

**POVERTY, SOCIAL DEVELOPMENT AND INSTITUTIONAL TRANSFORMATION:
ADDRESSING THE HISTORICAL LEGACIES AND NEW CHALLENGES FOR SOCIAL
WELFARE IN THE EASTERN CAPE**

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Abstract

The White Paper for Social Welfare (1997) provides a policy framework that attempts to facilitate the shift towards a comprehensive and integrated developmental approach to social welfare. The paradigm shift to a social development policy model and developmental social welfare presents exciting opportunities for the development of an equitable, people-centred, democratic and appropriate welfare system in South Africa. Social welfare transformation is intended to have a direct and positive impact on the lives of the poor, vulnerable and needy in South Africa generally, and in the Eastern Cape particularly, as it is one of the poorest provinces in the country.

However, given the legacy of South Africa's history in social welfare, social service institutions, organizations and professionals are confronted with the enormous challenge of translating policy into practice. The Department of Social Development (DSD) Eastern Cape Province is the first in the country to embark on a process of transformation to a social development approach.

This paper presents a historical perspective on social welfare and its impact on the transformation process undertaken by the DSD Eastern Cape. In doing so, the paper will highlight and attempt to address some of the issues that challenge social welfare service delivery to the poor, vulnerable and needy in the Eastern Cape province.

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Introduction

The main intention of the White Paper for Social Welfare (1997) is to ensure that the social welfare system contribute to the eradication of poverty in South Africa through a developmental approach. Transformation to the social development approach is intended to have a direct and positive impact on the lives of the poor, vulnerable and needy in South Africa. However, social service institutions, professionals and civil society organizations are confronted with the enormous challenge of translating policy into practice. Conceptualized as a macro-policy model, the social development paradigm is intended to, among other things, promote the active participation of people in their own development and employ a multi-faceted, multi-sectoral approach that encourages partnership between the government (at the different levels) and all other stakeholders in social welfare. This places emphasis on all sectors of society to work together cooperatively towards the social and economic improvement of the majority in South Africa. The integration and coordination of its social services with other sectors is but one of the challenges confronting the current social welfare system.

South Africa's social welfare system is a unique combination of historical forces that significantly impacts on the capacity of the current system to address poverty and related issues, such as, unemployment, violence against women, child abuse and HIV/AIDS. Like all other aspects of the country's life, the historical legacy of organized social welfare in South Africa is characterized by race and the roots of South Africa's current poverty and the continuing process of impoverishment go deep into the past. The constructive engagement with historicity places into context the current issues and challenges confronting social welfare and could shed light on the way forward towards effective institutional social service delivery aimed at poverty eradication in South Africa.

This paper traces the history of social welfare in South Africa and provides an overview of the contemporary policy changes and challenges for social welfare. The impact of developmental welfare and the challenges they present for service delivery is examined from an institutional perspective through a case study of the Eastern Cape Provincial Department of Social Development (DSD).

The paper is presented in three parts. The first part attempts to conceptualize social welfare and presents an overview of the historical perspective of social welfare in South Africa. Significant events that impacted on or contributed to poverty and social welfare are highlighted. I do not attempt a definition of poverty (as this could be the subject for another paper) but allow for inferences to be made from the historical and contemporary relationship between social welfare and poverty as presented in this paper. The second part covers the current approach to social welfare and the case study of the (DSD). I conclude by highlighting some of the challenges confronting the transformation to social development in the South African context.

Conceptualization of and Approaches to Social Welfare

Midgley (1995:13) claims that the term 'social welfare' is widely misused. While the original meaning referred broadly to a state of social well-being, contentment and prosperity, the term is most commonly equated today with charity or state assistance to the poor. In doing so, social welfare has become a term of abuse, of 'blaming the victim' and often viewing 'welfare recipients' as being lazy, of not wanting to work and exploiting government services. Midgley (1995) extricates himself from the negative connotation of social welfare by arguing that a condition of social welfare exists when families, communities and societies experience a high degree of social well-being.

