Service Administration developed a National Human Resource Development Strategy to improve the supply of high quality skills, particularly scarce skills, which are responsive to the socio-economic needs of society.
- Commissioning of Research into the working conditions of Social Workers. This resulted in the development of the Recruitment and Retention Strategy for Social Workers and the introduction of the Occupational Specific Dispensation (OSD) for Social Workers.
- Introduction of a bursary programme to increase the number of Social Work student enrolled at universities.
- Introduction of a learnership programme, in collaboration with HWSETA and SACSSP for Auxiliary Social Workers, to augment the supply of Social Service Practitioners across the country.

Specialization

Various legislative mandates required specific skills within the context of the Social Work profession to meet the needs of vulnerable groups. This has resulted in the emergence of various specialties within Social Work that target specific groups.

Probation Officers:

The practice of probation work, as a specialized skill, resulted from the Probations Services Act 116 of 1991, which legislated that certain services in relation to offenders must be undertaken by a Probation Officer. It also stated that a Probation Officer must be a Social Worker.

As a result of this provision, the Department of Social Development developed a cadre of probation workers. An opportunity for Social Workers to specialize was, thereby, created.
Debates pertaining to the skills and content of probation work have taken place in recent years. Some argue that probation work consists of a body of occupation-specific knowledge and skill, which is drawn from a variety of disciplines including social work, criminology, penology victimology, criminal law and sociology. This school of thought espouses that probation work has developed as a practice independent of Social Work, Law or Criminology. Consequently, an application for the registration of a Board for Probation Workers was submitted to the SACSSP. However, after in-depth deliberations and further research mandated by the SACSSP and in collaboration with the DSD, Prof MDM Makofane recommended in the research report titled Demarcation of Social Services: Professionalisation and Specialisation102, that Probation services should be regarded as a specialized field of Social Work and not as a separate social development profession. At the time of writing, a process was underway to make Probation services an area of specialization of Social Work.

As a result, Probation Officers, being Social Workers, must register as social workers with the SACSSP in order to practice probation work.103

**Assistant Probation Officers:**

The Amendment of the Probations Services Act (Probation Services Amendment Act, 2002 (Act 35 of 2002), made the provision for the appointment of Assistant Probation Officers (APO). The need for APO’s was identified during the transformation of the child and youth system, and the establishment of this cadre was a recommendation made by the Inter-Ministerial Committee (IMC). It is a fairly new cadre of the social development profession. This cadre of workers was necessitated by the high number of children in conflict with the law whose cases took a long time to be finalized, resulting in them languishing in Places of Safety or Secure Care Centres for inappropriate lengths of time. Their main task is to assist the Probation Officer with gathering of information, follow up with home based supervision, finding families and any other function that would expedite the finalization of the case.

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102 Prof MDM Makofane - Demarcation of Social Services: Professionalisation and Specialisation 2008  
103 A second school of thought has emerged that suggests a change in paradigm with regard to the practice of Social Work in the field of criminal justice of which Probation services is just one practice. The argument is that historically Social Workers have provided services to incarcerated individuals since the inception of the profession in 1904. Secondly the landscape of the South African criminal justice system has changed and there is a need to shift focus from working only with the perpetrators to including victims of crime, from a punitive approach to a restorative justice approach, and a stronger focus on diversion of child and youth offenders out of criminal justice. These changes should have brought about a shift with regard to defining those who work within this field in a more collective manner, as these changes have demanded from practitioners an increase in both knowledge and competency. However, a widely accepted definition of Social Work in the field of criminal justice does not exist, hence the call for a unified definition and approach to Social Work in the field of criminal justice. (The suggestion is that all Social Workers i.e. Probation Social Workers and Forensic Social Workers fall under a unified definition.) The following suggestion has been made for the definition and approach to the field practice namely, Criminal Justice Social Work.
This cadre of workers are of an ancillary nature, and cannot function on their own. They must assist and work under the supervision of a Probation Officer (Social Worker). The most recent development is that they are now referred to as Auxiliary Social Workers and thus registered as such.

**Adoption Social Worker:**

Adoption work was the first specialization to be recognized by the Council for Social Workers. Adoption as a function of social work was performed by Social Workers within the child welfare services. In the past, only accredited child welfare organizations could perform this function. With time, and with the establishment of Social Workers in Private Practice, this function became exclusively the domain of Social Workers in Private Practice. This was sanctioned by the Council through an agreement.

This arrangement resulted in a number of challenges in terms of the child care system. Critical amongst these were:

- Adoption became synonymous with a fee; therefore the perception was that it was only opened to those who could afford to pay for the service.
- Only Social Workers in private practice and a few Social Workers in child welfare organizations could perform the function, resulting in the monopolisation of skills.
- As an alternative permanent placement for children who were orphaned, adoption did not get the broad exposure as foster care did.

The Children’s Act 38 of 2005 introduced changes. Adoption is no longer associated with a fee, and the service must be rendered by both the provincial departments of the DSD and accredited Child Protection Organisations. The accreditation of the Social Worker providing this service remains.

**Auxiliary Social Worker:**

In response to the need for Social Workers to manage their caseloads, Auxiliary Social Workers were introduced as assistants to Social Workers. The SACCSSP then developed a training programme and took responsibility for training ASWs since the early 1990’s. This qualification has since been subsumed to the HWSETA and is a formal FETC qualification with an exit level 4 outcome. This does allow for the articulation of this qualification into a profession if the person wishes to do so.

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104 According to social workers informally interviewed during the consultation process, and as derived from the experience of the policy developers
A recommendation in the Retention Strategy Report undertaken in 2008 was that there is a need to accelerate training of Auxiliary Social Workers. This recommendation was taken up by the National Department through a programme that fundamentally increased the number of Auxiliary Social Workers in the field, both in the government and NPO sector. This category of staff cannot operate on their own; they must work and be supervised by a professional, in this case a Social Worker.

The FETC level 4 qualifications will be phased out and replaced by the approved Level 5 qualification through Higher Education and the Quality Council for Trade and Occupations (QCTO). This will provide alternative paths into the qualification and will also improve access to social work training.

Veteran Social Workers

This group are qualified, but retired, social workers. In 2010, the Minister of Social Development initiated a process (in response to the workforce challenges), calling all retired social workers to come back into the social service delivery field. This request was twofold; firstly in order to increase the number of social workers, and to use their experience in assisting younger social workers improve the quality of their service delivery.

The reengagement of veteran social workers poses a challenge for the SACSSP, as this category of practitioners must be registered as social workers and included in a relevant database.

Child and Youth Care Worker:

The field of child and youth care has changed and developed over the preceding approximately 40 years. The practice emerged in 1975, when the National Association of Child Care Workers was formed. During the 1980’s and 1990’s, the primary focus of child and youth was on residential care.

By 1994, the residential child and youth care system, was in crisis. This crisis resulted from the lack of adequate facilities for African children, poor salaries for Child and Youth Care Workers, the lack of adequately trained management and staff in many of the facilities, the inadequate subsidization of NGO facilities and the high ratio of children to staff.

An Inter-Ministerial Committee was appointed to manage the process of crisis intervention and the transformation of the Child and Youth Care System. This committee undertook a situational analysis, and whilst a number of challenges were identified, for the purpose of this policy, the challenge facing human resources is highlighted.

105 IMC – Interim Policy Recommendation
With regard to qualifications of Child and Youth Care Workers, the findings indicated that there were only three types of qualifications available in this category, and these were: Certificate in Child and Youth Care obtainable at the time from UNISA; and developed by the NACCW: National Higher Certificates in Residential Child Care (both these qualifications were post matric) developed through the advocacy of the NACCW; and Basic Qualification in Child and Youth care offered by the NACCW – entry being Standard 8 or less. It was found that in Schools of Industry and Reform Schools only 11% of the 313 child and youth care staff had a qualification in child and youth care; 30% of 563 in Places of Safety and 54% of management had a basic qualification. Furthermore, it was recommended that appropriately qualified Child and Youth Care Workers must work with children. This crisis raised the lack of institutional recognition of Child and Youth Care Workers under the previous dispensation.

In 1999, a four year (BTech) degree was introduced at the then Technicon SA and the then Durban Institute of Technology – now Durban University of Technology. The latter institution has continued to offer the course annually since 1999. However, following a merger between Technicon SA and UNISA in 1996, a moratorium on admissions to the course was applied and UNISA has been in the process of phasing out the course. Despite the limited access to tertiary education, hundreds of child and youth care workers have obtained three and four year qualifications. Additionally, thousands of practitioners have accessed the auxiliary level FETC qualification, introduced in 2005.

A process for registering a qualification for Child and Youth Care Work is underway. The qualification was designed in 2006, and reviewed in 2010. It still has to be approved by the SACSSSP. Once the professional degree has been approved and registered by SAQA, the PBCYC and the SACSSP must use it to benchmark any gaps identified within the Diploma and B-Tech qualifications. It will also be necessary to design an articulation for these workers in order for this category of worker to be recognised at a professional level.

The child and youth care sector has also been active in developing the practice. In 2000, the Standards Generating Body, which designed unit standards based child and youth care work qualifications at both auxiliary and professional levels, was established. The sector also successfully applied to the SACSSP for the establishment of a Professional Board for child and youth care work.

Since the early 1990’s the nature of child and youth care work has shifted. Its primary focus is now on the provision of community-based care through programmes that have emerged, specifically in the child protection arena, that utilize community based Child and Youth Care Workers, Assistant Community Development Practitioners and Auxiliary Social Workers to provide services to children. Some of these programmes are Isibindi; Isolabantwana and Asibavikele.

The Isibindi model of intervention has been widely recognised both locally and internationally as the most significant advance in community based care in South Africa for orphans and
vulnerable children. This model was developed by the NACCW, largely in response to the HIV/AIDS epidemic.

The demand for child and youth care workers is on the rise especially in the area of child protection. The Minister of Social Development in 2011 undertook to make provision for the training of approximately 10,000 child and youth care workers over the next 5 years.

**Community Development Practitioner:**

The White Paper identified community development as a practice that forms the foundation for the developmental approach. According to the White Paper, community development was conceptualized as "an umbrella concept referring to different intervention strategies that combine the efforts of the people themselves, with government, to improve the economic, social, cultural and environmental conditions of communities".

