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Social Welfare Workforce **STRENGTHENING FOR OVC**

The Situation of OVC

Of all countries in the world, South Africa has the greatest number of people living with HIV/AIDS – an estimated 5.7 million, according to the United Nations Joint Program on HIV/AIDS (UNAIDS). With adult HIV prevalence exceeding 18 percent, South Africa's HIV/AIDS epidemic takes a toll on the whole population, including its roughly 18 million children. About 22 percent of children are HIV/AIDS affected. According to researchers, at least 4 million South African children are HIV positive, have a parent who is positive, or have lost a parent to HIV/AIDS.¹

Twenty-three percent of children in South Africa were not living with either parent in 2008 (*South African Child Gauge* 2009/2010). When parents die or do not have custody of their children, other relatives, particularly grandmothers, commonly accept the role of caretaker. Because there is widespread poverty in South Africa, the economic responsibilities associated with providing basic care to children often place strain on families. In many families, substance abuse as well as physical and sexual abuse of children occur, which can pull families apart – both literally and figuratively. In such cases, children may be removed from their families and placed in foster homes or residential care. Similarly, HIV/AIDS fuels the need for foster care orders and fills spaces in children's homes. There are also children who must head households. Although their numbers are relatively small, children who head households may be responsible for the care of family members, including those who have HIV or other illnesses. Both adult care givers and older children who assume responsibility for vulnerable children shoulder considerable psychosocial stress, which may reduce their capacity to care.

The percentage of orphaned and vulnerable children (OVC) aged 10 to 14 who attend school is similar to that of children who are not affected – 98 percent and 99 percent, respectively (South Africa's 2010 United Nations General Assembly Special Session report). However, the added pressures of HIV/AIDS can decrease the amount of time children commit to their studies as well as their returns on this investment. Moreover, schools in South Africa facilitate access to other services for OVC, such as nutrition programs, and they often employ social workers, nurses, and other care providers to support students. If children's school attendance is limited, their access to these services and resources can also be limited.

The Social Welfare System and How It Supports OVC

What sets South Africa apart from other countries in sub-Saharan Africa is its legacy of apartheid. Before the advent of democracy in 1994, a well-developed social welfare system served the minority white population of South Africa while a very poorly developed social welfare system served its majority black population. Moreover, the burden of the AIDS pandemic has fallen much more heavily on the under-resourced black population. As a result, the provinces with the largest percentages of OVC are the provinces with the most poorly developed social welfare capacities. Recently in Limpopo Province, for example, the percentage of OVC was twice as high as it was in Western Cape Province. However, the level of spending on social services in the Western Cape was 7.5 times greater than the level of spending on such services in Limpopo. Accordingly, the social welfare workforce

¹ Thurman TR, Yu S, Taylor TM. *Care for Caregivers*. Tulane University School of Public Health and Tropical Medicine. October 2009.

has been small and weak. As *South African Child Gauge 2007/2008* put it: “The shortage of social workers is a national crisis.”

The South African government agency that leads the national OVC mobilization effort is the Department of Social Development (DSD). It works closely with a number of other national government departments, including Education, Health, Justice, and Home Affairs. The OVC effort also extends across sectors to include nonprofit organizations, the civil society, and the business sectors. Furthermore, it operates at all levels of government – not only at the national level, but at the provincial, district, and local levels as well.

In the late 1990s, South Africa began to put in place a new developmental social welfare paradigm for the delivery of social services, and notably services for OVC. Rather than provide very limited social services that were only curative and clinical, it has set out to reach the goal of providing comprehensive social services that are developmental and preventive, such as family counseling, early childhood development, care centers for children and teens, shelters for street children, and adoption and foster care services.

As part of this transition, the DSD issued a service delivery model in 2006 for developmental social services, including those for OVC. The model recognizes that the delivery of such services is the collective responsibility of numerous stakeholders, including all levels of government as well as NGOs and other members of the private sector. The model further recognizes that the exact nature and extent of these stakeholders’ involvement in service delivery varies from province to province because of influences that include history, statutory requirements, and cost.

In the long run, once the transition to the new paradigm is complete, the net cost per child of social services could fall. In the short run, however, as the transition continues, costs will rise. Unfortunately, funding for this effort continues to fall far short of the required level. Closely related to the shortfall in funds is the shortfall in the size and skills of the social welfare workforce that can be devoted to OVC.

The Social Welfare Workforce for OVC

The DSD is committed to mainstreaming “people infected and affected by HIV and AIDS.” Thus, many of those members of the social welfare workforce who serve HIV/AIDS-affected OVC do so in the course of serving OVC who are not affected by HIV/AIDS. Consequently, what follows is available information on social workers, followed by available information on other workers who provide direct services to children.

