POLICY FOR SOCIAL SERVICE PRACTITIONERS

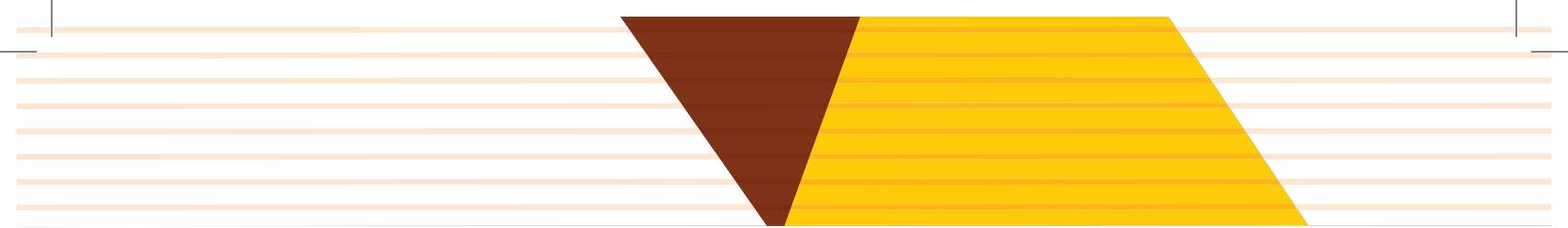**Building a Caring Society. Together**

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social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

NDP 2030

Life and legacy of
OR TAMBO.
100 YEARS

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Executive Summary

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

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

The specific objectives of this policy are:

- To outline categories of social service practitioners requiring regulation including recognition of emerging ones.
- To provide for minimum requirements for social service practise.
- To describe institutional and regulatory requirements for the statutory body.
- To identify norms and standards required to promote professional and ethical practise by practitioners, education and training providers and employers.
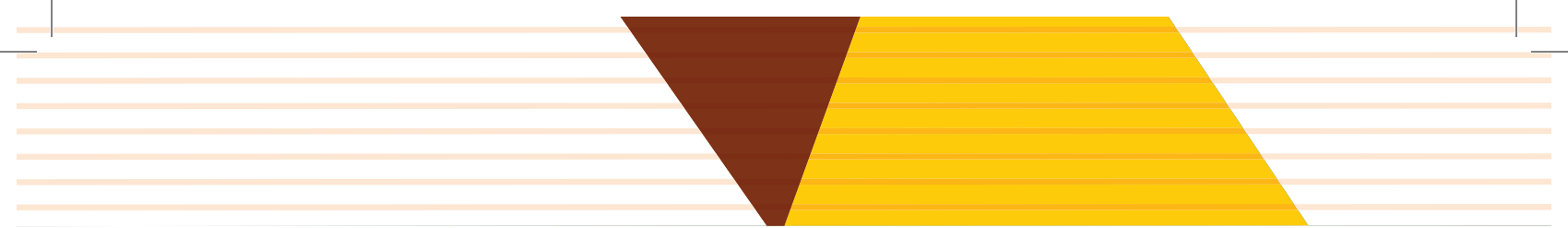
In the past, the human resource profile within the social development sector was restricted to one social development professional; namely the social worker. This restriction was to the detriment of service provision. This singular recognition also affected the organizational structures of state departments and the NPO sector, the subsequent funding of human resources specifically in the NPO sector, and the roles and responsibilities of this sector. Amendments were made to the Social Service Professions Act 110 of 1978 to correct this imbalance. For example, the development of other social development professions was allowed. Nevertheless, the legislative amendments to Act 110 have not yet redressed the restrictive profile. This policy has attempted to redress the imbalances by being as inclusive as possible of all segments within the social development sector, and by aiming to ensure that all role-players had an opportunity to participate and contribute to policy development.

Therefore, this policy has included the following social service practitioners for recognition purposes:

- Social workers, and included in this category are: Social Auxiliary Workers, student social workers and student Social Auxiliary Workers.
- Specialists, which include: Probation, Adoption, Occupational, and Forensic Social workers and any other specialities undergoing registration at the time of writing this policy.
- Community development practitioners, and included in this category are: social workers practicing as community development, and assistant community development practitioners.
- Child and youth care workers, and included in this category are: auxiliary child and youth care workers, students and learners in child and youth care work.
- Early childhood development practitioners working with children from conception to school going age (0-4).
- Caregivers and included in this category are: community based personal care workers, caregivers for the aged; and for persons with disabilities and special care workers.

This policy development process took place within a particular social context. While there has been progress in a number of development areas in South Africa, the country continues to face numerous social

and economic challenges. The National Planning Commission's Report of 2008 recommended some strategies and solutions. Attaining these solutions, however, remains partly dependent on effective collaboration between the various role players. Social service practitioners are critical role players who, by virtue of their training and capability, can assist in the mending of the social fabric of society. The challenge, however, remains that of integration between all role players serving this sector.

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

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

These obstacles include:

- the failure to recognize all practitioners in the field,
- the absence of an institution that takes responsibility for planning the workforce,
- the failure to acknowledge the right to self-determination of existing practitioner groups such as child and youth care work and community development practitioners,
- the insufficient availability of standardized education and training initiatives.

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

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

The policy aims to:

- Unite the social development sector, regulated by a single professional body, whilst recognizing the important and critical role that all social service practitioners have to play in addressing the social development needs of South Africa.

- Recognize the need for a social service workforce that is professional, recognized, regulated and that delivers quality services to those whom it serves.

- Provide an overarching framework that guides all legislation of the Department of Social Development that requires human capital and resources to ensure that effective, efficient and professional services are rendered to all the vulnerable groups that the broader sector practitioners serve.

- Ensure increased accessibility of the South African society to developmental social services.

Acronyms

ABET	Adult Basic Education and Training
ACDP	Auxiliary Community Development Practitioner
APO	Auxiliary Probation Officer
ASW	Auxiliary Social Worker
ASASWEI	Association of South African Social Workers Education Institutions
CDP	Community Development Practitioner
CHH	Child Headed Households
CYCC	Child and Youth Care Centre
CYCW	Child and Youth Care Worker
DHET	Department of Higher Education and Training
DoE	Department of Education
DoH	Department of Health
DoJ&CD	Department of Justice and Constitutional Development
DoL	Department of Labour
DSD	Department of Social Development
ECD	Early Childhood Development
HCBC	Home and Community Based Care
HWSETA	Health and Welfare Sector Education and Training Authority
IDU	Intravenous Drug use
M&E	Monitoring and Evaluation
NACCW	National Association for Child Care Workers
NECDA	National Early Childhood Development Association
NGO	Non-Governmental Organization
NPO	Not for Profit Organization
NQF	National Qualifications Framework
NSPG	Norms, Standards and Practice Guidelines
OFO	Organizing Framework of Occupations
OVC	Orphans and Vulnerable Children
PBCYC	Professional Board for Child and Youth Care
PBSW	Professional Board for Social Work
PE	Public Entity
PFMA	Public Finance Management Act
QCTO	Quality Council for Trade and Occupations

SAASWIPP	South African Association of Social Workers in Private Practice
SACSSP	South African Council for Social Service Professionals
SAOSWA	South African Occupational Social Workers Association
SAQA	South African Qualifications Authority
SASSA	South African Social Security Agency
SACECD	South African Congress for Early Childhood Development
SDP	Social Development Practitioner
SETA	Sector Education Training Authority
SGB	Standards Generating Body
SL	Skills Level
SSP	Social Service Practitioner
SSP	Sector Skills Plan
SW	Social Worker
WSP	Workplace Skills Plan

DEFINITIONS

- **Adoption Social Worker:**

A social worker as defined in the Children's Act 38 of 2005.

- **Articulation:**

Is the efficient and effective movement of students between educational programmes that guarantees the students' continuous advancement in learning.

- **Assistant Probation Officer:**

A person who has been defined in the Probations Services Act 116 of 1992. However, there has been a change in the designation, and it now will be referred to an auxiliary social worker in the field of probations services.

- **Auxiliary Child and Youth Care Worker:**

A person registered as a child and youth care worker who has obtained the relevant qualification to perform child and youth care work at an auxiliary level.

- **Assistant Community Development Practitioner:**

Any person registered as an auxiliary community development practitioner who has obtained the relevant qualification to perform community development work at an auxiliary level. This is also a category of staff that assists a community development to achieve the aims of community development. The auxiliary worker practices under the guidance of a community development practitioner.

- **Assistant Early Childhood Development Practitioner:**

Any person registered as an auxiliary ECD practitioner who has obtained the relevant qualification to perform ECD at an auxiliary level.

- **Care:**

The promotion of the social, emotional, physical, and intellectual development of vulnerable groups including material maintenance and care responsibilities.

- **Caregiver:**

A practitioner who provides psycho-social and / or physical care to older persons, persons with disabilities, and those with chronic illnesses.

- **Child and Youth Care Worker:**

A person who works in the life-space of children and adolescents with both normal and special development needs to promote and facilitate optimum development through the planned use of everyday life events and programs to facilitate their ability to function effectively within different contexts.

- **Community Development:**

A multi sectoral, multi-disciplinary and comprehensive intervention model adopted to re-orientate social welfare service delivery from the treatment and rehabilitative model to the developmental approach.

- **Community Development Practitioner:**

A person who facilitates community development initiatives and collective solutions within a community to address issues, needs and problems that arise within that community. Furthermore, they develop strategies to encourage community participation and raise community awareness of available services, programmes, and support networks.

- **Consultation in supervision:**

Consultation is a problem-solving process in which help, purely advisory in nature, is offered by the supervisor to the supervisee who can function independently of direct structured supervision.

- **Designated Social Worker:**

Any social worker that works for the Department of Social Development (DSD), a municipality or a designated child protection organization.

- **Developmental Social Work:**

The practical and appropriate application of knowledge, skills and values to enhance the well-being of individuals, families, groups, organizations and communities in their social context. It also involves the implementation of research and the development and implementation of social policies that contribute to social justice and human development in a changing national and global context.

- **Developmental Social Welfare:**

The social welfare system of South Africa is based on the principles of the social developmental approach. In this framework, developmental social welfare is measured by such elements as promotion of human rights, use of partnerships to deliver services; integration of socio-economic programmes and bridging the micro-macro divides in service delivery. Developmental social welfare emphasizes the empowerment of individuals, families, groups and communities as active participants in the developmental processes.

- **Developmental Approach:**

The approach links social development programmes more effectively with economic development programmes. Social and economic development is viewed as complementary.

- **Early Childhood Development:**

The process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school going age.

- **Early Childhood Development practitioner:**

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

- **Early intervention:**

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

- **Education and Training Institution:**

A university, a college or other education and training institution that offers an education and training programme or programmes leading to a prescribed qualification.

- **Forensic Social Work:**

A specialization in social work practice whose primary function is providing expert testimonies in courts of law with the primary client being the judiciary system.

- **Home and Community Based Care:**

The provision of a comprehensive and quality health and social development services within the home and community in order to promote, restore and maintain a person's maximum level of comfort, social functioning and health.

- **Job:**

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

- **Job Description:**

A job description sets out key performance areas, competency requirements and accountabilities.

- **Learner Child and Youth Care Worker:**

A person who is in a learnership programme being trained to enter the field of child and youth care.

- **Learner Auxiliary Social Worker:**

A person who is in the process of being trained to become an auxiliary social worker and is registered as such with the SACSSP.

- **Mentoring:**

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

- **Minister:**

Means the Minister responsible for social development.

- **Non -Governmental Organisation / Non-Profit Organisation:**

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

- **Occupational Social Work:**

A specialization in social work practice, which addresses the human and social needs of the work community within a developmental approach through a variety of interventions that aim to foster optimal adaptation between individuals and their environment.

- **Occupation:**

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

- **Partial Care Service:**

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

- **Practise:**

To render any service within the scope of a social service profession.

- **Practitioner:**

Any person recognized to render a service within the social development realm.

- **Prescribed Qualification:**

The minimum qualification for registration as a social service practitioner.

- **Prevention:**

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

- **Probation Officer:**

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

- **Professional Board:**

A professional board established to register and regulate a profession.

- **Professional body:**

A body of expert practitioners in an occupational field. The definition includes an occupational body.

- **Profession (1):**

A profession is defined as an "occupation requiring extensive education or specialized training"[1].

- **Profession (2):**

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

- **Professionalization:**

Is the act of becoming a professional by embracing the core elements such as registration with a statutory body, adopting a code of ethics, and continuing professional development.

- **Residential Care:**

A setting where caregivers provide care and support within a residential facility.

- **Skills Levels:**

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

- **Social Auxiliary Worker:**

A practitioner who is registered to assist a social worker to enhance the aim of social work practise.

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1 Makofane M D M, Demarcation of Social Services: Professionalization and Specialization, 2008

- **South African Council for Social Service Professions:**

A statutory body that regulates the Social Service professions in terms of the Social Service Professions Act 110, 1978, as amended.

- **Social Development:**

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

- **Social service workers and other categories of personnel:**

This refers to different categories of social service practitioners and other personnel including social workers, Social Auxiliary Workers, community development practitioners and auxiliary community development practitioners, child and youth care workers, auxiliary child and youth care workers, and other categories that may still be defined (see social development above). Social service workers may be deployed to perform both specialist, generalist developmental and auxiliary roles, may receive either formal or informal training, and may in some cases be accredited by an approved authority.

- **Social development sector:**

Encompassing term denoting the sector in which the social service practitioners work.

- **Social Service Practitioner:**

Any person registered or who is studying toward practicing a social service profession or a social service occupation. The generic term covers both professionals and people practicing an occupation. This is a collective term used to denote all persons that practice under the mandate of Social Development and for whom this policy is applicable.

- **Social Welfare:**

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

2 Patel L., Social Welfare and Social Development in South Africa, 2005

- **Social Welfare Services:**

Services and programmes that are provided to address social needs and create opportunities for people to realize their potential. In this document welfare services have been identified as comprising of prevention and promotion, social assistance and social relief, protection and statutory, social support, restorative, rehabilitative and therapeutic, continuing care and reintegration and after care services. In this policy document the term social development services replaces the term social welfare services.

- **Social Worker:**

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

- **Social Work:**

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

- **Social work supervision:**

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

- **Statutory body:**

A body that has been established through the promulgation for a statute for a specific purpose.

- **Student Child and Youth Care Worker:**

A person who is in the process of being trained to become a professional child and youth care worker, and is registered as such with the SACSSP.

- **Student Social Worker:**

A person who is studying at a recognized university or tertiary institution to obtain a qualification to practice as a social worker, and is registered as such with the SACSSP.

- **Supervision:**

Is a process by which an experienced worker is given responsibility by the organization to coach and mentor another less experienced worker or workers in order to meet certain organizational, professional and personal objectives, which together promote the best outcomes for service users.

- **Tasks:**

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

- **Youth Worker:**

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

CHAPTER ONE: POLICY FRAMEWORK

1.1   Policy Statement

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

1.2   Problem Statement

The White Paper on Social Welfare (1997), the policy developed to guide the transformation of the social welfare system into an equitable, people-centred, democratic and appropriate social welfare system states that:

"South Africa has embarked on the arduous task of socio-political and economic reform. While sound economic policies and a well-functioning labour market are essential for growth and employment generation, by themselves, they are not sufficient. To reap the benefits, South Africa must invest in people; that is, develop the human capital which is essential for increasing productivity and moving people out of poverty......... A range of social development workers will be employed to address different needs and problems and to increase human resource capacity, particularly in under-serviced communities and rural areas. Effective training programmes, accreditation systems and the definition of the roles and responsibilities of social workers and other categories of personnel will be developed. There will be scope for some social development workers to perform specialised roles while others will be more generic or development-oriented. Furthermore, the existing human resource capacity needs to be significantly expanded through the utilisation of different categories of social welfare personnel, including volunteers".

The White Paper on Social Welfare recognised both the shortage of human resource capacity and the inadequate reach of the regulatory body (at that time referred to as the interim Council for Social Work) and put a strategy into place for the achievement of an expanded social development workforce, and a transformation agenda for the regulatory body. Whilst there has been an expansion of the social development workforce, the regulatory body had not expanded its ambit to recognise and include this expanded social development workforce.
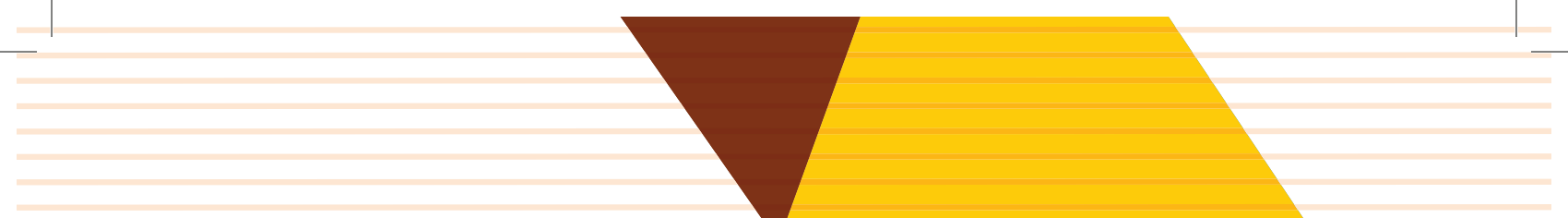
1.3   Mandate of the Policy

This policy pertains to the social service practitioners listed below and to any other relevant social service practitioners that may in future emerge in response to changing socio-economic realities. Any emerging occupation group will be subject to the generic requirements outlined in this policy, and must be approved by the Ministry of Social Development and other relevant bodies of authority. Following is a list of the currently recognized components of the categories of social service practitioners, as per definition. Each of these may perform specialist, generalist or developmental functions, or a combination thereof. Furthermore, some may have professionally recognized qualifications or training requirements, while others are in the process of developing these qualifications, and others currently do not have such a requirement.

1.4   Applicability of the Policy

This policy applies to all sectors employing social service practitioners including:

a.   Public sector: National and Provincial departments of Social Development, Health, Basic Education, Correctional Services, Local Government and Cooperative Governance, Justice and Constitutional Development, South African Police Service and South African National Defence Force. Public Entities and Sate Owned Enterprises also fall within this category.

b.   Non- Governmental Organisations: International, National and Provincial non-governmental organisations, Faith Based Organisations and Community Based Organisations.

c.   Business and Private sector

The policy is also applicable to the following identified social service practitioners:

a. Social workers, and included in this category are: Social Auxiliary Workers and student social workers. Social workers who have specialised in Adoption, Occupational, Forensic and Probation social work and any other specialities undergoing registration at the time of writing this policy.

b. Community development practitioners, and included in this category are: specialized social workers, practicing as community development practitioners and assistant community development practitioners, and students and learners in community development.

c. Child and youth care workers, and included in this category are: auxiliary child and youth care worker, students and learners in child and youth care work.

d. Early childhood development practitioners working with children from "conception to school going age", students and learners in early childhood development.

e. Caregivers and included in this category are: personal care workers, carers for older persons and carers for persons with disabilities and students and learners in this occupation.

1.5   Goal of the policy

The overarching goal is the creation of an institutional and regulatory framework for recognition, regulation and professionalization of the expanded social service workforce in order to increase accessibility to quality services and to effect protection of service users and service providers in the Republic of South Africa.

1.6   Policy Objectives

The specific and component objectives for the attainment of the overarching goal are:

1.7   Defining the sector:
a. Defining the sector with accurate, comprehensive and concise definitions of the practitioners included within the social develop-

ment sector. Also included are definitions of all actors, acts, institutions, roles, responsibilities, and all other relevant terminology utilised in the general functioning of the social development sector.

b. Further standardise and clarify all terminology relevant to the sector.

1.8   Providing a network which

a. Facilitates the alignment of subsequent policy, legislation and strategy with regard to human resources within the sector.

b. Facilitates the alignment of the social development sector in terms of strategy, institutional structures, and implementation, with the relevant legislation of the Republic of South Africa.

c. Providing and defining the values, norms and standards against which human resources in the social development sector should be measured. This includes providing and defining the values and norms that must underpin the sector and its development, and also the development of a code of ethics for the social development sector in the Republic of South Africa.

d. Ensuring developmental service delivery in the social development sector, which must advocate for people-centred development.

e. Clarifying the roles and responsibilities of the Department of Social Development, and related to this, clarifying of the roles and responsibilities of the Minister of Social Development as it pertains to planning for the workforce in the social development sector.

f. Addressing the establishment of a regulatory body for social service practitioners.

g. Recognising that the service user is an active partner in service delivery and therefore ensures broad-based civil society and stakeholder participation in policy formulation, development of legislation, implementation and service provision in the social service sector.

h. Resulting in a publicly accountable social service sector.

i. Facilitating, and participating in, sufficient and appropriate research into the social service workforce in the social development sector of the Republic of South Africa.

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

a. Establishment of appropriate and efficient institutions in the sector including a regulatory body and concomitant structures in the social development sector for the purpose of regulating the sector.

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

c. The setting of minimum standards for professional conduct.

d. Expansion of the human resource capacity.

e. The capacitation of emerging social service practitioner groups who, at the time of writing this policy, had not been recognised.

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

1.9 Policy Outcomes

The intended outcomes of the policy are:

a. Transformed institutional and regulatory system for social service practitioners

b. Standardised education programmes and qualifications for expanded categories of social service practitioners

c. Improved compliance with set norms and standards by practitioners and employers

d. Delivery of professional and accountable social developments services to the general public including children, youth, older persons and persons with disabilities.

1.10 Guiding Principles and Ethos of the Policy

The principles informing this policy are:

• **Accountability**: The policy complies with all legislation and policy requirements.

• **Accessibility**: Accessibility in terms of ensuring that any person who wants to become a social service practitioner may be able to do so.

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

• **Collaboration:** Recognition that services are provided in collaboration with other social service practitioners and stakeholders that work in providing integrated and holistic services. The multi-disciplinary team approach must underpin service delivery and be recognised as the norm.

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

• **Developmental Approach** must be the foundation of all education and learning of the social service workforce.

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

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

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3 For example, the code of ethics for social workers

- **Equality:** All people must have equal access to all services and benefits.

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

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

- **Integration:** The policy is premised on an integrated approach to service delivery and further harmonizes related occupations into a recognised workforce within the social development sector.

- **Life-long Learning** as reflected in the focus of this policy and directives pertaining to continued professional development.

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

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

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

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

- **Service Users** must be recognised as active partners in service delivery**.**

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

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

- **Subsidiarity** - the principle that a central authority should have a subsidiary function, performing only those tasks which cannot be performed at a more local level (In its most basic formulation, it holds that social problems should be dealt with at the most immediate (or local) level consistent with their solution).

- **Sustainability**: That policy and its subsequent outputs make allowance for the continuous expansion of the social service workforce.

- **Transparency**: There should be access to information, and openness regarding all, occupations and the articulation from lower skills levels to professional level.

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

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

- **Unity** within the social development sector resulting from effective participation, standardization and appropriate institutional regulation.

CHAPTER TWO: SITUATIONAL ANALYSIS

2.1   Introduction

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

In the execution of its mandate the Department must be supported by a regulatory framework that will ensure firstly that the public are protected from unprofessional practices and that capacity and capability of the social service workforce are aligned to the needs of the groups the sector seeks to serve. The current Act 110/1978 which was the only legislation that governed social services was found to be exclusive in nature, inflexible and was rigid in application. As it was developed pre-1994, it infringed on human rights, it was not premised on democratic principles, and not aligned to the current legislation of the sector. It was solely written for professional social workers which in terms of the workforce is not always the only need in developing countries. The 1999 amendments attempted to make it more inclusive and adapted it to the requirements of the White Paper; however, these changes were not embracive of the broad spectrum of social service practitioners. The need for a differentiated workforce, with qualifications spanning the broad spectrum inclusive of different skills level within an occupation is what developing countries requires to manage the socio-economic challenges facing vulnerable groups.