This conceptualization provided the opportunity for the development of a new cadre of social service practitioners with a set of specialized skills that would mobilize communities, and assist them to plan and implement activities that would improve their economic, social, cultural and environmental conditions. This in turn gave rise to the institutional arrangements for Community Development in the National Department of Social Welfare.

The field of community development is served by professionals with a range of qualifications. Historically social work was the primary qualification for community development practitioners, because the social work qualification focused on three areas of relevant competence; casework that deals with problems encountered by individuals, group-work that deals with needs that can be addressed through the medium of group intervention, and community development that focuses on intervention at the level of the community.

Since then, however, qualifications that provide training independent from social work have been recognized by SAQA. For example, there are CDPs with qualifications in Development Studies or Community Development and Social Development Certificates obtained from the University Fort Hare.

**Assistant Community Development Practitioner:**

This cadre of workers are of an ancillary nature, and cannot function on their own. They must assist and work under the supervision of a Community Development Practitioner.

**Youth Worker:**

Literature suggests that youth work in South Africa has not yet coalesced into a formal coordinated profession or occupation. It currently lacks formal recognition and status.
Youth work is any involvement, engagement, empowerment and development of young people. It is a focused intervention aimed at the holistic development (spiritual, emotional, social, and political) and empowerment of young people. Youth work is also a component of community development. Academic institutions state that conventional youth work is defined as a method of practice that has a synergy with childcare. It is about developing young people. What makes youth work different from other professions is that it is focused on youth as a designated group that is mostly vulnerable and has complex issues to deal with. The practice is seen as encompassing broader issues within community development and social work practice. This is the reason why youth work has always been promoted as a component of community and social work.

**Early Childhood Development Practitioner:**

ECD practitioners are the biggest group of social development service providers. An ECD practitioner promotes and facilitates the optimum care, development and education of young children from birth to school going age, through a holistic approach to the well-being and development of young children.

An ECD service is described as a service that intends to promote the development of children from birth to school-going age, which is provided regularly by a person who is not the child’s parent or care-giver. ECD services can include home-based, community-based and centre-based interventions.

**Community Based Personal Care Worker:**

As an occupation, care work has permeated a number of service offerings. Legislation and some official policies have recognized this cadre of workers as an essential element in the social development sector as well as the health sector. The shift from an institutional model of care to a community based model has necessitated an emergence of a category of workers that will provide a service at community level to vulnerable groups. Care Workers thus provide a care service to the aged especially the home-bound, people with disabilities, and people who are terminally ill.

Given the fact that the above-mentioned practitioners practice in the public domain, and are in some cases responsible for the well-being of vulnerable groups, it is imperative that the service that they offer is of a high standard, professional, and based on ethical standards. In order to ensure this, it is necessary to develop regulations that will effect professionalization. Hence, their inclusion as a social service practitioner subject to a regulatory body.

### 4.2. Social Development Practice and Settings

The policy is premised on the social development approach as espoused in the White Paper for Social Welfare, which informed the transformation of the sector. The Social Welfare
Service Framework has processed the principles in the White Paper, and delineates the context, the focus, the settings, the practitioners and the interventions that are required to give effect to the developmental perspective. Social development services are delivered to beneficiaries in terms of the life cycle namely childhood, youth, adulthood and aging. Although services should be equitable for all people, focusing on the family as the central unit of communities, specific target groups are more vulnerable.

This section therefore identifies the context within which social development services must be delivered, it furthermore identifies the levels of intervention that practice should focus on, and lastly it identifies the range of practitioners who must deliver these services. The practice settings are aligned to those identified in the Social Welfare Services Framework.

4.2.1 Practice Context

Social Welfare Services are rendered in the following two practice environments:\textsuperscript{106}

- **Primary environment**

  The primary environment refers to institutions and organizations whose core business is the rendering of social development services. This includes both services offered by the DSD and NGOs. Services are rendered at community level, where service beneficiaries engage with the social development service delivery system. Within this primary environment, services are offered within care and treatment facilities. These facilities may include child and youth care centres, ECD centres and non-centre based programmes, substance abuse treatment centres, and residential facilities for persons with disabilities or older persons.

- **Secondary environment**

  In recognition of the value of collaborative partnerships, which the DSD puts at the centre of social development services, there are other settings from which social development services are rendered. These settings are secondary by virtue of being rendered from an institution with a different functional responsibility.

  Within these environments social development services are rendered as a supplementary service to the primary one, namely
  - Quality Education (Department of Basic Education),
  - Access to Justice (Justice and Constitutional Development),
  - Safety and Security (SAPS and Department of Defence).

\textsuperscript{106} Social Welfare Services Framework 2011
4.3. Regulation of Social Service Practitioners

The Social and Associated Workers Act 10 was enacted in 1978. Act 10 of 1978 granted full professional status to the Social Work profession. It also made provision for the establishment of the South African Council for Social Service Professions (SACSSP), which is responsible for the regulation of social service practitioners. Regulation included a requirement for Social Workers to register with the body. It was believed among sections of the Social Work workforce that the introduction of the legislation was an attempt to control the political activities of Social Workers who were anti-apartheid activists. Accordingly, many Social Workers did not register with the SACSSP.  

The SACSSP embarked upon a transformation process in 1999, which has increased the legitimacy of the body. One of the aims of this transformation process is to ensure that all practitioners in the social development practice are included.

The mandate of the SACSSP includes:
   a) The registration of practitioners.
   b) The setting of minimum standards for education and training and development.
   c) The setting and maintenance of standards for professional conduct.

The Council also:
   a) acts as a protector of the communities that are recipients of social work services,
   b) advocates on behalf of the profession and
   c) promotes the interest of the profession by providing policy guidelines for practice.

In 2005, two professional boards were inaugurated: one for Social Workers and one for Child and Youth Care Workers.

As Social Workers had been regulated since the enactment of the Social and Associated Workers Act in 1978, it was possible to re-establish the professional board for Social Workers when the term of office of the first board expired.

107 Leila Patel, Social Welfare and Social Development, 2005
The board for Child and Youth Care experienced challenges. In accordance with the administrative procedures laid down by the Council, the NACCW made an application to the SACSSP in 2000 (on behalf of the Child and Youth Care sector) for recognition of child and youth care work as a social development profession. The application required the sector to provide *inter alia* evidence of the existence of a body of literature in child and youth care work, a research base in the profession, and a set of practice interventions and methodologies that are distinct in nature. After due consideration of this application, the SACSSP was satisfied that the Child and Youth Care sector had provided evidence of its international trend toward being regarded as a profession in its own right, and made preparations for the establishment of a Professional Board for Child and Youth Care Work. This involved the establishment of a voter’s roll, and an election process. The Professional Board for Child and Youth Care Work was then established in April 2004.

The central task for the Professional Board for Child and Youth Care Work was to regulate Child and Youth Care Workers. This included the development of regulations governing the various activities and procedures. Seventeen drafts of regulations were produced, but none of these drafts were passed by Council. The controversy resulted from the proposal to recognize Child and Youth Care Workers at professional, as well as, auxiliary level. When the term of office of the PBCYC expired, the regulations had not yet been accepted and the PBCYC was not replaced by a new board.

In 2011, the Department of Social Development established an Interim Structure for Child and Youth care to complete the critical tasks the expired PBCYC had left unfinished. Regulations that allowed elections of members for a second term of office were approved and submitted to the Minister of Social Development. The regulations were then published in the Government Gazette. Six members were elected and the Professional Board for Child and Youth Care was again established. Once in office, the Board should attend to amongst others, regulations for the registration of practitioners and learners, and a Code of Ethics.

The SACSSP has as one of its core functions “The setting of minimum standards for education and training and development for the professions that it regulates.” This function makes it a key role player in the National Qualifications Framework Act of 2008. The enactment of the National Qualifications Framework Act of 2008 introduced provisions for a statutory or non-statutory body of expert practitioners, in an occupational field, to apply in the manner prescribed by SAQA, to be recognized as a professional body. One of the key functions of professional bodies is cooperation with the relevant Quality Councils in respect of qualifications and quality assurance in its occupational field. It allows professional bodies to set requirements for professional registration, membership or licensing, and to regulate professional conduct. Furthermore, professional bodies determine whether a particular qualification offered by a particular institution of higher education meets the requirements for registration, membership or licensing. This implies that SACSSP, in collaboration with the Quality Council, is the only authority currently as a professional body that can apply to
register a professional designation. The professional body (in this case SACSSP) must however maintain a database for the purposes of the Act and submit this database for recording on the National Learners Records Database.

Professional bodies assist in the creation of a coherent, single, and structured education and training system. Professional bodies are responsible for the development and professionalization of relevant occupational fields. They also play a role in creating opportunities suitable to the aspirations of youths and adults. Professional bodies must also ensure that education, training and skills development initiatives respond to the requirements of the economy, development challenges and the need to develop an informed and critical citizenry.

The SACCP works closely with the Department of Higher Education and Training (DHET). This department is responsible for universities, vocational and continuing education (FET), and Skills Development (SETAs).

The SACSSP also works closely with the Health and Welfare SETA. The role of the HWSETA is to augment the provisioning of these scarce skills through the provision of learnerships.

The current SETA system replaced the older National Training Boards (NTBs), which were industry driven as opposed to the traditional academic study routes of Universities, Technikons and Colleges. The development of Sector Skills Plans (SSPs) is one of the key mandates of the SETAs and was premised on getting employers to complete and submit Workplace Skills Plans (WSPs). SETAs would use the WSPs to collate data and produce a Sector Skills Plan (SSP).

The objective of the SSP is to record the skills sets and professions, and to identify scarce (occupations that are in short supply) and critical skills (skills needed in occupations).

In the SSP the following were identified as scarce skills: Child and Youth Care Workers, Auxiliary Social Workers, and Carers for Persons with Disabilities.

