FOREWORD BY THE MINISTER OF SOCIAL DEVELOPMENT

The delivery of services to the masses of our country remains a complex process. A developmental framework demands interrelated, intersectoral and integrated service delivery from the many sectors and government departments involved. For it to be successful, this collaboration and coordination must be underpinned by the attitudes and values of the developmental approach, and good relations between national, provincial and local government are essential.

Over the past decade, the notion of what constitutes developmental social services has been a matter of debate, misunderstanding and misinterpretation. Since 1994, we have been engaged in discussions at various levels to ensure that our services benefit the poorest and most vulnerable sectors of society.

In reaching out to the millions of our people who live in conditions of abject poverty, some deprived of access to even basic resources, there has been a shift in approach, from a welfarist to a social development perspective. This paradigm shift is premised on the notion that people are the masters of their own destiny and, instead of helping the poor in the traditional way with handouts, it moves on to the development and empowerment of individuals, groups and communities, teaching them to be self-reliant. We believe that this is the best way for the Department and its partners to combat the socio-economic challenges facing the country.

Our belief is that such efforts will strengthen the system through which services are rendered and promote the general welfare and development of our people. This Service Delivery Model depicts our relentless efforts to improve service delivery to the poorest of the poor and all the other vulnerable groups in our society, while providing an indication of the resource requirements for effective implementation.

We hope that the model will help all of us to confront the challenges of service delivery that we have had to face in the past decade. More importantly, we hope the Service Delivery Model will turn the tide and ensure the enhancement of closer working relationships between all those striving for social justice and working together to achieve the common goal of "a better life for all".

ACKNOWLEDGEMENTS

The Department wishes to express its sincere appreciation to the Transformation Task Team, which gave invaluable support in the process of developing the Service Delivery Model. The team was made up of national and provincial representatives and was chaired by Ms N. Kela, Chief Director: Welfare Service Transformation (National). It is through the team's efforts that, in spite of the challenges we face, we can say that we have laid the foundation for making a meaningful contribution to the millions of needy South Africans desperately awaiting our services.

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organs of civil society remains a key element in the Department's efforts to ensure optimal functioning and the fulfilment of its mandate.

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EXECUTIVE SUMMARY

The Department of Social Development renders services through the three broad programmes; Social Security, Social Welfare and Community Development. These programmes should be integrated and enable the target groups to deal effectively with all social issues, such as psychological stress, chronic poverty, food insecurity and other adverse social conditions.

In order to do this a developmental approach to service delivery is needed; an approach that is based on the strengths of the individual, group or community, and that recognises their capacity for growth and development. Recognising the need to promote the goals of sustainable development and to redress past imbalances, the social services sector has adopted such an approach, integrating social intervention with economic development. Despite having adopted this approach, in recent years social service practitioners have been forced to adopt a "make do" approach, their actions dictated by resource limitations rather than need, priority or statutory and internationally ratified obligations.

The major goal of the Service Delivery Model for Social Services is therefore to provide a comprehensive national framework that clearly sets out the nature, scope, extent and level of social services, and which will form the basis for the development of appropriate norms and standards for service delivery.

The desired outcome of the Service Delivery Model is the implementation of a comprehensive, efficient, effective and quality service delivery system, which will contribute to a self-reliant society, and which is based on the principles of Batho Pele, the White Paper for Social Welfare, and the constitutional, legal and international obligations that inform the mandate of the Department in the provision of services.

The Service Delivery Model for Developmental Social Services acknowledges the interdependent relationship between the main programmes of the Department, namely Social Security, Social Welfare and Community Development, and provides a framework for the integration of the services of the Department's different programmes. However, social issues are complex and multidimensional, so the need for service integration across departments and the effective use of clusters to facilitate this integration of development efforts is important. To this end the Department works on specific services with other departments and spheres of government to ensure that communities derive maximum benefit.

While recognising the role of social security, services are defined in terms of two broad categories that constitute developmental social services, namely developmental social welfare services and community development. These are further delineated in terms of service classifications.

Developmental social welfare services are classified in terms of levels of intervention which, although distinct, in practice overlap and are provided in a continuum. They are divided into prevention; early intervention; statutory, residential and alternative care; and reconstruction and aftercare services. All services are aimed at promoting the optimal functioning and the reintegration of beneficiaries into mainstream society.

Core services are further classified into five broad categories, namely promotion and prevention; rehabilitation; protection; continuing care; and mental health and addiction services. These are then unpacked in terms of the primary target groups of the Department, which broadly comprise the poor and vulnerable sectors of society.

The nature and scope of community development are articulated. These are classified in terms of the purpose and scope of services, and include a focus on the development of the youth and women, poverty reduction programmes, and

the registration and facilitation of non-profit organisations (NPOs). These services are further classified in terms of the community development process, including the development of social relationships, community profiling, planning and prioritisation, implementation, evaluation, documentation and facilitation, integration and coordination. Some preferred approaches, such as sustainable livelihood and participatory learning and action, are highlighted.

The Service Delivery Model acknowledges that developmental services are the collective responsibility of various role players, including government, non-governmental organisations and the private sector. The exact nature and extent of the involvement of these service providers is determined by history, expertise, statutory requirements and cost.

Within this framework, the roles and responsibilities of service providers of government in different spheres, as well as service partners such as national bodies, non-governmental, community-based and faith-based organisations, and private practitioners are outlined. This will ensure that role clarification is enhanced, and duplication and fragmentation prevented. All service providers need to ensure that services are integrated, coordinated and managed to maximise their benefits for society.

In order to implement the Service Delivery Model effectively, a range of human, financial, information management and other infrastructural resources are required. The allocation of resources in this regard will be determined by the development of appropriate norms and standards. The model sets the basis for the development of such generic norms and standards, which still requires further research.

To deliver effectively on the functions outlined in this model, workstreams that can be utilised as a basis for structural alignment, particularly within government, have been developed. This will facilitate the coordination and integration of services, and improve communication and joint planning.

The success of the model depends largely on continuous review and customisation to suit implementation settings. An implementation and change management plan has therefore been drawn up.

The Department emphasises monitoring and evaluation, and monitoring and evaluation mechanisms and processes have therefore been outlined. This is aimed at ensuring cooperation rather than conflict, so that the Department's valued relationship with service providers and beneficiaries is maintained for the betterment of society.

SERVICE DELIVERY MODEL FOR DEVELOPMENTAL SOCIAL WELFARE SERVICES

1.   INTRODUCTION

In order to address the legacy of South Africa's colonial and apartheid history, the government has adopted a transformative, developmental framework and is moving towards becoming a developmental state. One of the government's responsibilities is to facilitate the process of development through the various institutions of government, its partners and civil society.

The developmental challenges facing South Africa, given its history, are many and varied. A central priority of government, as required by the Constitution's Bill of Rights, is to ensure provision of a range of services to meet these challenges, within the constraints of available resources. Against this background, and in recognition of the need to promote the goals of sustainable development to redress past imbalances, the social services sector has adopted a developmental approach to service delivery, integrating social interventions with economic development.

South Africa inherited a social welfare system with a unique combination of historical forces. This significantly impacts on the capacity of the current system to address poverty and related issues such as unemployment and HIV and AIDS. Social work was the only officially approved service profession for social welfare from 1937, a consequence of the recommendation of the first Carnegie Commission inquiry into white poverty in South Africa in 1928. As a new approach to social service delivery, social development transcends the residual approach that has dominated social welfare thinking in the past. The social development approach aims at collective empowerment, facilitating processes that help the poor, vulnerable and marginalised to regain control over their lives.

Institutional development, part of the transformation process and development paradigm, required the Department of Social Welfare to change its name to the

Department of Social Development. Social development is concerned with the development of society in its totality. Its efforts are directed at the development of the total potential of human beings for the maximum improvement of the material, cultural, political and social aspects of their lives.

According to the United Nations (UN) Economic Commission for Africa, social development involves the participation of the people in bringing about qualitative and quantitative changes in the social conditions of individuals, groups and communities through planned measures such as social policy, social welfare, social security, social services, social work, community development and institution building. The developmental framework demands that service delivery be intersectoral and integrated between the various government departments and sectors. This collaboration and coordination is possible only if it is reflected in attitudes, behaviour and values that promote a developmental approach.

Over the past decade the notion of what constitutes developmental social welfare service delivery has been a matter of debate, misunderstanding and misinterpretation. The Service Delivery Model seeks to provide clarity on the nature, scope and level of services in the developmental social services sector, excluding social security. It also gives an indication of the resource requirements for effective implementation. It provides a basis for setting appropriate generic norms and standards for service delivery, which in turn provide a realistic sense of the cost of such services.

The Service Delivery Model does not seek to address broader policy issues; it is not a review of the White Paper. Neither is it a theoretical framework that seeks to define practice domains. Rather, it is a guideline for social services within the context of a developmental paradigm, and provides a value chain for social development services.

This document is one of a series of interrelated documents that give effect to the implementation of the White Paper, and as such must be read in

conjunction with them. These documents include the Policy on Financial Awards to Service Providers and its Procedure Manual, the Conceptual Framework on Community Development and various other departmental policies and minimum standards for service delivery.

2.   RATIONALE FOR THE SERVICE DELIVERY MODEL

Despite having adopted a developmental approach to service delivery, the focus over the past decade has been predominantly on Social Security, to the detriment of other developmental social services. Indeed, the crowding out effect of the Social Security budget has resulted in the severe curtailment and neglect of other services. Social service practitioners have been forced to adopt a "make do" approach, dictated by resource limitations rather than need, priority, or statutory and internationally ratified obligations.

The above has had far-reaching effects, which include -

- poorly developed protection services;

- inadequate numbers of social service practitioners to deal with high caseloads and deepening poverty;

- large numbers of children who have to await trial in prison because of inadequate numbers of probation workers and lack of infrastructure such as places of safety and secure care facilities in communities;

- an almost non-existent information management system which greatly hampers planning;

- very poorly developed prevention and early intervention services;

- loss of skilled personnel due to poor salaries and working conditions;

- an increase in social pathologies and problems, for example, the high number of street children, sexual exploitation of children, HIV and AIDS, increasing incidence of substance abuse and a multitude of other problems;

- the inability of service providers in the NGO sector to render services because of inadequate remuneration for these services and difficulty in fund-raising, resulting in services reverting to the state or collapsing.

Recent developments in Social Security, most notably the decision to establish the provision of this service as an independent agency, with its own budget, as of 1 April 2005, refocused attention on the remaining services in the developmental social services basket. However, this has to be done within the context of all the services rendered by the Department.

