

Developmental Social Work in South Africa: significance for social development

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Focus of the presentation

- South African social policy context
- Developmental Social Work & Community Based Developmental Social Work (CBDSW)
- Case study of cash transfers & care to strengthen families
- Significance for social development in other countries

South African social welfare policy context

- 16-20th century: Dutch & British colony
- **Apartheid**: separate development of race groups (African, mixed race groups; Indian descent)
- **System of unequal development for different race groups**
- White race groups benefits mostly
- Long history of **struggle for liberation** (80 years)
- **Constitutional democracy** was created in 1994

Poverty & inequality in South Africa

- Half of population of 57 million live below the **poverty** line
- 27% unemployment rate & low economic growth
- **Income inequality** – one of the highest in the world
- Health and education inequalities including food insecurity
- HIV/AIDs prevalence is high about 20%
- Crime and violence: high rates of violence against children and women
- Family disruption – long history of migrant labour in the apartheid years

Welfare system & social work services were redesigned: reconstruction & development

Welfare laws and policies were redesigned to support the Constitution and to promote social & economic development

- Adoption of **developmental approach**
- **Aligned with the Constitution & Bill of Rights (1997)**
- **Protection of social & human rights:** e.g. social assistance; health; education; housing; protection of children's rights
- **Right to equality** – Non-discrimination on basis of gender; religion, ethnicity, sexual preference, geographic location

What is developmental social work?

- Shift from the **social treatment model to developmental approach**
- **Role of social work in promoting development of the society**
- Approach was adopted by the International Association of Schools of Social Work (**IASSW**) in **2014**
- Promotes human relations, social participation & inclusive social and economic well-being
- Reduction of poverty
- Tackles systemic inequalities & structural barriers that prevent or constrain human development

A focus on Community Based Developmental Social Work (CBDSW)

- **Connected** to the every-day lived experiences of people's lives
- **Operates at different levels:** individual, family, community life, social networks, work, cultural & social life including promoting their economic & social well-being
- **Enables direct participation of users & community members** in decision making & service development
- Complementary, **holistic, integrated & inclusive interventions**
- **Multi-disciplinary and inter-sectoral**
- **Builds local partnerships for development** between government, NGOs, private foundations & individuals, families & communities
- Hypothesized that such intervention strategies will lead to **better social outcomes**

CBDSW employs multi-modal intervention strategies

- **Poverty-reduction and sustainable livelihoods** strategies e.g. agricultural development; self-employment; income generation; building assets e.g. equipment to generate income
- **Family-centered and community based strategies** e.g. combining social assistance with family strengthening interventions
- **Community information, education and community strategies** e.g. education about how to promote and claim rights
- **Social policy and planning** e.g. providing inputs to **local government** level social & economic development strategies
- **Advocacy** for policy changes

CBDSW methods may include the following:

- **Engagement with clients of different sizes** e.g. micro (**individual, family**); mezzo level (**organizational and community levels**); & macro level (**provincial and national level policies & legislation**)
- Employs **different methods of social work practice**: case work, group work, community organizing/mobilization; capacity building & empowerment; service development; income generation and contributes to or advocates for local level social policies
- **Enables working with a diversity of client populations in an integrated way** – e.g. family and household level have different needs

Social worker is led by the needs of the client/ client groups in communities

- **Needs assessment** – using different methods of consultation and engagement e.g. individual interviews with clients; analyzing administrative records; focus group discussions; compiling real life stories; statistical data; key informant interviews with different stakeholders
- **Development of intervention strategies and plans**
- **Social worker roles:** e.g. counsellor, broker, enabler, advocate, educator, conferee, mediator, service developer etc.
- **Social worker skills:** e.g. case work, group work skills, community organizing skills; management of services; policy analysis, development & evaluation skills
- Guided by **social work values & ethics**