4.3.1 Status of SACSSP

The SACSSP is currently considered as a public entity Schedule 1 (unlisted) under the auspices of the Minister of Social Development (Parent Ministry). This is to comply with the provision of the Public Finance Management Act of 1999 (PFMA). The formal definition of a national Public Entity (PE) as set out in Section 1 of the 1999 (PFMA) is as follows:

“A board, commission, company, corporation, fund or other entity (other than a national business enterprise) which is:

i. Established in terms of national legislation;
ii. Fully or substantially funded from either the National Revenue Fund or by way of tax, levy or other money imposed in terms of national legislation; and

iii. Accountable to Parliament.”

The current Council, as a Schedule 1 entity, is subject to oversight from the DSD, and specifically the Ministry. A compact agreement between the Ministry and the Council will have to be developed to manage this oversight role. This does suggest greater involvement of the Ministry within the affairs of the Council and infers a dependency on government for sustainability.

Public Entities are normally extensions of a department with the mandate to fulfil a specific economic or social responsibility of Government. These entities are reliant on Government funding and public money, either by means of a transfer from the Revenue Fund or through statutory money. This lessens the autonomy of such agencies as they remain accountable to Government for the manner in which they use the money. In addition, the relevant Minister has the responsibility to approve these entities’ annual budgets. This is applicable to the Council, because in terms of section 12, the Council receives funding from both sources. However, the statement is more applicable to schedule 3 entities that are wholly dependent on Government to sustain their operations, which is not the case with the SACSSP. Council in terms of section 4 of the Act has autonomy and responsibility to manage its own funds, but do have a responsibility in terms of section 13 (2) (b) to provide the Minister annually with audited financial statements and a report on its priorities and strategic plan/ objectives.

The Council accounts to the Minister and the Portfolio Committee in terms of the provisions of the current reporting mechanism that is in-line with the provisions of the PFMA. The deviation, however, is that the Minister does not approve the Council’s annual budget and neither does the Council receive programme funding as the current funding formula is project based.

**The Role of Professional Associations:**

The Policy must also recognise the role of professional associations as these contribute to the support of the workforce, and can play a significant role in the education of professionals where a body of experts is required to provide oversight.

Professional associations allow professionals to debate issues relating to their profession, share research findings, and serve as mouth pieces during national and international debates. It gives professionals an opportunity to set themselves apart from other disciplines. They share best practises, approach models, and professional techniques. They facilitate the creation of conditions that are conducive to social service professionals and practitioners, and seek local and global strategies and solutions towards improved services.
Professional Associations also intensify education, training development and empowerment opportunities\textsuperscript{108}.

A number of these association are well entrenched whilst others are still emerging. Each has its own purpose. These are:

- National Association for Social Workers in South Africa (NASW(SA))
- Association of South African Social Work Education Institution (ASASSWEI)
- South African Association for Social Workers in Private Practice (SAASWIPP)
- National Association for Child Care Workers (NACCW)
- Social Worker’s Veterans’ Forum
- Association for Community Development
- Association for ECD practitioner

\textsuperscript{108} Partnership and Collaboration – DSD Occasional Paper 2012
CHAPTER FIVE: REQUIREMENTS FOR PRACTICE OF SOCIAL SERVICE PRACTITIONERS

To become a practicing Social Service Practitioner a number of criteria that would identify the practitioner as a member of a specific profession must be met. The first of these is an appropriate and acceptable entry qualification. Secondly, there must be a demarcation of the scope of practice to prevent duplication of duties. Thirdly, a clear understanding of particular roles and responsibilities is required. This will facilitate integration of the different functions performed by the variety of practitioners, and the pursuance of a multi-disciplinary approach to practice. There must also be opportunity for specialization in each category of practice (see chapter 4). This specialization gives a professional the opportunity to become knowledgeable in a particular field of practice through an increase in knowledge and relevant competencies. Whilst specialization is not a criterion to practice generically, it is a criterion to practice as a specialist within the profession, hence its inclusion.

The following section will outline the required qualifications, accepted specialization and scope of practice of each Social Service Practitioner. It must be noted that the development of each occupational group has not been equal in terms of qualifications and specializations. Some professions are developed and therefore have the requirements in place, some are developing and have some requirements in place, while others are emerging and have no requirements in place.

5.1. Qualifications, scope of work and specializations for Social Development Practice

It is imperative that the qualifications and training of social service practitioners are aligned to the legislative and policy framework of the Department of Higher Education. The SACSSP, in collaboration with the Quality Council is the authority (by virtue of it being the only Professional Body) that can apply to register a professional designation.

Whilst the NQF Act recognizes the role of Professional Bodies and gives them the authority to apply for the registration of a qualification, the Department of Higher Education (DHET) plays the role of both watchdog and gate-keeper. The DHET is responsible for universities, vocational and continuing education (FET), and Skills Development (SETAs). The mandate of DHET is to assess institutional profiles for programme and qualification mix (PQM). This is a list of what institutions such as universities may offer. They work very closely with SAQA,
which is responsible for nomenclature (level descriptors, qualifications and quality assurance).

This does create the opportunity for planning to broaden the Social Service Practitioner base to ensure that those who want to enter as practitioners have a career path to follow.

This following diagram is an attempt to depict the path that a person who wants to enter the social development arena as a practitioner can follow. It indicates multiple points: from being a volunteer to becoming a professional and further, should they so wish. This is based on the principle of life-long learning. It is, therefore, the co-responsibility of the DHET, and the Statutory Body and its substructures, to ensure that there are learning programmes that would allow the professionalization trajectory.

This diagram does not make provision for ECD and Community Based Personal Care Workers because there are practitioners within these practices with low levels of education who would require ABET before they can enter the system.
ENTRY LEVEL/REQUIREMENT
REGISTRATION FOR POST GRADUATE DEGREE

QUALIFICATION REQUIRED
POST-GRADUATE DEGREE AWARDED

TRAJECTORY OF SOCIAL SERVICES
SPECIALIZATION

PROFESSION

EXPERIENCE, MATRIC OR NOT LOWER THAN GRADE 10

UNIVERSITY STUDENT

RECOGNIZED UNIVERSITY DEGREE AWARDED

POST-MATRIC RECOGNIZED TERTIARY QUALIFICATION, FET OR EQUIVALENT, HW SETA SETA or QCTO SKILLS

AUXILIARY – CAN INCLUDE VOLUNTEERS
The qualifications, specializations and scope of practice of each social service practitioner will be legislated and standardized following participatory and consultative formulation processes. Some broad guidelines of themes for inclusion are presented below.

5.1.1 Social Work

Qualifications in Social Work

In order to practice as a Social Worker, a four year Bachelor of Social Science (NQF 8) is required. Thereafter, a Masters and Doctorate in Social Work can be obtained.

The uniqueness of Social Work is having specific legislative mandates and statutory functions. Social Work is based on scientific research. Social Workers intervene in the lives of people to promote, restore, maintain and enhance their lives. Social Workers serve individuals, organizations, groups and communities. They do this by enabling beneficiaries to accomplish tasks, by preventing and alleviating distress, and by using resources effectively.

Qualification to specialize in Social Work

A specialization is defined as: When, in the practice of social work, specific activities take place for which additional specialised and in-depth knowledge, skills and expertise on the specific field of practice are required.

In order to specialize in Social Work\textsuperscript{109}, the following is required:

- A Bachelor of Social Work (BSW)
- A post-graduate qualification registered with SAQA, within the specific field of practice.
- Two years of appropriate and relevant experience (as a social worker) in the specific field.

or

- A Bachelor of Social Work (BSW).
- Five years of relevant and appropriate experience as a social worker in the designated field;
- Successfully met the assessment criteria set by the SACSSP to determine competence in the specific field.

\textsuperscript{109} Guidelines on Specialization – SACSSP
The SACSSP supports and promotes specialization in Social Work. The SACSSP recognises two specializations; Adoption Social Work and Occupational Social Work. Two specializations are in the process of being accepted or approved; Probation Services and Forensic Social Work respectively.

**Scope of Practice of Social Work**

Social Work covers a broad spectrum of interventions, which aim to improve the quality of life of people, over their life span. It is a professional activity that utilizes knowledge, skills and processes to focus on the issues, needs and problems that may arise from interactions between individuals, families, organizations and communities. It is a holistic and integrative response to people’s relationship needs. Relevant legislation governs the practice of Social Work. Social Workers serve all members of society irrespective of age.

The purposes of Social Work are:

- to empower individuals, families, groups, organizations and communities to enhance their social functioning and their problem solving capacities and,
- to protect vulnerable and at risk persons.

**Qualifications in Auxiliary Social Work**

On an auxiliary level, the profession of Social Work has introduced the Auxiliary Social Worker. ASWs can only practice under the guidance and supervision of a Social Worker. The formalized qualification for Auxiliary Social Workers is the FET Certificate in Auxiliary Social Work (NQF Level 4) as registered on the SAQA database. The SACSSP has also approved NQF Level 5 qualifications provided by the Department of Higher Education and the QCTO.

**Scope of Practice of Auxiliary Social Work**

The role of the Auxiliary Social Worker is described as an act or activity, supportive of a Social Worker, which must be practised under the guidance or supervision of a Social Worker, be it a general, or a specialised, Social Worker. The act or activity must assist the Social Worker to achieve the aims of social work. The role of supporter can be performed in most of the programmes that a Social Worker may be involved in. Provision must be made for the progression of an auxiliary to a professional within the workplace to ensure that there is a career path and to create access for those who would normally not have this access.
Specialization in Social Work

- **Probation**

Probation Officers act as an expert witness in court regarding the appropriate sentencing of children and adults. They also work with children in conflict with the law. They have knowledge of the criminal justice system.

The objective is to protect a child in conflict with the law from entering deeper into the child justice system. Probation officers adopt a restorative justice approach, which aims to involve all affected parties. The latter may include; the child offender, the victim, the families of offenders and victims, and community members. This inclusive approach allows all parties to collectively identify and address harms and needs and obligations, through accepting responsibility, making restitution, taking measures to prevent a recurrence of the incident, and promoting reconciliation.