A social welfare system is defined in McKendrick (1990:5) as:

An organized system of social welfare services and institutions, designed to aid individuals and groups to attain satisfying standards of life and health; to have personal and social relationships which permit them to develop their full capacities; and to promote their well being in harmony with the needs of their families and the community.

Midgley (1995) identifies three institutionalized approaches for promoting social welfare that have been widely adopted throughout the world. First, is social philanthropy which relies on private donations, voluntary effort and non-profit organizations to meet needs, solve problems and create opportunities. Next is social work which relies on professional personnel to foster welfare goals by working with individuals, groups and communities and the final approach relies on government intervention through a variety of statutory social services. In South Africa, the social development approach focuses on community development as the intervention strategy to combat poverty and community development could be classified as a non-statutory component of social services.

The relationship between social welfare, poverty and government social services throughout the world is a relatively recent phenomenon where governments assumed, to varying degrees, the responsibility for promoting social welfare. Social welfare systems are characteristic of all societies in Europe and North America and many societies in Africa, Latin America and the Asia-Pacific regions. While one may discern points of similarities in the focus of social welfare system in the world, there are, nevertheless, striking differences. Social welfare systems are individually formed by a unique interaction of social, political, economic, and cultural forces

A Historical perspective of Social Welfare in South Africa

In examining the history of social welfare and poverty, the question asked is how far back in the past does one need to go to understand the issues and challenges confronting the social welfare system of the

present. While some writers' believe that the past is the past, they equally believe that the issue of poverty, its structural causes and manifestations and relationship with organized social welfare needs to be understood from as far back as a few centuries (Mckendrick: 1990; Wilson and Ramphele: 1989). In South Africa colonization and apartheid provided a unique slant on the relationship between poverty, social welfare and government social services. Patel (1992) confirms that both colonialism and apartheid shaped the evolution of the nature, form and content of social welfare policy in South Africa.

One of the reasons for going back so far is to counteract the tendency of laying blame on individuals and communities for their conditions of poverty. From my personal experiences as a social worker and academic, I have that found some students and professionals in practice are quick to lay blame on individual inadequacies for their state of poverty. Cognizance should be taken of the fact that the majority of the poor in South Africa are products of past structures and systems. It is hoped that a constructive engagement with history will foster a transformation process of the mindset of people in positions of power simultaneously with that of institutional transformation of the social welfare system.

Social welfare has been and still is an integral part of societies throughout the world. Individuals, groups and organizations assumed voluntary responsibility for the care of the needy and the destitute as part of human society long before the specific intervention of governments and its institutions. In most societies, cultural norms and values prescribed obligations to serve family, kin and members of the community in need (Midgely: 1995). Religions have also prescribed service to the needy as a religious duty. In some cases, this duty evolved into complex systems of charitable provision. In South Africa as will be shown later, religious charity fostered the emergence of a highly organized approach for promoting people's welfare. Religious charity also contributed to the emergence of professional social work and stimulated government involvement in social welfare.

In pre-colonial times African communities of South Africa lived in close contact with each other and depended on each other in the search for food, shelter and clothing. Cooperation, communalism and mutual support by individuals and the social group were highly developed. McKendrick (1990) states that the first Dutch settlement in the Cape in 1652 laid the foundation of modern South Africa around three issues that are still relevant to the present day: race conflict, racial intermingling and poverty. MacPherson and Midgley in Patel (1992) argued that colonialism denigrated and disrupted most traditional forms of social welfare. However, an important fact in terms of social welfare provision was that both the white farmers and Africans had a common customary way in meeting human welfare needs. The keystone of welfare was family and kinship groups in both instances.