Enabling social policies: package of services accessible at community level

- **Social assistance** for poor families, people with disabilities & pensions for the elderly
- **Social insurance** for employed workers – sickness benefits, pensions, benefits for pregnant women
- Free **health** care for poor & free public **education**
- Primary **school nutrition** – school lunch
- **Early childhood education**
- Public **housing**
- Small businesses support; public employment schemes; affirmative procurement policies

Increasing the impact of social work services

- By designing & implementing **high impact social work interventions**
- **Increasing the reaching** - larger numbers of people
- Finding a **better balance between remedial and promotive & preventative services** e.g. case work services complemented by developmental & preventative services
- **Cost effective & appropriate models** of service delivery
- **Increasing the capacity of social workers through deployment of paraprofessionals** e.g. auxiliary social workers; child & youth care workers; community development workers; care workers
- **Innovation in CBDSW services** – teamwork with health care professionals, community health workers, teachers, local authority officials + other service staff realize efficiencies & improve outcomes

Does CBDSW make a difference?

To answer this question we need more rigorous evaluation **research methods** – generate the **evidence** of whether CBDSW is working or not

- **Quantitative and qualitative research methods**
- Answers could inform **advocacy** for changes in government policies; improve service provision, practice & more effective resource allocation
- Inform **fund raising strategies**
- **Reporting on the country's national development plan 2030**
- **Sustainable Development Goals:** chronic poverty, nutrition & gender equality targets are likely to be reached

Assessment of progress to achieve international development goals



Practice applications in developmental social work

Connecting cash transfers with a family & community strengthening intervention to improve child well-being in South Africa



Cash Plus Care – stepping up the benefits of cash transfers for child well-being

- **Child Support Grant (CSG)** is a means-tested cash transfer for poor children
- Reaches **12 million children** living in poverty or **66% of all children**
- About US\$ 34 per month paid to the caregiver of the child
- **Grants and care services reduced poverty by 7%**; improved school enrollment (92%) with positive nutritional benefits (75%)
- 80% of children in poor communities receive the grant
- **But money alone cannot address needs of families holistically** e.g. child and family relations; managing the behavior of children; harsh forms of discipline; engagement of parents in children's education; supervision and monitoring of children; child safety; caregiver stress; **high rates of depression of care givers in cities due to poverty**

Design & implementation of community based family strengthening intervention

- **Partnership** between University of Johannesburg, UNICEF & City of Johannesburg's (local government)
- Adapted a program that was evaluated in a poor area in Chicago & a program in SA which was positively evaluated
- **Adaptation:** make the program responsive to local needs of families; content was revised; new content was included for relevance; African languages and cultural symbols and practices were introduced based on research in South Africa

Program description (cont.)

- **Families all received a child grant selected and all were poor**
- **Pilot tested** in two sites – revised program
- **Advanced testing & evaluation in 10 poorest wards in City**
- **13 Social workers; 2 social work supervisors and 4 social auxiliary workers** were **trained** to deliver the program
- 40 families in treatment group and 40 families in control group (no family intervention = **total 80 families**)
- **Qualitative evaluation to assess impact:** before the program and at end point and then 6 months and 9 months later

Sihleng'imizi program: Intervention features



- Families recruited randomly via local primary schools
- Permission granted by parents to participate
- The programme is a weekly 2 hour group, runs for **14 weeks**
- The **whole family** is invited to take part; there are 3 – 5 families in each group.

Group
activities

Family
exercises

At – home
tasks

Sihleng'imizi
buddies

Child friendly
activities



CoJ social
workers ran
groups in
their wards

CoJ
supervisors
oversaw the
groups

CSDA
monitoring &
fidelity
checks

Program content

- **Child care giver relations:** communication; bonding; behavior management; supervision of children; parenting skills
- **Social support and access to community services:** improve knowledge of community resources and how to use resources; strengthen support for caregivers (buddy system) & building family connectedness with grandparents and extended family
- **Improve care giver engagement with teachers** e.g. attending school meetings; be an advocate of the child; take an interest in child's learning
- **Nutrition** education
- Money management – **financial education** and savings

Results: child–caregiver & family relations

Significant changes in 3 areas

- Decrease in **harsh parenting** identified for 8 out of 10 families (n=24).
- Increased positive **communication** for 26 families (87%) n=30.
- **Caregivers perceived their parenting to have positively changed** (95%) n=38.