In South Africa, legislation provides for the statutory regulation of different categories of social welfare workers. A government-certified body regulates and credentials two such categories: social workers and social auxiliary workers. The South African Council for Social Service Professions (SACSSP) registers qualified workers in these two categories, including those who serve OVC, and keeps a tally of them. Its 2008-2009 annual report indicates that the total number of people who had achieved registered status was 22,561. This included 14,072 social workers; 1,872 people who were engaged at the time in learnerships as social workers; 3,100 people who were social work students; and 2,065 people who held full status as social auxiliary workers and 1,452 who held conditional status. To maintain registered status, social workers and social auxiliary workers must participate in approved continuing professional development in order to continually build their knowledge and skills, remain abreast of new developments in the field, and maintain professional standards.

Two other categories within the social welfare workforce are the child and youth care worker (CYCW) and the auxiliary CYCW. Such workers have traditionally been assigned to residential child care facilities, which are now called Child and Youth Care Centers. In recent years, their role has been broadened to provide child-focused prevention and early intervention services, as well as child protection services to children who live in the community rather than Child and Youth Care Centers.

A professional qualification as a child and youth care worker takes four years at a center of higher learning. Auxiliary child and youth care workers assist CYCWs. Many have a National Association of Child Care Workers (NACCW) basic qualification and are engaged in child and youth care training that is accredited by the South African Qualifications Authority (SAQA), a national standard-setting body. In a pioneering effort, the CYCW sector is in the process of establishing with the SACSSP a regulation system for its workers. There are no current statistics on the numbers of CYCWs and auxiliary CYCWs. A 1996 estimate of the total number of CYCWs operating at both levels was 6,000. It can be safely assumed that this number has increased, but recent data on the size of this workforce category are lacking.

A largely under-recognized category in the social welfare workforce, the community care giver (CCG), has been a

central part in South Africa's response to HIV/AIDS and OVC. A CCG is a community member who is a lay person and who provides care and support to primary care givers of vulnerable children and sometimes directly to vulnerable children. Working under the auspices of home- and community-based care organizations, some CCGs receive stipends from the state for their work; others serve as volunteers. There are 17,000 CCGs registered with the DSD. Another 60,000 are registered with the Department of Health.

Community development workers are trained by a national program under the Department of Public Service and Administration. Some of these workers are employed within their own communities by local authorities. As part of the implementation of South Africa's Children's Act, it is possible for such workers to be deployed to help provide prevention and early intervention services and to staff drop-in centers, which provide children with basic services, excluding overnight accommodation.

These worker categories do not make up the entirety of the social welfare workforce for OVC. Early childhood development workers, probation officers, and volunteer child care workers, among others, are also part of this workforce.

The Children's Act went into full effect in 2010 and is part of the transition to a new social service paradigm. However, full implementation of the Act will require further diversification of the roles that make up the social welfare workforce, substantial expansion of the size of the workforce, and further development of its knowledge and skills.

Challenges Faced by the Social Welfare Workforce for OVC

The primary challenge to strengthening South Africa's social welfare workforce is the scarcity of social workers and ancillary workers. Several factors make it difficult to recruit and retain sufficient numbers of workers in this field. For one thing, there is a low degree of career mobility within the field. Furthermore, despite the great demand for children's social services in South Africa, they are poorly resourced. Facilities tend to be short on space and without adequate infrastructure. Thus, many workers must perform their duties in makeshift offices, contending with not only the emotionally taxing demands of their work but also outmoded systems and equipment. In some communities, security is a consideration. Inadequate resources also lead to low remuneration and heavy workloads; this is particularly true for NGOs. Fully half of statutory child protection services are provided by NGOs, yet they are only partially subsidized by government. This means that funding is tighter in the NGO sector and salaries are lower, prompting many social welfare workers to shift from NGO jobs to government jobs. While such transitions can have financial benefits for workers, they are disruptive for the children receiving services.

Another challenge is insufficient knowledge and skills among members of this workforce. This challenge results in part from inadequate funding. As researcher Nicci Earle reported, the Department of Education's funding allocations to undergraduate professional social work programs is not comparable to its allocations for other professional qualifications. Schools therefore have reduced their numbers of highly-qualified staff, relying instead on lesser-qualified, part-time staff. These staffing changes have limited schools' capacity to offer students of social work the degree of individual attention that professional training requires, and they have contributed to the progressive erosion in the depth and breadth of social work programs. Similar challenges have hampered growth in the numbers of professional-level child and youth care workers, as has the fact that this worker category is a relatively recent addition to the social welfare workforce.

Long hours, low pay, lack of upward mobility, and difficult working conditions have contributed significantly to the low prestige of social welfare work. This is a further obstacle to attracting new workers and keeping experienced workers from gravitating to the business sector or to private practice.