However, social relations which developed from the colonial economy came into conflict with these traditional modes and according to Patel (1992:34) 'indigenous inhabitants in the colonies had to adapt their technology, methods of production, forms of social organization, culture, political, legal and

welfare systems to meet the demands and the world views of the colonial powers'. The racial attitudes of the Dutch settlers and exclusive group consciousness manifested itself in the expression of racial and social supremacy and judged the African people, their customs and tradition of social organization to be inferior. These concepts had a powerful effect on the eventual development of social welfare programmes and policies. The foundations of racial discrimination, the denigration of indigenous ways, paternalism in social services and the distorted nature of social welfare policies favouring whites as welfare elites, were laid during colonial times and have permeated social welfare thinking ever since (Patel :1992).

British and Dutch settlement and expansion, occupation and possession of land, led to an ongoing disruption of traditional tribal society and the security and care which it provided for its members. For two hundred and fifty years after the first white settlement in 1652, the colonial and republican governments did not play an active role in the provision of social welfare services. The poverty of early days was caused by poor soil and fickle weather. Various laws were promulgated to assist the destitute as and when the need arose. Welfare initiatives which focused on the social relief of the white population, were short term and were neither coordinated within or between communities (McKendrick: 1990).

The beginnings of organized social welfare services were being established in the Cape Colony through religious organizations, especially the Dutch Reformed Church which began creating institutional welfare resources when it founded the first orphanage in 1814. Progressively three areas of care for whites were emphasized: care of children; relief of indigency and the physically handicapped. Between 1864 and 1899 of the 17 institutions for children, only one 'reformatory' was for members of a 'non-white' group (McKendrick: 1990).

The discovery of minerals in 1860 heralded the process of industrialization and urbanization in South Africa thus creating a revolution in its economy and lifestyle. Patel (1992) and Mc Kendrick (1990) highlight the transformation of South Africa's social and political structures from a predominantly agrarian society to a highly developed industrial one. South Africa moved suddenly and without preparation from rural to urban communities. As a consequence two major human welfare problems arose affecting whites and Africans. On the one hand, the white urban migrants did not have the educational and trade skills to compete with the rush of overseas immigrants who had industrial skills. On the other hand, they were unable to compete with Africans in the unskilled areas. Thus began the 'poor white problem'.

Towards the end of the 1860s, four main population groups were established in South Africa: Africans; whites (of Dutch, French and British descent); coloureds (originally the product of mixed unions) and Indians (who were brought to work on the sugar estates of the colony of Natal in 1860).

The mining industry required a large labour force and thousands of black workers were employed on the mines. However, African migrants experienced a different problem. They were denied permanent residence in town and cities and were seen as temporary migrant labourers. Consequently, they lived in large compounds, earned low wages and lived in extremely poor conditions. They were not allowed to bring their families to the cities and were forced to remain in the reserves, becoming increasingly impoverished. The 1913 Land Act, which reserved less than ten per cent of the land for Africans deprived them of their most important means of production. Instead the reserves fulfilled the role of social reproduction of the labour force- reservoirs of labour, and became repositories for women, the young, old, sick and disabled (Wilson & Ramphela: 1989).

The Anglo-Boer War (1899-1902) and the devastation that followed, brought a change in the political role of the government and in the approach to welfare service instituted by the government. While all communities in South Africa were affected by the war, short term assistance and relief were provided to normalize the lives of the white communities in particular. However, the development of formal welfare services was not forthcoming. It was still the community and church that responded to the plight of poor whites. Afrikaans's women's organizations sprang up to aid poor whites at the local community level and the Dutch Reformed Church in particular, organized successive conferences to address the question of white poverty.

Poverty became the major human welfare issue of first four decades of 20th Century for Africans and whites. The markedly different way in which poverty in these two groups was viewed has been a cardinal force in shaping South Africa's social welfare system. Attention to white unemployment problem was only given after the 'Pact' government of General Hertzog came into power in 1924 (McKendrick 1990). With the establishment of the Department of Labour in 1924, concerted state programmes were devised to create employment for indigent whites in the armed forces, railways municipalities and newly formed agricultural settlements.