- **Adoption Social Work**

This is recognized as a specialization within social work practice specifically in the field of care and protection of children. It encompasses a professional service to the biological parent/s and/or legal guardian/s, the child, and the prospective adoptive parent/s, which forms an integral part of the adoption process during the pre-adoption, adoption and post adoption phases. The adoption function places children permanently with alternative parents. Adoption workers must be accredited and they are usually Social Workers in private practice, or employed in an accredited child protection organization. These accredited adoption workers may conduct national or international adoptions depending on their accreditation. Supervision of an adoption social worker must only be conducted by an adoption social worker registered with the SACSSP.

Providing adoption services as an adoption social worker registered with the SACSSP is subject to accreditation by the DSD in terms of section 251 of the Children's Act, Act 38 of 2005, as amended.

- **Occupational Social Work**

Occupational Social Work addresses the human and social needs of the working community, within a developmental approach, through a variety of interventions that aim to foster optimal adaptation between individuals and their environment. The term, ‘occupational social work’ refers to the application of social work knowledge, skills and values to workplace problems. The client system is the employee in the work environment.
• **Forensic Social Work**

Forensic Social Work focuses on the interface between society’s legal and human systems. It is characterized by the Social Worker’s primary function to provide expert testimony in courts of law. The focus of the work is on assessment and an advisory capacity to courts, and not on therapeutic interventions. The primary client is the judicial system.

5.1.2 **Child and Youth Care**

**Qualification in Child and Youth Care**

The first qualification in CYCW, the Basic Qualification in Child Care (BQCC), was developed by the NACCW in the early 1980’s. This two-year course was offered on a modular basis to those who were already employed in the field. The BQCC formed the basis for the development of subsequent training.

Four types of Child and Youth Care is recognized; professional; auxiliary, learner and student. Students are those studying for a professional degree at a university, while learners are employed in the CYC field and are studying toward a qualification at an auxiliary level.

Some Child and Youth Care Workers hold relevant degrees. There are those who hold a degree in Child and Youth Care obtained at either the Durban University of Technology or a Bachelor of Technology Degree NQF Level 7 offered at Technicon SA/UNISA, which offered a Bachelor of Technology degree at NQF Level 7 on the previous NQF. Other qualifications include:

- The 3-year Technicon diploma
- The 3-year UNISA diploma in Child and Youth Care
- A degree at a private university

A new qualification for Child and Youth Care Work at professional degree level has been designed. Once the professional degree has been approved by the SACSSP it must benchmark any possible gaps identified within the Diploma and B-Tech qualifications and, if necessary, an articulation mechanism for these workers must be designed in order for this category of worker to be elevated to a professional level.

The group that have the Technicon 3-year Diploma in Child and Youth Care and / or the UNISA Diploma, which are three-year qualifications need special mention. The status of these workers being able to register as higher than Auxiliary Workers was still under discussion at the SACSSP at the time of writing. The Professional Board for Child and Youth Care must make every available means to accommodate all these qualifications.
Auxiliary Child and Youth Care

An FET qualification in Child and Youth Care Work has been approved by SAQA at level 4. There are approved service providers offering this course throughout the country. This qualification is obligatory for all Child and Youth Care Workers. CYCWs who are already employed in the field should be strongly encouraged to obtain this qualification.

Qualification to specialize in Child and Youth Care

There were no specializations registered with SAQA at the time of writing. However, as the profession develops and the need for specializations emerges, the relevant professional board should ensure that appropriate qualifications for specialisation in Child and Youth Care are developed.

Scope of Practice of Child and Youth Care Work

The 1992 meeting of the International Child and Youth Care Education Consortium adopted the following definition of Child and Youth Care Practice. Professional Child and Youth Care practice focuses on children and youth within the context of the family, the community and the life-span. Applying the developmental-ecological perspective emphasizes the interaction between persons and their physical and social environments, including residential care settings.

Child and Youth Care practice takes place "in the moment" and integrates developmental, preventive and therapeutic requirements into the life-space of children, youth and families. Focusing on direct care, it includes the following acts: designing and implementing programmes and planned environments in child and youth care contexts, managing behaviour of children, contributing to the development of knowledge and practice in child and youth care work, participating in supervision, administration, teaching, research, consultation, and advocacy in child and youth care contexts, assessing service recipients' and programme needs".

Child and Youth Care Workers are employed in a variety of residential and community outreach settings. They are typically deployed to work with people with disabilities, emotionally or developmentally challenged, orphaned and vulnerable children, and those in trouble with the law.

The purpose of Child and Youth Care work is to promote and facilitate the optimum development of children (from infancy to adolescence) with both normal and special development needs, ensuring that they are able to function effectively within the life space of a child in the community, the family, residence, or a group care/education setting. Its aim is to address emotional and behavioural issues through planned programmes, in order to improve a sense of well-being, functioning and development.
5.1.3 Community Development

Qualifications for Community Development Practitioners

The Bachelor of Community Development, at NQF Level 8 has been registered with SAQA. It is a professional qualification intended for Community Development Practitioners who are required to facilitate collective processes in a community to effect psycho-social and economic development. As such, Community Development Practitioners must have a level of authority, responsibility and status within a regulated framework.

This professional qualification will meet the requirements for employment as a Community Development Practitioner in the Public Service, Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), International Development Entities, Corporate and Civic Entities. It should produce Community Development Practitioners who are able to facilitate the collective action needed to build and empower communities including, but not limited to, the poor.

At the time of writing, a dichotomy existed within this profession. A number of Community Development Practitioners held degrees in Social Work and would, therefore, have to obtain dual registration as social workers and community development practitioners when a separate register for community development practitioners is established. It is the contention that this be accepted as a norm until such time that the Community Development qualification is accepted and the first graduates are accepted into the field.

It is important that Community Development remains an integral part of the BA Social Work degree. The current Social Work degree is intended to provide Social Workers with the integrated skills that are required to implement a developmental approach. To this end, it is an area of specialization for those who choose to only do Community Development, while it remains part of the training of Social Workers who use it as part of the integrated methods espoused by developmental social welfare.

Assistant community Development Practitioner

The qualifications for Assistant Community Development Practitioners have been approved by SAQA as follows:

- National Certificate in Community Development (Level 3)
- Further Education and Training Certificate: Community Development (Level 4)
- National Certificate Community Development (Level 5)

Qualification to specialize in Community Development

There were no specializations registered with SAQA at the time of writing. However, as the profession develops and the need for specialization emerges, the relevant professional
board should ensure that qualifications for specialisation in community development are developed.

**Scope of Practice of Community Development**

Community Development is a process that seeks to:

1. empower local communities,
2. strengthen the capacity of people as active citizens, through their communities, organizations and networks,
3. strengthen the capacity of institutions and agencies to work in dialogue with citizens to shape change in their communities.

Community Development processes involve members of a community in their own development and aim to enhance the capacity of the community to respond to its collective needs and resources. Community Development is about change and growth within communities, giving people power over changes, policies and services, and helping vulnerable communities increase their wellbeing. Community Development espouses the values of social justice, empowerment, social cohesion, community ownership, sustainable change and community self-reliance.

The Community Development scope of practice (according to the OFO) includes:

- Youth development
- Sustainable livelihoods
- Institutional capacity building and partnerships

Community Development Practitioners are responsible for facilitation of community development processes using a variety of community development approaches, namely:

- Service delivery
- Capacity building
- Advocacy
- Social mobilization

At the time of writing, a process to establish a category for an Assistant Community Development Practitioner (in a supportive role to the Community Development Practitioner) was underway. Assistants will have to work under the guidance of a Community Development Practitioner.
5.1.4 Youth

Qualification in Youth Work

At the time of writing this policy a number of qualifications in youth work existed. These qualifications were not primarily located within the field of social development. The only existing youth work course is offered at Stellenbosch University. However, it has a more theological base which could be used as a key foundation in the development of a broader curriculum on youth work. Both Stellenbosch and Huguenot College have managed to increase the interest in young people to do the course and in structuring and developing youth work in South Africa. However, the OFO for community development has included an element of youth work in the qualification for Community development.

The professional board would have to pursue the option of having a designated qualification for youth work or to join it together with community development. The National Youth Commission has developed a qualification specifically for youth; however, the current status of this qualification is unknown.

Qualification to specialize in Youth Work

Entry qualifications must be developed. Thereafter, the relevant professional board should ensure the design and standardisation of qualifications for specialization.

Scope of Practice of Youth Work

Youth work is seen as any involvement, engagement, empowerment and development of young people. It is a focused intervention aimed at the holistic development (spiritual, emotional, social, and political) and empowerment of young people. It could be considered more as a profession, which requires a specific level of experience and qualification. It can be either formal or informal and direct or indirect. Youth work is also a component of community development. The scope of child and youth care is evolving, therefore for the purpose of this policy the scope is as follows:

The practice of Youth Work:

- offers opportunities for young people to gain skills, knowledge and change attitudes on how youths could strive towards being independent, responsible individuals, and members of groups/society,
- is undertaken mostly on a preventative level,
- strengthens youth in vulnerable communities and,
- focuses on the personal, social and economic levels of youth development.
One of the core components essential in addressing the socio-economic challenges facing young people is the need to recognize youth work as a professional accredited career in the developmental state.

5.1.5 Early Childhood Development Practitioners

Qualification of Early Childhood Development Practitioners

For practitioners working directly with children, SAQA accredited ECD qualifications include:

- Levels 1 (Basic Certificate in ECD). This is phasing out but there is a GETC Adult Basic Education and Training with an ECD specialization (ID 71751).
- Level 4 Further Education and Training Certificate in ECD
- Level 5 Higher Certificate (120 credits)
- Level 5 Diploma (240 credits)
- The National Certificate Vocational (NCV) with an ECD specialization phased in by some Further Education and Training Colleges from 2007.
- A 360 credit Diploma in Grade R at level 6 was being developed at the time of writing. (A similar Diploma was being debated for practitioners working with 0 – 4 year olds but no details were available at the time of writing).

Regulations under the Children’s Act 38 of 2005 Chapter 5 (Sections 91 – 103 of the Act) section 27 (a) (i) refer to the National Certificate in ECD Level 1 to 6. The requirement does not fit into the DHET nomenclature, however, and no Level 6 existed at the time of writing. The Children’s Act makes the provision for a qualification starting at Level 1 to enable many ECD practitioners (working at the time of writing) with lower level qualifications to enter the qualifications process.