Social security remains part of the mandate of the Department. However, the burden of social security is increasing and becoming financially unsustainable. The Service Delivery Model acknowledges the relationship between the main functions of the Department, namely social security, social welfare services and community development. Its major goal is therefore to provide a comprehensive service that will reduce the burden on social security. Social security should be a measure that largely provides immediate relief for those that can be taken off the system and redirected to other services defined in this model, namely developmental social welfare or community development services, to ensure the sustainability of intervention efforts.

The sector is being called upon to account for what it does, and provincial departments of social development, in particular, are facing the challenge of repositioning themselves now that Social Security has become autonomous (it is now the South African Social Security Agency).

The development of this Service Delivery Model presents an opportunity to detail the nature, scope, extent and level of services that social service practitioners should be delivering within one consolidated framework. The rationale for the Service Delivery Model is as follows:

- It provides a framework for transformation towards a developmental approach to social service delivery.

- It presents a set of values that are necessary for the reconceptualisation and transformation of social service delivery.

- It provides the basis for the reconstruction of social development institutions.

- It provides for ongoing learning and insight into a shared vision for the developmental social services sector.

3. PURPOSE OF THE SERVICE DELIVERY MODEL

The purpose of this document is thus to -

- provide a national framework that clearly determines the nature, scope, extent and level of work that constitutes the Service Delivery Model for developmental social services; and

- provide a basis for determining appropriate norms and standards for service delivery, which will in turn provide a basis for funding and greater efficiency and effectiveness in service delivery.

4.   OUTCOME STATEMENT

The desired outcome of the Service Delivery Model is the implementation of a comprehensive, efficient, effective, quality service delivery system that contributes to a self-reliant society.

5.   VALUES AND PRINCIPLES FOR SERVICE DELIVERY

5.1   Values

The values and ethos for service delivery are derived from the Batho Pele principles as set out in the White Paper for the Transformation of the Public Service.

The following values have been identified as the basis for social development service delivery:

The people should come first in the delivery of social services.

Equity and freedom from discrimination and harassment should be ensured in the workplace and in the services provided by the Department.

The Department should work in partnership with the people they serve and with other stakeholders.

Staff should use the resources entrusted to them to deliver on government priorities in the most efficient, effective and innovative ways.

The Department should be transparent in and accountable for its decisions, actions and performance.

The Department should share its knowledge and expertise with other departments and the broader welfare sector and learn from them.

In performing its duties, the Department should uphold the Constitution of the Republic of South Africa, the laws governing the Public Service, and the Code of Conduct for the Public Service.

In addition, certain core values are intrinsic to the developmental approach. The following must be observed:

- *Acknowledgement and respect for people's potential to develop and change;*
- *recognition of the rights of all to participate in their own development and decision-making, and to be accountable for their own lives; and*
- *commitment to facilitate social processes that build effective relationships, and healthy organisations and communities.*

5.2 Principles

The following are regarded as key principles for a developmental approach relevant to the South African context:

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

- ***Self-reliance***: People should be connected to each other and with their environment in ways that make them more effective in their individual and collective efforts towards a better life, developing leadership, decision-making and planning skills, among other things.

- ***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.

- ***Universal access***: Social development services should be available to all vulnerable groups. No individual or group should be denied access either because of lack of resources or lack of knowledge of how to access services.

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

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

- **Appropriateness**: There should be responsiveness to social, economic, cultural and political conditions.

- **Accountability**: All legislation, policy and regulations should be complied with.

- **Accessibility**: Accessibility in terms of physical and geographical conditions, time, language and need should be ensured.

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

- **Partnership**:   It is the collective responsibility of government, civil society and the business sector to deliver services.

- **Social integration**:   Policies and programmes should promote social justice.

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

These principles underpin the delivery of social services in the Department and should be observed and complied with.

6.   POLICIES AND CONSTITUTIONAL MANDATE

The Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), contains the Bill of Rights, which provides for not only basic human rights but social and economic rights.   The Constitution, notably section 27(1)(c), also provides for the right of access to appropriate social assistance for those unable to support themselves and their dependants.

South Africa is one of the few countries where the Constitution enshrines a duty to alleviate poverty.   The South African government is obliged to meet basic human needs and accords these needs the status of basic human rights.

The White Papers for Social Welfare (1997) and Population Policy (1998) provide the overarching policy framework for the Department.

The Social Service Professions Act, 1978 (Act No. 110 of 1978), provides the framework for the development of the Council, which is a statutory, autonomous body, tasked with the development of the social service professions, protecting the interests of beneficiaries and promoting the interests of registered social service professionals. It also sets out the code of conduct for social service and related professions and sets standards for education and training.

The Department of Social Development also administers all or part of the following Acts:
- Aged Persons Act, 1967 (Act No. 81 of 1967)
- Social Service Professions Act, 1978 (Act No. 110 of 1978)
- Child Care Act, 1983 (Act No. 74 of 1983)
- Probation Services Act, 1991 (Act No. 116 of 1991)
- Prevention and Treatment of Drug Dependency Act, 1992 (Act No. 20 of 1992);
- Social Assistance Act, 1992 (Act No. 59 of 1992)
- Nonprofit Organisations Act, 1997 (Act No. 71 of 1997);
- National Development Agency Act, 1998 (Act No. 108 of 1998); and

- Advisory Board on Social Development Act, 2001 (Act No. 3 of 2001)
- Mental Health Care Act, 2002 (Act No. 17 of 2002)
- Prevention of Domestic Violence Act, 1998 (Act No. 116 of 1998)
- Divorce and Mediation Act, 1979 (Act No. 70 1979)
- Maintenance Act, 1998 (Act No. 99 of 1998)
- Criminal Procedures Act, 1977 (Act No. 51 of 1977).

These Acts constitute the legal framework for developmental social service delivery in South Africa. To remain relevant, however, legislation must be reviewed whenever necessary.

There are numerous international obligations that the country is signatory to and these will be referred to in later sections of the document. However, the Universal Declaration of Human Rights and the United Nation's Millennium Goals are key, and to a large extent set the basis for legislation and policy in the country.

The Universal Declaration of Human Rights lays the basis for all other commitments "to promote social progress and better standards of life in larger freedom" and to finding mechanisms "to promote the economic, social and cultural rights of all peoples".

The United Nations Millennium Goals, which make a commitment to halve world poverty by 2015, also commit member countries to -
- eradicating extreme poverty and hunger;
- achieving universal primary education;
- promoting gender equality and empowering women;
- reducing child mortality;
- improving maternal health;
- combatting HIV/AIDS, malaria and other diseases;
- ensuring environmental sustainability; and
- developing a global partnership for development.

7.   KEY CONCEPTS

This section explains key concepts used in the model in order to promote consistency in terms of their usage within the Department and other sectors.

Social development is 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. The goal of social development is the promotion of social welfare (where 'welfare' is used in its broadest meaning to connote a condition of social well-being which occurs when social problems are satisfactorily managed, social needs are met and social opportunities are created[*]). Social development is thus the key shared agenda of all the sectors of government of the country as an aspirant developmental state. The Department of Social Development is the lead advocate for the overall social development agenda.

The social development approach uniquely integrates economic and social objectives. It not only recognises the critical importance of economic and social development in raising standards of living, but actively seeks to harness economic development for social goals.

Developmental social welfare focuses on social protection, the maximisation of human potential and on fostering self-reliance and participation in decision-making. Developmental social welfare has a particular focus on the causes and effects of social vulnerability and marginalisation, and the delivery of integrated services to communities, families and individuals affected by these phenomena.

Community development refers to the process and method aimed at enhancing the capacity of communities to respond to their own needs, and at improving their capacity for development, through community mobilisation, strength-based approaches and empowerment programmes.

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[*] Midgley, James. *The Developmental Perspective in Social Welfare*. Sage, 1995.

Social services refers to the broad, comprehensive range of services relating to social welfare and community development services provided in a continuum to ensure the integration and sustainability of intervention efforts.

8.   THE DEVELOPMENT PARADIGM

Social services approaches from the pre-1994 era were criticised as not being appropriate or developmental, and for creating dependency.   Services were individualistic and were similar to a medical model in which the focus was on the diagnosis and treatment of the client, with the latter being a passive recipient of services.

The need therefore emerged for a developmental approach, based on the strengths of the individuals, groups, or communities, and promoting their capacity for growth and development.

The pre-1994 principles of community development practice were criticised for the same reasons, with the exception of some progressive civil society formations that focused on empowerment and human development. The developmental paradigm called for new approaches that were people-centred and sustainable.

One such approach is the overarching sustainable livelihoods approach, which redefines development in terms of exploring the strengths and vulnerabilities of the poor. It promotes a holistic vision of development, and seeks to direct the focus of development thinking towards encouraging clients to use the knowledge and expertise of individuals in their communities and the resources available in their environment creatively and innovatively to address their socio-economic needs.

What makes this approach effective is not its individual components but the synergy created when the key elements are combined or integrated to augment

what local people already do well, together with the resources and assets to which they have access. The sustainable livelihoods approach also respects people's capacity to exercise choice and access opportunities and resources, and to use them for a livelihood in ways that do not disadvantage others, currently and in the future.

In attempting to move towards a developmental approach, South Africa adopted the White Paper on Social Welfare in 1997. This committed the Department to a social development paradigm for welfare, and supporting a people-centred approach to social and economic development. The approach focuses on the maximisation of human potential and on fostering self-reliance and participation in decision-making. It also stresses services that are family orientated, community-based and integrated.

The development paradigm is built on the following imperatives:
- Social processes that bring about changes in relationships so that the poor, vulnerable and marginalised can gain increased control over their lives, and access to and control over resources.
- The transformation of attitudes, institutions and structures.
- Influencing the formulation and implementation of appropriate policies at micro, meso and macro level.
- Social processes that support people's potential, indigenous/local knowledge and expertise in pursuance of their own development.
- Continued reorientation of social services sector personnel towards the development paradigm.

Within this context, the meaning of social welfare and community development must then be reviewed and redefined.

8.1 Social welfare

Social welfare covers a range of services and programmes that are directed at enhancing the capacities of people to address the causes and consequences of poverty and vulnerability. A range of professionals provide these services, key among which are social workers.

The developmental approach to social welfare -
- recognises the need for integrated and strength-based approaches to service delivery;
- ensures and promotes the sustainability of intervention efforts;
- emphasises appropriate services to all, particularly the poor, vulnerable and those with special needs;
- recognises that social work, among other social service professions, plays a major role in addressing the developmental needs of South African society.