Parallel to white poverty was the growth of poverty amongst Africans on white owned farms, in the towns and cities and the rural reserves which were overcrowded and provided no opportunity for paid employment. The movement towards urban centers in search of work continued to diminish self-sufficiency in the reserves. In the main African, coloured and Indian people's problems remained relatively neglected. Public concern for white poverty increased and in 1928, at the instigation of the Dutch Reformed Church, the Carnegie Corporation made funds available for researching white poverty – its cause, extent and the means by which it could be reduced. The result was the Carnegie Commission Report of 1932 which had a dramatic impact on South African social welfare. The report placed 300,000 whites as poor and attributed the major causes of white poverty to changes in economic and social structure rather than personal inadequacies in poor people.

The two major recommendations of the Commission were the establishment of a state bureau which would be responsible for people's social welfare and preparation of skilled, university trained social workers well versed in the social sciences. Consequently, the first state welfare department was instituted in 1937 which marked the beginning of organized state intervention in social welfare, the rapid development of courses for social work training at South African universities, and the professionalisation of social work. However, the social work profession, influenced by the growth of the psychoanalytic school in Europe and North America during the 1940s, began practicing social casework as the dominant method of social work in welfare settings (Hare & Hoffman, 1987 in Patel 1992:38).

The services of the Department of Social Welfare were primarily directed to whites who received more and a higher standard of service. Rheinallt-Jones in McKendrick (1990:13) reported that in 1943 a total of 9 750 000 pounds were spent in South Africa on social assistance and social insurance, of which 8 300 000 pounds went to whites, 800 000 to Coloured and Indian persons and 600 000 to African people. By way of comparison the groups formed the following proportions to the total population at the time: whites-20, 9%; coloured and Indian persons-10.3%; and African-68.8%. In the early 1940s, Churches and community organizations social welfare programmes differed little from state programmes in that 75 % of all private welfare organizations worked with whites only.

The assumption of power of the National party in 1948 began a period of segregated legislation. In the welfare sector segregation was reflected in welfare policy, the delivery of social services and the training of social workers. A cornerstone of apartheid, the Population Registration Act of 1950, classified the population into four racial categories which in turn structured differential access to social welfare services. Africans, Coloureds and Indians were denied both citizenship and welfare rights in a common society. Disenfranchised, they were unable to utilize legitimate institutional mechanisms to influence the flow of welfare resources in their direction. Racial differentiation further entrenched inequalities between welfare beneficiaries, violating a fundamental principle of social justice and human rights, namely equal access to resources.

The establishment of homeland governments and national states from the 1960s onwards changed the role of rural areas in meeting human welfare needs. When the rural areas served the purpose of social reproduction of the labour force for the mining industry, it was assumed that informal helping networks would provide for the migrant workers when they were unemployed, ill or aged. It was also assumed that the rural areas would informally provide for the subsistence and welfare needs of migrant workers' families. However, the South African government imposed formal welfare functions, such as payments of social pensions, to the homeland governments thus making these impoverished states responsible for the provision of welfare to 'the reserve army of the South African labour force with few of the resources available to metropolitan South Africa' (McKendrick 1990: 17). A consequence of this situation was that

the although the homeland states received financial grants from South Africa, they actually spent a greater proportion of their much smaller budgets on social welfare than did the South African government.