The research that informed the development of the White Paper indicated that:
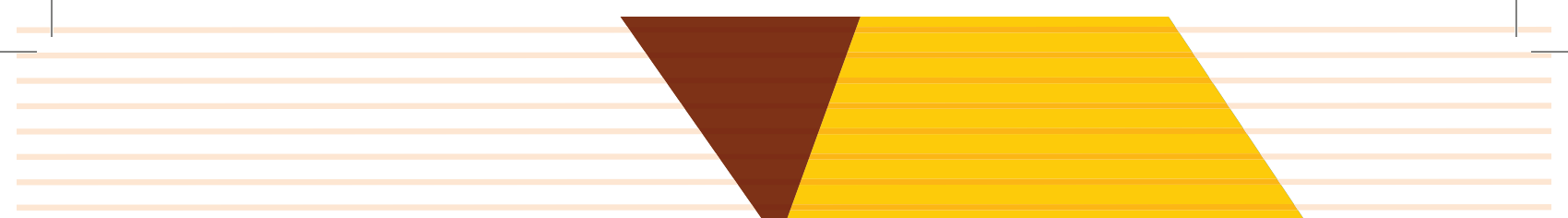
"There is an overreliance on professional social workers and there is a need to expand human resource capacity through the employment of other categories of social service personnel, such as child and youth care workers, community development workers, social development workers, and volunteers".

However, the capability to change this was thwarted by the absence of an inclusive regulatory framework, and that there was no responsibility taken for the development, and support of this expanded workforce. However, in reality the absence of the regulatory framework did not create a barrier for the development of a range of other occupations emerging and being used as key service delivery agents especially in the NPO sector. This in itself is testament to the need for an expanded workforce, and it also served as evidence that social work as the only helping profession in the social development sector was unable to respond comprehensively to the needs of the vulnerable groups. The population and the scale of socio-economic challenges far outweighed the number of trained social workers.

South Africa as a country falls far short within the development arena of having an encompassing regulatory framework that recognises all practitioners in the sector. Therefore, in order for the workforce to be constituted it must be premised on a regulatory framework that is all inclusive and takes into account the changed political and social environment. In addition, the need for an adaptable and flexible act that will make provision for current and future occupations is imperative.

This section of the policy document is thus a brief situational analysis of some of the most relevant aspects of the social and economic context (at the time of writing), that require the intervention of this workforce for their resolution.

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

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

2.2   Population profile

According to the 2016 Community Survey the population of South Africa increased from 51, 8 million in 2011 and 55, 7 million in 2016. Age-sex distribution indicates a youthful population, with the highest proportion of both the male and female population in the 0–4 and 5–9 year age groups. Analysis by age groups show the largest increase in population amongst those aged 5–9 years (from 4, 8 million in 2011 to 5, 6 million in 2016). Gauteng remained the most populous province in the country with a population of 13, 4 million (24,1%). Population group distribution across provinces remained relatively constant from 2011, with Black Africans accounting for over four-fifths of the population in all provinces, with the exception of Western Cape and Northern Cape (Statistics South Africa; 2016: 24).

Social service practitioners implement programmes and projects in communities where beneficiaries are primarily members of households. Kwazulu-Natal and Gauteng continue to have the highest number of households, whilst Free State and Northern Cape had the lowest number. Assessment of living conditions of households in South Africa (Statistics South Africa; 2016: 10) revealed that eight out of ten households (80.41%) were headed by Black Africans, approximately 10.04% were headed by Whites and less than ten (7.23%) were headed by Coloureds. Indian / Asian households only accounted for 2.31% of households. There were more male headed households (58.64 %) compared to female headed households (41.36 %). Indian / Asian households were predominately headed by men (70.95% versus 29.05%) whish was also the case in White households where males accounted for 67.14% of household heads compared to 32.86% of females. There was greater gender parity

in Black African and coloured households. Findings from the 2016 Community Survey (2016: 58) indicated that 297 297 households were headed by children where 61.9% were male and 38.1% were females. Majority of households in South Africa are headed by males while female headed households are apparent in older age groups.

Source of income play a critical role in the ability of households to provide for basic needs of members. The average income for households is higher in urban areas, including formal settlements in urban areas (Statistics South Africa; 2016: 16). Households in urban informal settlements earn average of R46 384 while those in traditional settlements in areas earn R32 812 per annum. This is view as a reflection of high unemployment and lack of job / economic opportunities in these areas.

2.3   Poverty Profile

The reduction of poverty after the demise of apartheid is attributed largely to South Africa's expansive social protection programme. A key driver of this growth has been the Child Support Grant established in 1998. Although the grant was not intended only for women caregivers of children, it is accessed mainly by women. Since the inception of democracy, the social protection system in South Africa has been significantly expanded to reduce poverty which was one of the foremost legacies of the apartheid era.

A literature review of the research conducted by Daniel Francois Meyer et al on the impact of household size on poverty in South Africa suggests that poverty is a complex, multidimensional and universal socio-economic problem. South Africa is one of the countries tormented with extensive and deeply rooted poverty. South Africa is regarded as an upper-middle-income country by the World Bank (World Bank 2014), but up to 50 % of South African households are living in poverty or at least are vulnerable to be exposed to poverty. The reason for this phenomenon in South Africa are numerous and diverse. One of the reasons for high levels of poverty in South Africa is the apartheid system.

The table below shows the minimum income levels per household in South Africa, 2001 to 2013.

Household size (number of people)	2001 (the amount in brackets as per person)	2013 (the amount in brackets as per person)
1	R587 (587)	R1174 (R1174)
2	R733 (R387)	R1546 (R773)
3	R1028 (R343)	R2056 (R685)
4	R1290 (323)	R2591 (R648)
5	R1541 (R308)	R3082 (R616)
6	R1806 (R301)	R3612 (R602)
7	R2054 (R293)	R4108 (R587)

The population of South Africa has increased to 55,7 million in 2016 from 51,55 million in 2011, representing an increase of over 3 million. The number of household in the country has increased to 16,9 million in 2016 from 14,5 million in 2011. According to the Stats SA Community survey 2016 results, of the 55,7 million people in the country a majority (44,9 million) are black Africans, followed by coloured (4,9 million), whites (4,5 million) and Indians / Asians (1,4 million).

According to this study, most provinces reported a decline in the poverty headcount between 2011 and 2016. The lowest poverty headcount was reported in the Western Cape at 2.7 %, followed by Gauteng (4.6%), Free State (5,5 %), Northern Cape (6,6 %), Kwa Zulu Natal (7,7%), North West (8,8%, Limpopo (11,5%) and Eastern Cape 12,7%.

The World Food Summit states that food security exists when all people at all times have physical and economic access to sufficient, safe nutritious food to meet their dietary needs and food preferences for an active life (FAO,1996). Food security is one of the areas that the South African Government has prioritized in 2010 and is closely linked to source of income, household structure, health, access to water and education (Du Toit 2011). The Community Survey has therefore requested the household to indicate whether and how often their households ran out of money to buy food or skipped a meal.

The result to that are less than one fifth (19,9%) of households in the country reported that they had run out of money to buy food in the past 12 months.

Report from the United Nations indicates that the current population of South Africa is 55,436,360 as of January 2017.

Research has shown that the size of households has been declining over the last century in both developed and developing countries. The number of households although smaller households, have shown faster growth rates if compared to overall global population growth (Bradbury et al, 2014).
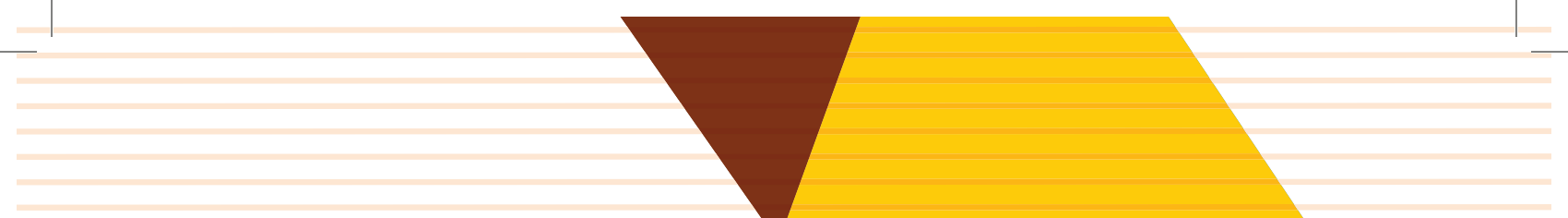
The majority of South Africa's citizens and residents are poverty-stricken. Rural areas, and in particular the former Bantustan areas, are particularly impoverished. In urban areas, millions live in informal settlements, or in the dark buildings of the inner-cities. Millions more depend on social grants for their survival.[4]

The South African government has responded by providing a number of programmes and has developed income policies to ensure that the basic needs of the broader community are met. All government departments contribute in some way to poverty reduction. The DSD has the following responsibilities: the administration of social assistance in terms of the social grants to vulnerable groups; and the social relief grant to those who find themselves in dire circumstances due to an unforeseen event. The Department also provides programmes aimed at alleviating poverty, hunger and reducing unemployment. These programmes are labour intensive and implemented by individuals with specific skills sets. The skills include community development and mobilisation to assist people to become more self-reliant and thus break the cycle of poverty.

2.4. Families

South African families are facing social ills such as unemployment, poverty, crime, substance abuse, violence, and sexual abuse which contribute to disorganisation dysfunctionality of the family system, and by implication the broader society. Social and economic factors, such as high unemployment, high population growth rates and low levels of economic growth, contribute to widespread and acute poverty and the inability of families to support themselves (let alone extended families).The prevalence of these social and economic challenges negatively affect families, resulting in dysfunctional relationships, disintegration and a general inability to fulfil the "traditional" social functions of the family; notably the provision of nurture, care, and support to family members. This disintegration of families arguably contributes to moral decay.

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4 Ibid

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

2.5. Children

In the foreword of the National Development Plan, Minister Trevor Manuel stated that *"we want our children and young people to have better life chances than we have".* This vision of the NDP will never be attained if there is no additional capability added to the current workforce. Children, (defined in the Constitution as persons under the age of 18 years) comprise 40% (22 296 752) of the total population. Black children constitute 85% of all children in South Africa[5]. The Government of South Africa has prioritised the well-being of children throughout its National Development Plan 2030, recognising that the advancement of children's rights is critical to the country's development.

South Africa's extensive social protection system has helped accelerate the decline in child poverty, with the Child Support Grant reaching 11 million children in 2013. The Foster Child Grant and Care Dependency Grant reached 586 000 and 119 000 children respectively. However, almost three out of five children in South Africa still live in poverty[6]. There were 1.99 million AIDS orphans in 2010 and 2.01 million in 2011. In 2009, 4.4% of children were double orphans, 11.6% were paternal orphans, and 3.5% maternal orphans (overall 20% of children were orphans). In general, household structures are severely disrupted and this affects children profoundly. Only one third of children live with both parents, while 24% live with neither their parents, 3% live with their fathers, and 39% live with only their mothers. About 8% of children live in skip-generation households with their grandparents.

Between 2002 and 2010, the percentage of children living in child-headed households (households that comprise only individuals aged 18 or younger) has consistently remained below 1% of all children. Approximately 0.5% of children (100 000 children) lived in child-headed households in 2010, but there have been as many as 170 000 at a time.[7] South African children are poor. Approximately 62% of children live in households with a per capita income of less than R570 per month. The vast difference between population groups is illustrated by the finding that 68.4% of black African children live in low income households, compared to only 3% of white children. Approximately 36% of children live in households without any employed members and social grants and remittances are vital to improve the access to food and education.[8]

In 2010, 18.6% of children resided in households that experienced hunger compared to 16.25 of the total population. Black African children are much more likely to experience hunger than white children (20.4% compared to 0.8%). Households that contain children, particularly child-inclusive female-headed households are much more likely to have experienced hunger. Nearly one third (33.2%) of children had inadequate or severely inadequate access to food.

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

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

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5 Statistics South Africa, Vulnerable Groups Report, 2010

6 Unicef Annual Report 2013

7 Statistics South Africa, Vulnerable Groups Report, 2010. These statistics should be interpreted with caution as they are derived from percentages that are in turn based on mid-year estimates with additional uncertainty.

8 Statistics South Africa, Vulnerable Groups Report, 2010

9 Institute for Security Studies, 2011 Crime Report

increased care and protection of children. Children are the most vulnerable members of society and need adults to provide this care and protection.

Migrant children, including unaccompanied minors, are particularly vulnerable to neglect, exploitation, abuse and discrimination. The plight of this socially excluded group remains a concern. While there is legislation and budgetary commitment to child protection, the gap between legislation and practice is a serious challenge to ensuring an effective child protection system[10]. The DSD has responded by introducing the Children's Act 38 of 2005, which outlines a comprehensive Child Protection System for the country. Implementation of the Act is negatively affected by the insufficient human resources available to do so. For the first time, the Children's Act has also made the provision of prevention and early intervention services a legislative directive, which increases the pressure on the current workforce to provide these services.

A recent study undertaken by the DSD titled Situational Analysis of Social Welfare Workforce serving Children, found that there is a shortage of all the social service practitioners indicated in the Children's Act as role-players in the implementation of the provisions of the Act.

This report also indicated the following:

Setting	Social worker	Auxiliary SW	Child and Youth Worker	Total
Government	4726	2434	1532	8692
NGO	1773	1580	1071	4424
Total	6499	4014	2603	13116

2.   *Table1: Total number of SSPs serving children[11]*

The preceding discussion clearly illustrates the need to expand and align the social service workforce to the needs of children. This policy, by facilitating the expansion and professionalization of the social service workforce, will contribute directly to an increase in the ability of the sector to service

the needs of children and other vulnerable groups.

Early childhood development is another critical area highlighted by the NDP as well as the Child Gauge. The Minister in the Presidency in Child Gauge 2012[12], and the National Planning Commission in its Diagnostic Overview, referred to the need for qualified early childhood development practitioners. This is one of the largest group of social service practitioners that this policy caters for. The Minister refers to a series of studies published in the Lancet Medical Journal which indicated that "cognitive development of over 200 million children under the age of 5 was held back by poverty, ill-health and under nutrition, and identified early childhood as "the most effective and cost-effective time to ensure all children develop their full potential. The NDP further recommends that in order to improve education standards all children have access to two years of quality early childhood education before they start formal schooling. This is a challenge for both the Departments of Social Development who are responsible for the provision of early childhood development programmes for children up to the age of 5 years, and the Department of Basic Education, which is responsible for providing Grade R – to prepare children for formal schooling.
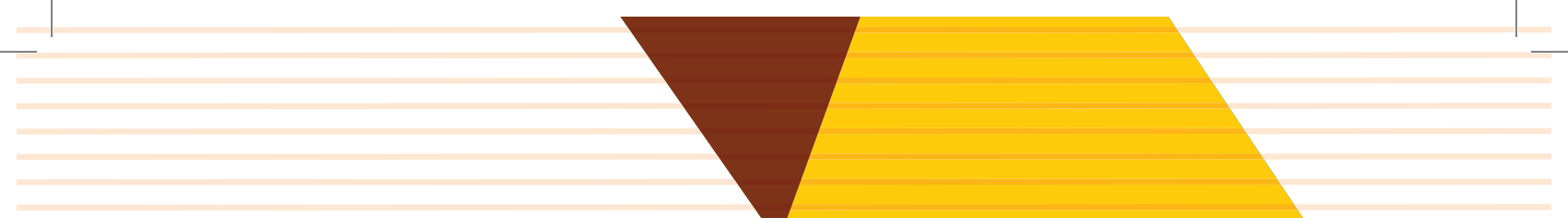
"The phasing in of a reception year (grade R) has resulted in huge increases in the participation rate of five- and six-year olds. In 2007, 80.9% five-year olds were enrolled in educational institutions compared to 45.6% in 2001 and only 22.5% in 1996. Among six-year olds, participation improved from 49.1% in 1996, to 70.3% in 2001, and then 91.4% in 2007."[13]

By 2012, 67 per cent of children under four years old had been exposed to some form of early childhood education programme in South Africa. The need to improve the quality of early childhood education, as well as access and coverage, is well recognised by the South African Government. The vision for ECD outlined in the NDP is that "by 2030 South Africa needs an education system with the following attributes namely, high quality early childhood education, with access rates exceeding 90%".

"However, the quality of early childhood education and care for poor black communities is inadequate and generally very poor. Early childhood development is underfunded by government and is largely provided through support provided by donors

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10 Unicef Annual Report 2013

11 Situational Analysis of Social Service Workforce serving children Report 2012

12 South African Child Gauge 2012 Report

13 National Planning Commission quoting National Treasury 2010

to non-governmental organisations. Despite the policy commitment to early childhood development, implementation in the poorest communities lags behind. This shows up in development indicators on children"[14]. The Children's Act prescribes that all service providers and practitioners working in the field of early childhood development must be appropriately qualified to do so. In terms of the provision, the DSD is responsible for ensuring that ECD practitioners are suitably qualified.

Another category of children that need special mention is children who are perpetrators of crime, or children in conflict with the law. Whilst the DSD is responsible for providing services to children who commit a crime in the form of reception, assessment and referral services, as well as secure centres for children awaiting trial, the number of children in need of this service is continuously increasing. The implementation of the Child Justice Act 75 of 2008 resulted in the number of awaiting trial children decreasing from 711 as at March 2010 to 163 in January 2013, a decrease of 77%. Over the same period the number of sentenced children (being detained in youth correction centres) decreased by 60% from 771 to 282[15]. However, this decrease in number are absorbed in community based diversion programmes which demands a high rate of supervision by social service practitioners.

2.6. Youth

The 2015 social profile of youth (15-35 years) in South Africa reveals that youth population has a lower percentage growth (5.8%) than the general population (6.7%); youth account for 36% of the total population. It has been recorded that challenges facing youth poverty and unemployment and poor quality of education contribute to far-reaching and over-arching socio-economic consequences for young people, putting them in at a high risk of falling into poverty, criminal behaviour, ill-health and drug and substance abuse (Statistics South Africa; 2015: 1). One of the characteristics of the youth population is youth headed households and their functioning within communities supported by social development services. In 2015 overall households headed by youth in South Africa accounted for 26% of all households in the country. Gauteng, Kwazulu-Natal, Limpopo and Western Cape had the highest percentage shares of youth headed households among ages 15- 24 years.

A large proportion of out-of-school youth and young adults are not working. About two thirds of unemployed youth are below the age of 35. Unemployment rates for black youth are higher and almost all the job losses in 2009/2010 were experienced by those under the age of 30, and with less than a grade 12 education. Low levels of education attained and low standards in education ensure that youth are poorly prepared for further training and work. "This lack of job readiness is a strong disincentive to hiring young people, and when people cannot get stable employment before they reach the age of 24, the chance of them ever getting a permanent, stable job falls dramatically. Employment among youth therefore declined by almost 2% in 2014. Of the 5 million unemployed people in South Africa, youth accounted for 3,5 million people, the highest unemployed population groups being Coloureds and Blacks. Similarly to older generations young people in rural areas continue to bear the brunt of unemployment compared to their urban based counterparts.

The South African education system has maximum expenditure (compared to other middle-income and developing countries) and minimum returns.[16] Young persons emerge from the system unable to cope with tertiary education or the requirements of employment. Young people from impoverished households perform particularly badly. According to the National Planning Commission, "low literacy levels among parent, poor nutrition, violence and social fragmentation are factors that explain why the performance of school children from poor communities remains low relative to their wealthier peers. The National Planning Commission continues: "pupils who come from households without parents, without income support and whose daily lives are shaped by violence, alcohol and substance addictions and abuse require counselling and support services that are not available in schools or poor communities. Social workers, school nurses and parent-teacher committees, as well as, broader engagements with community organisations are not part of the school system."

Nevertheless, the youth can generally be said to have access to education. There were just over 14 million learners in 2010, of which approximately 12 million were in publicly funded or government schools. The other approximately 2 million were in independent schools or tertiary institutions. Public schools therefore cater for over 96% of learners.

14 National Planning Commission, Diagnostic Overview

15 The Times January 16 2013

16 See National Planning Commission, Diagnostic Overview for details

In 2007, the gross enrolment rate for grades 1 to 7 was 98%, suggesting near universal coverage. For grades 8 to 12 enrolment was at 85%. This shows that many learners drop out before completing grade 12.[17] The percentage of children (28.2%) and youth aged 15-24 (36.8%) who dropped out of educational institutions, cited 'no money for fees' as the main reason.[18] A noticeably larger percentage of females (13%) than males (0.6%) cited 'family commitment'. By the age of 22, 56.6% of youth are neither attending any educational institution, nor working, while 28.7% are working and 14.7% are still attending an educational institution. The youth are at risk of becoming unemployable and falling into a chronic systemic poverty.[19]

The quality of education remains a challenge in most settings. Early pregnancy compels many girls to drop out of school. About eight per cent of girls between the ages of seven to 18 years who were not attending any educational institution in 2012 cited pregnancy as the main reason for dropping out of school.

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

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

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17 National Planning Commission, Diagnostic Overview

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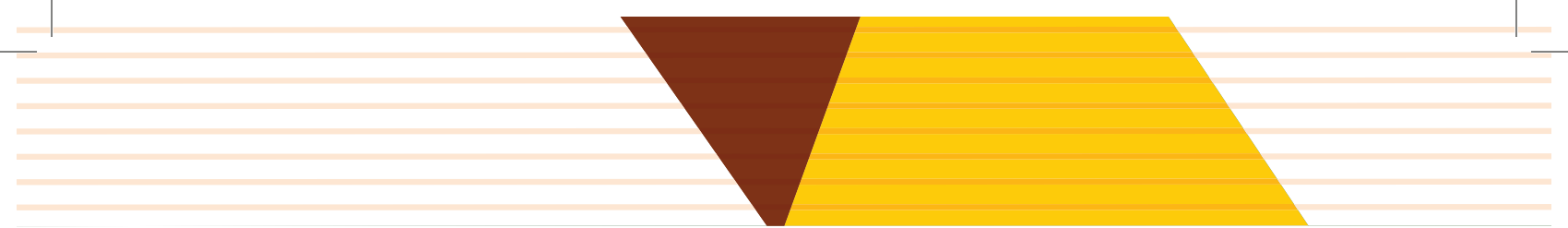
19 Statistics South Africa, Social Profile of vulnerable groups in South Africa 2002 to 2010, Report number 03-19-00

2.7. Profile of People with disabilities

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

According to the report on the experiences of persons with disability in learnership, Higher Education Institutions and in Public Entities (2015), the term disability is defined as a term that summarises a great number of different functional limitations occurring in any population in any country of the world. It further states that people may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

Mainstreaming disability in society, including all aspects of developmental social welfare service delivery is well articulated in global, national and provincial levels. Government programme of action ensures implementation of programmes, and strategies that will make all services accessible to persons with disabilities and these include equal access to education, employment activities and all basic services. Implementation of appropriate interventions are based on understanding profiles of persons with disabilities and prevalence thereof across all provinces. A report on profile of persons with disabilities (Statistics South Africa; 2011: vii) demonstrates that Black people have the highest proportion of persons with disabilities (7.8%) followed by Whites (6.5%), while there were no variations observed for Coloured and Indian/ Asian population group. There is also a positive correlation between disability and age, where the proportion of persons with disabilities increases with age. This is evidenced by 10% of children aged 5-9 being disabled and a recognised increase from 50-55 (12.2%) until 44.5% at age 80-85. The highest proportion of people living with disabilities was found to be in the Free State, with 11,1% of its population having a disability, followed by the Northern Cape, with 11%, the North West, with 10%, the Eastern Cape, with 9,6%, KwaZulu-Natal, with 8,4%, Mpumalanga, with 7%, Limpopo, with 6%, the Western Cape, with 5,4% and Gauteng, with 5,3%. Mining activities were viewed as a contributory factor to the high prevalence of people

with disabilities in Free State, Northern Cape, North West, and Eastern Cape.