The social work profession promotes social change, problem solving in human relationships, and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the point where people interact with their environment. Principles of human rights and social justice are fundamental to social work.

The Social Service Professions Act states that social work means a professional service performed by a social worker, aimed at the improvement of the social functioning of people. Social functioning means the role performance of an individual in its entirety at all levels of his or her existence, in interaction with other individuals, families, groups, communities and situations in his or her environment.

Social work services are rendered using three primary methods, namely case work, group work and community work/development.

Case work is a method that utilises a variety of skills, techniques and other aids to facilitate the clients' participation and decision-making in efforts to improve their social functioning.

Group work is a method whereby a group achieves group objectives within a group context by the purposeful application of group processes and interventions.

Community work is a joint, planned action of a geographical or functional community and a social service practitioner to promote the social functioning of the total community.

In addition, social workers have two secondary methods, namely research and administration, which are intrinsically linked to and support service delivery.

There are other categories of personnel that provide support services to social workers, such as social auxiliary workers, child and youth care workers and other paraprofessionals. Some of these categories have become professionalised, for example child and youth care. Their functioning is defined within the context of social work.

There are, however, other professional groups such as psychologists, who render a wide range of services which complement the services provided by social workers, whether through referrals or in multidisciplinary teams. These professionals provide the opportunity for the delivery of an integrated and holistic service to enhance the clients' capacity to function maximally as they interact with their environment.

8.2   Community development

With the shift to the social development approach, a new cadre of community or social development officers/workers were introduced to focus on community development.

Community development refers to a process and method aimed at enhancing the capacity of communities to respond to their own needs and improve their capacity for development, through community mobilisation, strength-based approaches and empowerment programmes.

Community development is perceived as a complex system of processes made up of two essential elements, namely -

- the participation of people themselves in efforts to improve their level of living, developing a sense of ownership of the process, taking initiative and contributing meaningfully to joint planning, decision making and implementation/evaluation; and

- the mobilisation and provision of resources, and the creation of access to opportunities that encourage initiative, self-help and initiatives for mutual benefit.

Community development, being dynamic, multisectoral and multidisciplinary in nature, has the following focus areas:

- Facilitation of the community development process.
- Development of people-driven and community-based programmes.
- Facilitation of capacity-building and economic empowerment programmes.

Government facilitates institutional support development with the focus on creating and strengthening existing government institutions and civil society organisations.

Various models are used in the development domain, most of which subscribe to the sustainable development approach, and key among which is participatory learning and action (PLA). PLA can be seen as an umbrella term for a variety of approaches and methods used by local people to appraise, plan, implement and evaluate their own development processes. The PLA approach is by its nature empowering, and the whole process belongs to the community. Outsiders are learners first and facilitators second.

9. SERVICE INTEGRATION

The Department of Social Development renders services through the three broad programmes of Social Security, Social Welfare Services and Community Development. Collectively, these programmes should enable target groups to deal effectively with all social problems and issues (e.g. psychosocial stress, chronic poverty and food insecurity), particularly if they are integrated.

The integrated model proposed below is a multi-pronged approach aimed at addressing the social welfare and development needs of target groups in a holistic and integrated manner. This approach will provide a basis upon which systems can be put in place to ensure that vulnerable people are assisted to access immediate short and long-term material support, including social security when necessary.

Social security should not be an end in itself. Beneficiaries should as far as possible be engaged in appropriate social service and development programmes to ensure that when they exit the system they are able to function optimally in society. The developmental approach is therefore able to promote

the meeting of emergency needs of vulnerable households, individuals and communities while assessing the cause and effect of their vulnerability, recognising their strengths, and developing appropriate strategies for sustainable socio-economic development.

Individuals, groups/families and communities access the Department's services through various entry points, including drop-in centres, service offices, and home and community visits. Systems should be put in place at each of these points to ensure that target groups are profiled, assessed or analysed, and their information captured on a database. While the immediate needs of these target groups can be met at these points, through existing or any new and innovative measures, including provision of food parcels, a referral system has to be put in place to ensure that these target groups are involved as necessary in the Department's other socio-economic programmes in order to strengthen their capacity for optimal social functioning.

This integration addresses the following five key areas:
- Early identification and emergency relief
- Assessment of target groups, capturing information on the database and referral for appropriate services
- Profiling of beneficiaries and communities of origin for identification of opportunities for sustainable socio-economic development
- Planning and implementation of at exit strategies all levels
- Monitoring and outcome evaluation.

The service integration model described above can be schematically presented as follows:
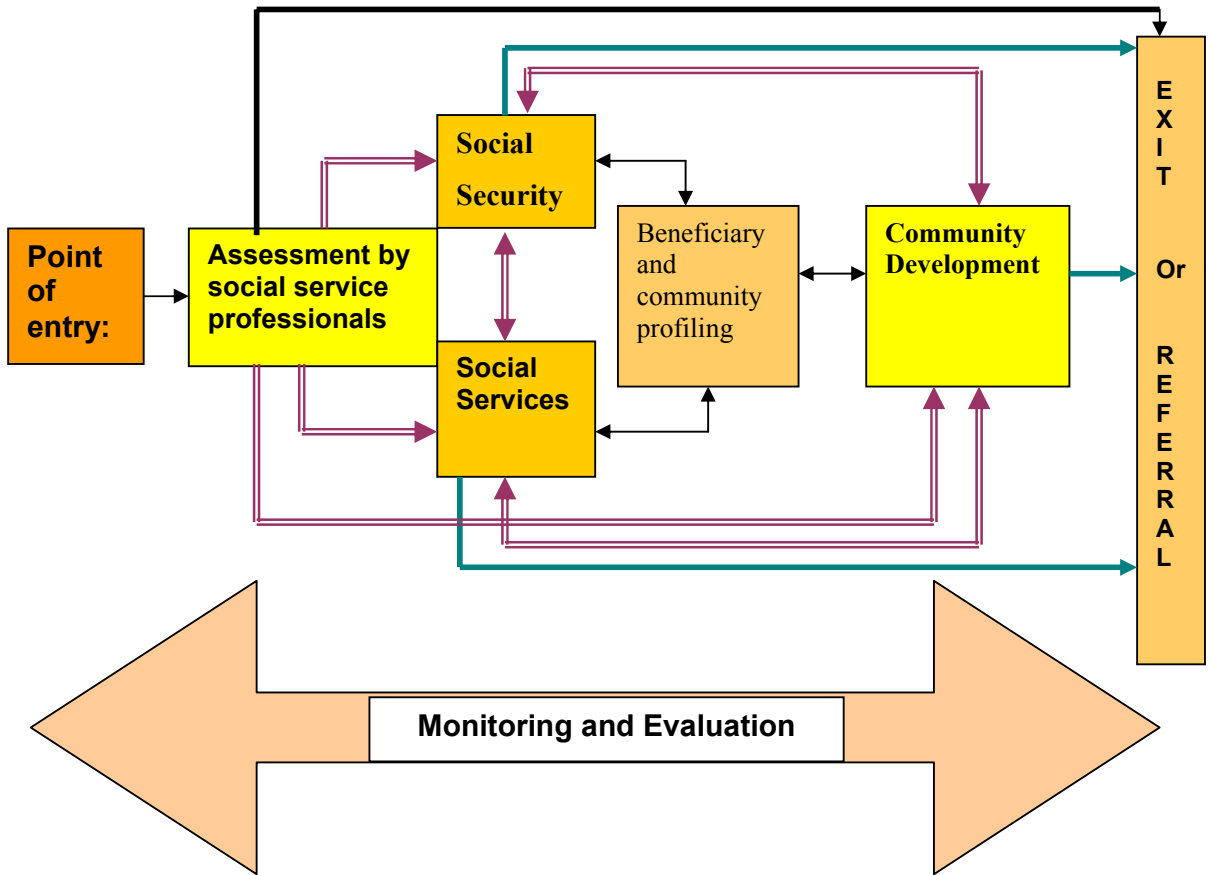
The entry point is the point at which clients (individuals, groups, families or communities) first make contact with the system. This could be through one of the Department's service points or various other agencies. One or more social service professionals then make an assessment. The client participates actively in intervention efforts that best suite their circumstances and needs in order to ensure that they derive full benefit from available services. Movement of the client within the system is dynamic, and is not a linear process. Clients can exit the system at any point. The aim of the intervention at all levels is achievement of the desired level of social functioning. However, there are those whose functional capacity will require continued intervention, for example people with severe disabilities.

This approach will ensure that there is an exit strategy that will result in the enhanced sustainability of intervention efforts. The focus is on the interventions that the sector has the capacity to deliver on at different levels, but does not exclude referrals to local government, other government departments or organs of civil society, should there be a need.

In practice, there is a growing awareness that policy needs to be coordinated across government. Social issues are often complex and multidimensional, and they need to be understood in a holistic manner. Owing to the interrelatedness of social phenomena and the impact that one department's functions have on the next, it is crucial to understand the roles and responsibilities of all the other sector departments and how their functions relate to those of the Department of Social Development. The challenge is to utilise the clusters set up by government effectively to facilitate the integration of development efforts. The Department of Social Development therefore also works with the Departments of Health, and Justice and Constitutional Development, among others, through legislative and other mandates.

10. DEVELOPMENTAL SOCIAL WELFARE SERVICE DELIVERY

10.1 Classification of welfare service delivery

There are a number of ways to classify the services provided in the sphere of social services. The following section will use two classifications which, although different in theory, are in practice integrated when services are provided.

10.1.1 Classification in terms of levels of intervention

In order to achieve the desired outcome, namely an improvement in social functioning, services are rendered at different levels. These levels are on a continuum, so while they may seem to follow a distinct hierarchy, a client may enter the system at any of the levels, and the levels may overlap in practice. The service provider and client must together determine the client's current social functioning and develop an intervention strategy that will enable the client to reach the optimum level of social functioning and be ready for reintegration into society.

The levels of intervention are as follows:

- ***Prevention***

This is the most important aspect of social service delivery. Services delivered at this level are aimed at strengthening and building the capacity and self-reliance of the client. At this level the client is functioning at an adequate level but there is a possibility of at-risk behaviour at a later stage.

- ***Early intervention (non-statutory)***

Services delivered at this level make use of developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care.

- ***Statutory intervention/residential/alternative care***

At this level an individual has either become involved in some form of court case or is no longer able to function adequately in the community, and services are aimed at supporting and strengthening the individual involved. At this level a client may have to be removed from his/her normal place of abode, either by court order or on the recommendation of a service provider, to alternative care (e.g. foster care), or placed in a residential facility.