The apartheid period presented an anomaly in terms of the development of social welfare and social work in that the social welfare system had to accommodate two conflicting influences, that of modern social work practice and apartheid ideology. The international trends in social work which impacted on social work in South Africa were: the move towards rehabilitation rather than palliative care; the beginnings of the movement towards community care rather than residential institutions; the growth of specialized welfare agencies and the employment of social workers in social welfare agencies. These trends created a demand for more trained social work practitioners. In South Africa, citizen concern for human welfare led to an increase in the number of community based welfare organizations and to the entrenchment of voluntary welfare enterprises sharing responsibility with the state for meeting social welfare needs. By the mid 1970s, there was a total of 3 728 social workers, over 80% of them white. By 1976, 1 908 community based welfare organizations were registered under the National Welfare Act, 1965, and a further 2 034 organisations were registered in terms of letters of delegated authority from these registered welfare organisations (McKendrick 1990). While the trends reflected the modernization of social work and social welfare services, the application of the policy of apartheid within the social welfare system had to be accommodated.

The modernization of social work and social welfare services did not benefit the majority of the population. The social welfare system was based on a first world model; was curative, located largely in urban areas, specialized and required a highly trained specialized staff. The residual approach to welfare services which places the major onus on the individual, family and community for social well-being was incapable of meeting the needs of the vast majority of people. The methods of service delivery, fashioned on British and American models, were largely inappropriate to the political, economic, social and cultural context of the majority of South Africans.

The Second Carnegie Report (funded privately) which dealt with the poverty of blacks and ways of enhancing development was published in 1984. The shocking revelations emphasized that urgent action was necessary and only greater involvement by welfare services could help change the circumstances in the country. While the Commission pointed out that there were no instant solutions, it suggested that steps should be taken to start a pension scheme for black pensioners as soon as possible (Wilson & Ramphele: 1989)

The racial and cultural differences between people were further entrenched when the *Republic of South Africa Constitution Act, 1983* (which enfranchised Coloured and Indian people) created three houses of Parliament, one for whites (the House of Assembly), one for coloured people (the House of Representatives), and one for Indians (the House of Delegates). Each house had to approve legislation

relating to 'common affairs', while every house was individually empowered to enact legislation related to the 'own affairs' of its constituent group. The purpose of this separation was for each population group to affect the maintenance of its identity, and uphold and further its way of life, culture, tradition and customs. 'Own affairs' embraced education, health and welfare and each of the three houses of Parliament was linked to a separate 'own affairs' administration which included a Department of Health Services and Welfare. Urban Africans had their welfare needs handled by a separate Department of Education and Development Aid. In rural South Africa, each of the ten independent or self governing African national states had its own department of health and welfare. Towards the end of the 1980s, there existed within South Africa, a total of 18 state welfare departments, eight in the Republic of South Africa, six in the self-governing states (non-independent homelands) and four in the independent homelands. The finances for all these departments came from the same exchequer (Patel: 1992). The system was thus extremely fragmented, bureaucratic, inefficient and costly to implement.

Contemporary Social Welfare

Debates on the development of alternative policies in a wide range of fields such as education, health, housing and social welfare began with the unbanning of political and resistance organizations in February 1990. So too, began the dismantling of racially differentiated welfare structures and advocacy of a welfare policy based on a democratic dispensation and partnerships between the different forms of welfare provision with the state fulfilling an enabling rather than a primary role. In 1994 the newly elected democratic government provided a framework and philosophical context for social development in the form of the Reconstruction and Development Programme (RDP), which served as a basis for policy making across a wide spectrum of social institutions, including social welfare. The first task of the newly established united national Department of Welfare was the development of a single social welfare policy for South Africa and the promotion of social development to redress the imbalances of the past. After 1994, the Department gave attention to the extension of social welfare services to children, the aged, the disabled and to offenders in the disadvantaged groups.

The White Paper for Social Welfare was first published in 1996 and the document focused on social welfare as an instrument of reconstruction and development. The document highlights that individuals' potential and self-development play an important part with regards to welfare. Individuals, families and communities will be assisted to help themselves and consequently the whole country and that social services are integrated with economic reconstruction and development.