People with disabilities are seen as an at-risk population because of their vulnerability to poverty, abuse, lack of adequate education, poor access to health services and so on (Hanass-Hancock et al. 2013). Persons with disabilities are entitled to exercise their civil, political, social and cultural rights on an equal basis with non-disabled persons. The preamble of the UN Convention on the Rights of Persons with disabilities recognises the importance of accessibility to the physical, social, economic and cultural environment to health and education and to information and communication in enabling people with disabilities to enjoy their rights.

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

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

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

Care givers for persons with disabilities should continue to be mindful of these factors, develop relevant knowledge skills to ensure that they provide appropriate care and support to persons with disabilities.

2.8. HIV/AIDS

South Africa has a generalised HIV epidemic driven largely by sexual transmissions. [20] The HIV/AIDS epidemic has placed enormous pressure on extended families to provide informal care both for people living with HIV and AIDS as well as for children that may lose parents due to the disease (R Kidman et al). In the context of the HIV/AIDS epidemic, millions of orphans have been absorbed into extended families and this suggests substantial adverse consequences to the state as resources need to be made available for perceived stress, depression, chronic illnesses, worse nutrition and health decline for such families.

The 2015 mid-year population estimates as the total 54.96 million. The estimated HIV prevalence rate is approximately 11.2 % of the total South African population. The total number of people living with HIV is estimated at approximately 6.19 m in 2015. For adults aged 15-49 years an estimated 16.6% of the population is HIV positive.

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20 National Planning Commission, Diagnostic Overview

Table shows births and deaths for the period 2002 - 2015

Year	Total number of births	Total number of deaths	Total number AIDS – related deaths	Percentage of AIDS deaths
2002	1118 916	608 480	271 419	44.6
2013	1232 668	539 880	177 624	32.9
2014	1242 070	516 929	151 040	29.2
2015	1250 782	531 965	162 445	30.5

The table shows prevalence estimates and the total number of people living with HIV from 2002 – 2015. The total number of people living with HIV in South Africa increased from an estimated 4.02 min 2002 to 6.19m by 2015. For 2015 an estimated 11.2 % of the total population is HIV positive. One fifth of South African Women in their reproductive ages are HIV positive.

Research conducted by Mduduzi Mtshali on role reversal of rural black grandparents in South Africa argued that post-apartheid South Africa is also marked by the increased female labour migration from rural areas to small towns and cities to look for employment. Their children are left behind in the grandmothers' care who then assumes the task of child rearing. The younger generation who are supposed to be providing care for elderly people are no longer able to do so due to their own HIV/AIDS related illnesses. The younger generation that should take on caregiving roles are becoming sick leaving the older generation to provide care instead of being cared for

South Africa is one of twelve countries globally in which maternal mortality has increased since 1990. According to the latest Millennium Development Goals Country Report for South Africa, the maternal mortality rate could be as high as 625. The MDG target is 38. The main non-pregnancy related causes of maternal mortality are HIV/AIDS, hypertension and obstetric haemorrhage. [21]

The above analysis shows a country that is still challenged by the pandemic and is at this point highly susceptible to long-term political destabilisation and social and economic decline, and therefore requires strong preventative and other palliative interventions to stop the scourge of the pandemic.

The DSD is responsible for the care and protection of Orphans and Vulnerable Children, provision of psycho-social support to families and children infected and affected by HIV, and the provision of prevention strategies and social change behaviour interventions to stem new infections across all target groups served by the DSD.

21 National Planning Commission, Development Indicators

UNAIDS/Global AIDS response progress reporting 2015 shows the HIV/AIDS prevalence in as follows:

General population	Disaggregated by age
Percentage of young people aged 15 – 24 who correctly identify ways of preventing the sexual transmission of HIV who reject major misconceptions about HIV transmission.	(15 – 19, 20 - 24)
Percentage of young women and men aged 15 – 24 who have had sexual intercourse before the age of 15.	(15 – 19, 20 – 24)
Percentage of women and men aged 15 -49 who have had more than one sexual partner in the past 12 months	(15 – 19, 20 -24, 25 -49)
Percentage of women and men aged 15 – 49 who have had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse.	(15 – 19, 20 – 24, 25 – 49)
Percentage of women and men aged 15 – 49 who received an HIV test in the past 12 months and know their results	(15 – 19, 20 -24, 25 – 49)
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.	(>15 – 15 +)

The table gives an overview of the indicators described in the Global AIDS response progress reporting 2015 guidelines and those described in this guide for the 2015 health sector reporting universal access (UA2015).

The risk of mother to child transmission can be significantly reduced by providing antiretroviral medicine. The data to be used to track progress towards elimination of mother to child transmission also to assess progress in implementing more effective regimen and ART. Disaggregation of regimen definitions shows that a number of HIV positive pregnant women identified in the reporting period have newly initiated on ART for life. Number of HIV positive pregnant women identified in the reporting period who were already on ART at their first Antenatal Clinic visit.

Database of Caregivers in South Africa as at November 2016

Provinces	M	F	Total	Educational Level
Kwa Zulu natal	7	374	381	Matric (27), Std (9-96) below: std6 (-9), none (22)
Mpumalanga	11	268	279	Matric (78), std (9-101), below std6 (83), none (13)
Western Cape	3	288	291	Matric (191), std (9-65), below std6 (35)
Free State	17	515	532	Matric (200), std 9(230), below std6 (62), none - 60
North West		66	66	std 6(9)
Northern Cape	11	227	238	Matric (61), std (9-109), below std6 (60), no schooling (8)
Eastern Cape	4	357	401	Matric (101), std9 (103), below std6 (117)
Gauteng				567
Limpopo	961	147	1108	

Source: Department of Social Development - Directorate Services to Older Persons

It is evident the majority of care givers are performing at lower skills level. It is the responsibility of the department of social development to ensure that minimum requirements for training are developed for standardised qualification and ultimate recognition for regulation.

2.9 . Substance use and abuse

Drug use in South Africa is more prevalent than in much of the rest of the world. Approximately 9% (2.2. million people) of the South Africa population use cannabis, compared to the global average of 4% (that is more than double). Similarly, approximately 1% of South Africans (0.21 million people) use cocaine compared to the world average of 0.1%. In general, drug use in South Africa is twice the world norm.[22] There are 1.97 million known problem drinkers,[23] and South Africa is one of the ten countries consuming the most alcohol. According to the Medical Research Council, there is a liquor outlet for every 190 persons in South Africa, and the overall prevalence of alcohol abuse is likely to be as much as 30% among certain groups. Approximately 70% of alcohol consumed is malt or sorghum beer.

According to the Central Drug Authority (whose research was not statistically representative) 65% of the respondents surveyed were using substances in their homes. The following substances (in rank order) are most likely to be used; alcohol, dagga, glue, cocaine, prescription medication, and heroin (at 10%, most of whom are likely to die as a result).

The consequences of substance use identified in the research include participation in crime, violence, abnormal and anti-social behaviour, HIV/AIDS, death, physical damage to users' bodies, mental illness and extensive family violence (including child abuse). In general, substance use results in increased incidence of abuse. The children, dependents and families of these users develop mental illness, maladaptive personalities, anxiety disorders, depression, and become bi-polar.[24] For young people, added risks include involvement in prostitution, risky sexual behaviour (contraction of STIs, HIV and teenage pregnancies) and learning difficulties.

Local research has found rates of foetal alcohol syndrome in excess of 30 per 1 000 in certain high-risk communities, at least three times higher than the highest rates reported in high risk communities in the USA.[25] According to the research conducted by the National Planning Commission, South Africa has the highest incidence of alcohol foetal syndrome in the world.

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

- 212.9 per 100 000 of the population in 1994
- 207.4 per 100 000 of the population in 2001
- 303.4 per 100 000 of the population in 2005
- 357.5 per 100 000 of the population in 2007
- 430.5 per 100 000 of the population in 2010[26]

The organisation 'Doctors for Life' reports that five per cent of sentenced prisoners have been convicted of drug-related offences. The Human Sciences Research Council reported that just over half of all male prisoners reported taking alcohol and/or drugs immediately before or after committing the offence for which they were imprisoned. The relationship between drug abuse and contact crimes (assault, assault with GBV, indecent assault), rape, and murder is also emphasised by the Institute for Security Studies 2011 crime reports.

There is also a close and causal relationship between substance use / abuse and domestic violence. A study conducted by the Department of Social Development in 2008 on the nature and prevalence of domestic violence in South Africa showed that alcohol is a key contributing factor to domestic violence and argued that interventions focussing on reducing substance use would have the largest measurable impact on reducing domestic and related family violence.[27] The study found that there is an important link between the propensity to domestic violence and drug and alcohol use – 76%

22 Health 24

23 Medical Research Council

24 Central Drug Authority, Substance use and abuse in South Africa: A presentation to the

National Mental Health Summit, 12 April 2012

25 Health 24, 13 August 2008, Everything about drugs

26 National Planning Commission, Diagnostic Overview

27 Weideman M, Objectification of women, alcohol use and domestic violence in South

Africa, Polity, 2 December 2011, http://www.polity.org.za/article/16-days-of-activism-

objectification-of-women-alcohol-use-and-domestic-violence-in-south-africa-2011-12-02

of the perpetrators of domestic violence identified in the study "regularly use" alcohol and other drugs, while approximately half of perpetrators were considered by the victims to have "serious" substance abuse problems. In general, the victims and perpetrators interviewed reported that abuse was more likely to take place when perpetrators were using alcohol or drugs. The majority of victims said that they feared the abusers the most when the abusers used alcohol. Survey respondents were asked to report on the worst incidence of domestic violence they had experienced. Drugs/alcohol use was a trigger in 63% of the worst incidences reported, and 73% of the overall incidences reported.[28] More recent research, notably a Gender Links study on gender-based violence in Gauteng, found that men's alcohol consumption was closely associated with perpetration of all forms of gender-based violence, including rape. It also found that 4.2% of women had been raped while drunk or drugged and that 14.2% of men surveyed had forced at least one woman to have sex when she was too drunk or drugged to refuse.[29]

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

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

28 Weideman M, Objectification of women, alcohol use and domestic violence in South Africa, Polity, 2 December 2011, http://www.polity.org.za/article/16-days-of-activism-objectification-of-women-alcohol-use-and-domestic-violence-in-south-africa-2011-12-02

29 Machisa M, Jewkes R, Lowe-Morna C, Rama K, The war at home: Gender Based Violence Indicators Project, Gender Links, 16 August 2011, www.genderlinks.org.za

The factors that contribute to the likelihood of individuals using / abusing substances include unemployment, poverty, lack of good parenting, peer influence, lack of appropriate knowledge, a family history of use / abuse, availability and mental illness.[30] Family disintegration is one of the major results of substance abuse, and the affect is felt by children, youth, women and older persons.

Substance abuse analysis on use in South Africa, focusing on more or less the period 1990–2015. The more specific objectives of the analysis are (1) to identify areas of vulnerability to substance use related harm, (2) to outline the nature and extent of substance use related harm, and (3) to conclude with an outline of the service delivery and research implications of the results of the analysis. For the sake of clarity and consistency, a definition of substance use and an analytical framework introduce the analysis.

The first area of vulnerability that intervention agents need to take cognisance of is the comparatively high level of substance use in South Africa. For example, and in short, substantial proportions of South Africans generally admit the use of some substance or other. Moreover, the use of a comparatively wide range of substances occurs, with this range gradually widening. However, substance use tends to be particularly characterised by the intake of alcohol, tobacco, cannabis and the non-medical use of over-the-counter and prescription medicine. It is furthermore a male rather than a female phenomenon generally, except in the case of the non-medical use of over-the-counter and prescription medicine, which tends to be particularly prevalent among women. Geographic or regional variations also occur. For example, substance use tends to occur in urban rather than rural areas, and in the Western Cape and the Northern Cape rather than in the other provinces.

The *World Drug Report 2014* [37] furthermore notes: 'In South Africa, expert perception is that there is some **increase** in the use of **heroin** and **methamphetamine**.' (The emphases in bold in the latter quotation have been added.)

With regard to the **level of substance use** among **young people** (±10-24 age group), available data[38] suggest that young people generally **emulate** the substance use patterns of their **older counterparts**.

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

For example, a comprehensive analysis [39] of the nature and extent of substance use among young people showed that –

*fair to **substantial proportions** of young South Africans (±10-24 years) generally admit that … [they] have **used** some … [substance] or other at some time in their life … [Substance use] also mostly comprises the use of alcohol and tobacco, the non-medical use of medicine and the use of cannabis.*

In a 2013 update of the GBD study, alcohol and illicit drug use was the second leading risk factor among a list of risk factors that mostly accounted for burden of disease in South Africa. The estimations of risk in the GBD study took cognisance of the burden of acute types of substance use related harm such as substance use related intentional and unintentional injuries, and chronic types of substance use related harm such as dependence and the Foetal Alcohol Syndrome

Furthermore, the 2014 *Global status report on alcohol and health* [88] of the World health Organization estimated (1) the prevalence of **alcohol use disorders** (alcohol dependence and harmful alcohol use) in the adult population (persons 15 years or older) in South Africa in 2010 at 5.6% (10% among males and 1.5% among females), i.e. higher than the corresponding figure (3.3%) for the African continent; (2) the related estimates for alcohol dependence was 2.4% (4.2% among males and 0.7% among females) for South Africa and 1.4% for the African continent. (Harmful alcohol use refers to "drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes"

Bearing in mind the fact that available information on substance use and related harm point to various areas of vulnerability to the development of substance use related harm as well as the presentation of various forms of harm in South Africa, it seems appropriate that policy makers and service providers give special attention to preventing such harm. The management of all these psychosocial phenomenon is the direct responsibility of the DSD as these affect the quality of life of all people and more so the vulnerable groups

2.10. Women

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

Women are expected to conduct their productive and reproductive roles, thus reducing the possibility of engaging effectively or even adequately in the broader economy.[31] Women are more likely to be unemployed, and when they are employed, women still earn less, on average, than men. Only 18% of managers in South Africa are women.[32]

Poverty among female-headed household is much higher than average poverty rates, in part, because women continue to earn less than men do. More than half; 51.4% of female-headed households are poor compared to 29.5% of male-headed households.[33] Female-headed households generally contain more dependents and have a larger average household size than male-headed households. Similarly, 44.3% of female-headed households were without a single employed member compared to 23.5% of male-headed households.

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

Despite widespread claims about a reduction in crime and violence this in not the case and stem from comparisons between 2008/9 and 2010/11 data. Longitudinal comparisons of SAPS, ISS and Statistics South Africa statistics show a consistent and dramatic increase in all crime since the late 1990s. Sexual offenses accounted for 10.4% of all reported contact crime in 2010/11.[34] With regard to sexual offenses (which are most likely under-reported) there were 137.6 reported cases of

31 Ibid

32 National Planning Commission, Diagnostic Overview

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

34 ISS, SAPS, Crime Report, 2010/11

sexual offenses per 100 000 of the population in 2006. In 2007, it was 133.4 per 100 000 per annum, and in 2010 it was 138.5 per 100 000 per annum.[35] In 2011, it was 132.4 per 100 000 per annum (i.e. 66 196 reported cases).[36]

Assault (at 29.1%) and Assault with Intent to cause Grievous Bodily Harm (at 31.1%) accounted for a large percentage of reported contract crimes in 2010/11. Although police do not keep records of domestic violence or gender-based violence, it stands to reasons that many of these were incidents of gender-based violence. The police statistics also show that the dominant social crime committed against adult women (and reported) is common assault (46.9% of cases).

Statistically representative surveys of the prevalence and nature of gender-based-violence in Gauteng, the Western Cape and KwaZulu-Natal suggest that gender-based violence is far more widespread than SAPS reports suggest. The research found that 51% of women in Gauteng, 45% of women in the Western Cape, and 36% of women in KwaZulu-Natal had experienced gender-based violence. Further, 51% of women in Gauteng, 44% of women in the Western Cape and 29% of women in KwaZulu-Natal had been subjected to intimate partner violence.[37] In 1991, it was estimated that 25% (1 in every 4 women) was assaulted by an intimate partner every week, that one adult woman out of every six was assaulted by her partner, and that in at least 46% of these cases, the men involved also abused the woman's children.[38]

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

Gender-based violence places women at increased risk of sexually transmitted infections including HIV/AIDS and poor mental health. A Gender Links survey showed that 35% of the women who reported being raped were clinically diagnosed with STIs, while 11% of the women were abused by their intimate partners are now known to the HIV positive.[40]

As indicated above, intimate partner and domestic violence remains unacceptably prevalent, and the security and legal systems continue to fail women in this regard. The conclusion of a research study by the University of Cape Town and the Institute for Security Studies on the mechanism for dealing with domestic violence reads: "For many women, the family often remains the first (and sometimes only) source of assistance in attempting to resolve domestic abuse, failing which they use other structures such as the church, street committees, headmen, traditional healers and non-governmental organisations.

The court system is seen as a last resort when all other options have been exhausted.[41]

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

35 National Planning Commission, Development Indicators

36 ISS, SAPS, Crime Report 2010/2011

37 Machisa M, Jewkes R, Lowe-Morna C, Rama K, The war at home: Gender Based Violence Indicators Project, Gender Links, 16 August 2011, www.genderlinks.org.za

38 Russell D, Rape and child sexual abuse in Soweto: An interview with community leader Mar Mabaso, South African Sociological Review, 3(2), 1991

39 LoveLife, Teenage pregnancy in South Africa: With a specific focus on school-going learners, 2000, www.lovelife.org.za

40 Machisa M, Jewkes R, Lowe-Morna C, Rama K, The war at home: Gender Based Violence Indicators Project, Gender Links, 16 August 2011, www.genderlinks.org.za

41 Moult K, Providing a Sense of Justice, Informal Mechanisms for dealing with domestic violence, University of Cape Town, Institute for Security Studies, www.issafrica.org

2.11. Older Persons

Large components of the South African population rely on older persons for their survival. Financially, other household members rely on older people to share their social grants, and socially, older people are increasingly called upon to take over the nurturing responsibilities that their children are unable to perform because of illness, or absence as a result of labour migration.[42]

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

Older persons face a number of challenges, some of which include lack of mobility, isolation and lack of infrastructure particularly in the rural areas, inability or difficulty accessing pension pay-points, increasing responsibilities for grand-children and other family members, discrimination, abuse, violence, crime (easy targets), persecuting and murder for so-called witch-craft, economic exploitation, deteriorating mental and physical health and lack of access to necessary health services.[43]

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

The preamble to the Older Persons Act states that:

"*it is necessary to effect changes to existing laws relating to older persons in order to facilitate accessible, equitable and affordable services to older persons and to empower older persons to continue to live meaningfully and constructively in a society that recognises them as important sources of knowledge, wisdom and expertise . . . "*

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

2.12 People in prisons

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

Children who are born of mothers who have been sentenced may only live with them until the age of 2 years. The DCS is responsible for provision of ECD services to those children in the first two years after birth; thereafter an alternative place of care must be located for that child within a community. This function requires the competency of a social workers and/or child and youth care workers.

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

43 Southern African Catholic Bishops Conference, Parliamentary Liaison Offices, Briefing Paper 302, October 2012

Correctional services statistics for awaiting trial Detainees (RD) as at 25 January 2017.

REMAND DETAINEES (RDs)						
Children Females (Less than 18 years)	Children Males (Less than 18 years)	Juveniles Females (18 - 20 years)	Juveniles Males (18 - 20 years)	Youth & Adults (21 years and older) Females	Youth & Adults (21 years and older) Males	Sub Total
4	68	88	4291	1168	39719	45338

Correctional services statistics for sentenced offenders as at 25 January 2017.

SENTENCED OFFENDERS						
Children Females (Less than 18 years)	Children Males (Less than 18 years)	Juveniles Females (18 - 20 years)	Juveniles Males (18 - 20 years)	Youth & Adults (21 years and older) Females	Youth & Adults (21 years and older) Males	Sub Total
2	137	67	3254	2824	110013	116297

Effective rehabilitation of offenders be it children or adults is the stated goal of the DCS. Correctional centres are over-crowded and plagued by a number of challenges. The number of detainees' increases annually and most detainees are serving lengthy sentences (the majority are sentenced for more than 10 years). Many of these detainees need psycho-social support and their families need material support. The DCS employs social workers to deliver this service to offenders. In 2009 alone, 114 972 detainees were sentenced, while 47 602 detainees were awaiting trial.[44]
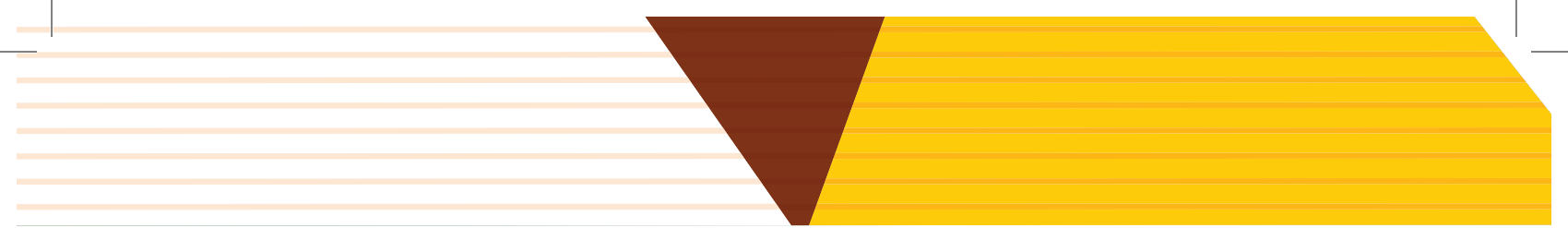
2.13. Summary

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

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

44 Statistics South Africa, Mid-year population estimates, July 2010

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

CHAPTER THREE:
CONTEXTUAL ANALYSIS

3.1 Background

The adoption of the *White Paper for Social Welfare* in 1997 was the catalyst for the transformation agenda of social development in South Africa. This policy changed the perspective to social service delivery. It introduced the concept of social development and therefore had at its foundation in developmental approach to social welfare. According to Leila Patel; a leading author in the field [1]*the social development perspective to social welfare provides the most appropriate and sustainable way to tackle the dual challenges of addressing past disparities and new needs flowing from the risks of human security and development in South Africa".* This approach is based on the recognition of human rights, the investment in human capacities, participation of the socially excluded, partnerships, social solidarity, and active citizenships.

The shift of social welfare towards a developmental paradigm is based on a constitutional policy and legislative mandate. The execution of this mandate required a fundamental transformation of the welfare sector and thus the delivery mechanisms. Whilst a number of positive changes are evident since the adoption of the White Paper specifically in the realm of policy and legislative reform, the recommended changes in institutional arrangements, models of service delivery, human resources, and a number of approaches to service delivery lagged behind.

In order to transform the entire social development sector to the new developmental approach there should have been a systematic approach that would have responded to the recommendations. The features of the developmental welfare service delivery model according to Patel[45] are:

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

Crucial amongst these recommendations was the shift in paradigm as required by the developmental approach, namely the need for community development as an essential feature of the service delivery model.

A second critical recommendation was the need to expand both the capacity (numbers) and capability of social service workforce in order to meet the demands of the general populace for developmental social services. The White Paper, acknowledged the need for the recognition of a host of other complimentary categories of occupations in order to firstly meet the needs of the vulnerable groups and secondly to implement the developmental approach. A call for the reorientation of the then current workforce was made in order to ensure that this became the approach of choice in the delivery of social development services. A recommendation with regard to tertiary education was also included in the White Paper to ensure that all new students were instructed according to this approach.