The following ECD qualifications with specialisation are registered with SAQA. The qualifications apply to practitioners working with primary caregivers/parents, and to practitioners promoting a community development approach to ECD.

- National Certificate Community Development (Level 3)
- Further Education and Training Certificate: Community Development (Level 4)
- National Certificate Community Development (Level 5)
Qualification to specialize in Early Childhood Development Practice

There was no provision for an ECD specialization in the Bachelor of Community Development at the time of writing.

There is a need for a Bachelor’s in ECF with a focus on 0 – 4 years of age. The B Education Foundation Phase focuses on Grades R to 3. There is also a lack of specialisation for ECD workers who are focusing on parents and community development in the B Community Development. These issues were being lobbied by the ECD sector at the time of writing.

Scope of Practice of ECD Practitioners

ECD practitioners again need special mention, as they are currently following a career path in Education. In order to accommodate the full range of ECD practice it is necessary to view it in a continuum where the practice foci shifts as illustrated in the table below.

<table>
<thead>
<tr>
<th>PRACTICE FOCUS</th>
<th>Under 3 yrs</th>
<th>3-4 yrs</th>
<th>5-6 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary focus</td>
<td>Child care, growth &amp; development and protection</td>
<td>Educational</td>
<td></td>
</tr>
<tr>
<td>Secondary focus</td>
<td>Educational</td>
<td></td>
<td>Child care, growth &amp; development and protection</td>
</tr>
<tr>
<td>Integrated foci</td>
<td></td>
<td></td>
<td>Child care, growth &amp; development and protection; Educational</td>
</tr>
</tbody>
</table>

At the time of writing, the debate on whether this field of service falls within the field of education or social services in terms of the career path of practitioners had not been resolved. The important issue is that one of the departments must take responsibility to lead the qualification mandate, or a memorandum of agreement be entered into to ensure joint responsibility.

5.1.6 Community Based Personal Care Workers, Aged and Disabled Carers and Special Care Workers

Qualification in Community Based Personal Care Work

The current qualification is skills based in Community Care, and is usually premised on the medical model for home based care. At the time of writing, the debate on whether this field of service falls within the field of health or social services had not been resolved. There were no formal qualifications that facilitated career progression and professionalization in place at the time of writing. This category of Social Service Practitioner has received less attention.
than other categories. The practice thus lags behind others in the field. The Department of Social Development, specifically the Older Persons’ Directorate, attempted to accredit a qualification for the category of persons who work with older persons. The status of that qualification could not be determined at the time of writing.

**Scope of Practice of Community Based Personal Care Work**

The above-mentioned workers are referred to as the health and social welfare service support workers, carers, and aides.\(^{110}\) Whilst they are relevant to both the health and social development services, they are mostly employed within the social development sector. They provide care and support, in community based and residential settings, to a number of vulnerable groups. This includes personal assistance, physical care in the form of hygiene care, meals, home based care, frail care and supporting the aged and persons with disabilities. They also liaise with families and significant others of those whom they care for and they also provide a referral service where necessary.

Therefore, provision for the regulation of relevant qualifications and training should become the responsibility of the relevant professional board.

In concluding this section on the requirements for practice, a number of critical issues come to the fore.

- Most of the social service practitioners are practicing in the field without the requirements to do so.
- the qualifications that would give them the entry into the field are in the process of being developed, or are being discussed at the time of writing, or are not catered for.
- Only two professional boards exist, which are the Professional Board for Social Work and the Professional Board for Child and Youth Care Work (recently inaugurated).
- There are a number of social service practitioners that need assistance to develop into a recognised professional body.
- the professionalization of all social service practitioners is imperative given the demand for their skills.
- A number of innovative interventions must be pursued in order to fast track the registration of the relevant qualifications.

These are all challenges that must be managed by both the DSD and the SACSSP, as the legislation will not resolve operating issues and therefore another process to manage these must be considered.

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\(^{110}\) ibid
Other interventions should include Recognition of Prior Learning (RPL), pursuing graduates who are unemployed and negotiating with universities to develop short programmes in order to change their qualifications into those of social service practitioners. A timeline must be put in place to ensure that the various proposed qualifications are designed, standardised, offered, and implemented, and to ensure that students are being trained in the relevant social development profession.
CHAPTER SIX: INSTITUTIONAL AND REGULATORY REQUIREMENTS

5.1 Introduction

A formal governance structure is a prerequisite for the development of institutions that will allow people (in this case social service practitioners) to progress, develop and have a platform for interaction and dialogue. Such a formal governance structure should maintain order, differentiate between structures, clarify roles and responsibilities, and oversee and manage the sector. In this chapter, we describe what the key components of this structure should be; how components relate, and what the specific roles and responsibilities are. These policy directives aim to ensure that effective leadership, oversight governance and administration are provided to social service practitioners.

For the purpose of edification the governance structures are also referred to as the institutional and regulatory framework. This framework provides the formal parameters, regulations, procedures, customs, and norms, which shape the activities and behaviours in the sector.

Key role players in the maintenance of a social service workforce are identified. These role players have the authority to shape the quality and type of services provided to the general public. The DSD is a key role player in terms of planning, supporting and ensuring that there is an adequate workforce to provide services. The other role players are the Statutory Body and the Professional Boards, which must ensure that there are standards, norms and ethics to guide the practice and behaviour of social service practitioners. In addition, the Statutory Body and its concomitant structures are key role players in developing social service practitioners and in ensuring that they keep abreast with the latest trends in the relevant profession.

At the time of writing, there were some occupations without professional boards. The institutional and regulatory framework must accommodate these emerging professions. During the consultation process, recommendations were made to this effect “that membership should be extended to emerging professionals to include other membership categories in the process of registering, and who would normally be left out until they meet all the criteria to register. The recommendation was that these groups should be allocated a seat on the structure of the Statutory Body.”
Whilst the above sentiment has merit, a seat on the Statutory Body would not create the opportunity for the growth of the emerging profession into a professional board. It is the Statutory Body’s responsibility to provide guidance, support and to build the capacity of the occupation in order for them to be accepted as a fully-fledged member of the Statutory Body. This suggestion has been adopted by the policy, and will be further discussed under Guidelines for the Establishment of a Statutory Body.

The key components of this institutional and regulatory framework should include:

1. The Ministry of Social Development
2. A Statutory Body
3. Professional Boards
4. An Administration that will provide support to the Statutory Body and Professional Boards
5. Processes and procedures for institutionalization, establishment and operation

The directives for roles and responsibilities, establishment, operation and cooperation, in all five components, are presented below.

5.2 The Ministry of Social Development

The Department of Social Development is a key role player in terms of planning, supporting and ensuring that there is an adequate social service workforce to provide services.

The responsibility for the strategic oversight, direction setting and institutionalisation of the governance structure for the sector is the responsibility of the Ministry for Social Development. In addition, it is the legislated responsibility of this Ministry to ensure that the services that the recipients receive are of a just, equitable, and fair nature. Concomitant to ensuring that the services are of a particular standard, the ‘political office’ must also ensure that:

- the associate service providers are appropriately qualified to deliver these services according to the expected standard,
- that there is a sufficient number of associated service providers to meet the needs of the broad population,
- that the associated service providers act in a way becoming of this profession and
- that there are appropriate measures against transgression in place.

Therefore, the Minister of Social Development as the Head of the Social Development Sector by virtue of the political office is accountable for:
• Deciding who constitutes a Social Service Practitioner.
• Developing a comprehensive policy that will inform the legislation.
• Developing the legislation that will establish the institution that will be responsible for recognizing, registering, professionalizing and regulating social service practitioners in the field.
• Establishing the body that will take responsibility to undertake the process of recognizing, registering, professionalizing and regulating social service practitioners in the field.
• Appointing the Registrar in consultation with the statutory body and professional boards established for social service practitioners.
• Providing oversight on the governance of the statutory body.
• Reporting on the operations of the body to Parliament and other Parliamentary structures and processes.
• Ensuring the sustainability of the statutory body and professional boards established for social service practitioners as an institution.
• Recognise the Statutory Body as an advisor on any matter falling within the ambit of the workforce.
• Identifying and prescribing the need for additional Social Service Practitioners.
• Providing the mechanism for the appeals process and recommending alternative dispute resolution mechanisms.
• Ensure that mechanisms for alternative dispute resolution within the SACSSP framework are recognised and utilised.

The above functions must be delegated to an appropriate section within the Administration of the DSD. This delegation must take into cognizance the fact that the Department is an employer of a large number of the professionals that this policy will regulate. It is, therefore, directed that the responsibility must reside with a separate departmental branch (i.e. separate from the service delivery branch) in order to reduce conflicts of interest.

5.3 The Statutory Body

The Statutory Body should serve as an overarching co-ordinating body to link the various professional groupings, and be the interface between the professional groupings and the Ministry of Social Development.

6.1.1 Powers and Responsibilities of the Statutory Body

The functions of the Statutory Body must include:

a. Acting as the Executive Structure of the Statutory Body
b. Setting and ensuring implementation of overarching policy relating to the professions or practitioners registered with it.

c. Setting and ensuring the implementation of a registration process of all social services practitioners.

d. Coordinating, arbitrating and mediating between a professional board and the practitioners grouped in such boards.

e. Defining a code of conduct that applies to all professions.

f. Defining a code of conduct that applies to all employers in the field of social services.

g. Supporting the development of emerging professions.

h. Determining boundaries and define scope of practice in collaboration with the professional boards.

i. Setting in collaboration with Professional Boards the annual registration fee.

j. Acting as a protector of the public interest.

k. Acting as an advisory institution for the Department of Social Development on issues pertaining to the sector and the workforce.

l. Focusing on expanding the capacity of the social development sector to enhance the scope and quality of social development services delivered to the public.

m. Exercising ethical and accountable governance over the administrative office.

6.1.2 Guidelines for the establishment of the Statutory Body

Composition

The Statutory Body must consist of:

a. An overarching decision-making body with management authority (i.e. Statutory Body).

b. Representation from Professional Boards that report to the Statutory Body, and

c. Statutory Body Committees.