Structurally, one independent national Department of Welfare (now Department of Social Development) currently exists with each of the nine provinces responsible for social welfare services through their respective Department of Social Development. The *Constitution of the Republic of South Africa*, Act 108 of 1996, provides for a Bill of Rights which also introduced a new paradigm for social welfare. The Bill

provides for welfare and economic rights, which involves questions about social priorities and the distribution of resources. This places an obligation on the government to provide for these rights by putting into place policies and programmes to realize these rights.

The preamble of the White Paper for Social Welfare (1996) calls on all South Africans to participate ‘ in the development of an equitable, people-centred, democratic and appropriate social welfare system. The developmental goal of social welfare is ‘a humane, peaceful, just and caring society which will uphold welfare rights, facilitate the meeting of basic human needs, release people’s energies, help them achieve their aspirations, build human capacity and self-reliance, and participate fully in all spheres of social, economic and political life’

The current challenges facing the welfare system nationally have been identified as:

1. Developing appropriate and integrated strategies to address the alienation and the economic and social marginalization of vast sectors of the population who are living in poverty, are vulnerable and have special needs.
2. Addressing past disparities and fragmentation of the institutional framework in the delivery of welfare services.

Social welfare services and programmes are therefore part of a range of mechanisms to achieve social development, through the integration of services such as health, nutrition, education, housing, rural and urban development and land reform. Social and economic development is viewed as two interdependent and mutually reinforcing processes. Equitable social development is the foundation of economic prosperity, and economic growth is necessary for social development.

Conceptualizing Social Development

Midgley (1995), the most noted writer on social development, states that social development transcends the residual and institutional approaches which have dominated social welfare thinking in the past. He claims that the most distinctive feature of social development is its attempt to balance social policies with measures designed to promote economic development. Social development integrates social and economic development. The emphasis on development differentiates social development from other approaches for promoting social welfare. The residualist approach recommended that limited public resources be targeted on the most needy sections of the population. The institutional approach urged the extensive involvement of the state in all aspects of social welfare. Both, however, are passively dependent on the economy for funding and neither is concerned with the way resources for social welfare are generated or with fiscal problems that occur in times of economic adversity.

Midgley (1995) states that the social developmental approach transcends the residualist-institutionalist debate by linking social welfare directly to economic development policies and programmes. Central to the conceptualization of social development is the conceptualization of development as having varied meanings for different people in different contexts. Development is widely used to refer to the process of economic change brought about by industrialization. It also implies a process of social change as a result of urbanization, a modern lifestyle and new attitudes. Midgley (1995) claims that as a welfare connotation, development enhances people's incomes and improves their educational levels, housing conditions and health status. In countries of mass poverty, the need for social policies that are compatible with economic development is paramount.

In South Africa a new approach to promoting social welfare was urgently needed given that economic development was accompanied by a concomitant level of social development for a few. Social development which proposes the implementation of comprehensive, holistic, coordinated and integrated solutions to poverty involving all social sectors including health, housing, employment, welfare and education is the proclaimed approach. It recognizes the relationship between these sectors in providing for the well-being of people and refers to an ideal state of affairs which is approximated by societies in varying degrees (Gray: 1998, Marais, Muthen et al 2001).

With further reference to the South African context, Gray (1998:58) describes social development as a concept with broader scope than either 'developmental social welfare' or social work. She describes social development as a policy model which has an egalitarian and humanistic vision of society in which all social institutions and the people within them work together to eradicate poverty, inequality and injustice. While social development provides the macro policy framework, community development is seen as the intervention strategy most suited to alleviating poverty in South Africa (Gray: 1998). She describes community development as a method of intervention which emphasizes the involvement of people within localized communities in proposing, planning and promoting development priorities for their own communities. The 'method' refers to a participatory problem-solving process which empowers the participants. However, it is necessary to link social and political empowerment to economic development.

The political-ideological changes and paradigm shift in the approach to social welfare has also impacted on the profession of social work education, training and practice. The developmental welfare model proclaimed in the White Paper for Social Welfare (1997) removes social workers from the centre of welfare provision and makes them one of a group of key role players. Social workers are required to practice within an integrated approach with community development becoming as important as individual, specialised services. Social work education and training demands a curriculum of relevance to the South African context from tertiary institutions.