Many of the recommendations in the White Paper took a long time in being followed through, with a number of them still not being implemented.

In addition, it placed the responsibility for the planning, development and supporting of the social service workforce squarely in the realm of the national and provincial departments of social development. This responsibility was never fully planned for and whilst some provinces attempted to change the manner in which they conducted business, this was an ad-hoc change which was not sustainable as it brought about unhealthy competition specifically in the NPO sector.

The regulatory body namely the South African Council for Social Service Professions governed by the Act 110/1978 was also undergoing transformation. The transformation agenda was narrowly focused as it concentrated mainly on trying to attract social workers who defied the registration process and incorporating those from the homelands. This legislation changed incrementally and still focussed on social workers and did not become inclusive to accommodate other occupations wanting to become part of the regulatory framework.

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45 Leila Patel - Social Welfare and Social Development – p 160-161, 2005

Whilst a number of other social service practitioners (specifically child and youth care) made attempts to be recognised as social service practitioners, resistance to inclusion into the sector was experienced. In addition, the legislation was specifically developed for the social work profession, with the result that the legislative framework was preventing the inclusion of other practitioners. The training and thus, the qualification networks that ensure recognition of the various professions was, and still is, limited. The institutional arrangements within the DSD, which should give direction to the acceptance of these social service practitioners as part of the recognised human resources component for the sector recognized were and still are inadequate. The current funding model to the NPO sector is skewed toward the funding of posts rather than programmes. The consequence of which is the incapacity of NPOs to purchase the skills and competencies required by a programme. The institutional arrangements required to regulate all these excluded practitioners are not in place.

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

The DSD is the parent Ministry and therefore responsible for the development of this policy, which will ultimately lead to the development of the legislation. The development of the policy will make provision for:
- the broadening of the social service practitioners base,
- the recognition of the various role players/ social service practitioners in the sector,
- the institutional arrangements to implement and manage the legislation,
- guiding and regulating the various practitioners of this sector in terms of service provision
- protection and strengthening of accountability to service recipients
- guiding and protecting professionals within the various work settings
- the trajectory of an occupation into a profession, and
- the delivery of social development services according to an acceptable standard.

It is further envisaged that one of the outcomes of this policy will be that the Department of Social Development will institutionalise their responsibility of planning, developing and supporting the social service workforce.
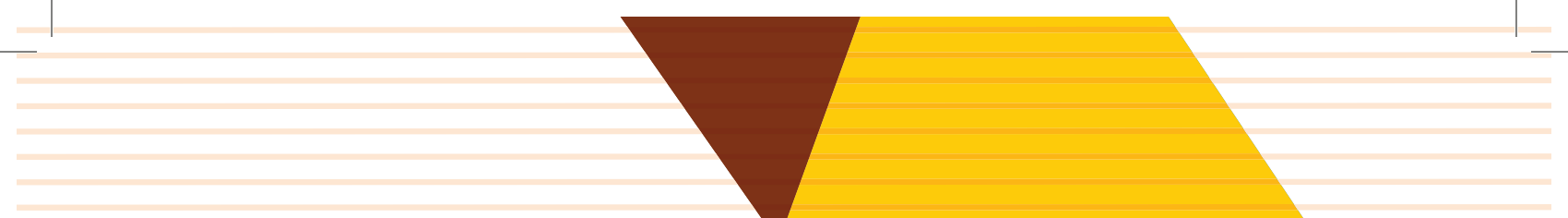
3.2. Legislative Framework

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

An analysis of the legislation governing the social development sector indicates that whilst in the past social work was the dominant profession the other categories of the social service practitioners are becoming more and more relevant in the management of the myriad of socio-economic challenges facing vulnerable groups. This analysis is supported by the research study into *The Implementation of the White Paper for Social Welfare in the NGO sector which states that*[46],

"Whilst the dominance of social work remains, the figures for community development workers, home based care workers, ECD workers and child and youth care workers indicates that there is an increase in the number of workers who are actually engaging directly with communities on an almost daily basis".

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46 Centre for Social Development in Africa – The implementation of the White Paper

for Social Welfare in the NGO sector

The provision of adequate and trained human resource capacity is therefore crucial for the DSD to respond to the demands and needs of the vulnerable groups, for which it is mainly responsible.

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

3.3. National Legislation

- **The Constitution of South Africa, Act 108 of 1996**

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

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

- **Social Service Professions Act 110 of 1978, as amended**

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

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

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

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

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

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

- **Probation Services Act 116/1992**

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

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

This Act makes specific and detailed note of the powers and duties of Probation Officers and Assistant Probation Officers.

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

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

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

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

• **Correctional Service Act 111 of 1998**

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

• **Domestic Violence Act No 116 of 1998**

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

• **Prevention and Treatment of Drug Dependency Act No 20 of 2008**

The purpose of the Prevention and Treatment of Drug Dependency Act 20 of 2008 is to provide for a comprehensive national response for the combating of Harmful Drug use and to provide for mechanisms aimed at demand and harm reduction in relation to Harmful Drug use through intervention, treatment and re-integration programmes as well as to provide for registration and establishment of treatment centres and half way houses.

The Act aims to:

• Combat drug abuse through programmes in order to reduce supply, demand and harm caused by drug abuse.

• Provide for a legal platform to deal with the prevention of and treatment for drug abuse and the harm associated with it.

• Ensure that services are appropriate to the ages of children and youth.

• Respect the right of service users and persons affected by drug abuse to give written consent to participate in any research related to their treatment and rehabilitation.

• Respect the confidentiality of the information relating to the treatment and rehabilitation of service users and persons affected by drug abuse.

• **Older Persons Act 2006**

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

The Act makes reference to social workers, whose responsibilities include inspecting residential institutions and investigating possible cases of abuse of older persons. The Act also makes provision for "Carers and Home-Based Care Providers", but does not describe the job descriptions or qualifications

of these practitioners. The Act does stipulate that the Minister must provide for a register of these practitioners and have in place a code of ethics for such caregivers.

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

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

- **Promotion of Administrative Justice Act**

The PAJA is the law passed to "give effect" to the right to just administrative action in the Bill of Rights. This law pronounces that everyone has the right:

- To fair, lawful and reasonable administrative action; and

- To reasons for administrative action that affects them negatively.

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

Government's most successful strategy in combatting abject poverty and hunger is through its Social Assistance Programme. The Social Assistance Programme covers close to 15 million South Africans, the majority (nine million), of whom are children who receive the Child Support Grant (CSG). Other provisions include the Old Age Pension, Disability Grant, Foster Care Grant, Care Dependency Grant as well as War Veterans' Grant and Social Relief of Distress. It is with specific reference to social relief of distress that the role of a social worker in the assessment of qualifying applicants is relevant.

- **National Qualifications Framework Act 2008**

The objectives of the NQF include; creating a single integrated national framework for learning achievements; to facilitate access to, and mobility and progression within, education, training and career paths; to enhance the quality of education and training; to accelerate the redress of past unfair discrimination in education, training and employment opportunities. The objectives of the

NQF are designed to contribute to the full personal development of each learner and the social and economic development of the nation at large.

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

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

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

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

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

The Non-profit Organization Act replaces the Fundraising Act and makes provision for the establishing of an NPO environment that is conducive to growth, to serving and meeting the needs of vulnerable groups. The Act also makes provision for establishing an administrative and regulatory framework within which non-profit organizations can conduct their affairs; encouraging non-profit organizations to maintain adequate standards of governance, transparency and accountability and to improve those standards. It also acts as a protector of the general public by creating an environment within which the public may have access to information concerning registered non-profit organizations; and promoting a spirit of co-operation and shared responsibility within government, donors and amongst other interested persons in their dealings with non-profit organizations. One of the criteria

to be recognised as a designated child protection organisation is registration as an NPO. Whilst it is not compulsory for all non-profit organizations to register, registration gives the organization some legitimacy and applications for funding are likely to be considered more favourably.

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

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

- **The Labour Relations Act (LRA), Act 66 of 1995**

This act aims to promote economic development, social justice, labour peace and democracy in the workplace. It applies to all employers, workers, trade unions and employers' organisations.

- **Occupation Health and Safety Act**

The Occupational Health and Safety Act aims to provide for the health and safety of persons at work and for the health and safety of persons in connection with the activities of persons at work and to establish an advisory council for occupational health and safety.

- **Employment Equity Act 55 of 1998**

The purpose of this Act is to achieve equity in the workplace by promoting equal opportunity and fair treatment in employment through elimination of unfair discrimination and implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups, in order to ensure equitable representation in all occupational categories and levels in the workforce. This Act provides for additional reporting requirements for employers with the additional burden of submitting an Employment Equity Report.

3.4. National Policies

- **White Paper for Social Welfare, 1997**

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

- **National Development Plan**

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

- **Framework for Social Welfare Services**

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

It outlines the transition to developmental social welfare, the elements upon which it is based, and the principles that must be adhered to when delivering services. It also defines the success of developmental social welfare services as the recognition and reliance of a diverse pool of social

service practitioners that is able to implement strategies geared towards the development of human potential, capacities, and empowerment of communities. The following social service practitioners are included; social workers, Social Auxiliary Workers, community development practitioners, youth development workers and child and youth care workers. The framework seeks to operationalize developmental social welfare by creating synergy between collaborative partners, organizations that employ practitioners and clients. This allows for a holistic and integrated assessment of the service delivery system. (It must be noted that ECD practitioners have until now been categorized under community development as one of the occupations – refer to the Human Resource Policy).

- **National ECD Policy 2013**

The policy is an attempt to ensure that the South African government recognises ECD as a universal right and as a public good. Furthermore, the national ECD policy articulates government's commitment to develop a national ECD system comprising a body of aligned enabling policies, laws and programmes. This includes an integrated multi-sectoral ECD policy documenting the roles and responsibilities of all role players, including government departments and civil society that are responsible for implementation of ECD programs. Provision of adequate funding for infrastructure development and training of appropriately qualified practitioners to implement the national ECD policy and programme are of outmost importance in order to achieve the following:

- ensuring a sufficient number of quality services within close proximity so that all children have an equal opportunity to access ECD services.
- addressing barriers experienced by vulnerable children to increase their access to socio-economic and health related programs and services.
- ensuring appropriate and diverse models of service provision capable of ensuring equal opportunities for accessing ECD services.
- adequate quality standards, control, improvement and evaluation systems.
- appropriate and sufficient management and institutional arrangements and coordination

structures to realise the policy vision, aims and objectives.

- **National Integrated Plan for ECD**

The purpose of the National Integrated Plan for ECD (NIP) is to bring greater synergy and coordination to current government programmes undertaken by various departments in the area of early childhood development. Although it was a focused strategy with set timeframes (2005-2010), the integrated plan was primarily aimed at giving the children of our country the best start in life by building a solid foundation of physical, emotional, psychosocial, cognitive, and healthy development.

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

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

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

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

- **DSD Policy on Disability, 2008**

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

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

- **White Paper on Families (2013)**

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

- **National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation**

This policy framework has two fundamental aims:

- to reduce the incidence of child abuse, neglect and exploitation in South Africa, and

- to ensure the effective management of presenting cases of abuse, neglect and exploration so as
    - to prevent the further maltreatment of children concerned
    - to promote the healing of these children, their families and their communities.

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

- **Community Development Policy**

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

- **Community Care Worker Management Policy Framework (Draft 6.0)**

This Draft Policy Framework was an attempt to replace the Community Health Worker Framework of 2004 which mainly focused on health workers. This draft policy is a holistic approach to recognition of care workers within health and social development context. In the absence of an approved policy that relates to caregivers, this draft policy has been considered as it refers to the application of existing legislative and policy directives in line with the departments' explicit and implicit responsibilities to Caregivers. It is a guideline aimed at addressing needs associated with home and community based care (HCBC) within the mandates of both health and social development in order to achieve the required changes for the caregivers. The Draft framework further attempts to delineate the roles of caregiver within the health and social development environment.

- **The National Policy Framework of HCBC**

The National Policy Framework of HCBC seeks to set parameters of practise for the establishment and implementation of a comprehensive and integrated home and community based care and support programmes. It outlines approach of the programme and guides policy makers and implementers in addressing the critical issues that affect the services and resources required for the effective implementation of HCBC programme. It further emphasizes the importance of integrated approach to HCBC programmes and advocates for a concerted effort from all role players

- **White Paper on Correction South Africa 2005**

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

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

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

- **The Supervision Framework within the Social Work Profession in South Africa (2012)**

The aim of the framework is to institutionalize the practice of supervision in order to develop and improve the competence of social service practitioners.

- **The Organising Framework of Occupations (OFO)**

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

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

- Field of knowledge required (Referred to as skill specialization and often expressed as learning disciplines and/or qualifications)

- Range and complexity of the tasks performed

- Materials or information worked with

- Goods or services provided

- Experience required

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

3.5 Brief Overview of the Social Service Professions Act and related developments

The need to review the Social Services Professions Act 110 of 1978 is informed by the transformation agenda of the country and specifically the social development sector. The sector adopted and implemented a new welfare paradigm in 1996. The White Paper informed the redesign of the entire South African welfare system[47]. The South African Council for Social Service Professions (SACSSP) forms an integral part of the social development system and obtains its mandate from the DSD. The DSD is the ultimate authority of the sector, and has an oversight role in terms of ensuring that the SACSSP is transformed to meet society's need for an expanded and diversified workforce.

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

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47 Implementation of White Paper in the NGO Sector, 2008

in force in the various areas of South Africa". The 1996 amendment made the South African Interim Council for Social Work more representative, while the 1998 amendment established the South African Council of Social Service Professions (responsible for the regulation of the social service professions).

The 1999 amendment made provision for the establishment of professional boards for the various social service professions and occupations under the auspices of the South African Council for Social Service Professions.[48]

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

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

The call for the expansion of the workforce was reiterated in 1998 by then Minister of Social Development when she stated the following:

"... There is a need to expand human resource capacity through the employment of other categories of social service personnel, such as child and youth care workers, community development workers, probation workers ..." 49

The HWSETA Sector Skills Plan (2005 – 2010, updated in August 2009) identified the human resource needs for the social development sector.

The plan confirms the need for Social Workers, Social Auxiliary Workers, Probation Officers, Assistant Probation Officers, Child and Youth Care Workers, and Community Development Workers as the essential human resource requirements for delivery of services in the sector. In addressing the skills requirements for social development, the plan highlights the increase in the demand for Home Community Based Care (HCBC) practitioners. It further emphasizes that the majority of employees in the social development sector are Early Childhood Development (ECD) workers.

In 2007, research commissioned by the SACSSP [50] indicated that:

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

In 2011, The Model for the Management of Human Resources in the social development sector raised the issue as well:
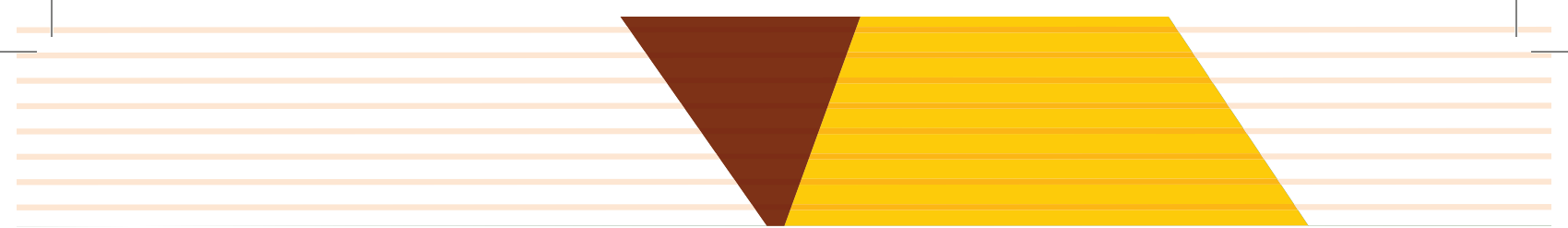
"Traditionally social workers were the only occupation recognized as rendering social welfare services in terms of the Social Work Act of 1978. The Social Service Professions Act 110 of 1978 as amended recognized that South Africa's welfare needs would best be served by an expanded range of social service human resources to address different needs and problems and to increase human resource capacity, particularly in under-serviced communities and rural areas."51

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

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

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48 SACSSP submission to Parliament 2005

49 Former Minister Fraser-Moleketi, http://www.info.gov.za/speeches/1998/98922_0x9219811115.htm

50 Demarcation of Social Services: Professionalization and Specialization 2007

51 Department of Social Development Draft Model for the Management of Human Resources in the Welfare Sector, Feb 2011

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

- Social Work

- Child and Youth Care Work, and

- Community Development Practitioners

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

The draft policy on Social Service Practitioners, proposes the inclusion of a range of social service practitioners and the regulation of such occupations. In addition to this overarching policy and legislative baseline, other programme specific policies and legislation clearly outline occupational groups / practitioners necessary for the delivery of identified services.

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

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

CHAPTER FOUR: OVERVIEW OF SOCIAL SERVICE PRACTITIONERS

4.1. Introduction

The policy aims at regulating social service practitioners in the sector. In the past, the human resource profile within the social development sector was restricted to one social development professional; namely the social worker. This restriction was to the detriment of services provision whereby available practitioners could not be regulated and hence were not held accountable for their actions. Therefore the main highlight of this policy is the acknowledgement that other emerging occupations requiring recognition and regulation are at different stages of development.

4.2. Social Service Practitioners

Social development services are delivered by a range of practitioners. Some of these practitioners have professional academic qualifications. Some lack such professional academic qualifications, but have other qualifications recognized by an education authority, yet others have no recognized qualifications. This policy refers to practitioners, which is a collective term for all persons involved in the delivery of social development services at different skills levels in the occupation.

The current situation is that there are practitioners in the profession of Social Work, Community Development, and Child and Youth Care who hold a professional qualification (i.e. have a recognized professional / academic qualification). In addition to the above there are other practitioners who hold an occupational qualification either in the form of a certificate or diploma, and others such as auxiliary workers, students and learners who are training towards an occupation.

A number of socio-economic challenges led to the emergence and recognition of caregivers within the health and social development context to address care and support services at home and community level. This has mostly been driven among others by the HIV/AIDS pandemic which adversely impacted on the health and well-being of individuals and families. The recognition of these support workers has further been strengthened by their identification in various pieces of legislation such as the Children's Act and Older Persons Act etc. They are normally referred to as the health and social service support workers, carers and aides as they provide personal care in community based and residential settings to a number of vulnerable groups. Therefore, provision for their regulation must be included within this policy framework including the qualifications and training required for admission to a social service practice.

The traditional practice of Early Childhood Development also differed at the time of writing. The career path for ECD practitioners is located within the Education sector. They attain "professional" status by becoming "educators", yet an educational qualification is not a prerequisite to work as an ECD practitioner within the social development sector. However, the development and subsequent approval of the Early Childhood Development – National ECD Policy will change the landscape of ECD services in South Africa. The Policy gives recognition to a much more comprehensive understanding of ECD and recommends an essential package of quality ECD services which must be acknowledged as being part of an ECD programme. With regard to human resources that must be utilised it states that:

"The Government of RSA recognises its responsibility to ensure a sufficient number of appropriately qualified practitioners as well as managers and supervisors to ensure the universal availability of an Essential Package of quality ECD services. Not only is the availability of services dependent on adequate human resources; so too is quality and hence the realisation of the full developmental potential of ECD investments. Quality is closely associated with the number and levels of qualification and supervision and mentoring of ECD practitioners. Currently there is a shortage of a sufficient numbers of adequately trained and capacitated staff including practitioners, departmental officials and managers for existing services of all kinds and even more will be needed to achieve population coverage. There is also an undersupply of training providers and financial support to address this need".

There is wide recognition that professionalization, continuing professional development, career pathing, post provisioning and adequate conditions of service and a conducive working environment are critical elements of an ECD human resources strategy – all of which are currently not a part of

the national ECD system, although they have been identified as areas for action/intervention.

Therefore, whilst the current situation with regard to ECD practitioners appears to be challenging, once implemented, this policy will guide the training and development of ECD practitioners and ensure their professionalization.

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

With regard to ECD, the policy and the leaders in the field are continuously occupied with developing and improving qualifications towards professionalization of the sector. There are currently endeavours towards an ECD qualification at Level 4 and later Level 5 with specialisation component of either centre based (education pathway) or outreach based (Social Development pathway). The latter type of worker is the one in the Draft National Policy and ECD Programme that would work under auspices of DSD to provide out of centre programmes – facilitate parent child meetings, home visits, parent and child playgroups and parent education.

The sector as a whole must be cautious in its attempt to professionalise all occupations. The sector (and its workforce) must be constituted and developed to respond to societal needs. The situational analysis above has demonstrated that a variety of practices, skills and experience are required. Professionalization (i.e. academic qualifications) will be appropriate in some contexts and for some practitioners. In other contexts, and for other practitioners, technical skills, and socio-economic familiarity will be more appropriate. Research has, for example, indicated that the need for technical/ ancillary/ auxiliary/ supportive workers is greater than that of professional workers, particularly in community based care and protection services of children[52].

Specific occupational groups focus their services either on a specific target group, and have a distinct but interrelated scope of practice[53]. The ECD Practitioner focuses on infants and pre-school children, the Child and Youth Care Workers focus on children and youth, Social Workers on all target groups and the Community Development Practitioners on whole communities. The Personal Care Workers (Caregivers) focus on persons who are home-bound, terminally ill and people with disabilities. These target groups are distinct and yet interrelated.

The above mentioned occupational groups complement each other and provide an integrated and holistic service to enhance the beneficiaries' capacity to function optimally as they interact with their environment. The White Paper advocates for the life cycle approach to service delivery. However, some occupational groups target a specific age cohort in the life cycle, whilst others target groups across the life cycle. The developmental approach underpins the life cycle approach, calls for a holistic response to challenges experienced by individuals, families, groups and communities. The concept of multi-disciplinary team approach is therefore essential to quality service delivery[54]. Strong teamwork depends on all practitioners understanding their role and contribution related to their specific field of expertise or experience. It is therefore a prerequisite that each occupational group must define their own role, responsibility and scope of work in relation, and complementary, to the other occupational groups to avoid duplication and to enhance teamwork.

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

a. Social Worker:

The profession of social work (and thus the social worker) is entrenched as a profession within the South African social development context. The delivery of social development services in general, was until recently, considered the domain of social workers. Many factors contributed to the development of this singular approach. As a

52 Situational Analysis of Social Service workforce serving children 2012

53 Framework for Social Welfare Services DSD 2011

54 Ibid

consequence of this approach, the social welfare system lacked the diversity that the human resource capability needs in order to meet the developmental needs of the sector's target groups. It also became apparent that a wider range of skills were required to respond effectively to the increasing complexity of the problems presented.

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

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

- Social work was declared a scarce skill. As a result, the Public Service Administration developed a National Human Resource Development Strategy to improve the supply of high quality skills, particularly scarce skills, which are responsive to the socio-economic needs of society.

- Research into the working conditions of Social Workers was commissioned. This resulted in the development of the Recruitment and Retention Strategy for Social Workers and the introduction of the Occupational Special Dispensation (OSD) for Social Workers.

- A bursary programme to increase the number of Social Work student enrolled at universities was introduced.

- A learnership programme, in collaboration with HWSETA and SACSSP for Social Auxiliary Workers, was introduced across the country to augment the supply of Social Service Practitioners. This latter intervention has created a pool of Social Auxiliary Workers who have not been able to find employment as the system that should be absorbing them is slow to make the changes.

There are also various other legislative mandates which required specific skills within the context of the social work profession to meet the needs of vulnerable groups. This has resulted in the emergence of various specialties within social work that target specific groups.

Probation Officers:

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

As a result of this provision, the Department of Social Development developed a cadre of probation officers. An opportunity for social workers to specialize was, thereby, created.