The Committees must be appointed by the Statutory Body when specific competencies to the work are required. Performance criteria for such initiatives must be developed by the Statutory Body. Committees of this nature are established for a specific purpose, they are time and task bound, and once they have achieved what they were established to achieve, they cease to exist. The statutory body has the power to decide the need for such a committee, and this will allow any emerging occupation to apply for inclusion even if that occupation was never considered to be part of the social services workforce.

To make provision for emerging occupations, and those occupations in the process of registering and to ensure that the Statutory Body fulfils its responsibility to develop, support and guide emerging professions, a Statutory Body Committee must be established for the sole purpose of the development of the professional board for the emerging profession.
The administration must comprise of two sections namely the Secretariat and the Operations.

**Structure of the Statutory Body**

a. The structure must meet the criteria for inclusion and representation and must therefore, be informed by the outcome of democratic and consultative processes (including processes of nomination and election of representatives from within the professional boards). All social service practitioners must be represented.

b. The structure must be sufficiently adaptable and fluid to allow for continued adaptation to the changing socio-economic context of the Republic of South Africa.

c. The structure must be sufficiently adaptable and fluid to allow for the contextually appropriate and representative expansion of human resource capacity to meet the needs for social development services in the Republic.

d. The structure must be sufficiently representative and participatory to ensure that decision-making is fair, equitable and in the interest of the social development sector as a whole.

**Regulations for Compensation**

Members of the Statutory Body should be compensated for their service. The fee for compensation must be market related and be budgeted for on an annual basis.

**Financial Accountability**

As a public entity; the statutory body will receive funding from the state through the Department of Social Development. All government entities must subscribe to the provisions of the PFMA. The PFMA of 1999 outlines the financial duties and responsibilities of public entities. Adherences to these duties ensure good governance and transparency in the financial affairs of Statutory Bodies.

5.4 **The Professional Boards**

All practitioners in the field must be registered with their respective professional boards. Thus Social Workers will register with a Social Work Board, Child and Youth Care Workers with a separate Child and Youth Care board, and so forth. Each field of service will have a board established specifically to represent its practitioners. The criteria and process for the establishment of a professional board must be followed and should be preceded by an application to the Statutory Body informing it of the intention to establish such a body. This can be done by practitioners from the profession under the auspices of a professional group or association. The primary responsibility for the management of the affairs of each particular professional will be located within the structure of each particular board, thus,
ensuring a participatory democratic structure accountable directly to the practitioners it serves.

Each professional board will nominate a minimum of two people to serve on a statutory body.

6.4.1 Powers and Responsibilities of the Professional Boards

The functions of the Professional Boards must include:

- Protect the interests of the public in matters pertaining to the social service practitioners represented by a Professional board.
- Promote and protect the interests of the social service practitioners (professions and occupations) represented.
- Serve as the representatives of the social service practitioners that comprise membership.
- Act as an advisory institution for the Department of Social Development on issues pertaining to the social service practitioner represented by that Professional board.
- Advise the Statutory Body when requested, or what members of these boards deem it necessary (as determined by continuous participatory processes).
- Maintain communication and consultative processes with members, intended beneficiaries and other relevant stakeholders.
- Monitor and evaluate the performance of the social service practitioners represented and in this regard make recommendations for the improvement of services delivered.
- Take disciplinary action against members in terms of a priori agreed upon criteria and standards that emerged from a democratic and participatory process and only if institutions of redress (include external and objective institutions) for accused and accusers are in place.
- Determine standards for education and training, including continuing professional development.
- Set and maintain standards for professional and ethical conduct according to the specific needs and circumstances of each field of service.
- Maintain the register of social service practitioners.
- Determine boundaries and define scope of practice in collaboration with the statutory body.
- Establish implementation and advisory committees and determine the roles and responsibilities of these.
- Promote standards and liaison in the field of education and training and the development of all relevant social service practitioners falling under the ambit of the particular professional board.
• Promote the development of specialisations and post-graduate qualifications.
• Comply with all relevant legislation of the Republic of South Africa, as well as, international conventions to which South Africa is a signatory.
• Develop and implement approaches or strategies to promote the continuous practitioner development of the social service practitioners represented.

6.4.2 Guidelines for the establishment and operations of Professional Boards

What follows are the policy guidelines for the composition, powers, functions, responsibilities and establishment of the professional boards.

Membership of Professional Boards

• Membership must be managed through a process of registration, which must be compulsory for all Social Service Practitioners.
• Criteria for membership should be set to include, by definition, compliance with a code of ethics. As such qualification for, and disqualification from membership, should become a tool for monitoring and regulating the profession.
• Membership should only be opened to those social service practitioners that have registered.
• Membership must be determined by a priori guidelines, which comprehensively set out the requirements for membership including records of service, requirements for life-long compliance with the legislation, educational levels, and levels of experience and citizenship.
• Termination of membership should take place in terms of a priori democratically agreed to generic and specific agreement to which all members voluntarily subject themselves as a condition of membership and for which there is documented and independent legal redress procedures in place.
• Professional boards should continually align or attempt to align their memberships with the changing social and economic context of South African society. This may require constant research and adaptation.

General Principles for the Establishment of Professional Boards

• All social service practitioners as defined in the preceding section of this policy should be included in the ambit of (and represented by) a Professional Board. These Boards should be structured to be applicable to all legally designated Social Service Practitioners.
• The boards should be established to be representative of the social, cultural and economic diversity of South African society and membership and leadership of these boards should, therefore, also accurately reflect this diversity.

• The boards should be established and constructed in such a way as to ensure that all relevant (as defined in the preceding sectors of this document) social service practitioners are represented. Some boards may represent several occupations, or professions or a combination of occupations and professions where the activities and services provided overlap to the extent that combined representation is the most efficient approach.

• The establishment of a Professional Board should be preceded by the formulation of a written framework, which itself should be the outcome of a democratic and participatory process, as well as, authorized by the Ministry of Social Development. It should stipulate the generic constitution, functions, powers and proposed functioning of these boards.

General Principles for the Functioning of Professional Boards

• Criteria for registration with these professional boards should be established a priori and must result from a democratic and participatory process. At a minimum, criteria should include the education, experience and ethical and professional conduct required from members. Criteria for membership should also specify roles and confer responsibilities on members and their representatives.

• Professional boards should:
  • Act in an advisory capacity in their relation with the Statutory Body and the Ministry of Social Development, but in an executive capacity in relation of members and those social service practitioners represented.
  • Remain accountable to the public, and such accountability shall take place through the measurement of the scope and quality of services provided.
  • Remain accountable to its members and the social service practitioners represented and shall do so through regular participatory processes and systems, as well as, participatory decision-making processes.
  • Have the power in consultation, and always as a result of participatory processes, to enforce compliance with a priori agreed to norms and standards of service, as well as, embark on initiatives subject to the same restrictions to improve service delivery standards.
  • Have the power to consult; advice and liaise on behalf of the social service practitioners represented, subject always to participatory and democratic process.
  • Establish implementing committees if required with specialized skills for facilitating implementation, or to act in an advisory capacity to the
professional boards. Such committees (appointed by and accountable to the
professional boards) will not have decision-making powers. The roles,
functions and responsibilities of each established committee will be
determined by the professional board in question.

- Professional boards must be responsible for the advancement of professions
  assigned to it.
- Professional boards must set criteria for educational and other qualifications,
  and for professional conduct for the professions assigned to it. This must
  include compliance and performance criteria, and associated disciplinary
  procedures.
- Determine Standards of Education including continuing professional
  development.
- Set and maintain standards of professional conduct.

The functions of professional boards must reflect the variety and changing needs of South
African citizens.

**General Principles for the Composition of Professional Boards**

The composition of any Professional board must:

- Be the outcome of a democratic and participatory process. All members
  (excluding ministerial appointments) must be elected. Election of members
  must be democratic, participatory and based on extensive and accurate
  information dissemination and publication.
- Be representative. At a minimum the following stakeholders must be
  represented; civil society, the relevant social development profession or
  occupation, the Ministry/Department of Social Development and the
  Educational sector (as relevant to social development service).
- Facilitate efficiency. Duplication of activities and responsibilities should be
  avoided, whilst allowing sufficient capacity for the delivery of services and
  performance of functions. The combined requirement for efficiency and
  capacity will determine the optimal size of any professional board.
- Reflect the diversity and variety of South African society.
- Leadership and positions of responsibility must be subjected to non-
  repeatable maximum service periods.
- The position of chairperson and vice-chairperson will be filled through a
  democratic and participatory election process within a professional board.
  These positions should also be subject to a maximum service period and
  candidates should come from within the democratically elected professional
  board membership. The roles and responsibilities of the chairperson and vice-
  chairperson should be determined a priori through a participatory process by
  the members of the Practitioner board.
• Dissolution of a professional board should only take place as a result of a consultative and participatory process and thereafter a recommendation from the Ministry of Social Development accompanied by legislated due notice.

• Vacancies should be filled following similar participatory and democratic processes as those employed during initial appointment. Replacements must ensure continued representivity.

**General Principles for the Disciplinary functions of Professional Boards**

• All appeals processes should be set-up as a priori, and should be the result of consultative processes and subject to an independent, external adjudicating office.

• All investigations launched must meet general legal requirements of evidence, representation, defence and appeal. Charges must be supported by evidence and the accused must have recourse to independent defence.

• Disciplinary processes and procedures must give equal protection to the accused, the accuser, and the resolution or decision-making body if the process takes place outside of court.

• Legal transgressions should be addressed within the legal system.

• Minor and internal incidents should be addressed through a priori established and recorded disciplinary processes of which all members are aware. This may include fines.

**Requirements and process of registration with a Professional Board of each profession/occupation**

Registration of practitioners has an important role in improving safeguards for people using the service, and in increasing public confidence in the sector. Registration is a major part of the drive standardisation, professionalization and improved service delivery. In addition, registration allows workers to:

• be recognized as belonging to a sector,

• be regulated,

• work in the sector,

• demonstrate that people who work in social development service meet the competence, good character and conduct requirements set for registration and are committed to meeting the Code Conduct and Ethics for the profession.

Once a profession or occupation has been legislated, qualifying practitioners must register with the relevant Professional Board (or specialized sub-sections) to ensure standardization,
monitoring and evaluation, professionalization and protection of intended beneficiaries and practitioners.

