

Moving beyond slogans

Transforming welfare in South Africa

Francie Lund outlines the principles on which a just welfare policy should be based and argues that four major questions must be addressed in the restructuring and financing of the welfare service in South Africa.

This article highlights only some aspects of the paper presented by Francie Lund at the Maputo Conference.



*Johannesburg 1990 -
health and welfare
workers march through
the streets of the city.*

There is broad agreement within the welfare sector in South Africa that the welfare system is racially discriminatory and not properly planned. There is an inadequate pattern of provision: a relatively sophisticated service with good coverage for a few, and a very patchy, undeveloped service for the vast majority of South Africans.

There is broad agreement also that a future welfare policy should embody the following elements:

1. It should be targeted at the most needy individuals and groups.
2. It should have a goal of equitable distribution and allocation of resources.
3. It should lead towards an efficient service delivery system.
4. It should be a visible policy and system, so that its benefits and its drawbacks can be seen and acted upon.
5. It should include citizens' participation in the identification of needs, the formulation of policy, and in the control over services.

There will be an increasing expectation that the domain of social policy will be seen and used as a vehicle for redistribution (van der Berg, 1989) and that resources are now and will in future be limited - that the ability to redistribute depends crucially on having something to redistribute. Even after the enormous defence budget is pared and trimmed, and savings have been made through deracialising bureaucracies and re-incorporating the homelands, it is likely that painful choices will have to be made about the allocation of resources.

With this in mind, there are at least four basic questions which must be addressed if discussions about restructuring and financing of welfare are to take place in any meaningful way.

1. What is the basic package of welfare goods to which people will be entitled?

The welfare sector needs to get beyond the broad statements of "equal care for all", or "enhancing the quality of life". It is time to start considering, in concrete terms, the "non-negotiables" that would be included in a package of basic rights in the welfare domain.

There is a need to develop a theory and practice of primary welfare care, as has been done for primary health care and is being worked towards by Freeman (1989) for mental health care in South Africa.

2. What will be the role of the voluntary welfare sector in a post-apartheid South Africa?

Some of the confusion that

clouds discussion about restructuring and financing of welfare stems from the lack of clarity about the difference between ownership, control and financing of welfare services. Any government can involve itself in the welfare field in one or more ways. It can provide a direct service itself; it can subsidise someone else to provide the service; and it can regulate the way in which someone else provides the service. What is important here is that the agency which finances the service is separable from the agency which delivers the service; and it is a matter of socio-political decision-making and arrangement as to how much control over the service the financing agency has. Of overriding importance, furthermore, is that welfare's constituency is by definition the poor and the vulnerable, and that state spending must underlie the welfare services.

The voluntary welfare sector is not operated for profit. Where fees are charged for services rendered, they supplement or top up the sources of financing which come from subsidies and from fund-raising. The advantages of a voluntary welfare sector are to do with its structural location (not necessarily its financing) outside of state welfare bureaucracies. Arguably, this enables welfare organisations to provide a more responsive, flexible and innovative service, which often shows the way that the state should go in moving towards a more comprehensive service.

A disadvantage of the voluntary sector, as it exists at the moment, is that it has not developed as a result of co-ordinated holistic planning. Rather, a predominantly urban-based voluntary welfare sector has developed with much overlapping in the provision of some services, and no provision at all in others. The sector has a bias towards provision for white people, as this is the group which has had the resources to initiate welfare efforts.

The fact that voluntary, private provision has led to such unplanned provision does not in principle stem from the fact that it is voluntary. If the advantages of the voluntary sector outweigh state provision (not financing) in terms of flexibility and responsiveness, and the ability to reach groups and individuals who really need services, then one can envisage a situation where a heavily state-subsidised voluntary sector exists, with the state using the subsidy system to drive more extensive coverage, or more targeted coverage, or both. For example, a mental health organisation could get an increased subsidy if it opens up offices in rural areas (an example of extended coverage), and if it introduces services for non-psychotic mental disorders (targeted coverage).