- ***Reconstruction and aftercare***

The previous intervention is aimed at providing alternative care which should wherever possible be a temporary measure, followed by reconstruction/aftercare services to enable the client to return to the family or community as quickly as possible. Services delivered at this level are aimed at reintegration and support services to enhance self-reliance and optimal social functioning.

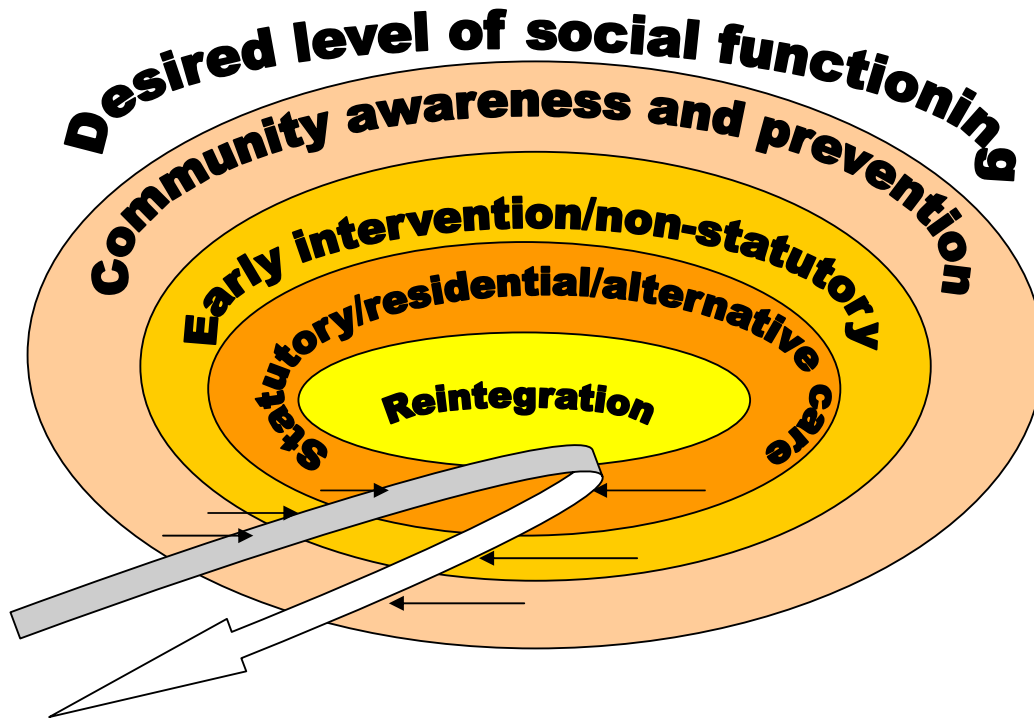*These levels can be represented schematically as follows:*

Fig. 1: Levels of intervention

It must be noted that clients can enter or exit the system at any of the levels (see arrows). The intervention method should be agreed with the clients after assessment and development of an intervention programme. This programme serves as a contract between the service provider and client, with both committing to a developmental programme that will enhance the client's capacity to achieve their own desired level of social functioning. The client is therefore not a passive recipient of services, but participates and develops his/her own treatment goals.

10.1.2 Classification in terms of the nature of services

Social welfare services focus on meeting the needs of and building on the strengths of individuals, families, communities and other social groups through the provision a comprehensive range of services and programmes that extend beyond the inherent capacity of individuals and their natural support networks. The Service Delivery Model must in broad terms describe the range of services that clients can expect to have access to, either in their communities or elsewhere, and how such services can assist beneficiaries to reach an optimal state of social functioning and lead productive lives in the context of healthy families and communities.

Core services rendered by the social services sector have been grouped into five broad categories:
- Promotion and prevention services
- Rehabilitation services
- Protection services
- Continuing care services
- Mental health and addiction services

In the next section, a brief exposition is given of these. The actual services provided to each focus group are then described in terms of this classification.

- ***Promotion and prevention services***
  Promotion and prevention programmes and services aim to enhance the process whereby people are provided with ways and means of taking greater control of factors that impact on their well-being. These are anticipatory actions to reduce the likelihood of undesirable conditions. Prevention services take into account individual, environmental and societal factors that contribute to problem development.

Promotion and prevention services work towards the upliftment of all people and communities by promoting well-being, encouraging people to make healthy choices, and supporting them in these choices.

Prevention and promotion services are also where developmental social welfare services intersect with community development services, which address the needs of target groups whose problems are compounded by poverty and other under-development (socio-economic) problems.

- ***Protection services***

Protection services aim to safeguard the well-being of individuals and families. Protection services are usually provided within the context of a legislative and/or policy framework and include statutory services. These empower designated people or institutions to take specific actions that are deemed necessary to protect the integrity and well-being of the person within the social context of the family and community.

Protective services work towards having families, children and individuals living in a safe and nurturing environment where their rights are promoted and their well-being is ensured.

- ***Rehabilitation services***

Rehabilitation services are aimed at improving and maintaining the social functioning of clients whose functioning is impaired as a result of injury, disability or any chronic condition. In addition to improving the quality of life of an individual, rehabilitation services are an effective way of reducing the demands on families and publicly funded support systems. Services are provided in a wide range of settings, including the home, service agencies and residential facilities.

The vision for rehabilitation services is to enable clients to maximise their functional abilities, minimise the impact of their impairment and maintain a healthy, independent lifestyle.

- ***Continuing care services***

Continuing care services are those services that maintain or improve the physical, social and psychological well-being of individuals who, for a variety of reasons, are not able to care for themselves fully. The goal of continuing care is to improve their independence and quality of life. Continuing care requires a progressive and flexible system that allows people to access all the services that they need.

Continuing care services work toward meeting needs in the least intrusive manner possible, and provide the greatest opportunity for lasting well-being and functional independence.

- ***Mental health and addiction services***

These services encompass the area of mental health, addiction and family violence through prevention, treatment and aftercare, delivered as an integrated programme to enable the affected to receive the care and support they need to live optimal lives.

These services work towards assisting people to live balanced lives by promoting, protecting and restoring their mental well-being.

10.2 Nature and scope of developmental social welfare services

This section will provide the scope of services in terms the above classification as well as the target group.

10.2.1 Services to children

- *Policy and legislative framework*

Services to children are rendered in terms of the Child Care Act, 1983. The Children's Bill is currently being debated in Parliament and this piece of legislation has far reaching service delivery implications. The Policy on the Transformation of the Youth and Child Care System also informs service provision to children, and there are various international conventions that inform policies relating to services to children. These include the -

- o UN Convention on the Rights of the Child
- o African Charter on the Rights and Welfare of the Child
- o Hague Convention on International Child Abductions
- o Hague Convention on Inter-country Adoptions
- o UN Protocol to Prevent Trafficking in Persons.

- *Prevention services*

Early childhood development (ECD) services include the establishment and registration of facilities for children under six years old, and the monitoring and evaluation of services. Social Development also works with cases that come before the family advocate.

- *Protection services*

Child protection services are aimed at preventing the abuse, neglect and abandonment of children. Programmes are aimed at protecting and promoting the well-being of children, especially those in difficult circumstances. These include services to children who are the victims of child labour and the commercial sexual exploitation of children; services to children affected and infected by HIV and Aids; international social services including inter-country adoptions, and intermediary services in criminal court cases.

- *Rehabilitation services*

These include services to children living and working on the streets, such as the registration of, and provision of services in, shelters and drop-in centres for street children.

- *Continuing care services*

These include foster care services, adoption services, residential care services (which include the establishment, registration and management of children's homes and places of safety), reunification services and aftercare services.

10.2.2 Services to families

- *Prevention services*

Life-skills programmes, parenting skills programmes, and services in terms of the Maintenance Act are all prevention services in this category.

- *Mental health promotion*

These include family preservation and family reconstruction services (which are aligned to the Moral Regeneration Movement), marriage and family counselling/guidance, family counselling services in respect of divorce and mediation services.

10.2.3 Probation services

- *Legislative and policy framework*

Services to children and adult offenders are rendered in terms of the Probation Services Act, 1991, and the Criminal Procedures Act, 1977. The Child Justice Bill will impact broadly on the manner in which probation services are rendered to children under the age of 18 years.

There are also a number of international conventions that inform probation services including the -

- o The Beijing Rules (UN Rules for the Administration of Juvenile Justice)
- o United Nations Standard Minimum Rules for the Protection of Juveniles Deprived of their Liberty
- o The Riyadh Guidelines (UN Guidelines for the Prevention of Juvenile Delinquency) etc.

- *Prevention services*

These include crime prevention services.

- *Mental health promotion*

Restorative justice services such as victim offender mediation

Assessment services for children and adults in conflict with the law

Pre-sentence services to children and adults

Pre-trial services to children and adults

Family group conferencing

Diversion programmes

Investigations on removal from residence in terms of the Land Rights Act

Alcohol Safety School as a sentencing option.

- *Continuing care services*

Correctional supervision

Community sentencing

Pre-trial services, e.g. home-based supervision

Parole services, including medical parole

Establishment and management of places of safety and secure care centres for children awaiting trial.

10.2.4 Services to the youth

- *Legislative and policy framework*

Social development services to the youth are guided and informed by the following sector-specific legislation, policies and international protocols:

   - National Youth Commission Act, 1996
   - National Youth Policy, 2000
   - National Youth Development Framework 2002-2007
   - National Youth Service Implementation Plan
   - National Youth Service Framework

- *Prevention services*

Included here are education and awareness programmes on HIV and AIDS, life orientation and substance abuse, among other things. Capacity building through information and life-skills programmes (including development of soft skills) is crucial.

- **Mental health and addiction**

There are integrated programmes for youth involved with substance abuse and other forms of addiction, including gambling and sexual addictions. Comprehensive services to girl children, particularly those who are victims of violence and abuse, include counselling.

- **Continuing care services**

These include programmes for young people with disabilities, particularly the poor and vulnerable, young people with special needs, those in conflict with the law, and those living on the streets.

10.2.5 Prevention and treatment of substance abuse

- *Policy and legislative framework*

Social work services are rendered, in terms of the Prevention and Treatment of Drug Dependency Act, 1992, to children, young people and adults who are addicted to substances. This Act is under review to broaden the scope of its applicability. The Mental Health Care Act, 2002, also applies, as do the aims of the United Nations Decade against Drug Abuse (1991-2000).