Debates pertaining to the skills and content of probation work have taken place in recent years. Some argue that probation work consists of a body of occupation-specific knowledge and skill, which is drawn from a variety of disciplines including social work, criminology, penology victimology, criminal law and sociology. This school of thought espouses that probation work has developed as a practice independent of Social Work, Law or Criminology. Consequently, an application for the registration of a Board for Probation Workers was submitted to the SACSSP. However, after in-depth deliberations and further research mandated by the SACSSP and in collaboration with the DSD, Prof MDM Makofane recommended in the research report titled *Demarcation of Social Services: Professionalization and Specialisation[55],* that Probation services should be regarded as a specialized field of social work and not as a separate social service profession. Probation Services has been recently been approved as an area of specialization of Social Work.

As a result, Probation Officers, being social workers, must register as social workers with the SACSSP in order to practice probation work[56].

55 Prof MDM Makofane - Demarcation of Social Services: Professionalization and Specialisation 2008

56 A second school of thought has emerged that suggests a change in paradigm with regard to the practice of social work in the field of criminal justice of which probation services is just one practice. The argument is that historically Social Workers have provided services to incarcerated individuals since the inception of the profession in 1904. Secondly the landscape of the South African criminal justice system has changed and there is a need to shift focus from working only with the perpetrators to including victims of crime, from a punitive approach to a restorative justice approach, and a stronger focus on diversion of child and youth offenders out of criminal justice. These changes should have brought about a shift with regard to defining those who work within this field in a more collective manner, as these changes have demanded from practitioners an increase in both knowledge and competency. However, a widely accepted definition of social work in the field of criminal justice does not exist, hence the call for a unified definition and approach to social work in the field of criminal justice. (The suggestion is that all Social Workers i.e. Probation Social Workers and Forensic Social Workers fall under a unified definition.) The following suggestion has been made for the definition and approach to the field practice namely, Criminal Justice Social Work.

Assistant Probation Officers:

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

This cadre of workers are of an ancillary nature, and cannot function on their own. They must assist and work under the supervision of a Probation Officer (Social Worker). The most recent development is that they are now referred to as Social Auxiliary Workers and thus register as such.

Adoption Social Worker:

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

This arrangement resulted in a number of challenges in terms of the child care system.[57] Critical amongst these were:
- Adoption became synonymous with a fee; therefore the perception was that it was only opened to those who could afford to pay for the service.

57 According to social workers informally interviewed during the consultation process,

and as derived from the experience of the policy developers

- Only Social Workers in private practice and a few Social Workers in child welfare organizations could perform the function, resulting in the monopolisation of skills.
- As an alternative permanent placement for children who were orphaned, adoption did not get the broad exposure as foster care placement.

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

Social Auxiliary Worker:

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

A recommendation in the Retention Strategy Report undertaken in 2008 was that there is a need to accelerate training of Social Auxiliary Workers. This recommendation was taken up by the National Department through a programme that fundamentally increased the number of Social Auxiliary Workers in the field, both in the government and NPO sector. This category of personnel cannot operate on their own; they must work and be supervised by a professional, in this case a Social Worker.

The FETC Level 4 qualifications will be phased out and replaced by the approved Level 5 qualification through Higher Education and the Quality Council for Trade and Occupations (QCTO). This will provide alternative paths into the qualification and will also improve access to social work training. Students may thus be provided with the opportunity to articulate in the social work profession or a similar one.

Veteran Social Workers

This group are qualified, but retired, social workers. In 2010, the Minister of Social Development initiated a process (in response to the workforce challenges), calling all retired social workers to offer their expertise, skills, knowledge and wisdom for the benefit of the profession and the sector. This request was twofold; firstly, in order to increase the number of social workers, and to use their experience in assisting younger social workers improve the quality of their service delivery.

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

b. Child and Youth Care Worker:

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

By 1994, the residential child and youth care system, was in crisis[58]. This crisis resulted from the lack of adequate facilities for African children, poor salaries for child and youth care workers, the lack of adequately trained management and staff in many of the facilities, the inadequate subsidization of NGO facilities and the high ratio of children to staff.

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

With regard to qualifications of Child and Youth Care Workers, the findings indicated that there were only three types of qualifications available in this category, and these were: Certificate in Child and Youth Care obtainable at the time from UNISA; and developed by the NACCW: National Higher Certificates in Residential Child Care (both these qualifications were post matric) developed through the advocacy of the NACCW; and Basic

Qualification in Child and Youth care offered by the NACCW – entry being Standard 8 or less. It was found that in Schools of Industry and Reform Schools only 11% of the 313 child and youth care staff had a qualification in child and youth care; 30% of 563 in Places of Safety and 54% of management had a basic qualification. Furthermore, it was recommended that appropriately qualified Child and Youth Care Workers must work with children. This crisis raised the lack of institutional recognition of Child and Youth Care Workers under the previous dispensation.

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

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

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

Since the early 1990s the nature of child and youth care work has shifted. Its primary focus is now on the provision of community-based care through programmes that have emerged, specifically in the child protection arena, that utilize community based child and youth care workers, Auxiliary Community

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58 IMC – Interim Policy Recommendation

Development Practitioners and Social Auxiliary Workers to provide services to children. Some of these programmes are Isibindi; Isolabantwana and Asibavikele.

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

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

c. Community Development Practitioner:

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

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

The field of community development is served by professionals with a range of qualifications.

Historically social work was the primary qualification for community development practitioners, as the social work qualification focused on three areas of relevant competence; namely; casework that deals with problems encountered by individuals, group-work that deals with needs that can be addressed through the medium of group intervention, and community development that focuses on intervention at the level of the community.

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

Assistant Community Development Practitioner:

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

d. Early Childhood Development Practitioner:

ECD practitioners are the biggest group of developmental social service providers. An ECD practitioner is a person who provides early childhood development services through formal early childhood development programmes, family services and playgroups and training, as well as those providing management support services to these workers[59].

Early childhood development services are services or support provided to infants and young children or to the child's parent or caregiver by a government department or civil society organisation with the intention to promote the child's early emotional, cognitive, sensory, spiritual, moral, physical, social and communication development[60].

The traditional practice of Early Childhood Development also differed at the time of writing. The career path for ECD practitioners is located within the Education sector. They attain "professional" status by becoming "educators", yet an educational qualification is not a prerequisite to work as an ECD practitioner within the social development sector. However, this policy will be guided by the *National Integrated Policy for Early Childhood Development*, which gives recognition to a much more comprehensive understanding of early childhood development and establishes a comprehensive quality early childhood development programme, with identified essential components that need

59 Republic of South Africa. 2015. National Early Childhood Development Policy for

the Republic of South Africa. Pretoria: Government Printers (page 12).

60 Republic of South Africa. 2015. National Early Childhood Development Policy for

the Republic of South Africa. Pretoria: Government Printers (page 12).

priority attention as a government obligation[61]. In short, the following are provided. With regard to human resources that it states:

Government recognises its responsibility to ensure a sufficient number of appropriately qualified human resources, including managers and supervisors, to deliver early childhood development services in order to ensure the universal availability of quality early childhood development services. The availability of services is dependent on adequate human resources, as is the quality and hence the realisation of the full developmental potential of early childhood development investments. Numerous studies confirm that the extent of the positive impact of early childhood education is dependent on the quality of the intervention provided. Quality is closely associated with the levels of qualification and related skills, and the supervision and mentoring, of early childhood development practitioners. Qualifications and/ or training of practitioners have been found to be associated with improved child outcomes over a range of countries and contexts and are often used as an indicator of service quality. However, qualifications alone do not necessarily make a difference; oversight, mentoring and support from responsible departments and programme managers is central to quality improvement and successful programme delivery"[62].

There is wide recognition that professionalization, continuing professional development, career pathing, post provisioning and adequate conditions of service and a conducive working environment are critical elements of an ECD human resources strategy, which is required in terms of the *National Integrated Policy for Early Childhood Development*, Therefore whilst the current situation with regard to ECD practitioners appears to be challenging. This policy will be guided by the *National Integrated Policy for Early Childhood Development* with the regard to the training and professionalization of early childhood development practitioners, once implemented,

61 Republic of South Africa. 2015. National Early Childhood Development Policy for

the Republic of South Africa. Pretoria: Government Printers (page 55).

62 Republic of South Africa. 2015. National Early Childhood Development Policy for

the Republic of South Africa. Pretoria: Government Printers (page 108).

e. Caregiver:

The deployment of caregiver is seen to be part of a partnership between communities, civil society and government to expand and improve community and home-based services. As an occupation, the caregiver is a fairly new cadre within social development and it has permeated a number of service offerings as a response to government interventions at community level. Legislation and some official policies have recognized this cadre of workers as an essential element in the social development as well as the health sector. The shift from an institutional model of care to a community based model has necessitated an emergence of a category of workers that will provide a service at community level to vulnerable groups in order to promote, restore and maintain a person's maximum level of comfort, social functioning and health. Caregivers provide services in two settings namely:

(1) the community based care setting where home care services are rendered to the aged especially the home-bound, people with disabilities, and people who are terminally ill.

(2) the residential care setting where services are provided within a residential care facility.
Currently there are no basic educational requirements for caregivers as long as they are above the age of eighteen and meet any legislative determinants to work with the vulnerable groups.

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

4.3. Social Service Practice Context

The policy is premised on the social development approach as espoused in the White Paper for Social Welfare, which informed the transformation of the sector. The National Development Plan has built on the approach and has termed it the Social Protection Framework which encapsulates social services in its entirety. Therefore this policy is aligned to this framework and underpins the philosophy of the framework.

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

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

Social Services are rendered in the following two practice environments[63]:

a. Primary environment

The primary environment refers to institutions and organizations whose core business is the rendering of social development services. This includes both services offered by the DSD and NPOs. Services are rendered at community level, where service beneficiaries engage with the social development service delivery system. Within this primary environment, developmental and welfare services are offered within the context of the social protection service delivery continuum. These services will be delivered at a household and community level, and within care and treatment facilities.

These facilities may include child and youth care centres, ECD centres and non-centre based programmes, substance abuse treatment centres, and residential facilities for persons with disabilities

or older persons.

b. Secondary environment

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

Within these environments social development services are rendered as a supplementary service to the primary one, namely:

- Quality Education (Department of Basic Education),
- Access to Justice (Justice and Constitutional Development),
- Safety and Security (SAPS and Department of Defence),
- Rehabilitation and Reintegration (Department of Correctional Services); and
- Health Services (Department of Health).

4.4. Regulation of Social Service Practitioners

The Social and Associated Workers Act 10 was enacted in 1978 and it granted full professional status to the social work profession. It made provision for the establishment of the Council for Social Work which was responsible for the regulation of social workers. Regulation included a requirement for Social Workers to register with the body. It was believed among sections of the social work workforce that the introduction of the legislation was an attempt to control the political activities of social workers who were anti-apartheid activists. Accordingly, many Social Workers did not register with the then Social Work Act[64]. The said Act was later amended to make provision for the establishment of the South African Council for

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63 Social Welfare Services Framework 2011

64 Leila Patel, Social Welfare and Social Development, 2005

Social Service Professions (SACSSP), which is responsible for the regulation of all social service practitioners.

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

The mandate of the SACSSP includes:

a. The registration of practitioners.

b. The setting of minimum standards for education, training and development.

c. The setting and maintenance of standards for professional conduct.

The Council also:
a. acts as a protector of the communities that are service users of social development services,

b. advocates on behalf of the profession and

c. promotes the interest of the profession by providing policy guidelines that are promulgated for practice.

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

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

The board for Child and Youth Care Work experienced challenges. In accordance with the administrative procedures laid down by the Council, the NACCW made an application to the SACSSP in 2000 (on behalf of the Child and Youth Care sector) for recognition of child and youth care work as a social service profession. The application required the sector to provide *inter alia* evidence of the existence of a body of literature in child and youth care work, a research base in the profession, and a set of practice interventions and methodologies that are distinct in nature. After due consideration of this application, the SACSSP was satisfied that the

Child and Youth Care sector had provided evidence of its international trend toward being regarded as a profession in its own right, and made preparations for the establishment of a Professional Board for Child and Youth Care Work. This involved the establishment of a voter's roll, and an election process. The Professional Board for Child and Youth Care Work was then established in April 2004.

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

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

The SACSSP has as one of its core functions "*The setting of minimum standards for education and training and development for the professions that it regulates.*" This function makes it a key role player in the National Qualifications Framework Act 67 of 2008. The enactment of the National Qualifications Framework Act introduced provisions for a statutory or non-statutory body of expert practitioners, in an occupational field, to apply in the manner prescribed by SAQA, to be recognized as a professional body. One of the key functions of professional bodies is cooperation with the relevant Quality Councils, the Higher Education Quality Council (HEQC) and the Quality Council for Trade and Occupations (QCTO), in respect of qualifications and quality assurance in its occupational field. It allows professional bodies

to set requirements for professional registration, membership or licensing, and to regulate professional conduct. Furthermore, professional bodies determine whether a particular qualification offered by a particular institution in the Post School Education and Training environment meets the requirements for registration, membership or licensing. This implies that SACSSP, as the Statutory Council is the only authority currently for professional body recognition with SAQA and the concomitant registration of professional designations. The professional body (in this case SACSSP) must however maintain a database for the purposes of the National Qualifications Act 67 of 2008 and submit this database for recording on the National Learners Records Database.

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

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

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

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

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

In the SSP the following were identified as scarce skills: Child and Youth Care Workers, Social Auxiliary Workers, and Carers for Persons with Disabilities. In addition, child and youth care work was identified as an essential service.

4.5. Current Organisational Form of the SACSSP

- **Theoretical Perspective on Professional Body, Professional Organization, or Professional society.**

The theoretical definition of a professional body is a body *"seeking to further a particular profession, the interests of individuals engaged in that profession and the public interest"*. The roles of these professional bodies have been variously defined as:

a. "A group of people in a learned occupation who are entrusted with maintaining control or oversight of the legitimate practice of the occupation;"

b. A body acting "to safeguard the public interest;"

c. An organization which "represent the interest of the professional practitioners," and so "act to maintain their own privileged and powerful position as a controlling body".

Such bodies generally strive to achieve a balance between these two often conflicting mandates. Professional bodies often act to protect the public by maintaining and enforcing standards of training and ethics in their profession. Some also act like a cartel or a labour union (trade union) for the members of the profession. However, this description is commonly rejected by the body concerned.

The trend has been that many professional bodies are involved in the development and monitoring of professional educational programs, the updating of skills, and thus perform professional certification to indicate that a person possesses qualifications in the subject area. Sometimes membership of a professional body is synonymous with

certification, though not always. Membership of a professional body, as a legal requirement, can in some professions form the primary formal basis for gaining entry to and setting up practice within the profession.

Many professional bodies also act as learned societies for the academic disciplines underlying their professions. Some of these professional bodies have often led the transformation of various occupations into professions, a process described in the academic literature as professionalization.

If a comparison is made between the theoretical explanation of a professional body and the manner in which the current SACSSP operated, it appears that it started out as a professional body looking after the interests of social work. The first definition appears to characterise its initial organisational form. However, historically there were elements of the third definition in terms of the SACSSP wanting to be the controlling body of social workers only, and not accepting the changes that called for a more broad based organisation, inclusive of an expanding body of occupations that were responding to the adverse socio-economic conditions that were and are still prevailing in the country.

The SACSSP has always attempted to balance the protection of the public interest as well as that of the professional, to its own detriment in terms of a number of social workers not wanting to be associated with it. It was perceived as protecting the public interest more than its own professionals whom it regulated. The SACSSP did not act as a labour union, even in the face of requests for it to become involved in the salary and conditions of service of social workers.

Its function of registration can be compared to professional certification as it is only upon this registration that one could be recognised and therefore allowed to practice as such. It is very involved in education of the profession and is recognised by the SETA as the "professional body with whom consultations on qualifications within the social development sector takes place. In addition, it sets both the ethic by which this profession differentiates itself through the code of ethics, and the concomitant recourse if a practitioner steps out of line.

It can be concluded that the organisational form of the SACSSP was fashioned on that of professional body. It appears that over the years it has taken on the operating form of public interest body as its main aim is to protect the public from practitioners who do not render services according to the set standards and ethics of the profession, in this case the social work profession. It has followed the route of all other professional Councils in South Africa who have the dual responsibility of protecting both the public interest and the interests of those engaged in the profession.

The SACSSP is thus a legal entity that is directly linked to the Ministry of Social Development. It falls within the ambit of the Minister's responsibility for the development of the legislation that will firstly, govern the establishment and operation of a public interest organisation, and secondly regulate the occupations for whose benefit it was established. The very nature of its functions makes the relationship between Ministry and the SACSSP a critical one for the furtherance of quality service delivery. In the instance where there is a deviation by a practitioner, the said Ministry must have appropriate structures and mechanisms for recourse. The current SACSSP is such a body as it regulates the profession albeit only social work and child and youth care practitioners. This policy aims to change the structure and the ambit of the current SACSSP to a much broader public interest institution to encompass all skills level within the occupations and support workers servicing the social development sector both in the primary and secondary contexts.

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

4.6 The Role of Professional Associations

The Policy recognises the role of professional associations as these contribute to the support of the workforce, and can play a significant role in the education of professionals where a body of experts is required to provide oversight, as well as updating skills of its members.

The South African professional associations are different in character to their counterparts in other countries. In many cases professional association fit the definitions described above, however in South Africa differences are noted. An attempt is made by outlining the differences between a professional body and a professional association.

a. There are no legal parameters for professional associations in SA. They are formed by group of professionals that come together to protect their identity or interest.

b. Membership to the association is voluntary.

c. They represent one profession only.

d. Most professional associations act as learned societies for the academic disciplines underlying their professions.

e. They contribute to the up-skilling of their members.

These associations allow professionals to debate issues relating to their profession, share research findings, and serve as mouth pieces during national and international debates. It gives professionals an opportunity to set themselves apart from other disciplines. They share best practises, approach models, and professional techniques. They facilitate the creation of conditions that are conducive to social service practitioners, and seek local and global strategies and solutions towards improved services. Professional Associations also intensify education, training development and empowerment opportunities[65].

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65 Partnership and Collaboration – DSD Occasional Paper 2012

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

• National Association for Social Workers in South Africa (NASW-SA)

• Association of South African Social Work Education Institution (ASASSWEI)

• South African Association for Social Workers in Private Practice (SAASWIPP)

• National Association for Child Care Workers (NACCW)

• Social Workers' Veteran Forum

• Association for Community Development

• South African Occupational Social Workers' Association (SAOSWA)

• National ECD groupings: National ECD Alliance (NECDA), and South African Congress for ECD (SACECD).

CHAPTER FIVE: REQUIREMENTS FOR PRACTICE OF SOCIAL SERVICE PRACTITIONERS

5.1   Introduction

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

The following section will outline the required qualifications, accepted specialization and scope of practice of each social service practitioners. It must be noted that the development of each occupational group has not been equal in terms of qualifications and specializations. Some occupations are developed across the levels including professional and therefore have the requirements in place, some are developing and have some requirements in place, while others are emerging and have no requirements in place.

5.2.   Qualifications, scope of work and specializations for Social Service Practice

It is imperative that the qualifications and training of social service practitioners are aligned to the legislative and policy framework of the Department of Higher Education. The SACSSP, is the authority (by virtue of it being the only Professional Body) that can apply to register a professional designation.
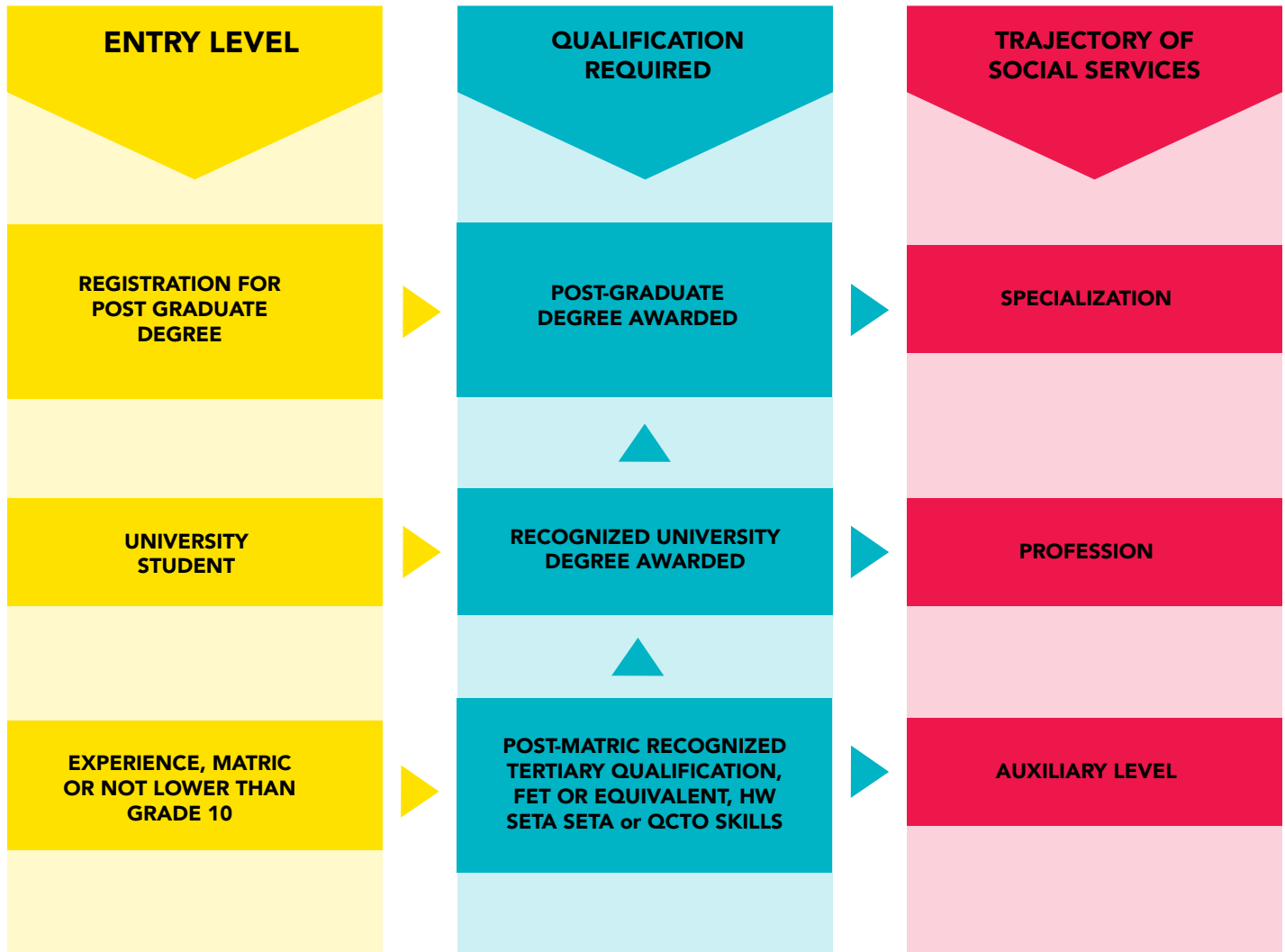
Whilst the NQF Act recognizes the role of Professional Bodies and gives them the authority to apply for the registration of a designation, the Department of Higher Education (DHET) plays the role of both watchdog and gate-keeper. The DHET is responsible for universities, vocational and continuing education (FET), and Skills Development (SETAs). The mandate of DHET is to assess institutional profiles for programme and qualification mix (PQM). This is a list of what institutions such as universities may offer. They work very closely with SAQA, which is an entity that reports to the Minister of Higher Education and is responsible for nomenclature (level descriptors, qualifications and quality assurance.