3. What happens if you impose an equal service on an already unequal system?

It is in the spirit of progressive politics that a future South Africa will be based on the ethic of equal rights. There is an acknowledgement that past imbalances will have to be redressed ("redistribution as retribution"); there seems to be a consensus about some form of national health service and welfare state.

However, there is growing evidence that the British welfare state, which had a strong emphasis on free services, has disproportionately advantaged the middle class as opposed to the working class (Le Grand 1984). This is because a member of the middle class is more likely to be better-informed and know



about what services are on offer and where to find them; is more likely to be able to take time off work to seek those services out; is more likely to be able to use his or her own car or afford the bus-fare to get to the service; is more likely (because more articulate or of the same race or language group) to be able to get past the "gate-keepers" of health care delivery (part of whose informal role and function is to keep clients away from an over-burdened service); and is more likely to demand and get a better or fuller service.

Thus, equal service when imposed on an already unequal society, has tended to favour those who are already more advantaged. It is essential that in South Africa, one of the most unequal societies in the world, ways are explored of positively skewing the provision of services towards those who need it most.

4. What will be the role of the social security system?

The extent of the present social security system (pensions and grants to the elderly, disabled people, and children) is often underestimated. Though pensions and grants are racially discriminatory and difficult to get, they represent a significant part of state social spending - approximately R3,6 billion for 1990, of which about R2 billion went to black (African) people in rural and urban areas. It is quite clear that in black rural areas, pensions and grants are viewed as a household asset: the amount does not all remain with the individual recipient.

The dependency on pensions in rural areas is so strong because it is the only service which effectively reaches into rural households, and has to meet a wide range of needs. In this context, the continuation of the pension system (but operating at parity) has to be seen as a non-negotiable in a future welfare system. If pensions are seen as too heavy a burden on the government budget, the social security system needs to be viewed holistically, with education, health, child nutrition, unemployment insurance and pensions all being placed on the same table for consideration of alternative policies.

Present priorities

As for the present, we need to use every possible opportunity to make plain to the government, the private sector, the public, and those who control the social work profession that the welfare air is full of mixed and contradictory messages.

● The Council for Social Workers appears to spend an excessive amount of time and money on controlling and regulating private practising social workers and on the registration of social work students. It does not appear to provide any vision of welfare in a post-apartheid setting, nor play a sympathetic, supportive and facilitating role which would allow social

workers to respond more appropriately to real community needs.

● The government allows the setting up of casinos and gambling in "independent states", but will not allow a lottery which might form the basis for a significant attack on poverty and unemployment, using the argument that this is a form of gambling.

● Welfare workers are told to get more programme funding from the private sector, but the latter is constrained by donations to welfare not being tax-deductible.

● Welfare workers are told to move more towards community care, but are not given the means to do so, for example by the provision of grants for lay home carers of the elderly.

The welfare movement has been assured by Pretoria that welfare is already privatised and that privatisation will not go further. Even if this were true, it misses the point - privatisation in other sectors such as health and housing will create further class divisions, leaving many more people in poverty. These people will be told to "go to the welfare" with their problems.

We need to monitor and document how this is happening, and add our voices to those in other sectors who are opposing the government's privatisation project.

Equal service when imposed on an already unequal society, tends to favour those more advantaged and articulate. In South Africa, one of the most unequal societies in the world, we need to explore ways of positively skewing the provision of services towards those who need it most.

Future policy

These questions deal with the situation as it is at present. Future policy thinking will need to take into account three factors which will have a significant impact on what the future tasks of welfare will be:

● If the present violence in Natal is indicative of the kind of process which will be gone through before a settlement is reached, then social workers for a long time to come are going to be dealing with massive social dislocation, affecting whole communities.

● The spread of the AIDS epidemic will present the welfare sector with formidable challenges, in terms particularly of the care of orphaned children, and systems of community-based counselling.

● The organised labour movement is successfully drawing more welfare benefits into their wage negotiations. The more welfare is linked to the place of employment, the more the state can withdraw with stealth from its commitments to its citizens. The implications of this for a growing gap between the relatively better off people in (urban) employment, and those without access to formal employment are worrying, and will directly impact on social service work. □

References

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