To qualify for registration as a practitioner of a legislated profession or occupation a practitioner must;

- have the required standardized qualifications,
- should not be disqualified under any law from practising the profession or occupation,
- should have not been convicted of an offence in the Republic or in a foreign country, other than an offence committed prior to 27 April 1994 associated with political objectives, and sentenced to imprisonment without the option of a fine, or in the case of fraud, any other offence involving dishonesty or any sexual offense, to a fine or imprisonment or both; and should not have been found guilty of unprofessional conduct.

Registration should take place according to following: specialization, professionals, auxiliaries, social development support workers and students. Each category must have its own register. One Professional board may thus be responsible for more than one register.

Provision must be made for the following categories of registration:

- practitioners who have obtained a qualification,
- practitioners who have a specialized qualification,
- practitioners who have obtained more than one qualification.

Dual registration will be available for those who qualify for membership of more than one board.

Registration should be preceded by an application process, which will serve as an initial screening process for membership. Applications for registration should be accompanied by:

- The prescribed qualifications in respect of the registration category concerned,
- Proof of the authenticity and validity of the qualifications submitted,
- The prescribed application and registration fees,
- Proof of identity and residence status in the Republic,
- Proof of good character as may be required by the Statutory Body,
- The applicant’s residential address within the Republic, and
- Any further documents and information as may be prescribed by the Statutory Body,
A core function of Professional Boards is to keep professional registers. Separate registers must be kept for the different social service practitioners, as well as for, different auxiliary workers and students. Practitioners may be disqualified from registration if any of the above-mentioned conditions are not met, or if any of the excluding criteria listed above cannot be obtained.

In addition to disqualification, practitioners may be removed (subject to obtaining empirical evidence that would stand up in a court of law in support) from the register if that person has:

- Died.
- Been disqualified by a failure to meet the criteria listed above.
- Been found guilty of unprofessional conduct in terms of legislated criteria and processes for prosecuting and defence.
- Failed to pay money owed to the Statutory Body within the specified period from the date upon which it was payable, and after reminders had been sent.
- Provided inaccurate information or registered fraudulently.

No disqualification can proceed without a priori consultative process in which fair opportunity for defence is provided. Disqualification must be supported by empirical evidence sufficient to hold in a court of law.

Processes for renewal of registration should be legislated and enforced by the relevant statutory body.

**Registration of Foreign Applicants**

Foreign practitioners may apply to work within the social development service sector. A separate system for vetting of qualifications, registration, and conditions of practice is in place for assessing the suitability or compliance of foreign applicants. This system must be aligned to this policy. Procedures for registration of foreign applicants must be determined in relevant legislation and enforced by the relevant statutory body.

The overall purpose of registration is to ensure professionalization and standardization in the sector. This serves to protect the interest of the intended beneficiary/end user by enhancing the quantity and quality of services provided in the longer term.

Applicants for registration who do not have the required qualifications may, if they do meet all the other eligibility criteria for registration, be considered for conditional registration with specific conditions such as a limited period.
5.5 Commonalities between the Statutory Body and the Professional Boards

Both structures must:

1. Have clearly defined and legislatively aligned criteria for:
   a. Membership
   b. Composition
   c. Structure
   d. Powers
   e. Roles and responsibilities
   f. Values that inform conduct
   g. Values that inform decision making
   h. Compensation guidelines
   i. Financial Accountability
   j. Administrative and Data Management Processes

2. Comply with the National Qualifications Framework Act 67 of 2008, which includes inter alia:
   - Co-operate with the relevant Quality Control institution in respect of qualifications and quality assurance in its occupational field.
   - A professional body must be recognized by SAQA in terms of the NQF Act and must be registered with SAQA.
   - A professional body must submit and maintain databases in consultation with SAQA.
   - Further, The National Qualifications Framework Act 67 of 2008, which stipulates, in Chapter 6, a number of conditions to which (education and training related) professional bodies must comply. The Statutory Body therefore, has to hold institutions and organizations providing training and education to social services professionals accountable to these standards.

Objectives

The fundamental objectives of both professional boards and the statutory body must be to:
- Set minimum standards for, and ensuring quality, service delivery;
- Monitor compliance to set norms and standards;
- Protect intended recipients of services;
- Promote the interests of registered practitioners;
- Recognize, register, professionalize and regulate social service practitioners;
- Support the development of emerging professions

**Values**

Both structures should have the same underlying values. These include:

- Respect for human rights
- Respect for human dignity
- Social justice
- Equality
- Professional Integrity
- Consultation
- Participation
- Democracy

And both should have the same values that inform decision making;

- Democratic practice
- Elected leadership
- Participatory decision-making
- Consultative decision-making
- Clear structures for the execution of decisions made
- Efficient feedback mechanisms

**5.6 The Administration**

There must be a structure and resources in place to enable the operations of the Statutory Body. This structure is referred to as 'The Administration'.

**General Requirements for the Administration**

The administration should consist of two separate but related sections; the secretariat and the operations. Both sections are responsible for the operationalization of the institution under the guidance of the Registrar (the head of the Statutory Body). The core function of the administration should be to perform the day-to-day duties, to enable the Statutory Body to perform all its functions. This must be done in accordance with legislative frameworks governing the establishment of the Statutory Body, and according to processes and procedures that ensure the organization functions in a transparent manner.
Role of the Secretariat

The core role of the secretariat should be to manage the day-to-day functions of the Statutory Body. This includes ensuring that decisions taken at Statutory Body work sessions are executed, particularly the implementation of the resolutions. The Secretariat must also provide the Statutory Body with professional, technical and administrative support.

Composition of the Secretariat

The composition of the Secretariat must be of a professional nature, and sufficient in number to manage all meetings of the Statutory Body, its substructures, the panels, the section 9 and 10 committees of the Statutory Body, and the professional boards. The secretariat should be located in the Registrar’s office.

Structure of the Secretariat

The Statutory Body is a professional body and should, therefore, be supported by professionals who have the required knowledge.

Roles and Responsibilities

- Manage the timetable of meetings for Professional Boards, Panels and Committees
- Ensure all meetings are recorded,
- Keeping of resolution register and ensuring that there is follow up through management of all logistics for all meetings.

Operations

The Statutory Body operates as an organisation, and as such is in need of an operational structure that will allow it to carry out its mandate and its total functions to those whom it serves, and to those whom it employs. An organogram that fits the strategic imperatives of the Statutory Body must inform the structure of the administration. This structure must comprise of all sections that facilitate the Statutory Body operating as an entity. The structure must be informed by the mandate, roles and responsibilities of the statutory body together with its concomitant structures. An organisational design approach must be followed in the development of the operations’ structure.
5.7 Conclusion

Guidelines for the establishment of the institutional and regulatory framework are important for the effective functioning of the social development sector. The sector operates in a changing socio-economic context and must continuously adapt to remain relevant. Adaptation includes changes to the mechanisms that regulate social service practitioners. This policy responds to the socio-economic shifts at the time of writing. These include;

- Recognition of the rights of the recipient of social development sector services
- Recognition of an increased need to protect the public interest
- The emergence and adoption of developmental social services
- An increase in the type of practices and services in the social development sector
- Recognition of the need to regulate all social service practitioners
- Recognition of the demand for a diverse set of competencies within the social development sector.

The account above is not exhaustive, but it does illustrate the need to reorganise institutional arrangements. It also suggests the key factors and values that should underlie this reorganisation (as set out above).
CHAPTER SEVEN: NORMS AND STANDARDS FOR THE SECTOR

One aim of this policy document is to ensure appropriate, sufficient and quality services to intended service recipients. Set values and a code of ethics must, therefore, guide service delivery. A code of ethics describes the standards and ethical and professional conduct required of social development professionals when carrying out their daily activities. All individuals working in these fields who register with the Statutory Body must abide by a Code of Ethics.

A generic code of conduct should be developed to which all registered practitioners should comply and which should form a requirement for registration. A generic code is required which is relevant to all Social Service Practitioners, but additional specifications can be introduced for specific professions. This code of conduct should be implemented by the appropriate statutory body. Specific additions to codes of conducts for specialized or subsections of social development service will be determined by the scope of work outlined.

Some of the values that should underpin the formulation of such a code of conduct include:

- Adherence to and understanding of social development service
- Commitment to the promotion of human rights
- Commitment to the promotion of equality
- Adherence to democratic processes and participatory decision-making and participatory implementation
- Commitment to sustainability of intervention consequences
- Professional Responsibility

In addition to these values, it will be necessary to set in place:

- Institutional norms
- Organizational norms
- Professional conduct norms
- Code of Ethics

Social service practitioners work in a number of settings. It is expected that these settings comply with minimum standards that will allow the practitioners to deliver quality services.
Therefore, in addition to norms for practice, there should also be a guideline for employers’ responsibilities towards its employees.

### 7.1. Code of Good Practice for Employers

The working conditions of all social service practitioners play a major role in the quality of service delivery. The state of working conditions falls outside of the practitioner’s sphere of control. The Basic Conditions of Employment Act outlines some of the more basic conditions that employers have to adhere to, but there are working conditions that are specific to the sector. The role that employers’ play in ensuring that practitioners have the necessary resources to perform their duties is important in improving the quality of social development service delivery. The SACSSP observed (in 2009/10) that the mitigating circumstances surrounding the contraventions of the Rules of the Council (specially the code of ethics) by Social Workers largely pertained to unsatisfactory working conditions and ensuring the required support for practice.

To this end and after intense consultation processes with employers and research into best practice models; the SACSSP approved the development of a guideline for employer organizations in 2012, which would complement the existing code of ethics for Social Workers. The expansion of the workforce will thus mean that the applicability of this code across all employers employing a social service practitioner. This will complement the partnership between the employer and the practitioner as each will understand what is expected from them.

A draft document that proposes the establishment of a Code of Good Practice for Employers of Social Service Practitioners applicable to the South African context has been developed. It is envisaged that the eventual adoption of this Code by employer organizations in South Africa will require employers to recognize their responsibility in ensuring a conducive working environment for delivery of services within a professional and ethical framework. It is also the intention that once adopted; this Code should be read in conjunction with this policy.