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

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

This diagram does not make provision for ECD and Caregivers because there are practitioners within these practices with low levels of education who would require ABET before they can enter the system.

ENTRY LEVEL	QUALIFICATION REQUIRED	TRAJECTORY OF SOCIAL SERVICES
REGISTRATION FOR POST GRADUATE DEGREE	POST-GRADUATE DEGREE AWARDED	SPECIALIZATION
UNIVERSITY STUDENT	RECOGNIZED UNIVERSITY DEGREE AWARDED	PROFESSION
EXPERIENCE, MATRIC OR NOT LOWER THAN GRADE 10	POST-MATRIC RECOGNIZED TERTIARY QUALIFICATION, FET OR EQUIVALENT, HW SETA SETA or QCTO SKILLS	AUXILIARY LEVEL

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

There must also be opportunity for **specialization** in each category of practice (see chapter 4). This specialization gives a professional the opportunity to become knowledgeable in a particular field of practice through an increase in knowledge and relevant competencies. Whilst specialization is not a criterion to practice generically, it is a criterion to practice as a specialist within the profession, hence its inclusion. The criteria to guide the approval of a specialized area would be clearly defined in the Regulations to be developed after the approval of the new Act.

5.3. Social Work

a. Qualifications in Social Work

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

Social Work is unique in that it is exclusively having specific legislative mandates and statutory functions. As a body of knowledge, social work is premised on scientific and research-based methods. Social workers intervene in the lives of people to promote, restore, maintain and enhance their lives. They primarily serve individuals, organizations, groups and communities. They do this by enabling beneficiaries to accomplish tasks, by preventing and alleviating distress, and by using resources effectively.

b. Qualification to specialize in Social Work

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

In order to specialize in Social Work[66], the following is required:

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

<u>or</u>

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

The SACSSP supports and promotes specialization in Social Work. Currently, the SACSSP recognises three specializations; **Adoption Social Work; Occupational Social Work** and **Probation Services**. Three specializations are in the process of being accepted or approved namely; **Forensic Social Work, Clinical Social Work and Social Work in Health Care** respectively.

Specialization in Social Work

- **Probation Services**

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

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

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66 Guidelines on Specialization – SACSSP

- **Adoption Social Work**

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

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

- **Occupational Social Work**

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

- **Forensic Social Work**

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

c. Scope of Practice of Social Work

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

The purposes of Social Work are:

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

d. Qualifications in Auxiliary Social Work

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

e. Scope of Practice of Auxiliary Social Work

The role of the Auxiliary Social Worker is described as an act or activity, supportive of a Social Worker, which must be practised under the guidance or supervision of a Social Worker, be it a general, or a specialised, Social Worker.

Social Auxiliary Workers assists in the provisioning of social services and support to individuals, families, groups and communities with regards to a full range of social services and related social welfare matters. These services include but are not limited to services and support relating to: (Life Skills development / Emotional stress) Emotional trauma; financial stress; Recreational needs; Social

needs and matters relating to housing. In addition, the following are the core functions of the ASW namely:

- Providing basic counselling and support services to individuals and families with socio-economic challenges (NQF Level: 5)
- Facilitating non-therapeutic (educational and support groups) groups towards the accomplishments of the developmental goals of the group. (NQF Level: 5)
- Facilitating participatory development in communities to address their common socio-economic needs and to promote social justice (NQF Level: 5)
- Collecting and collating data to inform social services interventions (NQF 4)

Provision must be made for the progression of an auxiliary to a professional within the workplace to ensure that there is a career path and to create access for those who would normally not have this access.

5.4.   Child and Youth Care Work

a. Qualification in Child and Youth Care Work

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

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

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

degree at NQF Level 7 on the previous NQF. A few child and youth care workers have obtained a Master of Technology degree awarded by UNISA. A small minority are pursuing Doctorate degrees in child and youth care work. Other qualifications include:

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

A new qualification for Child and Youth Care Work at professional degree level has been designed. The degree has been approved by the Council for Higher Education and SACSSP. It has been benchmarked against any possible identified within the Diploma and B-Tech qualifications.

The group that have the Technicon 3-year Diploma in Child and Youth Care and / or the UNISA Diploma, which are three-year qualifications need special mention. The status of these workers being able to register as higher than Auxiliary Workers was still under discussion at the SACSSP at the time of writing. The Professional Board for Child and Youth Care must ensure that qualifications are uniform and meet the requirements for child and youth care in terms of curriculum.

Auxiliary Child and Youth Care Work

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

b. Qualification to specialize in Child and Youth Care Work

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

c. Scope of Practice of Child and Youth Care Work

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

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

Child and youth care workers are employed in a variety of residential and community outreach settings. They are typically deployed to work with disabled, emotionally or developmentally challenged, orphaned and vulnerable children, and those in trouble with the law.

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

5.5. Community Development

a. Qualifications for Community Development Practitioners

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

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

At the time of writing, a dichotomy existed within this profession. A number of Community Development Practitioners hold degrees in Social Science, Development Studies and Social Work. This does call for a special dispensation for those identified above who do not have a community development qualification. The issue of dual registration could be a possible solution in the short-term whilst the Community Development qualification is provided at all the institutions of higher learning and the first graduates are accepted into the field.

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

Auxiliary Community Development Practitioner

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

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

b. Qualification to specialize in Community Development

There were no specializations registered with SAQA at the time of writing. However, as the profession develops and the need for specialization emerges, the relevant professional board should ensure that qualifications for specialisation in community development are developed. The Professional Board for Community Development will determine the areas of specialisation in the field once it is established and fully functional.

c. Scope of Practice of Community Development

Community Development is a process that seeks to:
a. Transform communities and build their capacity to manage change effectively and create an enabling environment for sustainable development
b. Empower local communities to appreciate and mobilize the existing skills and assets to achieve sustainable livelihoods
c. Encourage participation in their own development
d. Promote partnerships to achieve integrated and holistic development
e. Address issues of power relations, inequity and discrimination of the vulnerable groups
f. Strengthen the capacity of people as active citizens, through their communities, organizations and networks,
g. Strengthen the capacity of institutions and agencies to work in dialogue with citizens to shape change in their communities.

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

The Community Development Practitioner's scope of practice includes:
- Social mobilisation
- Household, food and nutrition security
- Youth development
- Women development
- Sustainable livelihoods
- Institutional capacity building and partnerships

Community Development Practitioners are responsible for facilitation of community development processes using a variety of community development approaches, namely Sustainable Livelihoods Approach, Asset Based Community Development, Participatory Rural Appraisal, and Human Rights Approach.

- Capacity building and enhancement
- Awareness and advocacy
- Community mobilizations and dialogues
- Community Based Research and Planning
  - Household and Community Profiling
  - Community Based Planning
  - Social Impact Assessment
- Sustainable Livelihoods and Poverty Alleviation Intervention
- Social and Economic women Empowerment

- Community based (Community based Nutrition Development Centres) and Household (food gardening etc.) food security interventions
- Youth mobilisation and dialogues
- Institutional Capacity Building

A process to establish a category for an Auxiliary Community Development Practitioners (in a supportive role to the Community Development Practitioner) is underway. They will have to work under the guidance of a Community Development Practitioner.

The Auxiliary Community Development Practitioner's Scope of Practice

- Provide a supporting service to a community development practitioner to achieve the aims of community development.
- Assist with the collection a baseline and continuous community development data
- Support the coordination of community development forums
- Assist with the building and strengthening of relationships with and within communities
- Support community development initiatives and processes aligned with relevant legislative policy framework

Provision must be made for the progression of an auxiliary to a professional within the workplace to ensure that there is a career path and to create access for those who would normally not have this access.

5.6. Early Childhood Development Practitioners

a. Qualification of Early Childhood Development Practitioners

The *National Integrated Policy for Early Childhood Development* was approved by Cabinet on 9 December 2015. This policy provides an overarching multi-sectoral enabling framework of early childhood development services, inclusive of national, provincial and local spheres of government[67]. In terms of training and education of ECD practitioners the policy states that:

"There are a number of SAQA accredited qualifications for early childhood development practitioners who work directly with children, and Community Development qualifications with early childhood development specialisations, which address some of the needs of practitioners working directly with parents. All unit standards and qualifications which are NQF registered are structured according to learning outcomes to be achieved and associated assessment criteria. Training providers design their curricula or learning programmes on this basis and they are submitted for accreditation to the relevant qualifications body. It is essential for the scaling up of early childhood development services that current qualifications are aligned with this policy. All relevant line departments should participate in development of qualifications to e to ensure an appropriate curriculum/learning programme".
"In the short to medium term, the availability and capacity of early childhood development practitioners and related workers will be expanded through the following measures[68]:

- *Expansion of the community health worker programme within the Department of Health to be trained through a specialised accredited short course, which includes an early childhood development model, developed by the national Department of Health in collaboration with the Department of Social Development, Department of Basic Education and Department of Higher Education and Training and to be implemented at a provincial level and/or municipal;*
- *Development of a national early learning playgroup and non-centre-based facilitator programme with standardised and accredited short-course training;*
- *Twinning of strong resource and training organisations with less experienced FET/TVET colleges and Resource and Training Organisations providing early childhood development-related training to improve the quality of training and create a system of student and work placements;*

67 Republic of South Africa. 2015. National Early Childhood Development Policy for the Republic of South Africa. Pretoria: Government Printers (page 48).

68 Republic of South Africa. 2015. National Early Childhood Development Policy for the Republic of South Africa. Pretoria: Government Printers (page 110).

- *Articulation of the early childhood development NQF Level 4 and 5 qualifications to enable good students with occupational qualifications to progress to an early childhood development (under 5 years) Level 6 qualification or a Bachelor's degree in Education that includes early childhood development;*
- *Development of complimentary avenues for career paths and*
- *Alignment of NQF Level 4 and Level 5 training with the requirements of this policy and the development of electives/specialisations for those working in centres, non-centre based programmes or with parent/child groups."*

The *National Integrated Policy for Early Childhood Development* sets the "objective is to develop appropriate cadres of early childhood development practitioners, in sufficient numbers and with sufficient skills, to support the implementation of the national early childhood development policy and programme"[69]. Furthermore, in addition to the above it states that in the medium to longer term, the following measures will be implemented to expand the availability and capacity of early childhood development practitioners:

- *"Development of a comprehensive early childhood development training system to take account of multiple entry levels (from General Education and Training Certificate to Degree) and service modalities, allowing for progression and credit transfer across the system;*
- *Simplification of the qualification choices and increased mobility across early childhood development sector jobs (from work with children to work with caregivers and children), along with development of core early childhood development content based on this policy for skills courses and qualifications and specialisation options for work with children or work with caregivers up to Levels 4 and 5;*
- *Development of a differentiated training system for early childhood development with a range of training providers and quali-*

fication options; this requires strong coordination and options for this include:
- *Department of Basic Education to coordinate the multiple stakeholders including departments responsible for early childhood development services, qualifications bodies, etc.;*
- *Establishment of a national early childhood development inter-sectoral committee under the lead of the Department of Basic Education for planning, oversight and delivery of all early childhood development practitioner training;*
- *Harnessing of civil society organisations to contribute to the upskilling and support of the early childhood development workforce across the board."*

The *National Integrated Policy for Early Childhood Development* identifies the following categories of appropriately qualified and/or trained early childhood development practitioners and related workers[70]:

- **Health promoters** and **community health workers** (CHW) (home-visiting support for pregnant women and very young children)
- **Ward Based Outreach Team leaders** employed by the Department of Health to provide mentoring, support and oversight of the Community Health Workers and WBOTs to maintain the quality of service provided;
- **Child-minder** (provides care and early learning for six children or less, typically in their own homes. Also in some contexts referred to as "day mothers").
- **Early childhood development practitioner** (A person who provides non-centre and centre-based early childhood development services through formal early childhood development programmes, family services and playgroups and training, as well as those providing management support services to these workers).

69 Republic of South Africa. 2015. National Early Childhood Development Policy for the Republic of South Africa. Pretoria: Government Printers (page 108).

70 Republic of South Africa. 2015. National Early Childhood Development Policy for the Republic of South Africa. Pretoria: Government Printers (page 109).

- **Playgroup facilitator** (primarily responsible for early learning and development programmes provided to children at least twice a week through a playgroup at a community facility or in some instances at the home of one of the participating parents);

- **Supervisor/coordinator** (responsible for the support, oversight, work-site support, assistance with planning, and in-service training for playgroup facilitators, childminders or early childhood development practitioners. Supervisors/coordinators are more knowledgeable and experienced in early childhood development than the practitioners for whom they are responsible);

- **Toy librarian** (a person qualified and/or experienced in working in a toy library to assist different early childhood development service providers, parents or children using the service to select educational play materials which assist with the early learning and development of the range of age-appropriate skills and provides guidance and instruction in their use).

- **Cadre of workers** that are key to ensuring coverage and inclusive early childhood development services access for **children with disabilities** and their families is the existing community-based rehabilitation workforce and other health care practitioners.

The Department of Higher Education and Training is in the final stages of publishing a *Policy on Programmes Leading to Qualifications in Higher Education for Educators and Practitioners in Early Childhood Education and Care.* This policy sets the minimum requirements for programmes leading to higher education qualifications for practitioners and educators working in public and state-supported early childhood development learning programmes, the programmes described in the policy may also be used for the development of practitioners and professionals working in other early childhood development contexts. It also indicates the "*suitable qualification types from the Higher Education Qualification Sub-framework (HEQSF) for early childhood development practitioners educators and other professionals; identifies possible qualifiers for the qualifications and hence identifies the purposes of programmes leading to the qualifications; describes a knowledge mix that is appropriate for* the programmes, leading to the different ECCE qualifications, aligned to the purpose of the programme and qualification; and sets minimum credit values for learning programmes leading to qualifications in terms of the knowledge mix and different levels*"[71].

A large component of this would involve understanding and being able to:

- early learning and development (stimulation) programmes based on the National Early Learning and Development Standards (NELDS);
- Support programmes for primary caregivers; linking children with other services; etc

The *National Integrated Policy for Early Childhood Development* sets out the measure for the "*articulation of the early childhood development NQF Level 4 and 5 qualifications to enable good students with occupational qualifications to progress to an early childhood development (under 5 years) Level 6 qualification or a Bachelor's degree in Education that includes early childhood development*"[72].

At present, for practitioners working directly with children, SAQA accredited ECD qualifications include[73]:

- Bachelor of Education in Early Childhood Development - Foundation Phase (NQF Level 8)
- Bachelor of Primary Education in Early Childhood Development (NQF Level 7)
- Advanced Certificate in Education - Foundation Phase and Early Childhood Development (NQF Level 6- 20473)
- Diploma in Grade R Teaching (Level 6 – 91726)
- National Diploma in Early Childhood Development (NQF Level 5 –64650)

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71 Department of Higher Education and Training. 2016. *Policy on Programmes Leading to Qualifications in Higher Education for Educators and Practitioners in Early Childhood Education and Care* (draft). Pretoria: DHET

72 Republic of South Africa. 2015. National Early Childhood Development Policy for the Republic of South Africa. Pretoria: Government Printers (page 110).

73 Read this with the *Policy on Programmes Leading to Qualifications in Higher Education for Educators and Practitioners in Early Childhood Education and Care (draft)*

- Higher Certificate in Early Childhood Development (NQF Level 5)

- Occupational Certificate: Early Childhood Development Practitioner (Level 4 – 97524)

- Further Education and Training Certificate in Early Childhood Development (NQF Level 4 - SAQA QUAL ID 58761)[74]

- A new occupational level 1 certificate in ECD is being planned, which will replace Level 1 Basic Certificate in ECD.

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

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

- Further Education and Training Certificate: Community Development: Early Childhood Development (Level 1 – adult learning – 73254)

- National Certificate: Community Development: Early Childhood Development (Level 5 – 83388)

- Further Education and Training Certificate: Community Development: Early Childhood Development (Level 4 – adult learning - 76984)

Qualification to specialize in Early Childhood Development Practice

There was no provision for an ECD specialization in the Bachelor of Community Development at the time of writing. The *National Integrated Policy for Early Childhood Development* indicates states that an "*alignment of NQF Level 4 and Level 5 training with the requirements of this policy and the development of electives/specialisations for those working in centres, non-centre based programmes or with parent/ child groups*" is needed in the short to medium term to address the need for specialisation. This is also addressed in the. *Policy on Programmes Leading to Qualifications in Higher Education for Educators and Practitioners in Early Childhood Education and Care (draft).*

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74 http://allqs.saqa.org.za/showQualification.php?id=58761

Scope of Practice of ECD Practitioners

The *National Integrated Policy for Early Childhood Development* provides for "*continuing professional development and career paths, post provisioning, adequate conditions of service and a conducive working environment are critical elements of an effective national early childhood development human resources strategy*"[75].

PRACTICE FOCUS	Birth to 2 years	3 to 4 yrs	5 to 6 yrs
Primary focus	Early stimulation/learning and development Care and support protection Parental support	Early learning and development Child care, support, protection	Early learning and development Transition to Grade R
Secondary focus	Early intervention screening	Parental support Early intervention and screening	Child care, support, protection Early intervention and screening
Integrated foci	Disability Special needs	Disability Special needs	Disability Special needs

The *National Integrated Policy for Early Childhood Development* delineates that responsibilities between departments in line with the NDP. It states that Department of Basic Education is responsible to coordinate the multiple stakeholders including departments responsible for early childhood development services, qualifications bodies, and has to establish and lead a national early childhood development inter-sectoral committee for planning, oversight and delivery of all early childhood development practitioner training. It further states that "it is the responsibility of the Department of Basic Education to mobilise funding and implement programmes to build the capacity of early childhood development practitioners". The *National Integrated Policy for Early Childhood Development* indicates that the development of complementary avenues for career paths will be attended to in the short-to-medium term. The consultation process indicated that the career path for the occupation that will take responsibility for the age cohort "conception to school going age" should fall into the mandate of the Department of Social Development and hence under the South African Council for Social Service practitioners. The rationale is that this corresponds with the mandate of DSD with regard to care and protection of children.

75 Republic of South Africa. 2015. National Early Childhood Development Policy for

the Republic of South Africa. Pretoria: Government Printers (page 110).

5.7. Caregiver

a. Qualification for Caregivers

This category includes community based caregivers for terminally ill, older persons; carers for persons with disabilities and special care workers. The current qualification is skills based in

Community Care, and is mainly premised on the medical model for home based care. The debate on whether this field of service falls within the field of health or social services has not been resolved. There are no formal qualifications that facilitate career progression and professionalization of this category of worker. This category of social service practitioner has received less attention than other categories thus it lags behind others in the field. The Department of Social Development, through the Directorate: Care and Services to Older Persons, have developed a Caregiver Training Manual in line with the Older Persons Act. The Manual covers two Skills Development Programme i.e.:

- Skills Programme 1 – Introductory Skills Development Programme for Caregiving relating to Older Persons and

- Skills Development 2 – Health Aspect of Skills Development Programme for Care-giving relating to Older Persons.

The qualification has been forwarded to SAQA, and still awaiting feedback from HWSETA.

b. Scope of Practice of Caregivers

The above-mentioned are both health and social service support workers,[76] whilst they are relevant to both the health and social development; they are mostly employed within the latter sector. This category of social service practitioners reduces reliance to the state, preserves families and creates jobs at local level. They provide care and support, in residential and community based settings, to a number of vulnerable groups, inclusive of OVCY, older persons, people with disabilities, and any other person who is homebound and in need of the service. In community based settings they offer care services to frail, the elderly and persons with disabilities and any other person that may be homebound due to a terminal illness. Their scope of work includes:

- assessment of individual and family needs in relation to personal assistance,
- providing physical care in the form of hygiene care,
- facilitating access to social assistance including accompanying beneficiaries to relevant agencies,
- ensuring attainment of vital documentation such as birth certificates, death certificates, identity documents etc,
- early identification of orphans and children made vulnerable (OVC) by HIV and AIDS and their families,
- support to people on treatment for HIV and AIDS and other chronic conditions,
- support to child and youth headed households,
- provision of material assistance such as food parcels and clothing,
- assistance with supervision of children and assistance with homework,
- assistance with household chores including washing, preparing meals and feeding,

- assistance with initiatives on sustainable livelihoods such as food gardens.
- promotion and maintenance of the physical comfort, rest, sleep, exercise and reassurance of a person which leads to prevention of physical deformity and other complications in a person.
- supervision over and maintenance of a supply of oxygen to a person – only when trained and certified competent.
- promotion and maintenance of the body regulatory functions of a person.
- promotion of communication with a person during his / her care.
- Liaising with families and significant others of those who they care for and provide a referral service.

In a community based setting, the scope of practise for community caregivers includes:

- raising awareness on succession planning issues to beneficiaries.
- facilitating the establishment of support structures that build on the traditional roles of families and communities to care and support such as:
    - Support groups (on HIV and AIDS, Older Persons, people with disabilities etc)
    - Community care centres
    - Child care forums (such as CHH)
- assisting in conducting awareness campaigns on issues affecting individuals, families and communities and
- mapping services offered in the community.

In residential care setting, the scope of practice among others includes:

- observing and identifying any possible abuse according to the abuse protocol and reporting any signs of possible abuse.
- the taking of blood pressure, temperature, pulse and respiration of a person and report any abnormal readings [only when properly trained, certified and competent in performing these procedures].

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- the immediate and correct doing of all tasks given by senior staff member.

- the correct and cost-effective use of all equipment, stock and assistive devices without wastage of any organizations' material.

- emptying stock containers handed to the sister / manager for replenishment of new stock items

- recording and report all findings.

Therefore, provision for the regulation of relevant qualifications and training of these social service practitioners/support workers should become the responsibility of the relevant occupational board.

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

- Most of the social service practitioners are practicing in the field without the requirements to do so.

- For some, the qualifications that would give them the entry into the field are in the process of being developed, or are being discussed at the time of writing, or are not catered for.

- Only two professional boards exist, namely the Professional Board for Social Work and the recently inaugurated Professional Board Child and Youth Care Work, the third, namely Community Development has recently applied to the SACSSP for recognition as a professional board.

- There are social service practitioners that need assistance to develop into a recognised occupational or professional body.

- Professionalization of all social service practitioners is imperative given the demand for their skills.

- A number of innovative interventions must be pursued in order to fast track the registration of the relevant qualifications.

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

Other interventions should include Recognition of Prior Learning (RPL).

CHAPTER SIX: INSTITUTIONAL AND REGULATORY REQUIREMENTS

6.1. Introduction

The development of any institution in South Africa be it a public or private institution follows a set pattern for establishment. There must be a "need" which justifies the requirement of such an institution, and the decision must be taken whether it requires a legal framework or just a policy directive. Furthermore, it must fit within an organisational form that is informed by the reason and purpose for its existence. In addition, in order for any institution to be successful, it must contain certain components or structures. These include a structure to govern and provide leadership, and an operations (led by competent management) structure that will allow for the execution of the day to day activities of the organisation. The afore-mentioned are the basic minimum requirements for any institution to exist and operate. In practise, the institutional requirements for the establishment of a regulatory body that will be responsible for the regulation of all practitioners' calls for additional structures. By their very nature these regulatory bodies would not be able to exist without these structures as they represent a host of occupations.

The establishment of the body that will regulate the social service workforce must follow a similar pattern. Firstly, the legal framework that is necessary for its establishment lies in the domain of the Ministry of Social Development. By virtue of this mandate; it is in the interest of the DSD to develop the policy that will ultimately inform the legislation to allow for the establishment of the regulatory body.

Secondly, there is a need to adopt the organisational form outlined in Chapter 4 –section 4.3.1. This section recommends that the institution be recognised as professional body that is established in the public interest, and therefore can also be referred to as a public interest organisation.