Other changes

- Increase in **rewarding good behavior** (50%) n=30.
- **Better monitoring** reported for 4 out of 10 participants n=34.
- **Increased use of rule setting** (44%) e.g. bedtimes, mealtimes, and home-times.

*There is a change because
now I am able to praise them
when they have done
something good or sometimes
(Nomsa)*

*We started to re-structure the
rules... their sleeping time is 8
o'clock... and now I don't have
much challenges than before...*

*We used to eat one by
one....[now] **we eat as a family**
because we can have some
talks while we are eating”
(Gugu)*

*Before that I used to shout,
I would always scream and
shout. And L cries when
you shout at her ... but
now I speak calmly to her"*
(Mashudu)

***Since the group I don't beat her, I**
would ask her about the spelling
we were doing yesterday and she
would remember it as it is. So, I
think beating her is something that
makes her be afraid... So, I have
realised that it means that's the
good way to work with her.*
(Phindile)

*What makes me proud is that I am an **uncle** to these children, I am always with them so that they don't have to feel isolated
(Muzi, male caregiver)*

I am more confident, I am more flexible than before ... It's not a tough game anymore, I don't have to stop myself being aggravated because T is my son, you know. (Rose)

Caregiver involvement in child's education

- Caregiver **helping more with homework** & checking school books more.
- Increased **confidence of caregiver** in speaking to teachers.
- Caregivers turn off the TV not to distract during homework.
- Positive changes in the **child's response to school** as follows:
 - More enjoyment of school.
 - Perceived improvement in subjects.

Value of the group experience: social connectedness

Learning from others

- Experiencing love and care by group members
- Developing good supportive relationships with people
- Learning other languages
- Improving inter-personal communication
- knowing where to seek help with a problem.
- Plans to keep in touch with buddy or group members – support
- Communication with the extended family improved – more family support

Changes in financial capabilities at endpoint (intervention group)



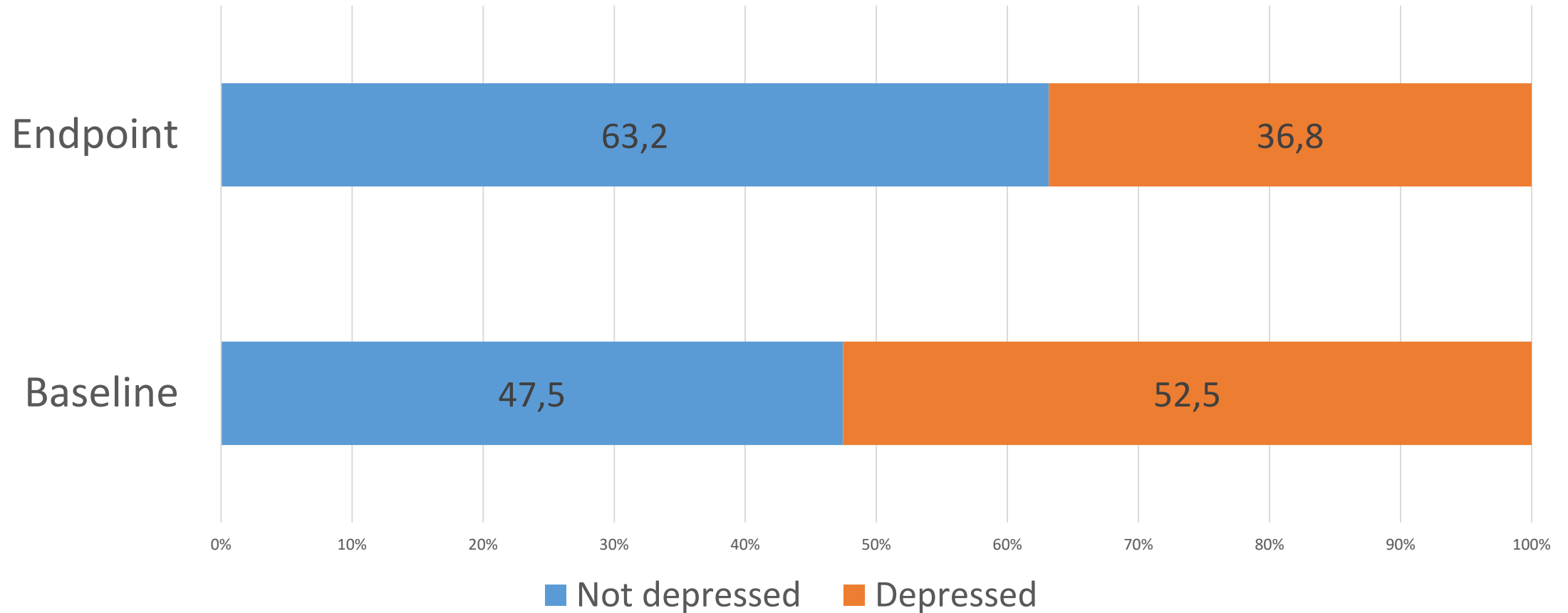
Caregiver and family knowledge of nutrition