- *Prevention services*

These include programmes for the prevention and treatment of substance abuse, community awareness programmes and the implementation of the National Drug Master Plan.

- *Mental health and addiction*

Services include the establishment, registration and monitoring of treatment centres, aftercare services to people who have substance abuse problems, and counselling for people addicted to substances and their families.

- *Continuing care services*

Management of government treatment centres.

10.2.6 Services to women

- *Policy and legislative framework*

Social work services are rendered in terms of the Prevention of Domestic Violence Act, 1998, the Divorce and Mediation Act, 1979, the Maintenance Act, 1998, and the Criminal Procedures Act, 1977, as well as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform of Action.

- *Prevention services*

These include the prevention of gender-based violence, trafficking in human bodies and abuse of the ageing population; promotion of CEDAW objectives and girl child programmes; women's empowerment and development services; education and training; and recreational programmes.

- *Mental health promotion*

These include victim empowerment programmes (VEPs), services to perpetrators of domestic violence and counselling services.

- *Protection services*

Services include those offered to victims of domestic violence and gender-based violence, the establishment (with other departments) of victim support centres, referral to both physical and mental health services, and home help services.

- *Continuing care services*

These include the establishment and management of shelters for abused women and children.

10.2.7 Services to older persons

- *Policy and legislative framework*

Services to older persons are provided in terms of the Aged Persons Act, 1967. The Older Persons Bill is currently being debated in Parliament. International conventions that inform services in this category are the -
  o Vienna Declaration (1982)
  o United Nations Global Targets on Ageing (1994)
  o UN Declaration on the Rights of the Elderly (Resolution 46/91)
  o African Union Framework and Plan of Action on Ageing (2004)

- o   Madrid Plan of Action for Older Persons 2002
- o   AU Policy Framework and Plan of Action on Ageing (2004).

- ***Prevention services***

These include the implementation of international conventions, the dissemination of information, raising awareness about ageing being a part of the life cycle, community education and information regarding the abuse of older persons, the promotion of intergenerational programmes to keep older persons in the community for as long as possible, and early intervention programmes to promote the well-being of older persons.

- ***Protection services***

These include preventive actions and interventions in respect of the abuse of older persons, awareness and advocacy programmes on the rights of older persons and home help services.

- ***Mental health promotion***

The provision of community services for older persons, including day care, luncheon clubs, the establishment of service centres and counselling services fall in this category.

- ***Continuing care services***

Services include screening for admission to residential and other facilities, the registration and management of residential care for older people, supported/assisted living, home and community-based care and respite care.

10.2.8 Services to people with disabilities

- *Legislative and policy framework*

Services are rendered to people with disabilities in terms of the Integrated National Disability Strategy and the Mental Health Act, as well as international conventions such as the -

- o UN Rules on the Equalisation of Opportunities for Persons with Disabilities
- o Disability Rights Charter of South Africa
- o UN Declaration on the Rights of Disabled Persons

- *Prevention services*

These include promoting the inclusion and mainstreaming of people with disabilities, the rights of people with disabilities, awareness of disability issues, and the accessibility of services, community and public resources; the prevention of discrimination against people with disabilities; programmes for the early identification of genetic disorders and awareness regarding the prevention of the transmission of genetic disorders; life-skills and capacity-building programmes; and skills development services.

- *Rehabilitation services*

Services to people with chronic illnesses like HIV and AIDS, community-based services like stimulation centres and protective workshops, and counselling services fall in this category.

- *Continuing care services*

These include residential care for people with disabilities, respite care and supported/assisted living.

10.2.9 Services to those affected/infected by HIV and AIDS

- *Legislative and policy framework*

Services are informed by the HIV and AIDS, and STD Strategic Plan for South Africa 2000 – 2005, and the Social Development HIV and AIDS Strategic Plan 2004 - 2007 (approved by MINMEC in February 2004).

- *Prevention services*

These include awareness and prevention programmes, the training of peer counsellors, facilitating HIV/AIDS awareness and the implementation of programmes to reduce the risk of acquiring HIV and AIDS.

- *Protection services*

The establishment and management of drop in centres, and the establishment and management of child care forums at community level fall in this category.

- *Mental health promotion*

These include the provision of psychosocial and other support to orphans and vulnerable children and their families, engaging volunteers and community caregivers to support orphans and vulnerable children and people living with AIDS, and education, care and support programmes in the workplace for employees and their families.

- *Continued care services*

Home and community-based care falls into this category.

This classification of services should not be seen in a linear fashion, but as a means to facilitate understanding the scope of services that are rendered by a range of social service providers.

Some services are generic and broad based, responding to the full range of social services across the life cycle from a single point of delivery, and require a knowledge and skills base that is enhanced through knowledge acquired over time. Other services are specialist, in which case the focus is on a specific area of need in which a particular skill is required.   It is critical, however, that knowledge and skills acquired in these specialist areas must be continuously fed into generic workstreams and policy development processes, and fully integrated into the broad service delivery network.

11.   TARGET GROUPS

The primary target groups of the Department are the poor and vulnerable sectors of the community. People infected and affected by HIV and AIDS, people with disabilities and those who have other special needs are mainstreamed across all the target groups.

Target groups can be delineated in terms of the life cycle as follows:

- *Children*
  Children who are under the age of 18 years and who are abused, neglected, orphaned, abandoned and/or living in other especially difficult circumstances.

- *The youth*
  Young people who are between the ages of 14 and 28 years and who are at risk, in conflict with the law, out of school and/or unemployed.

- *Families*
  Families that are vulnerable, including single-parent, child-headed, destitute and/or refugee families.

- *Women*

  Vulnerable women including victims of violence, poor and/or unemployed.

- *Older people*

  Vulnerable older people including those who are abused, frail and/or indigent.

12. NATURE AND SCOPE OF COMMUNITY DEVELOPMENT

12.1 Purpose

- To facilitate community development services through the human-orientated and people-centred approaches of participation, empowerment and ownership of the development actions by the community to address and prevent deprivation (physical and psychosocial needs, lack of access to basic material, etc.).

- To render community development services by identifying and implementing the required interventions in conjunction with the community development worker, community and other relevant stakeholders.

12.2 Scope of services

The scope of services for community development is defined in terms of specific programmes of the Department, as well as the process of community development, including the nature of interventions in communities, i.e. –

- **Youth development**

  Socio-economic programmes

  Moral regeneration programmes

- **Development of women**

  Women empowerment programmes

  Socio-economic programmes for women

  Promoting gender issues

- **Poverty reduction programmes**

  Facilitation of development centres

  Promotion and facilitation of the establishment of cooperatives

  Integrated empowerment programmes, which build the capacity of the poor to achieve self-reliance

  Promotion of access to departmental and other opportunities and resources

  Socio-economic programmes

  With other sectors, implementation of the Integrated Sustainable Rural Development Strategy and the Urban Renewal Strategy

  With other stakeholders, facilitation of disaster management processes.

- **Registration and facilitation of NPOs**

  Registration of community development ventures

  Registration of not for profit organisations

  Maintaining a database of service providers.

A classification in terms of community development processes would include the following:

- *Development of social relationships*

  Delimitation of the community; gaining their trust and getting to know the current community services, history, resources and state of the community.

- *Community profiling*

  Assessment of the community's structures, historical background, profile resources, strengths and needs; identification of community leadership; and strengthening and building of structures that can assist in this regard.

- *Planning and prioritisation*

  Planning and prioritising of activities required to develop the community by formulating goals and objectives, assessing the available resources, setting time frames and compiling budgets.

- *Implementation*

  Facilitation of the implementation of identified development activities, according to the plans developed by involving the community; appointment of leaders in the community; mobilisation of resources; monitoring of implementation; and development and strengthening of community organisations and leadership within the community.

- *Evaluation of implementation*

  Monitoring of implementation of jointly planned activities, giving feedback to the community and re-planning actions where required.

- *Documentation of activities*

  Documentation of all interactions and interventions by facilitators and practitioners for future reference.

- *Facilitation, integration and coordination*

  Liaison with social workers on issues relating to specific individuals and families in the community thereby promoting the integrated approach; liaison with all relevant role players (e.g. departments/provinces, NGOs, local community structures, faith-based organisations) and stakeholders to facilitate intersectoral collaboration and to establish partnerships to ensure the sustainability of development actions within the community; and the provision of direct support to communities and administrative support on community development and related activities. This would entail the following, among other things:

  - Providing inputs for policy development and improvements when required.

  - Maintaining relevant, records on statistics, minutes of meetings, documents on participatory research, and the administration of client funds.

  - Evaluating projects and other community development ventures in terms of the evaluation framework and reporting on progress, trends and shortcomings on a regular basis.

  - Participating in various awareness campaigns and public appearances aimed at educating communities and other stakeholders on self-empowerment.

  - Developing, maintaining and updating databases as required, e.g. on stakeholders.

  - Ensuring that financial measures are adhered to by beneficiary organisations and structures and monitoring the utilisation of funds by such institutions, including the following:

    o Advising on the procedures for securing funds and facilitating the processing of financial requests.

    o Monitoring the utilisation of funds and reporting regularly on this.

- Disseminating information to communities on social services.

- Keeping up to date with new developments in the community development field, including the following:

  - Studying the legal and policy framework continuously in order to advise/update stakeholders to ensure that all actions are in line with the requirements of such policies and Acts.

  - Liaising with other departments and institutions to take cognisance of the latest developments in the field of community development.

  - Engaging in continuous professional community development actions as prescribed.

13. SERVICE PROVIDERS/INSTITUTIONAL MECHANISMS

The provision of developmental social services is a collective responsibility of various role players, including government, non-governmental organisations and the private sector. The exact nature and extent of involvement in service delivery differs from province to province and is influenced by history, expertise, statutory requirements and costs, among other things. Given the range of service delivery entities for which government is responsible in addition to policy development and direct service delivery, its monitoring and evaluation role to ensure that quality services are rendered and to protect the interests and promote the well-being of clients is critical.

The Department of Social Development has concurrent functional areas of national and provincial competence. This means that at a provincial level the Department may determine and formulate policy as well as practice guidelines, provided that, in line with the principles of cooperative governance, it does not act contrary to the principles of national policies and prescripts.

The range of service providers includes -

- national government
- provincial government
- local government
- civil society, including NGOs, CBOs and FBOs
- private sector entities

These service providers also collaborate with other government departments, clusters such as the Social Cluster and the Justice, Crime Prevention and Security Cluster, parastatals and other private sector entities in the delivery of services, with a view to a coordinated and integrated service to the people.