The institutional perspective of social development requires the creation of formal organizations that can assume responsibility for effectively managing social development effort and coordinating the implementation of different strategic approaches. Planning is a central notion to social development as it gives expression to the idea of intervention. The White Paper proposes that effective mechanisms should be developed between national and provincial departments to facilitate a co-operative spirit between these levels of government, and to unify commitment to the broad goals of developmental social welfare. Provincial departments are responsible, in conjunction with the national department, for the planning, development and rendering of social welfare services. In order to deliver on this mandate, the DSD needed to embark on an institutional transformation programme. This process is presented as a case study of institutional transformation.

Case Study of Department of Social Development, Eastern Cape Province

The Eastern Cape Department of Social Development (DSD) is the result of a process of amalgamation which began in 1994 of the government departments of welfare of the former homelands of Transkei and Ciskei and the welfare departments of the republic of South Africa. The department inherited the mammoth problems created by the policies of the apartheid government. The extensive processes had to integrate numerous duplicate departments and to realign functions in a context of limits to change and an overall low public sector skills profile. The DSD whose vision is to be 'proactive and dynamic Eastern Cape Social Welfare Department striving towards self-reliant individuals and communities with a secure socio-economic environment' (Strategic Plan 2003-2006) is tasked to plan and deliver social welfare services to the second poorest province in South Africa, after Limpopo.

The population is estimated at 6.4 million and unemployment at over 50% and the poverty rate is 71% (South Africa Survey: 1998). Over a third of the population reside in the rural areas where the main sources of income are pensions, remittances and government grants. There are marked disparities in the development patterns between the regions in the province as a result of past policies including forced removals and settlement. The former homeland areas are considerably less developed and less serviced than the rest of the province.

The former homeland areas of the Transkei and Ciskei are characterized by poor access to social, institutional and physical infrastructure, poverty, unemployment, predominance of female headed households, HIV/AIDS and TB, child headed households, inadequate and unarable land even for subsistence agriculture. Similar characteristics can be identified in the urban areas, especially in the townships. In comparison to the former homelands, the former Cape Provincial Administration districts or regions (Port Elizabeth, East London and Uitenhage) have relatively good infrastructure, services and a manufacturing and industrial base. The above is a brief scenario of some of the challenges confronting the provincial institutions generally and the DSD in particular.

The two core functions of the DSD are stated by the regulatory framework as:

- The provision of developmental social welfare services, which includes community development and statutory welfare services; and
- Social security, including grants and pensions

The DSD's social security budget is 97% of the welfare budget. The DSD experienced and still experiences great difficulty in meeting its social security responsibilities which are mandatory and statutory. Given that the need for institutions to transform social welfare service delivery is clearly stated in the White Paper for Social Welfare (1997), and in order to develop more meaningful and sustainable strategies to combat poverty, the DSD had to make a paradigm shift to the social development approach. Consequently the DSD undertook a review of its operations, processes and levels of service delivery in 1999 in order to begin its transformation process. The paradigm shift would also change the role of the DSD from a provider of welfare services to a facilitator and creating an enabling environment for the provision of welfare services. The two critical factors, the high and unsustainable levels of poverty and the need for the fundamental redesign of the manner in which the Department does its work, are the context for current and planned initiatives to restructure and transform the Department. A further factor is the persistent incapacity of the Department to achieve its organizational goals which has been particularly manifested through its inadequate management of the social security system.

The first stage of the planned process commenced with the DSD being chosen as part of the national government's Integrated Provincial Support Programme (IPSP), which places the DSD as a pioneer in the national arena of welfare transformation. The IPSP is a strategic programme of the South African government intended to provide support to targeted provincial governments to achieve and sustain poverty alleviation, the effective rendering of basic services and good governance through the implementation of their respective Provincial Growth and Development Strategy (PGDS). The focus of the (PGDS) directs the transformation of the public service in the provinces towards socio-economic development and growth, thus avoiding the possibility of transformation becoming an aim in itself and being without purpose.