- Slight increase in the number of caregivers identifying **breakfast as the most important meal of the day** (from 69% to 74%).



- After Sihleng'imizi, **nutritional value** is viewed as the **most important in choosing or buying food (98%)** rather than cost of food (73%) which was the primary reason at baseline.

Reduced symptoms of caregiver depression: lowered by 16%*



** Results from validated depression index, CESDR-10*

They say **knowledge is power**. I believe **Sihleng'imizi** is **life changing and therefore encourage the programme to continue**.

I want to thank the programme for being there for my family

This programme is **very helpful** & it is needed by many families in our community. Many families are struggling especially when it comes to raising children & maintaining money.

I find some [of the programme] difficult and some easy. I have to be patient and practice.

It was useful to have a **Sihleng'imizi buddy** because I have a person that I can communicate and be friends with in hard times

Almost every time now, **communication is easy and giving my child time is easy**. **Cooking healthy food is hard** sometimes because I do not like vegetables and boiled unsopicy food.

Social workers & Childcare workers feedback

- **Training:** Good but intense, **more training needed** for childcare workers.
- **Recruitment:** Difficult as CSDA required random sampling; **school referral would be better.**
- **Programme design:** Very good programme, but **some sessions** need adapting (**too long or too difficult**); **recruiting the whole family was not successful.**
- **Impact on families:** Very positive feedback; **retaining adult men difficult**
- **Supervision:** generally positive although weekly report writing is demanding. Some **individual supervision should be provided.**
- **CoJ and CSDA partnership:** in general positive, but lots of **institutional challenges**, the main one being their **double workload** (workload was not reduced).

Significance for developmental social work

- **Benefits of innovation** and testing of CBDSW models to scale up program to reach more children & families
- Potential to **improve child well-being and prevent social problems** by strengthening families in their care roles
- Training, mentoring, supervision
- **Building capacity of local authority social workers**
- **Referral** of children & families with **severe difficulties** for further more intensive family interventions
- **Advocacy** for expansion of services & funding – **enabling policies**
- Engagement with local authority social work departments to **develop different models of care for families** instead of only delivering case work services
- Demonstrating & learning about **partnership & team work** (social workers, nutritionists/health, teachers & families)

Significance for social work education

- **Building indigenous models of practice** suited to local community context
- **Enhancing the capacity** of social workers in **developmental social work** including supervision
- Developing learning sites that can be used for **internships/practical training** of students
- Developing **indigenous literature** for student training
- Documenting **case studies for practice based teaching & learning**
- **Reduce over-reliance on social work literature from the North**
- Contributing to **knowledge building in social development & practice** in both developed & developing countries