13.1 Roles and responsibilities of the national Department of Social Development

- Provides strategic direction for social service delivery.
- Ensures the development and implementation of integrated intersectoral policies and programmes, at both national and provincial level.
- Harmonises central functions with those of other national departments, provincial departments and other role players.
- Develops quality assurance systems and norms and standards for social services programmes.
- Develops a uniform framework for the financing of social services programmes.
- Develops, maintains and coordinates a national social services information management system.
- Ensures that proper national monitoring and reporting mechanisms are in place.
- Ensures capacity and institution building in all tiers of government.
- Facilitates parliamentary processes relating to social services.
- Promotes partnerships and linkages with other service partners.

- Undertakes international liaison and coordinates the implementation of international commitments.
- Engages in continuous research projects that assist in informing, improving, advancing, monitoring and evaluating comprehensive social services to vulnerable groups.
- Lobbies for adequate provision of resources to ensure social service delivery.
- Regulates fundraising at all levels of government.
- Markets and promotes the image of the Department.
- Funds national organisations rendering social services in accordance with the Policy on Financial Awards.
- Reports as necessary to different parliamentary structures on social services.

13.1.2 Roles and responsibilities of the provincial departments of social development

- Formulate, coordinate, maintain and review provincial policy and planning in consultation with stakeholders.
- Review, formulate and administer social welfare legislation within the national framework.
- Plan, implement, coordinate and monitor the delivery of social services in accordance with national norms and standards.
- Develop and monitor specific services.
- Facilitate the establishment and maintenance of social services structures.
- Negotiate and lobby for provincial funding and maintain appropriate financial management systems.
- Finance social service programmes provided by provincial organisations in accordance with the national financing policy.
- Undertake, promote and coordinate appropriate operational research.

- Maintain an information management system for all services and programmes.
- Manage and plan a human resource development programme.
- Market and promote awareness regarding social services programmes.
- Facilitate provincial parliamentary processes relating to social services.
- Promote interprovincial relations and develop and maintain intersectoral and working agreements.

13.1.3   Roles and responsibilities of the district/regional offices

- Manage and coordinate the delivery of services and programmes at district municipality level.
- Identify service needs and set priorities.
- Ensure integration of service with municipalities through integrated development plans.
- Monitor and evaluate service delivery.
- Implement services and programmes.
- Facilitate the establishment and maintenance of social services structures within the district municipality/region.
- Manage financial and information systems at district municipality/regional level.
- Finance and monitor social services programmes in accordance with the Policy on Financial Awards.

13.1.4 Roles and responsibilities of local offices/service delivery points

- Identify local needs and resources at local and community/ward level.
- Respond speedily to needs of individuals, families and communities.
- Promote community participation and mobilisation.
- Coordinate action at community level.
- Create awareness with regard to available services and prevention of social pathologies.

- Provide direct services to clients

13.2   Local government

- Works in partnership with other spheres of government in the provision of social services.
- Creates comprehensive and integrated database and information management systems.
- Recognises and addresses specific service needs as per Schedule 4 of the Constitution.
- Formulates integrated development programmes that incorporate social development issues.
- Promotes access to services by providing infrastructure to bring services closer to clients.
- Develops and implements disaster management programmes.

13.3   Roles and responsibilities of service partners

13.3.1 National bodies

- Represent their particular constituencies on structures such as policy making and coordinating programmes at all levels of government.
- Build the institutional capacity of provincial NGOs, local CBOs and FBOs.
- Resource mobilisation for own and affiliates' programmes and activities.
- Carry out research.
- Develop policies and programmes for identified service delivery targets.
- Participate in the continued professional development of their staff.
- Promote linkages and partnerships.
- Do the necessary advocacy and lobbying.
- Carry out monitoring and evaluation.

13.3.2 Non-governmental organisations and faith-based organisations

- Work with the government to provide services.
- Render generic and specialised services.
- Identify service needs and set priorities.
- Lobbying and advocacy.
- Marketing and fund-raising.
- Research.
- Supervise service personnel.
- Training.
- Partner with emerging organisations for skills transfer.

13.3.3 Community-based organisations

- Identify local needs and resources.
- Respond speedily to the needs of individuals, families and communities.
- Promote community participation and mobilisation.
- Coordinate action at community level.
- Create awareness with regard to available services and prevention of social pathologies.
- Promote grassroots participation in decision making and direct service delivery.

13.3.4 Private practitioners/consultants

The following services are provided at a fee:
- Counselling and therapeutic services
- Adoption services
- Training, facilitation and capacity building
- Employee assistance programmes
- Research projects

- Policy development and project management
- Facility management

All the above service providers must ensure that services are integrated, coordinated and managed to maximise the benefit for communities.

14. SUPPORT FOR SERVICE DELIVERY

In order to implement this Service Delivery Model effectively, a range of human, financial and other infrastructural resources are required. Ratios and benchmarks will be determined by norms and standards. Different functions and areas of work will, however, require different skills and competencies, drawn from the human resource list below:

14.1 Human resources

The following table illustrates the clustering of human resources in social service provision:

Category	Human resources required
Managers	Administrative managers
	Professional managers
Professional personnel	Social workers
	Youth workers
	Probation officers
	Community development workers
	Child and youth care workers
Assistant personnel	Social auxiliary workers
	Assistant probation officers (APOs)
	Auxiliary child and youth care workers

	ECD caregivers
	Home and community-based caregivers
	Sign language interpreters
Professional support	Medical practitioners
	Physiotherapists
	Speech therapists
	Occupational therapists
	Nursing personnel
	Psychologists
	Psychiatrists
	Researchers
	Information management specialists
Administrative support personnel	Information technology specialists
	Administrative officers
	Typists
	Drivers
	Data capturers
	Cleaners
	General assistants
	Security personnel
Other	Volunteers
Temporary personnel	Student social workers
	Interns
	Contract workers
	Escorts for vulnerable groups
	Student, child and youth care workers

It should be noted that this list is not exhaustive.

14.2   Education, training and development

This is a critical element in the provision of integrated and holistic education and training, and the development of a human resource cadre for effective service delivery. It must occur at the following levels:

- Professional education
- Continuous professional development
- Skills training for the implementation of the Service Delivery Model
- Ongoing in service training.

Partnerships must be fostered with training providers to ensure the development and provision of a relevant curriculum that addresses the developmental needs of social service professionals at different levels, in order to meet the demands for services.

This also entails research, which should inform debates about policy formulation, the development of models for training and service delivery within the South African context, as well as monitoring and evaluating the impact of current practice.

14.3   Compliance with professional ethics

Social service professionals are governed by a legislated code of conduct, the contravention of which can result in disciplinary measures being instituted against them. The code covers all professional services and includes the maintenance of confidentiality, the frequency of contact with clients based on an intervention programme as agreed with clients, keeping acceptable records of all their interaction with clients, etc. This will also determine the nature of infrastructural needs of professional personnel.

14.4 Infrastructure and equipment

To be able to function effectively, certain basic infrastructure and equipment is critical for social service professionals, particularly social workers who are legally obliged to provide services in a particular manner. Failure to do so renders them liable to disciplinary action.

Infrastructure required includes the following:

- Offices accommodation
- Facilities for care (e.g. children's homes, places of safety, homes for the aged) and service centres, which can be established by the state and either managed by same or outsourced to the non-governmental or private sector.
- Transport to conduct visits to clients and communities
- Furniture that is suitable for interviews with clients
- Systems infrastructure (information technology): To ensure service integration and to monitor and evaluate services, an integrated information management system is required for both the government and the non-governmental sector.
- Telephones
- Fax machines
- Photocopiers
- Filing cabinets to keep clients' records in safety

This list is not exhaustive and does not include the infrastructure required for numerous facilities and other community-based services that may require an array of other equipment and infrastructure suitable for the needs of clients, e.g. older people, people with disabilities, etc.

14.5 Information management

It is legally expected of social workers and other social services professions to keep records of their interaction with their clients and the treatment process. This is critical to ensure accountability and maintenance of a high standard of care on the part of the social service professions. It is also meant to ensure that the interests of clients are protected and enable the professional to follow the progress of the client and to plan future intervention programmes.

Information management is also critical for the measurement of the achievement of organisational goals, and to ensure that objectives are being met in line with the strategic objectives of the organisations. This further assists with the documenting processes for research and learning, in order to record best practices, for monitoring and evaluation of service provided by practitioners, and for provision of training and guidance to new entrants to the profession. Without effective information management it would be impossible to plan service delivery that meets the needs of the population.

Traditional administrative methods have currently collapsed under the pressure to deliver - there is no standardisation or quick and easy access to information. Case files are not updated and management feels disadvantaged by the lack of cumulative and comparative data. The major results are that there is little accountability, few statistics to support planning and decision making, and information is not effectively managed.

Social service professionals must have a management and administrative system that facilitates compliance with standards set for service delivery. This raises two critical factors, namely the need for greater efficiency in dealing with clients, including case and record management; and ethical issues in relation to the use of an electronic management system within the social work profession.

This would require that certain prerequisites be met, such as understanding the needs of users, and making sure that adequate resources are allocated and change management processes are in place. Social service practitioners and

managers need to be innovative to make sure that there is administrative efficiency. Extensive training and capacity building is imperative to ensure that information technology becomes an integral part of social service practice.

Support for effective service delivery extends beyond available human, financial and infrastructural resource. There also has to be a readiness to embrace new and changing technologies so that services delivery can make the shift from a paper-based profession to an electronic one.

15. NORMS AND STANDARDS

15.1 Rationale for norms and standards

The White Paper for Social Welfare, Notice No. 1108 of 1997, states that the government has a responsibility to determine and regularly review basic guidelines for norms and standards. The norms and standards are required to ensure respect for human rights, social justice, redress and creating opportunities for the development of benchmarks for social service practitioners.

Under the Constitution, national government shares the responsibility for the provision of basic social services with the provincial governments. National government may determine appropriate, essential or minimum levels and standards for services. The Constitution provides for the setting of norms and standards to ensure equal access to government services. In addition, human rights instruments such as the UN Convention on the Rights of the Child set out minimum service delivery standards for various groups.

The main reasons for having norms and standards are as follows:
- To increase operational efficiency and effectiveness by measuring performance against them

- To standardise the quality of service given to all citizens at national, provincial, regional and district levels

Monitoring and evaluation tools for the management of norms and standards must be introduced.