The transformation project is a 5 year project and divided into Phases. The first phase included workshops about the transformation, which were attended by social workers, development practitioners, social service providers and senior management of the DSD. These workshops indicated the overwhelming support for the transformation project from practitioners and service providers. It became evident in phase I, that there is severe lack of knowledge and practical experience on how to translate social development policy to practice. Some of the findings of this phase include the institutional limitations for effective service delivery was:

- Lack of integration, coordination and communication between provincial office and local service offices, between programmes / units within the Department and between the DSD and other providers of social services such as Department of Health, Education and Agriculture
- The partnership between the DSD and other welfare service providers, such as NPO's, were characterized by poor regulation, monitoring and a lack of trust
- The use of volunteers is extensive, though they lack proper training and supervision
- The management of information and knowledge by the Department is perceived to be extremely poor
- Communication between clients, local staff, service providers and provincial staff is almost negligible
- Poverty projects were characterized by lack of feasibility studies, poor marketing, planning and sustainability
- Lack of proper research and baseline data impacted negatively on planning of services
- The capacity of the DSD to deliver services is severely hampered by the shortage of staff and the capacity of existing staff
- Welfare service offices do not apply a uniform policy or follow proper procedures when dealing with the public.
- Social security applications take between 6 and 8 months before they are approved .
- The Child Support Grant was not being accessed by the people who need it.
- The Social Relief of Distress Grant was not adequately budgeted for and is difficult to access in rural areas. Qualifying criteria for the grant also varies from area to area.
- "Old" attitudes prevail
- Fragmentation of services and funding

The second phase of the IPSP involved the development of mechanisms and projects to address the findings of Phase I. However, during this process, the problems relating to social security and high levels of fraud of the grant administration system necessitated the intervention of a presidential task team, the Interim Management Team (IMT) at the beginning of 2003. Phase II of the IPSP programme was extended to merge the two intervention programmes. Currently, the process is at the point of implementation which is Phase III.

The critical areas of transformation have been identified as leadership development and alignment; human resource capacity development; transformation of organisational culture and strengthening of partnerships; integrated and coordinated district service delivery; development of management systems;

internal and external communication systems; integrated poverty eradication programme and integrated social security programmes.

While the transformation process is still in its infancy, some progress has been made. Among these are the initiation of a consultative process between the DSD and other welfare service providers, such as NPO's; the establishment of a Community Development directorate within the DSD; recruitment of community development workers; a management information system is being developed; multi-year Departmental strategic plans have been developed; re-orientation and training programmes for social work practitioners have been initiated through learning networks. While the social security function of the Department has continuously received negative publicity, the backlog with regards to applications for social security has been addressed.

Challenges and Conclusion

One of the critical challenges that the DSD is still confronted with is a comprehensive understanding of what social development means in practice. This is mainly due to a lack of reference with regards to the implementation of the social development approach. The lack of a referential framework impacts on the quality of leadership, nationally and provincial, to drive the transformation process. Another critical challenge for the DSD is the lack of physical and institutional infrastructure and resources (both human and financial) that hampers implementation of the transformation programmes.

At this point in time, it is too soon to make an assessment of the impact of the transformation process. One of the criticisms of the social development approach is that it is a process, and therefore, the outcomes of social development strategies can only be measured in the long term.

This paper set out to show the relevance of the social development approach to welfare service delivery in South Africa. An overview of the history of social welfare services in South Africa was presented to highlight the impact of past policies on current social welfare service delivery. This clearly showed the inequalities that existed in welfare services for the various racial groups which was and still is particularly evident in the Eastern Cape as shown through the case study of the institutional transformation of the Department of Social Development.

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