Efforts to Address Challenges

Until recently, the DSD has considered social workers at the professional and auxiliary levels to be the most appropriate providers of social welfare and protection services. However, the DSD has also acknowledged that South Africa does not have a sufficient number of social workers to meet demand. Thus, the DSD declared social work to be a scarce skill in 2003. To address this recognized shortage, the DSD in 2006 developed a draft recruitment and retention strategy for social workers. The strategy identifies the following as its four objectives: provide a framework for the recruitment and retention of social workers as learners and professionals who will be committed to rendering services where they are most needed in the country; reposition the social work profession to meet the challenges of the 21st century; promote a positive image of social work as a career of choice; and address the concerns and conditions of service that have a negative impact on service provision. The DSD has also been approached to

establish a recruitment and development strategy for child and youth care workers and other categories of social welfare workers.

The Thogomelo Project is a nationwide, five-year initiative. The Project aims to make community care givers more effective by upgrading their child protection skills and enabling them to better cope with the emotional difficulties of their work by providing ongoing psychosocial support. In doing so, the Thogomelo Project hopes to improve retention of community care givers and potentially support them to pursue careers in social welfare work (i.e., by gradually increasing their qualifications to serve as CYCWs, community workers, or social auxiliary workers through ongoing training). This recent development has two aims: one is to strengthen entry-level workers; the other is to provide access to social welfare work streams or professions for people who are suitable, experienced, and caring but socio-economically disadvantaged. The national government currently provides some of *Thogomelo's* community caregivers with stipends and intends to extend stipends to all CCGs.

The curriculum for the skills-training component of the Project is accredited by SAQA. During the first two years of the Project, more than 1,000 community care givers per year completed its training.

Child Welfare South Africa's *Asibavikele* program and its more than 1,500 volunteer community care givers have played an important role in service delivery to over 28,000 children. The program stringently selects and recruits volunteers to undergo pre-service training in two modules: HIV/AIDS and the Care of Children; and Community-based Care and Support. The program's CCGs are then deployed to identify OVC and provide them with services, such as home visits, temporary shelter, and educational and psychosocial support.

Asibavikele's community care givers are able to handle most of the situations they encounter, thus minimizing the need for social workers. When they are confronted with complex circumstances beyond their scope, the CCGs alert their superiors so that a qualified social worker can assist them. They receive supervision and ongoing training from a social worker and have regular group discussions about their service experiences and best practices. Through the program, CCGs receive a monthly stipend. They are also given the capacity to train as auxiliary social workers, community development workers, and youth development workers.

South Africa's NACCW, a nonprofit organization that works to promote optimal standards of care for orphaned, vulnerable, and at-risk children and youth, developed and implements with partners a model of care called *Isibindi*. Through this model, NACCW recruits, trains, and helps to employ new entrants to the social welfare workforce. NACCW screens and selects unemployed individuals to undergo a two-year SAQA-accredited training program in child and youth care. The selected individuals are employed by NACCW partners as child and youth care workers who provide a variety of services to HIV/AIDS-affected children and their families. A key factor in the success of scaling up the *Isibindi* model lies in the fact that program participants receive supervision from a mentor who is an experienced social service professional. As of August 2010, *Isibindi* had trained 863 CYCWs.

The NACCW recognizes that caring for HIV/AIDS-affected children and families can be a heavy burden that may lead to stress, depression, and isolation. For this reason, *Isibindi* implemented Care for Caregivers in 2007. This program is a six-month intervention that responds to the overwhelming psychosocial needs of child and youth care workers by offering them individual and group counseling with a clinical psychologist. As of August 2010, 411 CYCWs had received Care for Caregivers training at 23 sites that participate in *Isibindi*.

Tools, Resources, and Curricula to Support Efforts

Tulane University prepared a case study of *Isibindi's* Care for Caregivers model in 2009. The case study offers a detailed account of such topics as the Care for Caregivers methodology; the role of the CYCW; recruitment, training, and support of CYCWs; the Care for Caregivers program principles, counseling methods, and follow-up activities; and lessons learned about the program's strengths and innovations as well as its challenges. The case study, which was funded by the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), is available at <http://www.sph.tulane.edu/IHD/publications/2009%20SA%2002.pdf>.

In 2008, Khulisa Management Services produced a case study of the *Asibavikele* program. The case study outlines the program's training of volunteers, the services it provides, its funding sources, and lessons learned from its implementation. Funded by USAID through PEPFAR, the case study is available at <http://www.cpc.unc.edu/measure/program-areas/ovc/ovc-program-case-studies/ovc-case-studies-sa/CWSA-Asibavikele-SR0842-C5.pdf>.

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