Thirdly, the organisational structure must include:

- Formal governance structure which is a prerequisite for the provision of leadership

and decision making for the social development sector as a whole, and be the voice of all practitioners on issues of commonality.

- Structures that will represent the different occupations that the body will be representing.

- An operations or administrative component that will be responsible for ensuring that the body functions on a day today basis.

In addition to the formal organisational structure there is a need for a direct relationship of accountability and reporting function with the organ of state that is responsible for its establishment.

In this chapter, the key components of this structure are described, including how components relate, and what the specific roles and responsibilities are. These policy directives aim to ensure that effective leadership, oversight, governance and administration are provided to social service practitioners.

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

Key role players in the maintenance of a social service workforce are identified. These role players have the authority to shape the quality and type of services provided to the general public.

Emerging occupations had not organised themselves into a formation that could approach the current Council for recognition. These occupations are - ECD practitioners and Caregivers. Community Development Practitioners have made the application to professionalise to the SACSSP, and this is in process.

It is imperative that the institutional and regulatory framework make provision for these emerging occupations on all skills levels. During the consultation process, recommendations were made to this effect "that membership should be extended to emerging professionals to include other membership categories who are in the

process of registering, and who would normally be left out until they meet all the criteria to register. Once this criterion has been met, the expectation of the regulatory body is to aid the development of these occupations to attain the board status level. The recommendation was that these groups should be allocated a seat on the structure of the Statutory Body."

Whilst the above sentiment has merit, a seat on the Statutory Body would not create the opportunity for the growth of the emerging profession into a professional or occupational board. Emerging occupations should be accommodated as committees of the statutory body in order to ensure that they are placed on a growth trajectory, with a vision of own professional or occupational board.

It is the regulatory body's responsibility to provide guidance, support and to build the capacity of the occupation in order for them to be accepted as a fully-fledged member of the Statutory Body. This suggestion has been adopted by the policy, and will be further discussed under Guidelines for the Establishment of a Statutory Body.

The key components of this institutional and regulatory framework include:

    a. The Ministry of Social Development

    b. The Statutory Body made up of:

- Governance Structure (referred to as the Council)
- Professional Boards and Occupational Board
- An Administration that will provide support to the Statutory Body and its concurrent structures in the execution of its functions.

a. Processes and procedures for institutionalization, establishment and operation

The following diagram is a depiction of the Statutory body with its concomitant structures.

Administration
Committees
Boards
Council
Statutory Body
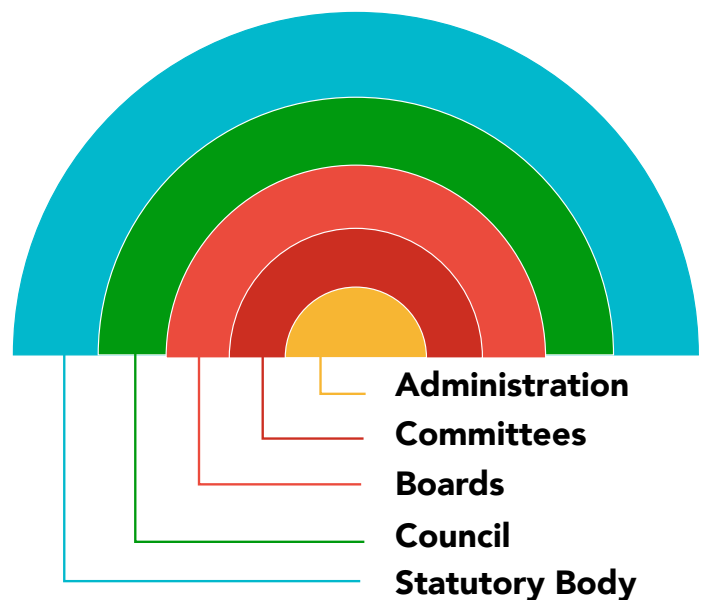
The directives for roles and responsibilities, establishment, operation and cooperation, in all 2 components, and subcomponents are presented below.

6.2. The Ministry of Social Development

The Department of Social Development is a key role player in terms of planning, supporting and ensuring that there is an adequate social service workforce to provide services. In addition the onus to provide a regulatory framework to ensure that the public are protected and that practitioners render quality services rests within the ambit of this office.

The responsibility for the strategic oversight, direction setting and institutionalisation of the Statutory Body for the sector is the responsibility of the Ministry for Social Development. In addition, it is the legislated responsibility of this Ministry to ensure that the services that the recipients receive are of a just, equitable, and fair nature. Concomitant

to ensuring that the services are of a particular standard, the 'political office' must also ensure that:

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

Therefore, the Minister of Social Development as the Head of the Social Development Sector and by virtue of the political office is accountable for:

- Deciding who constitutes a Social Services' Practitioner.
- Developing a comprehensive policy that will inform the legislation.
- Developing the legislation that will establish the institution that will be responsible for recognizing, registering, professionalizing and regulating social service practitioners in the field.
- Establishing the regulatory body that will take responsibility to undertake the process of recognizing, registering, professionalizing and regulating social service practitioners in the field.
- Appointing and terminating the term of office of the President of the Statutory Body.
- Appointing and terminating the contract of the Registrar in consultation with the statutory body and professional boards established for social service practitioners.
- Providing oversight on the governance of the statutory body.
- Reporting on the operations of the body to Parliament and other Parliamentary structures and processes.
- Ensuring the sustainability of the statutory body and professional and occupational

boards established for social service practitioners as an institution.

- Recognise the Statutory Body as an advisor on any matter falling within the ambit of the workforce.
- Identifying and prescribing the need for additional social service practitioners.
- Providing the mechanism for the appeals process and recommending alternative dispute resolution mechanisms.
- Ensure that mechanisms for alternative dispute resolution within the SACSSP framework are recognised and utilised.

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

6.3. The Statutory Body

The Statutory Body is the comprehensive name for the legal entity to be established through the development of this policy and the subsequent legislation. The Statutory Body must generally undertake to do all things as may be expected from a juristic person, firstly, and secondly, operate within the parameters of the accepted South African governance framework. These functions will however be performed by its governing structure. The Statutory body will be made up of the following structures namely:

- **Council** – which will be the governing structure of the Statutory Body, and will serve as an overarching co-ordinating body to link the various occupational groupings, and be the interface between these groups and the Ministry of Social Development. It is also the decision making and accounting mechanism for the Statutory Body. Key amongst its responsibilities is the creation of an enabling environment that will allow the sector to grow, the different occupations to progress, develop and have a platform for interaction and dialogue. Such a formal

governance structure should maintain order, differentiate between structures, clarify roles and responsibilities, lead, oversee and manage the sector.

- **Professional and Occupational Boards** – is the sub structure that will represent interests of all practitioners in a specific profession. More of these will be established depending on the number of occupations that are recognised by the Ministry as a social service practitioner. These Boards are accountable to the Council.

- **Occupation Committee/s for (each) emerging occupation** in order to ensure their growth and development into a professional or occupational body.

- **Committees** - Advisory Committees can be appointed by the Council when specific competencies to work are required.

- **Administration** – is the operating arm of the Statutory Body and will be responsible for implementation of decisions and resolutions made at Council and Professional / Occupation Board level.

6.4. Powers and Responsibilities of the Council

The powers of the Council must include to:

a. act as the governing structure of the Statutory Body, with overarching decision making powers, accountability and management authority.

b. make recommendations to the Minister of Social Development on the appointment and termination of contract of the Registrar.

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

d. act as a protector of the public interest.

e. exercise ethical and accountable governance over the administrative office of the Statutory body.

f. develop and ensure implementation of overarching policy relating to the professions or practitioners registered with it.

g. set and ensure the implementation of a registration process of all social service practitioners.

h. support and guide the development of emerging occupations and its trajectory to the professional level.

i. resolve on the establishment of the committees to drive the emergence of new occupations.

j. coordinate, arbitrate and mediate between a professional board, occupational board, occupation committees and the practitioners grouped in such boards.

k. define a code of conduct that applies to all occupations.

l. determine boundaries and define scope of practice in collaboration with the professional and occupational boards.

m. define a code of conduct that applies to all employers in the field of social development.

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

o. set in collaboration with Professional and Occupational Boards the annual registration fee.

p. develop and review on an annual basis, the compensation fee for the members of the Statutory Body.

q. determine the need to rise additional funding from DSD or any other funder.

r. be regarded as the professional body that sets the minimum standards for education and training and the development for the professions under its jurisdiction in terms of the National Qualifications Framework Act 67 of 2008.

s. conduct inspections and investigations of institutions of higher learning where, social service practitioners are being educated, in order to ensure compliance with the NQF Act.

t. make the determination to enter, remove or restore the name of a social service practitioner to the register.

u. determine any other business that is common to all professional and occupation boards and committees.

6.5. Guidelines for the establishment of the Council

a. Composition

The Council must consist of a maximum of 25 members to allow for inclusion of occupations which had not yet been determined as belonging to this occupational group of social service practitioners at the time of writing this policy. For the current situation, for which this policy is being developed, it is recommended that the Council consists of a membership of 21 persons to be nominated and appointed as follows:

- **Representatives from sub-structures of the Statutory Body:** Three (3) persons each from the recognised professional board (therefore three representatives from social works and child and youth care workers respectively. One of the representatives must be the Chairperson and other two registered representatives of the structure.

- **Designations from emerging occupations:** Two (2) representatives designated from emerging occupations

- **Appointments by the Ministers:** Twelve (12) persons to be appointed by the Minister whereby:

  - Two (2) persons are nominated by training institutions;
  - One (1) person is nominated by from the employment of National Department of Social Development;
  - One (1) person is nominated from the Trade Union organising in the sector;
  - Two (2) persons are nominated from national forums and networks in the social development and social welfare sector;
  - One (1) person is nominated from business sector;
  - One (1) is nominated by the Minister for Higher Education and Training

  - Four (4) persons are from representatives from the community provided that (1) shall be a person with disabilities, one (1) appointed by virtue of his/her specialised knowledge and one (1) shall be nominated by Provincial heads of Social Development.

The appointments must have competencies that will add value to the execution of the functions of Council. It is thus recommended that persons having special knowledge of the law; financial matters, labour or employee relations; social development policy; Strategic Planning organisational development and human capital matters; a representative from people with disabilities and at least one person who will represent communities that are served by the sector should be appointed.

Should an appointed person not take up the seat, for whatever reason, it is recommended that the next person who was nominated be appointed to that seat. This is to decrease the administrative process of having to repeat election process.

The Council and the Boards retain the prerogative to appoint Committees when specific competencies are required. Council and the Boards must determine performance criteria for these Committees.

To make provision for emerging occupations, and those in the process of registering and to ensure that the Statutory Body fulfils its responsibility to develop, support and guide emerging professions, Occupation Committee must be established for the sole purpose of the development of the professional or occupational board for the emerging occupations. The Council has the power to decide the need for such a committee, and this will allow any emerging occupation to apply for inclusion even if that occupation was never considered to be part of the social service workforce.

The Council and Boards should meet at least every quarter, but the President of the Council should retain the right in consultation with the Registrar to call special meetings in special circumstances.

The administration must comprise of two sections namely the Secretariat and the Operations and must be sufficient in number to undertake the comprehensive role of the Statutory Body. This section is elaborated on in section 5.5 below.

b.   Structure of the Council

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

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

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

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

c.   Regulations for Compensation

Members of the Statutory Body (with the exception of those person/s who are governed by the laws of the public service) should be compensated for their service to the Statutory Body, and should include allowance for travelling and any other expenses incurred by the member in the execution of the business of the Statutory Body. The fee for compensation must be market related and be budgeted for on an annual basis. The fee paid to member should from time to time be benchmarked against that of members of similar institutions.

6.6. The Professional Boards

The Statutory body is the regulatory body for a host of different occupations. Therefore, in order to be fair and create the platform for occupations to develop and be involved in the affairs of their profession, professional and occupational boards under the auspices of the Council are an appropriate mechanism to undertake this task.

Therefore, all practitioners in the field must be registered with their respective professional and occupational boards. Thus, social workers will register with a Professional Board for Social Work, Child and Youth Care Workers with a separate Professional Board for Child and Youth Care, and so forth.

For the emerging occupations, a Committee for each emerging occupation group must be established as the need for these arise. Each field of practice will have a Board established specifically to represent its practitioners. The criteria and process for the establishment of a professional or occupational board must be followed and should be preceded by an application to the Council informing it of the intention to establish such a body. This can be done by practitioners from the profession under the auspices of a professional group or association. The primary responsibility for the management of the affairs of each particular profession or occupation will be located within the structure of each particular board, thus, ensuring a participatory democratic structure, accountable directly to the practitioners it serves.

Cognisance must be taken that there will be some occupations that will not reach professionalization and therefore alternative mechanisms must be developed in order to ensure inclusivity and fairness.

A Board may represent several occupations or a combination of occupations where the activities and services provided overlap to the extent that combined representation is the most efficient approach. These should be given an opportunity to form this Occupational Board, which will operate in a similar manner as Professional Boards.

Each professional, occupational board will nominate a minimum of two people to serve on the governance structure.

6.7. Powers and Responsibilities of the Professional and Occupational Boards / and or Occupation Committees

The functions of the Professional, Occupational Boards and Occupation Committees must include to:

- Protect the interests of the public in matters pertaining to the social service practitioners represented by a Professional or Occupational Board.

- Promote and protect the interests of the social service practitioners (all skills levels) represented.

- Serve as the representatives of the social service practitioners that comprise membership.

- Act as an advisory institution for the Department of Social Development on issues pertaining to practitioners represented by that Professional Board.

- Advise the Council when requested, or when members of these boards deem it necessary (as determined by continuous participatory processes).

- Maintain communication and consultative processes with members, intended service users and other relevant stakeholders.

- Monitor and evaluate the performance of the social service practitioners represented and in this regard, make recommendations for the improvement of services delivered.

- Take disciplinary action against members in terms of a priori agreed upon criteria and standards that emerged from a democratic and participatory process and only if institutions of redress (include external and objective institutions) for accused and accusers are in place.

- Determine standards for education and training, including continuing professional development.

- Set and maintain standards for professional and ethical conduct according to the specific needs and circumstances of each field of service.

- Maintain the register of social service practitioners it is representing.

- Determine boundaries and define scope of practice in collaboration with the Council.

- Establish implementation and advisory committees and determine their roles and responsibilities.

- Promote liaison in the field of education, training and development, as well as, promote the standard of education, training and development of all relevant social service practitioners falling under the ambit of the particular professional or occupational board.

- Promote the development of specialisations and post-graduate qualifications.

- Comply with all relevant legislation of the Republic of South Africa, as well as international conventions to which South Africa is a signatory, relating to the profession or occupation.

- Develop and implement approaches or strategies to promote the continuous development of the social service practitioners represented.

6.8. Guidelines for the establishment and operations of Professional Boards and Occupational Boards

- **Composition of Board**

Each Board should consist of 15 members constituted as follows:

- 10 elected members from the profession or occupation that the board represents.

- 5 members appointed by the National Minister for Social Development representing:

  - A person representing the Associations (professional/occupational)

  - A person representing the auxiliary level of that occupation

  - A person with a broad understanding of the education and training landscape

- A person who has special knowledge of the law

- A person representing the community at large

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

6.9 Membership to serve on Professional and Occupational Boards

- Membership should only be opened to those social service practitioners that are registered with the statutory body.

- Membership to a professional body must be preceded by a nomination and election process.

- Only registered social service practitioners who are members of that particular Board will be allowed to nominate and elect membership to Professional Boards.

Membership must be determined by prior guidelines, which comprehensively set out the requirements for membership including records of service, requirements for life-long compliance with the legislation, educational levels, levels of experience and citizenship.

- Criteria for membership should be set to include, by definition, compliance with a code of ethics. As such qualification for, and disqualification from membership, should become a tool for monitoring and regulating the profession.

- Termination of membership should take place in terms of an a prior democratically agreed to generic and specific agreement to which all members voluntarily subject themselves as a condition of membership and for which there is documented and independent legal redress procedures in place.

- Professional and occupational boards should continually align or attempt to align their memberships with the changing social and economic context of South African

society. This may require constant research and adaptation.

6.10 General Principles for the Establishment of Professional and Occupational Boards

- All social service practitioners as defined in the preceding section of this policy should be included in the ambit of (and represented by) a Professional, Occupational Board or an occupational committee. These Boards should be structured to be applicable to all legally designated social service practitioners.

- The boards and occupation committees should be established to be representative of the social, cultural and economic diversity of South African society and membership and leadership of these boards should, therefore, also accurately reflect this diversity.

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

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

6.11 General Principles for the Functioning of Professional and Occupational Boards

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

- Professional and occupational boards should:

- Act in an advisory capacity in their relations with the Council and the Ministry of Social Development, but in an executive capacity in relation of members and those social service practitioners represented.

- Remain accountable to the public, and such accountability shall take place through the measurement of the scope and quality of services provided.

- Remain accountable to its members and the social service practitioners represented and shall do so through regular participatory processes and systems, as well as, participatory decision-making processes.

- Have the power in consultation, and always as a result of participatory processes, to enforce compliance with a priori agreed to norms and standards of service, as well as, embark on initiatives subject to the same restrictions to improve service delivery standards.

- Have the power to consult; advise and liaise on behalf of the social service practitioners represented, subject always to participatory and democratic process.

- Establish implementing committees if required with specialized skills to facilitate implementation, or to act in an advisory capacity to the professional boards. Such committees (appointed by and accountable to the professional or occupational boards) will not have decision-making powers. The roles, functions and responsibilities of each established committee will be determined by the professional or occupational board in question.

- Responsible for the advancement of professions assigned to it.

- Set criteria for educational and other qualifications, and for professional conduct for the professions assigned to it. This must include compliance and performance criteria, and associated disciplinary procedures.

- Determine Standards of Education including continuing professional development.

- Set and maintain standards of professional conduct.

- Manage disciplinary hearings of the occupations that fall within its ambit.

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

6.12 General Principles for the Composition of Professional and Occupational Boards

The composition of any Professional and Occupational Board must:

- Be the outcome of a democratic and participatory process. All members (excluding ministerial appointments) must be elected. Election of members must be democratic, participatory and based on extensive and accurate information dissemination and publication.

- Be representative. At a minimum the following stakeholders must be represented; civil society, the relevant social development profession or occupation, the Ministry/Department of Social Development, the Educational sector (as relevant to social development service) and trade unions.

- Facilitate efficiency. Duplication of activities and responsibilities should be avoided, whilst allowing sufficient capacity for the delivery of services and performance of

functions. The combined requirement for efficiency and capacity will determine the optimal size of any professional board.

- Reflect the diversity and variety of South African society.

- Leadership and positions of responsibility must be subjected to non-repeatable maximum service periods.

- The position of chairperson and vice-chairperson will be filled through a democratic and participatory election process within a professional and occupational board. These positions should also be subject to a maximum service period and candidates should come from within the democratically elected professional or occupational board membership. The roles and responsibilities of the chairperson and vice-chairperson should be determined a priori through a participatory process by the members of the Professional or Occupational Board.

- Dissolution of a professional board should only take place as a result of a consultative and participatory process and thereafter a recommendation from the Ministry of Social Development accompanied by legislated due notice.

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

6.13 General Principles for the Disciplinary functions of Professional Boards

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

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

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

- Legal transgressions should be addressed within the legal system.

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

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

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

- be recognized as belonging to a sector,

- be regulated,

- work in the sector,

- Demonstrate that practitioners who work in social development service meet the competence, good character and conduct requirements set for registration and are committed to meeting the Code Conduct and Ethics for the profession or occupation.

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

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

- must have the required standardized qualifications,

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

Registration should take place according to the following: specialization, professionals, occupations, auxiliaries, care givers and students. Each category must have its own register. A Professional or Occupational Board may thus be responsible for more than one register.

Provision must be made for the following categories of registration:

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

Provision for dual registration must be made for those who qualify for membership to more than one Board.

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

- The prescribed qualifications in respect of the registration category concerned,
- Proof of the authenticity and validity of the qualifications submitted,
- The prescribed application and registration fees,

- Proof of identity and residence status in the Republic,
- Proof of good character as may be required by the Statutory Body,
- The applicant's residential address within the Republic, and
- Any further documents and information as may be prescribed by the Statutory Body.

A core function of Professional and Occupational Boards is to keep professional registers. Separate registers must be kept for the different social service practitioners, as well as for, different auxiliary workers, support workers and students etc. Practitioners may be disqualified from registration if any of the above-mentioned conditions are not met, or if any of the excluding criteria listed above cannot be obtained.

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

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

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

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

6.15. Registration of Foreign Applicants

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

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

Applicants for registration who do not have the required qualifications may, if they do meet all the other eligibility criteria for registration, be considered for conditional registration with specific conditions such as a limited period.

The DSD is a key role player in terms of planning, supporting and ensuring that there is an adequate workforce to provide services. The other role players are the regulatory body and its concomitant structures (i.e. Professional and Occupational Boards), which must ensure that that there are standards, norms and ethics to guide the practice and behaviour of social service practitioners. In addition to the above the regulatory body and its structures are key role players in developing social service practitioners and in ensuring that they keep abreast with the latest trends in the relevant profession.

6.16 The Administration

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

a.   General Requirements for the Administration

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

b.   Role of the Secretariat

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

c.   Composition of the Secretariat

The composition of the Secretariat must be of a professional nature, and sufficient in number to manage all meetings of the Statutory Body i.e. Council, its substructures, and committees, and the professional and occupational boards and its committees. The secretariat should be located in the office of the Registrar.

d.   Structure of the Secretariat

The statutory body represents various occupations and should therefore be supported by professionals who have the required skills.

e.   Roles and Responsibilities

The roles and responsibilities of the secretariat are:

- Management of the work plan of the Council
- Ensuring all meetings are recorded,
- Keeping of resolution register and ensuring that there is follow through
- Management of all logistics for all meetings.
- Provision of proof of authenticity and validity of qualifications

f.   Operations

The Statutory Body must operate as an organisation, and as such must follow the process of organisational development. An organogram that fits the strategic imperatives of the Statutory Body must inform the structure of the administration. This structure must comprise of all sections that facilitate the Statutory Body operating as an entity. The structure must be informed by the mandate, roles and responsibilities of the statutory body together with its concomitant structures. An organisational design approach must be followed in the development of the operations' structure.

6.17. Conclusion

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

- Recognition of the rights of the service users of social development sector services

- Recognition of an increased need to protect the public interest.

- The emergence and adoption of developmental social services.

- An increase in the type of practices and services in the social development sector

- Recognition of the need to regulate all social service practitioners.

- Recognition of the demand for a diverse set of competencies within the social development sector.

The account above is not exhaustive, but it does illustrate the need to reorganise institutional arrangements.

CHAPTER SEVEN: NORMS AND STANDARDS FOR THE SECTOR

7.1   Introduction

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

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

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

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

In addition to these values, it will be necessary to set in place
- Institutional norms
- Organizational norms
- Professional conduct norms
- Code of Ethics

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

7.2.   Code of Good Practice for Employers

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

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

7.3. Supervision

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

The DSD has developed a supervision policy that seeks to provide a framework for effective

supervision of social workers, student social workers, Social Auxiliary Workers, learner Social Auxiliary Workers, social work specialists and private practitioners in order to ensure competent professional social work practices that serve the best interests of service users[77]. The supervision policy in effect broadens the application of supervision to most social service practitioners, with the exception of community development practitioners. The OFO for Community Development highlights the importance of supervision for CDPs. It notes that "*supervision refers to the intervention provided by a senior member of the profession to members of the same profession with the intention of augmenting, monitoring the professional rendering of services to recipients…It is a process whereby the supervisor performs educational, supportive and administrative functions in order to promote efficient and professional rendering of services*". By implication, this does mean that the occupation of community development does engage in the practice of supervision. Therefore, the deduction is that this practice and thereby the supervision policy, is applicable to all social service practitioners.