### 7.2. Supervision

The profession of social work has institutionalized supervision as a core element. Act 110 of 1978 stipulates that a social worker may only be supervised on social work matters by another competent and registered social worker. In addition, the Code of Ethics developed by the SACSSP, during 2008/9 and the Children’s Act, No. 38 of 2005, make supervision a mandatory practice.

The DSD has developed a supervision policy that seeks to provide a framework for effective supervision of social workers, student social workers, auxiliary social workers, learner auxiliary social workers, social work specialists and private practitioners in order to ensure
competent professional social work practices that serve the best interests of service users\textsuperscript{111}. The policy in effect broadens the application of supervision to most social service practitioners, with the exception of community development practitioners. The OFO for Community Development highlights the importance of supervision for CDP. It notes that “supervision refers to the intervention provided by a senior member of the profession to members of the same profession with the intention of augmenting, monitoring the professional rendering of services to recipients…It is a process whereby the supervisor performs educational, supportive and administrative functions in order to promote efficient and professional rendering of services”.

Supervision is a formal arrangement where supervisees review and reflect on their work. It is related to on-going learning and performance. Supervision is an interactional process within the context of a positive anti-discriminatory relationship, based on distinct theories, models and perspectives on supervision whereby a supervisor with the required experience and qualification, and to whom authority is delegated, supervises a practitioner by performing educational, supportive and administrative functions in order to promote efficient and professional rendering of services.

PRINCIPLES OF SUPERVISION

The purpose of supervision for all social service practitioners is to:

- Promote and protect. The priority of supervision should be to promote and protect the interests of beneficiaries.
- Promote active recognition of the cultural systems that shape practice
- Ensure Professional development is valued and encouraged. Supervision is located in the learning environment where professional development is valued and encouraged
- Accountability: Supervision promotes safe and accountable practice.

In practice, supervision may take many forms, all of which are acceptable. One of these is consultation.\textsuperscript{112} Consultation is work-related, goal-directed; problem-solving centred, and must be executed as part of the supervision process. Consultation is usually not focussed on administrative control, as it is of an advisory nature and conducted in most instances on the request of the social service practitioner. Consultation should be provided by a social work supervisor to social workers on social work matters. Social workers who provide consultation should have necessary knowledge, skill and be registered with the SACSSP.

\textsuperscript{111} DSD Supervision Policy 2012
\textsuperscript{112} Ibid
Another form of supervision is mentoring. **Mentoring** is a developmental partnership through which one person shares knowledge, skills, wisdom and experience, and offering advice, information and perspective to foster the personal and professional growth of someone else. Mentoring therefore can be defined as: “...help by one person to another in making significant transitions in knowledge, work and or thinking”. The mentoring relationship is usually not between the manager and the person that he/she is supervising, although there might be occasions when a manager / supervisor may also act as a mentor to the person being supervised.

All forms of supervision must be recognised to meet the needs of all social service practitioners. The policy recognises the practice of supervision as a key standard for all social service practitioners.

**7.3. Continuing Professional Development**

Continuing professional development (CPD) ensures improved quality of service delivery, through processes that will allow the practitioner to keep abreast of trends within the professions, new models of intervention, and ensuring that practice of the individual does not fall behind the progress that the profession is making generally. CPD ensures that the practitioner changes as society’s needs change. The introduction of CPD is directly linked to the developmental approach, as societies are not stagnant therefore the response to society’s problems cannot be stagnant.

Clear processes should be set out for continuing professional development. These should include development from occupations into professions, from professions to specializations and other potential paths such as the creation of new skills and/or professions and occupations, depending on the socio-economic context and subject to the policy guidelines outlined above.

**7.4. Compulsory Community Service**

The sector has never ventured into compulsory community service for all graduates. The rationale for the directive to introduce this is the need to respond to human resources shortages identified at the time of writing. Human resource shortages are more acute in rural communities and in poor communities. It is the contention of this policy that this be accepted as a standard in the social development sector.

**“Grandfather Clause”**

The criteria for standardization, educational requirements for practice, and systems for recognition and professional development set out in this document will become effective with the promulgation of the legislation on social service practitioners. The policy recognizes that
due to the inequitable access to educational institutions and other discriminatory practices of the pre 1994 period, many social service practitioners will not meet the criteria (particularly the educational criteria) outlined in this policy. It is also recognized that the social development sector has undergone continued and polymorphous changes to which practitioners have sought to respond, in terms of which, many have acquired experience that has yet to be recognized. Further, continual professional development is a core component of the ethos of this policy. It is in this regard that the policy grants all persons currently active in the sector a three year window (from the date of the promulgation of the policy) to engage in initiatives (further education, RPL initiatives or registration) in order to comply with the criteria and standards set out in the document.

8. CONCLUSION

This policy has attempted to be broad and cover all aspects that would lead to providing the direction, the ethos, and requirements for the development of comprehensive legislation that recognises the need for all social service practitioners. This policy directive, once converted into legislation will be applicable to all social service practitioners rendering service in the execution of the primary mandate of the Department of Social Development and to those executing secondary mandates within other departments. In addition the legislation will ensure the formalisation and recognition of the social service workforce.

The situational analysis clearly outlines the need for social service practitioners of both an auxiliary and professional nature. History has been the teacher with regard to the recognition and dependence of an occupation that has been pegged at a professional level only. The current status of social service practitioners indicates the wide usage of various groups in the delivery of services to marginalised groups, indicating that this policy and thus the ensuing legislation is critical to correcting this anomaly. South African context calls for a mix of both technical and professional skills, and care must be taken that this characteristic is continuously observed when decisions are made with regard to professionalization of a particular occupation. The legislative framework developed post 1994 recognised the need for the expansion, and became more inclusive during the period of legislative reform, resulting in provisions being included that demand that these professions provide a particular service.

The policy sets the requirements for practice, the institutional and regulatory framework for the institutionalization of the practitioners and the norms and standards for practice. In other words, the policy if adopted will set the scene for recognition and acceptance of a broad range of social service practitioners, as well as plot the career path for a number of practitioners that have not had the opportunity of pursuing a career in the social development arena. However, it must be noted that it would be of interest to the sector to
see the recommendations as inter-dependant, and therefore caution must be exercised when developing the legislation that some recommendations are legislated and other not.

The policy has been developed through a host of consultative processes with a sample of role-players from each of the categories identified as making up the social development sector. Furthermore, these consultations took place both nationally and across all provinces.

The policy derived its directives from the history that has informed the developmental shift in social welfare services. In addition it is premised on the founding document, namely the White Paper for Social Welfare Services which originally put into perspective the type of services and competencies that the country needed to deliver on these programmes. It has also taken into account the changing contexts in which services are delivered, and the challenges that are faced (and are continuously escalating) by vulnerable groups.

Key amongst these broad policy directives is an exposition of the role of the Ministry for Social Development which is the legal owner and driver of this process. The political will for this policy process to be translated into law cannot be over emphasised. The Ministry by virtue of having to deliver on the mandate of social services and assistance is in dire need of an expanded workforce in order to meet its considerable responsibility and obligation to the vulnerable groups in particular and to the populace in general. However, the recognition of the expanded workforce goes hand in hand with a process of protecting the public who are the recipients of the services, as well as a process of redress should a practitioner not act in an ethical manner towards a member of the public. Therefore the establishment of a mechanism that will play this role on behalf of the public and of government becomes a crucial element of this policy.

The establishment of a professional body that is all encompassing gives the public, the government and the sector the assurance that services are being delivered by qualified and expert professionals who ascribe to a code of professional practice (or conduct). These codes set a standard and ensure that the reputation of the profession is enhanced. In addition, there are robust and fair processes for professional bodies to consider allegations that an individual member may have breached the code, and if there is a case then to take appropriate action, including removing them from the register of the professional body, thus protecting the public from unethical practitioners.

The policy also sets the parameters as to what is an acceptable and minimum qualification that will allow a practitioner the right to belong to this so called group of social service practitioners.

This is the first time in the history of the social development sector that a policy has been developed that is all inclusive. It is hoped that the policy will also create unifying platform for the sector, which will lead to improved, integrated and collaborative practice to individuals,
families and communities. The challenges that are faced by individuals, families and communities need the response from groups of practitioners and this policy is the first step in bridging that divide that has for many years kept this sector fragmented.

In conclusion, whilst the professions are at different stages of development, the policy takes cognisance of this and puts processes in place to ensure their progress. It has also created space for emerging professions to participate and be empowered by the statutory body to attain full membership. The policy’s far reaching directives will assist with putting a system into place to plan, support and develop the social service workforce.
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## APPENDIX 1

### Table 1: OFO Classification of social welfare occupations

<table>
<thead>
<tr>
<th>Major Descriptions</th>
<th>Minor description</th>
<th>Unit description</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers Sub-major: Specialist managers</td>
<td>Education, health and social services managers (SL 5)</td>
<td>Child care centre manager (SL 5)</td>
<td>Child care centre manager (SL 5)</td>
</tr>
<tr>
<td></td>
<td>Health and Social Service managers</td>
<td>Social services manager (SL 5)</td>
<td></td>
</tr>
<tr>
<td>Professionals Sub-major: Legal, Social Science and Social Services Professionals</td>
<td>Social science and social services professionals</td>
<td>Social service professionals (SL 5)</td>
<td>Social worker (SL 5)</td>
</tr>
<tr>
<td>Community and personal service workers</td>
<td>Health and social services support workers (SL 5)</td>
<td>Child care workers (SL 2)</td>
<td>Child Care Worker (Skill Level 2)</td>
</tr>
<tr>
<td></td>
<td>Personal Carers and Assistants</td>
<td>Aged and Disabled Carers (Skill Level 2)</td>
<td>Aged or Disabled Carer (Skill Level 2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special Care Workers (Skill Level 2)</td>
<td>Personal Care Assistant (Skill Level 2)</td>
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<td></td>
<td>Therapy Aide (Skill Level 2)</td>
<td>Therapy Aide (Skill Level 2)</td>
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<tr>
<td></td>
<td></td>
<td>Child or Youth Residential Care Assistant (Skill Level 2)</td>
<td></td>
</tr>
</tbody>
</table>