15.2   Establishing norms and standards

When norms and standards have been developed the result should be predictable service delivery and gains in efficiency. For the purpose of this exercise, the focus is on generic norms and standards. These are meant to determine the basic requirements for generic service delivery for all social service professionals, rather than for specific services. To achieve this, the following factors should be taken into account:

15.2.1 Social workers, auxiliary and development workers
- Population size and density
- Distance
- Human Development Index
- Case/project load size
- Presidential nodes
- Competencies
- Poverty mapping
- Prevalence of HIV and AIDS
- Availability of other service providers
- Specialist nature of service
- Equity
- Infrastructure
- Span of control
- Number of reports
- Legal and policy obligations

15.2.2 Child and youth care workers in residential facilities

- Number of children

- Shifts

- Nature of the programme

- Nature of the cases

- Intensity of supervision

- The type of child

- Age cohort

- Distance to related services

- Span of control

- Number of reports

- Legal and policy obligations

15.2.3 Probation workers and assistant probation officers

- Case load size

- Number of reports

- Monthly arrests

- Number of diversion/prevention programmes

All or most of these factors need to be taken into account when generic norms and standards are developed. However, this Service Delivery Model will determine norms and standards based mainly on population size, and as far as possible will integrate urban/rural imperatives.

In addition, it needs to be noted that for each service area, for example older people, more specific minimum norms and standards for particular types of services such as residential care services will still need to be determined by line functionaries at the national Department.

15.3   Generic norms for community-based and residential care services

The established national and international norm for the ratio of social workers to population is 1:5 000. This norm applies to developed countries but, because of the high levels of poverty and deprivation in South Africa, it has to be adjusted to reflect different conditions and needs.

The proposed norms for social workers to population are therefore as follows:
- 1:5 000   Urban (Gauteng)
- 1:4 500   Combined Urban/Rural (KwaZulu-Natal and
                Western Cape)
- 1:3 000   All other provinces

Population is not the only determinant of norms. However, a more detailed investigation, incorporating other indicators such as poverty levels and distance (see 15.2 above), will be required in the long term to ensure equitable distribution of personnel.

The norms for community-based and institutional care can be divided into four categories. These norms have been tested in practice and are recommended:

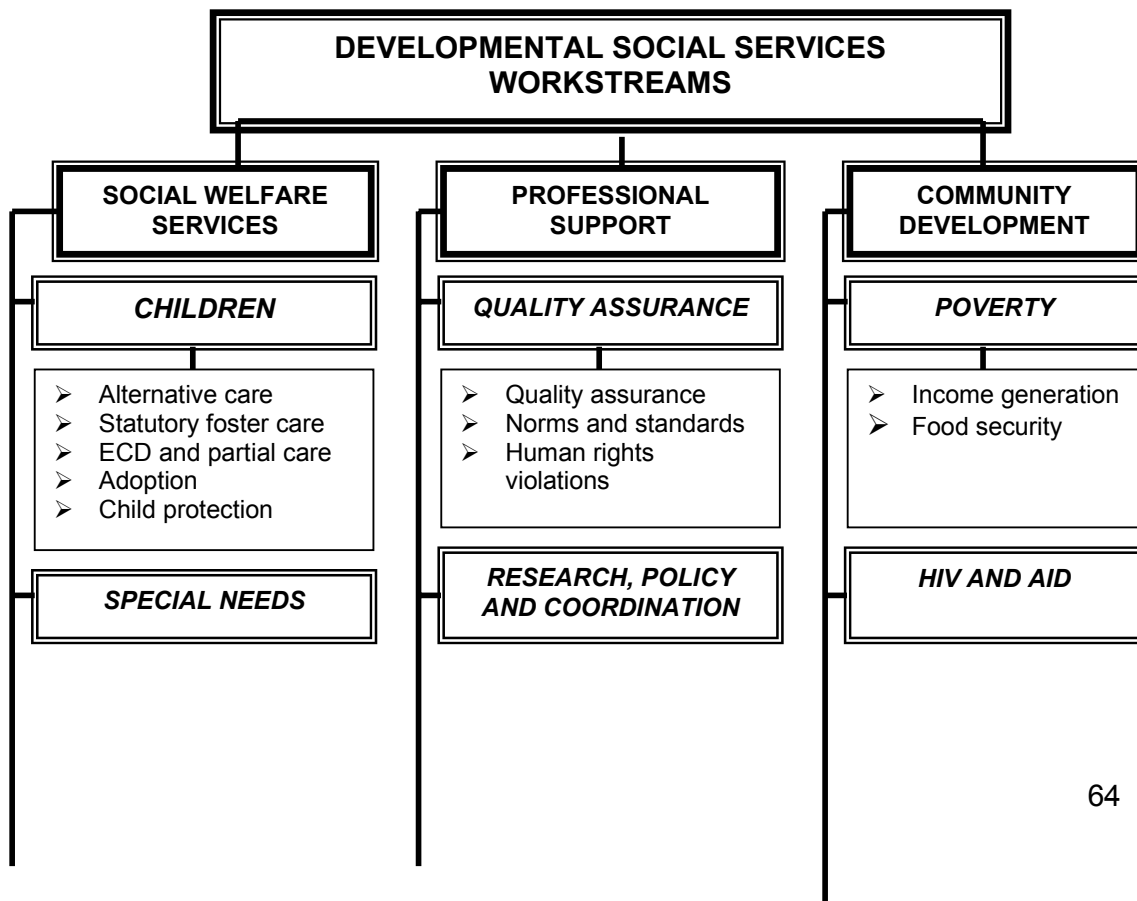| CATEGORIES	NORMS
1. Organisational capacity governance and management	
• Caseload size to case manager	1:60
• Span of control – social/probation/community development worker	1:6
- Probation worker to APO	1:2
- Residential care staff to residents	1:15
This must be further disaggregated in terms of age, frailty and disability.	

2. Administrative processes and procedures	
• Report writing - generic (process/progress/etc.) - court reports - probation	60 min 20 reports per month
• Registration and referral of the file	2 days
• Completing forms	30 minutes
• Registration of facilities and organisation	6 months
• Management/team meetings	At least once per month
• Distribution of minutes	Within 7 days
3. Service delivery	
• Short-term intervention	No more than 12 contacts of 60 minutes each
• Crisis intervention	Within 24 hours
• Assessment of children awaiting trial	Within 48 hours
• Completion of statutory service	No more than 6 months
• Admission to residential facility	2 to 3 hours
• Medical assessment	Within 72 hours
• First contact with client after admission by professional person	Within 24 hours
• Multidisciplinary evaluation of client	Within 4 weeks
• Review panels	Every 6 months
• Supervision	60 minutes
• Interviews	45 minutes
• Group work	60 minutes
• Time spent in waiting room before making contact	No more than 1/2 hour

• Response time for appeals	48 hours
• Response time to acknowledge enquiries/complaints	Within 5 days
4. Human resources and organisational development	
• Time taken to fill vacancy	Within 3 months
• Orientation and induction	Within the first week
• Staff training and development (CPD)	20 points per annum
• Staff on probation	Not more than 12 months

The provinces will determine their own norms based on the above factors as well as considerations that are unique to their operational environment.

16.   WORKSTREAMS

To deliver effectively on the functions outlined in this Service Delivery Model, particularly in the national and provincial departments of social development, the following functions and workstreams are proposed for developmental social services:

Older people	Research	Home/community-

➢ Older people	➢ Research	➢ Home/community-based care and support
➢ People with disabilities	➢ Policy planning	
➢ Women	➢ Coordination	
➢ Families		➢ Coordinated action for children
➢ The youth		➢ Gender and youth programmes

RESTORATIVE SERVICES	**NPO FUNDING AND SUPPORT**

		DEVELOPMENT FACILITATION

➢ Substance abuse	➢ Funding service providers	
➢ Youth care and probation services	➢ Monitoring	
➢ Social crime prevention and VEPs	➢ NPO Support	
➢ Child justice		

➢ Youth development
➢ Development of women
➢ NPO development

These workstreams represent professional services as well as professional support required to render these services. The grouping of functions will differ from province to province depending on need, available resources, provincial and regional demarcation of functions, etc. However, it is important that there is as much structural alignment as possible between the national and provincial departments, as this will facilitate the coordination and integration of services, and improve communication and joint planning.

17. IMPLEMENTATION AND CHANGE MANAGEMENT PLAN

The success of the Social Development Service Delivery Model depends largely on continuous review, customisation to suit settings of implementation, and identification with and total ownership by the sector. This is a sector model and the Department of Social Development is a lead stakeholder in facilitating processes for initiation and implementation of the model.

The model represents a shift or change in the sector, so its implementation cannot be left to chance. It must be planned, guided and facilitated. This

section of the document addresses implementation issues and discusses the following aspects:

- Leadership buy-in and resource allocation
- Implementation plan
- Change management process
- Communication plan

17.1 Leadership buy-in and resource allocation

Leadership buy-in and resource availability are crucial if the model is to be implemented successfully. Priority must be given to the following:

- The model should be presented to the MINMEC for approval.

- The model should be presented to the highest appropriate decision-making structures of provinces, municipalities and civil society organisations for approval.

- Once leadership approval has been received, a process setting up the Model Implementation Advisory Team (MIAT) should be initiated immediately at all levels as discussed below.

- The MIAT, in consultation with leadership and following appropriate internal protocol, should cost model implementation and seek budget approval. Even if only a portion of the funds required is made available, implementation should start. The model can be implemented in phases.

- Resources allocated should go beyond finance to include people, time and space.

If leadership buy-in is lacking and necessary resources are not allocated, the model cannot be implemented, and will merely gather dust while the sector regresses 10 years and an ever-increasing backlog builds up.

17.2   Implementation plan

The Department of Social Development is expected to continue to be a leading stakeholder in the initiation and implementation of the model. However, it is to be supported by a MIAT.

17.2.1 Model Implementation Advisory Team

A MIAT is to be established at the national, provincial and local levels of the Department to guide implementation and manage change brought about by the existence of the model.

The following are some guidelines for constituting an advisory team:

- It must be a small manageable team of not less than five or more than 10 members at each level. The number will depend on resources allocated to drive this process.

- Individuals appointed to the team must have sufficient time at their disposal to champion the implementation of the model over a period of 12 months.

- Individuals appointed to the team should, among other attributes, have a sound knowledge of the sector and social development, a clear understanding of the model, knowledge of change management, and impeccable communication and facilitation skills, as well as being able to operate at all levels of the organisation.