The practice of supervision should be the norm across all occupations that this policy is applicable to. The criteria outlined above, namely "each occupation must be supervised on that particular occupations' matters by competent and qualified supervisors from the same occupation" must apply.

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

Principles of Supervision

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

- Promote and protect: The priority of supervision should be to promote and protect the interests of beneficiaries.

- Promote active recognition of the cultural systems that shape practice.

- Ensure professional development is valued and encouraged. Supervision is located in the learning environment where professional development is valued and encouraged

- Accountability: Supervision promotes safe and accountable practice

In practice, supervision may take many forms, all of which are acceptable. One of these is consultation.[78] Consultation is work-related, goal-directed; problem-solving centred, and must be executed as part of the supervision process. Consultation is usually not focussed on administrative control, as it is of an advisory nature and conducted in most instances on the request of the social service practitioner. Consultation should be provided by a relevant supervisor to practitioners on specific occupational matters. Supervisors who provide consultation should have necessary knowledge, skill and be registered with the SACSSP.
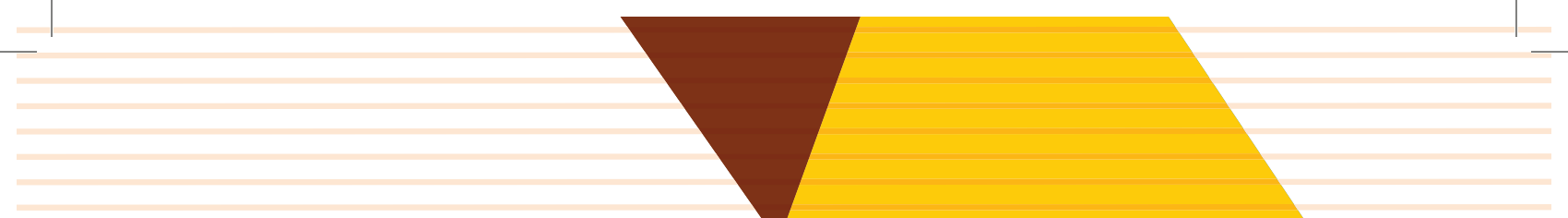
Another form of supervision is mentoring. Mentoring is a developmental partnership through which one person shares knowledge, skills, wisdom and experience, and offering advice, information and perspective to foster the personal and professional growth of someone else. Mentoring therefore can be defined as: *"...help by one person to another in making significant transitions in knowledge, work and or thinking".* The mentoring relationship is usually not between the manager and the person that he/she is supervising, although there might be occasions when a manager / supervisor may also act as a mentor to the person being supervised.

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

7.4. Continuing Professional Development

Continuing professional development (CPD) ensures improved quality of service delivery through processes that will allow the practitioner to keep abreast of trends within the professions, new models of intervention, and ensuring that practice of the individual does not fall behind the progress that the profession is making generally. CPD

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77 DSD Supervision Policy 2012

78 Ibid

ensures that the methods and approach applied by the practitioner are modified to adjust to society's needs and change. The introduction of CPD is directly linked to the developmental approach, as societies are not stagnant therefore the response to society's problems cannot be stagnant.

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

7.5. Compulsory Community Service

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

7.6. Transitional arrangements

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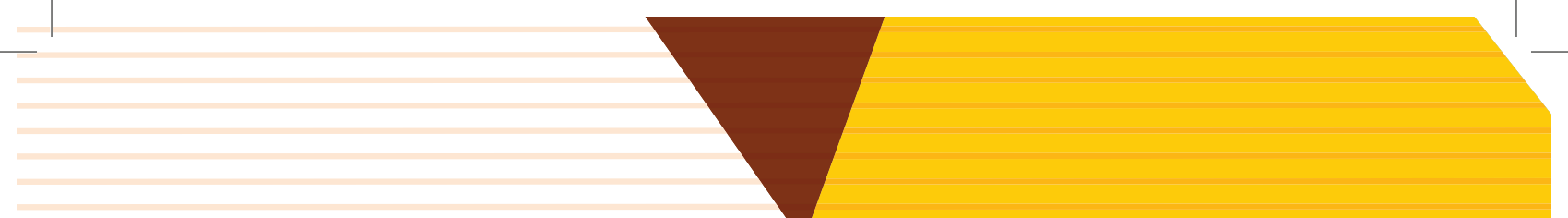
to difference in age between the practitioners in comparison to that of the child.

8.   Conclusion

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

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

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

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

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

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

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

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

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

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

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Appendix 1

Table 1: OFO Classification of social welfare occupations

Major Descriptions	Minor description	Unit description	Occupation
Managers Sub-major: Specialist managers	Education, health and social services managers (SL 5)	Child care centre manager (SL 5)	Child care centre manager (SL5)
		Health and Social Service managers	Social services manager (SL 5)
Professionals Sub-major: Legal, Social Science and Social Services Professionals	Social science and social services professionals	Social service professionals (SL 5)	Social worker (SL 5)
			Child and Youth Care worker (SL 5)
Community and personal service workers	Health and social services support workers	Social services support workers (SL 5)	Community development worker (SL 4) Disabilities Services worker (SL 4) Social auxiliary worker SL 4) Parole or probation officer (SL 4) Auxiliary child and youth care worker (SL 4)
	Child carers	Child carers (SL 2)	Child Care Worker (Skill Level 2)
	Personal Carers and Assistants	Aged and Disabled Carers (Skill Level 2) Special Care Workers (Skill Level 2)	Aged or Disabled Carer (Skill Level 2) Personal Care Assistant (Skill Level 2) Therapy Aide (Skill Level 2) Child or Youth Residential Care Assistant (Skill Level 2)

(Endnotes)

Appendix 2

1.1 Commonalities between the Council Statutory Body and the Professional Boards

Both structures must:

1. Have clearly defined and legislatively aligned criteria for:

   a. Membership

   b. Composition

   c. Structure

   d. Powers

   e. Roles and responsibilities

   f. Values that inform conduct

   g. Values that inform decision making

   h. Compensation guidelines

   i. Financial Accountability

   j. Administrative and Data Management Processes

2. Comply with the National Qualifications Framework Act 67 of 2008, which includes inter alia:

- Co-operate with the relevant Quality Control institution in respect of qualifications and quality assurance in its occupational field.

- A professional body must be recognized by SAQA in terms of the NQF Act and must be registered with SAQA.

- A professional body must submit and maintain databases in consultation with SAQA.

- Further, The National Qualifications Framework Act 67 of 2008, which stipulates, in Chapter 6, a number of conditions to which (education and training related) professional bodies must comply. The Statutory Body therefore, has to hold institutions and organizations providing training and education to social development professionals accountable to these standards.

Objectives

The fundamental objectives of both professional boards and the statutory body must be to:

- Set minimum standards for, and ensuring quality, service delivery

- Monitor compliance to set norms and standards

- Protect intended recipients of services

- Promote the interests of registered practitioners

- Recognize, register, professionalize and regulate social service practitioners.

- Support the development of emerging professions

Values

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

- Respect for human rights

- Respect for human dignity

- Social justice

- Equality

- Professional Integrity

- Consultation

- Participation

- Demo

- Curacy

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

- Democratic practice

- Elected leadership

- Participatory decision-making

- Consultative decision-making

- Clear structures for the execution of decisions made

- Efficient feedback mechanisms

Appendix 3

A draft document that proposes the establishment of a code of good practice for employers of social service practitioners applicable to the South African context has been developed. It is envisaged that the eventual development and adoption of this Code by employer organizations in South Africa will require of employers to recognize their responsibilities in providing services within a professional and ethical framework. It is also the intention that once adopted; this Code should be incorporated into the legislation that this policy will inform.

a. SACSSP draft code of good practice and responsibilities of employers

The South African Council for Social Service Professions as the regulatory body for all social service practitioners nationally, hereby submits a draft CODE OF GOOD PRACTICE AND RESPONSIBILITIES FOR EMPLOYERS of social service practitioners. The purpose of this Code is to set down a guideline as well as present responsibilities of employers to enable the effective delivery of social services within a therapeutic milieu.

This Code also seeks to protect and promote the interests of service users and practitioners alike. The Code is intended to complement rather than replace or duplicate existing employers' policies and it forms part of the wider package of legislation, requirements and guidance that relate to employment.
Employers are responsible for ensuring that they meet the standards set out in this code, provide high quality services and promote public trust and confidence in the delivery of social services.

As a social service employer, you must promote the Codes of Good Practice to social service workers and service users. This includes:

- Informing and educating social service workers about this code and your responsibilities to comply with it;
- Informing and educating social service workers about the Code of Conduct and Practice for Social Service Workers and their personal responsibility to meet the code; and informing them about how to raise issues through appropriate and established policies and procedures without fear of repercussions;
- Taking into account the Code of Ethics for Social Service Practitioners in making any decision that relates to the conduct of workers;
- Co-operating with any investigations and hearings relating to misconduct and inappropriate behaviour, and responding appropriately to the findings and decisions of these investigations;
- Informing the SACSSP about any serious misconduct by social service practitioners and inform the worker involved that a report has been made to the Council.

As a social service employer, you must make sure people are suitable to enter the social service workforce and understand their roles and responsibilities.

This includes:

- Using rigorous and thorough recruitment and selection processes focused on making sure that only people who have the appropriate qualification, knowledge and skills and who are suitable to provide social services are allowed to enter your workforce;
- Checking criminal records, relevant registers and indexes and assessing whether people are capable of carrying out the duties of the job they have been selected for before confirming appointments;
- Seeking and providing reliable references;
- Giving staff clear information about their roles and responsibilities, relevant legislation and the organisational policies and procedures they must follow in their work;
- Managing the performance of staff and the organisation in a fair and just manner to ensure high quality services and care.

As a social service employer, you must have written policies and processes in place to enable social service practitioners to meet the SACSSP policies; viz:

- Policy Guidelines for Course of Practice, Code of Ethics and The Rules for Social Workers

- Rules Relating to The Acts or Omissions of a Social Worker, A Social Auxiliary Worker or A Student Social Worker Which Shall Constitute Unprofessional or Improper Conduct (R. 54 In Government Gazette 14526 Of 15 January 1993).

The following table aligns the SACSSP Policy Guidelines for Course of Conduct (Code of Ethics) with the SACSSP Rules Relating to Acts or Omissions, and provides codes of good practice and responsibilities for employers.

Reference to SACSSP 'Policy guidelines for course of conduct, code of ethics and the rules for social workers'	Draft code of good practice and responsibilities of employers of social service practitioners

Ethical responsibility towards the profession (Rules 3,4,5,6,
 	
7,8,9)
 	
• Integrity of the Profession
• Negligence
• Dishonesty
• Evaluation and Research
• Education, Training and Development
• Competency
• Incompetence of Colleagues
• Compliance with legislation and Procedures
• Display of Registration Certificate
	As a social service employer, you shall:
	• Promote and comply with generally accepted standards of practicing the profession.
	• Promote and support honest practices in all matters in the course of duty and beyond and institute disciplinary steps against any form of dishonesty
	• Promote the monitoring of, evaluation and acceptable standards of research to contribute to the development of knowledge, and institute disciplinary action against unethical research practices.
	• Promote the provision of education within scope of knowledge and competence.
	• Promote fair and respectful evaluation of learner's performance and report to SACSSP of any unethical practice in assessment of learners.
	• Setting of clear, appropriate and culturally sensitive boundaries between learners and staff.
	• Provide training and development opportunities to enable social service practitioners to strengthen and develop their skills and knowledge. This includes:
	    o Providing induction, training and development opportunities to assist practitioners do their jobs effectively;
	    o Preparing practitioners for new and relevant changing roles and responsibilities;
	    o Contributing to the provision of social care education and training, including effective workplace assessment and practice learning; and
	    o Supporting staff in their continuing professional development.
	• Promotion of competency through provision and support of continuing professional development; in-service training and relevant workshops.
	• Employment of persons with required, appropriate and valid drivers should be promoted.
	• Ensure that before 31 March each year each practitioner provides a copy of their renewed membership with the SACSSP by means of a renewed membership card
	• All social service practitioners who are required to be registered with SACSSP must be compelled to conspicuously display his/her registration certificate in Office or workstation.
	• Employer shall ensure that steps are in place to safeguard certificates on office premises.
	• Employer to demand to view original registration certificates.
	• Certified copy of annual receipt to be kept in employees personnel file. Social service professional to keep on his/her person the annual membership card for disclosure when required, e.g. by clients, by employer or by authorised personnel (including the court).
	• Employer to ensure that all advertisements for social workers, student social workers and/or social auxiliary workers must have as a basic requirement the (current) registration of such individual with SACSSP.

Reference to SACSSP 'Policy guidelines for course of conduct, code of ethics and the rules for social workers'	Draft code of good practice and responsibilities of employers of social service practitioners
Ethical Responsibility Towards Client Systems (Rule 4) • Confidentiality • Professional Relationships • Third Party Requests for Services • Perverse Incentives • Dealing with Clients Money • Terminating the social service practitioner relationship • Advertising and Public Statements	Employer to ensure: • That a high degree of confidentiality is maintained by all social service practitioners and professionals. • That steps are in place to ensure that only registered social service practitioners have access to client records. • That non-registered staff (such as organisational management) do not have access to nor request for access to confidential client records. • Support of non-disclosure of confidential information in specified instances only (e.g. responding appropriately to subpoenas from competent courts only) • Client records are not disclosed to donors • Protection of client records and information at all times and in all circumstances • Appropriate written contracts with clients regarding disclosure of information and services to be rendered • All client records are stored in a lock-up facility with access by limited staff only. • All organisational staff not otherwise bound by a code of ethics, sign such oath prior to commencement of duties to ensure safeguarding of confidential information; this includes administrative personnel and interpreters • Social service practitioners have suitable office space to interview client/s out of earshot and without interruptions or disturbances. • Interviewing space is not simultaneously shared. • Telephonic contacts with clients is treated with equal confidentiality in terms of acoustics of office etc. • Employer to support professional relationships and professional communication between social service practitioner and client and significant others in clients' life and in organisation. • Employer shall ensure clear lines of communication within the organisation • Employer shall take steps to prevent inappropriate relationships, for e.g. prevention of dual and or exploitative relations on all sides (e.g. between social service practitioner and client; between employer and social service practitioner; between manager/supervisor and supervisee). • Employer to support client's right to self determination • Employer to take immediate action and prevent sexual or intimate relationships between social service practitioner and client • Employer to oppose, prevent and take immediate action against any form of harassment in the workplace, whether between client and practitioner, or amongst personnel. • Employer to put measures in place to ensure that any requests from a third party (e.g. for investigations, reports etc) must be appropriate and are dealt with professionally, without compromising ethical principles of the profession.

Reference to SACSSP 'Policy guidelines for course of conduct, code of ethics and the rules for social workers'	Draft code of good practice and responsibilities of employers of social service practitioners
Ethical Responsibility Towards Client Systems (Rule 4) (Continued..) • Confidentiality • Professional Relationships • Third Party Requests for Services • Perverse Incentives • Dealing with Clients Money • Terminating the social service practitioner relationship • Advertising and Public Statements	• Employer shall ensure that practices of non-monetary remuneration is refuted and refrained from as it creates the potential for conflict, exploitation and distortion of the social service-client relationship. • Employer shall, where appropriate, put in place measures to professionally handle clients' monies where applicable. • Employer shall notify the public in writing with clear signage of such steps and shall ensure that no unauthorised personnel, especially registered social service practitioners, may handle clients' monies or keep any personal monetary identification of any client (e.g. bank cards, postal orders, pension documentation etc) • Employer shall ensure that social service practitioners do not abandon their client systems when a change of employment or change of caseload takes place; clients must be notified in advance of any change; • Employer shall enforce the BCEA and conditions of the LRA as well as report such transgressions of registered social service practitioners immediately to the SACSSP providing a clear indication of the professional tasks left outstanding by the practitioner. • Employers shall put in place a protocol within the organisation for making public statements or responding to the media, and shall make all personnel aware of such protocol. • Employers shall ensure that any advertisement for services complies with accepted and ethical standards.

Reference to SACSSP 'Policy guidelines for course of conduct, code of ethics and the rules for social workers'	Draft code of good practice and responsibilities of employers of social service practitioners
Ethical Responsibilities Towards Colleagues and Other Social Service Practitioner Persons Respect • Confidentiality • Interdisciplinary Collaboration • Criticism and Disputes Involving Colleagues • Consultation • Referral for Services • Supersession	• Employers shall ensure that all personnel treat colleagues with respect • Employers shall take action against practitioners who display rudeness or disrespect to colleagues • Employers shall put into place protocol respecting a practitioner's obligation to respect confidentiality of client information, particularly upon requests by third parties for confidential information (e.g. politicians, non-social work management of organisation, donors etc) • Cases may not be discussed amongst staff; no names of clients are given in discussions • In medical files only limited information is listed. • Team is bound by confidentiality. • Must close office door when interviewing clients. • In group work, facilitators and group members sign declaration of confidentiality • Confidentiality is only broken in instances of suicide, homicide etc and if someone is at risk. • Registers are kept safely locked away • Client can lodge complaint as per office procedures if they are unhappy with client confidentiality. • Every social worker has own office and own cabinets. • Employers shall foster and promote appropriate inter-disciplinary collaboration where required. • Employers shall take steps to ensure that any dispute between colleagues is dealt with amicably and without affecting or impacting client service delivery. • Employers shall promote the counsel of colleagues whenever such consultations is in the best interests of the client providing that appropriate ethical principles are upheld. • Employers shall promote case-conferencing between colleagues- within ethical boundaries. • All referrals should be undertaken in line with the organisations policies and procedures, subject to relevant considerations, including legal and contractual obligations. • Employers must promote such referrals to be done in an organised, appropriate, orderly and professional manner. • Employers shall desist from and shall take immediate action against the giving or receiving of payment for such referral. • Employers shall ensure that social service practitioners do not perform any act belonging to another profession or field, including psychometric testing for the purposes of diagnosis and therapy, etc. • Employers shall not prevent and shall ensure that personnel do not prevent any client from procuring advice or assistance from any other authorised person. • Employers shall take reasonable steps to prevent any act of supersession and shall take action against its personnel who foster or promotes such practices.

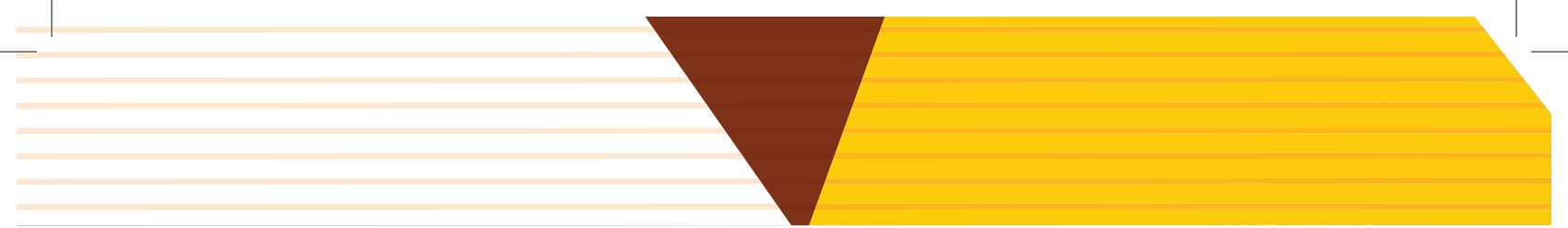| Reference to SACSSP 'Policy guidelines for course of conduct, code of ethics and the rules for social workers'	Draft code of good practice and responsibilities of employers of social service practitioners
Ethical Responsibilities In Practice Settings (Rules 3(1)(2)(3),4(1)(2) and 7 • Supervision and/or Management and/or Consultation • Performance Evaluation • Client Records • Billing • Advocacy for Sufficient Resources • Commitment to Employers • Labour-Management Disputes	• Organisational compliance with all legislations, policies and procedures, including supporting the ethical requirements of social service practitioners. • Employer shall ensure that organisation clearly displays its policies to be accessed by clients (where appropriate, for e.g. service charter, compliance with occupation health and safety requirements) and staff personnel respectively. • Employers shall ensure that all policies, procedures and legislations are applied fairly and justly. • Employers shall ensure that: • Supervisors who provide supervision or consultation have the necessary skill, knowledge and competency to supervise or consult appropriately, within their respective boundaries of knowledge • Supervisors set appropriate, clear and culturally sensitive boundaries • Supervisors do not indulge in dual, inappropriate or multiple relationships with supervisees, particularly where there is a potential risk of exploitation or potential harm to the supervisee. • Supervisors who provide supervision shall evaluate the supervisee's performance in a manner that is fair and respectful, as well as keep a record of what transpired during the consultative or supervisory session in consultation with said supervisee. • The supervisee is aware that he/she may be held responsible or liable in an instance where a complaint of alleged unprofessional conduct is lodged against the supervisee. • A social worker, a student social worker and a social auxiliary worker shall at all times be supervised on social work matters only by a person who is registered with the SACSSP as a social worker. • Supervisees shall ensure that supervisees fully comply with any canalisation and protocol requirements • Supervisors support and foster written reports, memos or recording to be of a high standard at all times and that corrective action to be taken to ensure maintenance of quality reports • Employers shall ensure that personnel who are responsible for evaluating the performance of others shall fulfil this responsibility in a fair and considerate manner and on the basis of clearly stated criteria. • In the case where organisations and /or persons in private practice charge a fee for services, such billing practices must accurately reflect the nature and extent of services provided and avoid clients being financially exploited.

Reference to SACSSP 'Policy guidelines for course of conduct, code of ethics and the rules for social workers'	Draft code of good practice and responsibilities of employers of social service practitioners
Ethical Responsibilities In Practice Settings (Rules 3(1)(2)(3),4(1)(2) and 7 (Continued..) • Supervision and/or Management and/or Consultation • Performance Evaluation • Client Records • Billing • Advocacy for Sufficient Resources • Commitment to Employers • Labour-Management Disputes	Employers should recognise that social service practitioners are trained to advocate and shall be allowed to advocate within and outside their agencies for adequate resources to meet client's needs. • Employers shall ensure that resource allocation is available and administered in an ethical, fair and just manner. • Employers shall be aware of a practitioner's obligations to the legislative, policies and procedures of employers and shall take steps to empower practitioners with such knowledge and resources as soon as possible after commencement of employment if not prior. • Employers shall also be aware of the practitioners' responsibility to report and/or improve employing agencies' policies and procedures and the efficiency and effectiveness of their services. • Employers shall be aware of the practitioners' right to indulge in organised action to improve services to clients and working conditions. • Employers shall ensure that practitioners who indulge in labour action shall abide by the provisions of the Labour Relations Act. • Employers shall also be aware that a registered social worker may not practice in partnership with a person who is not registered with the SACSSP, or share offices with such person without prior written consent from both professions' professional boards where appropriate and applicable.

Reference to SACSSP 'Policy guidelines for course of conduct, code of ethics and the rules for social workers'	Draft code of good practice and responsibilities of employers of social service practitioners
Ethical Responsibilities to the Broader Society (Rule 3) • Social Development • Public Emergencies • Social and Political Action	• Employers shall encourage practitioners to promote the general development of society and advocate for conducive living conditions, the fulfilment of basic human needs and the promotion of social, economic and cultural values that are compatible with the realisation of social justice. • Employers shall be alert to practitioners' responsibilities in responding appropriately to public emergencies. • Employers shall be alert to practitioners' responsibility to indulge in social action such that it promotes society's equal access to resources, employment, services and opportunities required to meet their basic human needs. • Employers shall also be aware of the practitioners' responsibility to respond to prevent or act against domination, exploitation and unfair discrimination against any person or group on any basis, as per the Constitution (Act 108 of 1996).