- Even though a representative group of the sector is ideal and encouraged, it should not supersede availability and competencies.

- The team reports to the Department and is accountable to the sector.

17.2.2 Scope, role and mandate of a MIAT

- A MIAT is not an implementing agency; its role is limited to advise, guide, consult, share and inform. It is a change agent that champions implementation.

- A MIAT is not an enforcement agency or watchdog, but a catalyst that seeks to promote standardisation across the sector and identify best practices.

- It provides leadership and strategic directions in the implementation of the model.

- It facilitates and maximises identification, ownership and implementation of the model by all stakeholders in the sector at both organisational and individual level.

- It monitors, evaluates and reports progress on the implementing of the model to the sector.

17.2.3 Process for phasing in the model

- **Phase 1:** Customisation or development of own model

    o Some provinces or municipalities may prefer to develop their own model based on this one.

    o Others may simply customise this model to suit their unique characteristics.

> ○ Some stakeholders such as institutions and civil society organisations may identify practice elements of the model and align their strategies accordingly.

Whatever choice is made, the MIAT should be readily available to assist on request.

- **Phase II:** Assessment of the current state compared to the envisaged model end state.

  > ○ Stakeholders may want to assess their current state of practice in order to determine gaps and map the road to model implementation.

  > ○ Tasks, implementation processes and resource requirements can be determined on the basis of gap-analysis.

  > ○ Time frames and performance indicators can be determined.

- **Phase III:** Model alignment

Stakeholders may choose to align their model with some or all of the following:

  > ○ **Alignment with organisational strategy:** The choice of aligning the model with strategy ensures that the model informs and is informed by the future end state of the stakeholders' business or reason for existence.

  > ○ **Alignment with organisational policy:** When the model begins to inform the stakeholders' organisational policy, the sector can be sure that it will be implemented.

- o **Alignment with business plan:** When the model begins to inform stakeholders' business plans, the sector will be on the road to successful implementation of the model.

- o **Alignment with organisation culture:** When the model begins to inform the way provinces, municipalities, institutions and civil society organisations do their business, the sector will have embraced and truly identified with the model.

- **Phase IV:** Change management

  - o The existence of the model represents change that must be managed at all levels of the sector.

  - o Clearly identifiable levels of change must be managed at organisational and individual levels.

- **Phase V:** Continuous monitoring and evaluation.

  - o Tracking the progress made in acknowledging and celebrating past achievements and embracing new practices must be an integral part of implementation.

  - o Identifying and celebrating short-term achievements at both organisational and individual levels will be a motivator that makes the task of change seem less daunting.

  - o Continuous assessment of whether the model is implemented as intended and its impact will assist in measuring gains and improving model implementation.

The phasing in of the model described here is not a linear process. It is dynamic and acknowledges the value of concurrently implementing elements as needed. No one phase is more important than any other. They are all negotiable and renegotiable until the ultimate goal of the model - a better life for all - is achieved.

17.3 Change management

Special attention is paid to detailed guidelines for managing change in the process of phasing in the model. Consideration is given to two levels of change, organisational and individual. The MIAT is expected to guide this process.

- **Broad considerations for change at a provincial, municipal or organisational level**

  o Ensure that the model is integrated to the organisational strategy, policy, business plan and informs organisational culture.

  o Ensure that organisational structure is redefined in terms of its appropriateness to support implementation of the model.

  o Ensure that roles in the reviewed organisational structure are clearly identified and defined.

  o Ensure that competency requirements are identified for the various roles.

  o On the basis of these role competency requirements, ensure that an organisational and sector competency model is developed.

- o Ensure that roles are evaluated to determine their complexity, grade and monetary value.

- o Ensure that existing employees are assessed against the newly defined appropriate role competency requirements so as to determine individual competencies, competency gaps and development plans, and to ensure appropriate placement in correct roles or jobs.

- o On the basis of individuals' development plans, workplace skills plans and organisational competency models, develop organisational and sector learning, development and training strategies.

- o Make sector learning, development and training strategies accessible to the Health and Welfare SETA and sector training service providers.

- o Develop a performance management system that has a relationship with the learning, development and training strategy; career management; employment equity plan and human resources retention strategy.

- o Review and align workflow processes, systems and procedures in line with the model.

- **Broad considerations for change at an individual level**

It cannot be assumed that changing organisational strategies, policies, systems and procedures will guarantee successful implementation of the model. In all this there are people, who should be involved right from the beginning and assisted to make the necessary changes at all levels, whether intellectual or emotional. It cannot be assumed that because of

their role as agents of change they will make an automatic switch. They are only human, and normal responses will range from denial, shock, retreat and resistance, to commitment and acceptance. As with organisational change, individuals must be assisted through a planned process to navigate this transition curve.

- **Broad considerations for people change management process**

  o People in the sector should be involved from the conception of the model to the implementation and monitoring and evaluation phases. They must own the process and model, and see it as their product not the Department's.

  o Awareness must be raised, and people must be educated and informed about the model, its intentions and implications for change at both organisational and individual level. Involvement in conceptualisation should not be equated with understanding.

  o The period allocated to complete the change process should be clearly set out. Change is always unsettling, but will be worse if it is perceived to be timeless.

  o The implications of the change must be clearly communicated, with old and new, losses and gains, and current and future expectations set out in detail.

  o Feelings and responses at every phase of change must be acknowledged as normal, and individuals must be assisted to progress rather than being labelled as resistant to change. In the process, it must be remembered that people respond in different ways to change, and a one-size-fits-all approach will not work.

o Staff must be given regular updates on the change process. Both progress and what remains to be done must be clearly indicated.

Everyone has the capacity to change. All that is needed is to help people see that the change will bring more benefits than disadvantages.

17.4 Communication plan

It is impossible to place too much emphasis on the importance of communication throughout the transformation process. Communication strategies proposed here are at three levels: sectoral, organisational and intersectoral.

17.4.1.1 Sector level communication strategies

- **Consultative forum:** Consultative forum meetings at national and provincial level should be convened every six months or whenever necessary. The MIAT should coordinate these meetings to ensure that they are structured to include process reports, the review of plans, the identification of challenges and lessons, and the celebration of achievements.

- **Regular updates to the sector:** The MIAT should produce six-monthly updates to be posted on the web site of the national Department for the sector to access easily.

- **Media statements:** Through the communications unit of the Department and the spokesperson for the Minister, regular statements regarding strategic issues of achievement in the implementation of the model should be issued in both print and electronic media.

- **Launch the model:** Perhaps this should be the first communication strategy to be implemented once the model has been approved by the MINMEC.

17.4.2 Organisational level communication strategies

The proposed communication strategies are applicable at provincial, municipality and individual organisation level.

- **Consultative sessions with employees:** Depending on the size of the organisation and the need for communication, such sessions should be held regularly, preferable once a quarter.

- **Existing internal communication tools:** Provinces, municipalities and organisations have their own internal modes of communication such as intranets, circulars, magazines and periodicals. These should be used to communicate progress.

- **Workshops and seminars:** It may be necessary to hold workshops or seminars to address specific aspects of implementation. Such contact points with staff members can also be used to give updates on progress made and implementation plans.

17.4.3 Intersectoral level communication strategies

Communicating the model and its implementation across sectors is considered crucial in successful implementation. Existing structures should be used to reach other sectors. There is no need to establish an independent communication mechanism.

18. MONITORING AND EVALUATION

Effective monitoring and evaluation of the programmes and activities of the Department and sector is essential for measuring the success of developmental social service provision. These functions assist service providers at all levels to manage their programmes and activities better by providing timely feedback on whether or not services provided respond to the needs of clients, and furthermore, whether they are consistent with the overall realisation of the objectives of the Department. The feedback provided can be used to improve current operations and to provide the basis for future strategic planning.

The following criteria are among those to be used for monitoring and evaluating implementation of the Service Delivery Model:

- Reports to the Department
- Client satisfaction surveys
- Quality assurance

18.1   Reports to the Department

The service areas responsible for social service provision will be the central vehicle to report on the service delivery targets, the results of implementing the model, and the achievement of significant milestones. Specific reporting guidelines will be developed and made available to all service providers. These guidelines will serve as accountability frameworks for each service area and will indicate who is accountable to whom, and for what purpose.

The guidelines will include the following:

- Performance contracts
- Individual work plans
- Quarterly evaluation reports.

18.2 Client satisfaction surveys

The Department will target both internal clients (service providers) and external clients (consumers of social services) in assessing the level of satisfaction in the utilisation of services. The client satisfaction information as well as performance of the service providers will guide operational decisions to continually improve actual service delivery.

The following issues will be addressed in order to increase the level of client satisfaction:

- Range of services available
- Competency of service providers
- Continuity of care
- Access to services

18.3 Quality assurance

Moving from a "traditional model" of social service delivery to a more fully integrated developmental social service system requires organisational and procedural changes. The Department is committed to reforming existing procedures, legislations, policies and attitudes until service providers are more responsive to the needs of their clients.

The recipients of social services are entitled to know what they can expect from the Department. The Service Delivery Model serves as a basis for the determination of appropriate norms and standards. This will in turn serve as a basis for determining the expected quality of service.

The Quality Assurance section within the Professional Support component of the workstream will provide support to the service delivery components. This section will develop a national quality assurance framework, which will clearly determine the indicators that will be used to measure the quality of social

services provided. Service managers will be expected to monitor compliance with set standards on an ongoing basis and address issues which impact on the quality of service.

19.   CONCLUSION

This document provides a framework for developmental social services in the country. It further provides guidelines on the range of services that must be provided in both community development and social welfare. The approach to service delivery, however, should be integrated and holistic, so that it assists the Department to achieve its goal of a better life for all South Africans.

As indicated earlier, this document must be read in conjunction with others such as the Community Development Framework, the Policy on Financial Awards, the White Paper on Social Welfare, and relevant policies of the Department.

The Service Delivery Model will set the basis for the design and costing of generic norms and standards for developmental social services, which will require input from various experts. Once generic norms and standards have been developed and costed, they will be used to monitor implementation at both national and provincial level.

This document does not purport to cover all aspects of service delivery, as some services are still being developed. It will be reviewed and updated from time to time to ensure that it is in line with new developments.

It is, however, critical that the Service Delivery Model be utilised to reposition the Department so that the services it provides are understood by the country as a whole. The model should be used as a yardstick to measure the performance of the Department and its partners.

The Service Delivery model should be further unpacked at all levels of government in accordance with the defined responsibilities of various stakeholders, so that strategic objectives, outputs and targets are formulated to operationalise the model.