

WELFARE UNDER PRESSURE

FINANCING SOUTH AFRICAN SOCIAL WELFARE

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Introduction

A major set of debates in contemporary South African economics and politics concerns the form of the economy in the 'new South Africa', and which economic path is most likely to ensure that the twin goals of redistribution and growth can be met. At the same time there is an acknowledgement that the domain of social policy will be used as a particular vehicle for redistribution (Van den Berg, 1989). The restructuring of the economy through privatisation and deregulation, and the differentiation of the working class through technological changes in the productive process (Hindson and Crankshaw, 1990), are leading to the marginalisation or exclusion of increasing numbers of South Africans from the formal economy, and thereby from the non-wage-related occupational benefits attached to formal employment.

In this context, many more people are turning, and can be expected in future to turn to, welfare services. The welfare sector is small relative to others in the area of social reproduction such as health and education. It has been called the 'rag-bag end of social policy provision' (Jones, 1985) and receives little attention. Increasing numbers will be turning to this bag for assistance, and there are high expectations that the new South Africa will magically provide solutions for the kinds of problems which they will present. It is a sector that will become increasingly contested both politically and economically.

This paper is an attempt to provide an understanding of the present structure and financing of welfare. It deals with a fairly narrow definition of welfare, referring to three things: 'what social workers do' in the fields of service of child and family welfare, with the disabled and with the aged; institutional welfare care; and (probably most important in terms of financing) the state-provided social security system.

The present sources and patterns of provision of welfare structures and financing are first outlined. A description is then given of some dynamics in government and private financing. Against this background, key issues are identified and discussed in an attempt to get beyond the slogans and rhetoric of welfare policy in the new South Africa.

Present Forms And Patterns Of Provision And Financing

Few people outside of the welfare sector are familiar with the patterns of provision and financing, and it would be well to give a brief overview of these mechanisms as background to the discussion of issues to follow.

The state: There are eighteen government bureaucracies at central and provincial level dealing directly with welfare in South Africa: three tricameral departments (for white, Indian and coloured welfare); four provinces (for black people in 'white South Africa'); ten homeland government departments; and the Department of National Health and Population Development which has a Directorate of Welfare. Other central state departments also do some welfare provision (eg particularly Prisons, and Education). Local authority provision is not included in this paper - some social workers are employed and social services delivered in (mostly) Departments of Health of the larger local authorities.

Save for the ten homelands bureaucracies, the other state welfare departments have tended in the last few years to move away from direct service provision, and to play more of a financing and regulation role, as well as administering the social security system.

The source of financing for the state departments is taxation.

Registered voluntary welfare organisations: South Africa has an extensive network of voluntary welfare organisations (WOs). Confusion arises because many people refer to this as the 'private sector' in welfare, while others use the 'private sector' to refer to the private business sector. WOs have in law to be registered (there were more than 4 000 registered WOs in 1989). Many of them are affiliated to one of the eighteen National Councils (eg National Council for the Aged, National Council for Child and Family Welfare) which are provided for in law. Many WOs have their background in a religious organisation.

The sources of funding for these WOs are state subsidisation, fees received for services rendered, and donations from the general public and from the private sector through their own local fund-raising initiatives.

Other voluntary welfare organisations: There is a substantial group of organisations who are formally constituted or organised, but who do not choose, or are not able, to register as welfare organisations. These include many organisations in the progressive sector, as well as religious groups who are active in providing welfare services, either to their own congregation or to the broader community.

Their sources of funds are largely a combination of their own local fund-raising efforts, (and tithes in the case of religious groups), and grants from foundations

and the private sector.

The private business sector: The private business/commercial/industrial sector makes some provision for welfare benefits for its own employees. It also pays 'corporate social responsibility' money to welfare organisations of various kinds. Lee and Buntman (1989) have done a very useful analysis of this spending, and show that little goes to welfare as narrowly defined. Most goes to education and training.

Privately practising social workers: A small but growing number of social workers are in private practice on a fee-for-service basis. The Association of Social Workers in Private Practice has about 140 members, and anticipates that this number will grow since the Association's disaffiliation from the Society for Social Workers. It is unlikely that the total number in private practice exceeds 4 percent of all registered social workers (as opposed to the situation with medical doctors, where about 50 percent are in private practice). They are almost all based in urban centres.

Informal neighbourhood groups: There are a great number of informally organised, not formally constituted, but vibrant and active local community groups who involve themselves in welfare activities. These may be savings clubs, sewing circles, volunteer groups who visit the elderly in their homes, etc. Some of them may be affiliated in some way to a formal welfare organisation (often to use the WOs fund-raising number for local fund-raising activities). There is a great deal of reliance on the spirit of voluntarism.

These are the major providers of welfare in South Africa. What is missed by listing them separately is their inter-connectedness, and how, if patterns of provision and financing change in one sector, this has an impact on what happens in the others.

Two Points Relating To Financing

Some of the confusion that clouds discussions 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 of the following 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. In the field of child welfare, for example, it can do one or all of the following: the state could finance and provide direct services for all child welfare functions itself, and exclude the voluntary welfare sector from any involvement. It could

subsidise or finance the private child welfare organisations to enable them to do their work. It could regulate by setting down minimum standards of care for children's institutions, and then monitor/inspect those standards in homes that are being run by the voluntary welfare sector or by private, for-profit organisations.

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.

Secondly, it is important to note that the government is at present attempting to arrest if not scale down the extent of its commitment to social welfare (while at the same time the social spending has increased greatly in the most recent budget - on housing, health and education particularly).

The impact of slowing down of subsidies will be profound, because subsidies 'buy' more than they are worth. A social worker in an agency gets his/her salary subsidised by the state. Part of the function of that social worker is to mobilise volunteers to develop a home-help service for the elderly, or to set up a foster-parent support group which will in time become independent of the social worker. If the subsidy of that person's salary is withdrawn (and given the difficulties faced by the agency in raising money for the salary from any other source) more than the raw amount of money is withdrawn from the welfare service. The salary stands for or represents the ability of an agency to draw on and mobilise other resources and sources of support.

Webb and Wistow (1983) put it well when they wrote:

Public expenditure is the bedrock on which much voluntary and private care is founded. These formal services are in turn an important means of underpinning much informal care... Public expenditure... directly or indirectly calls forth a much larger measure of care than is provided by the state services themselves.

Government Spending

In the welfare field, the state is primarily a financing mechanism, providing little of direct personal social services. The vast majority of welfare spending goes on the social security system. For the tricameral departments, around 96 percent of all welfare spending is allocated to direct transfer payments (pensions and grants) to individuals. If one subtracts the transfer payments to individuals and to institutions, a tiny amount of the welfare budget is left, which primarily goes to personnel.

Within the social security system, the elderly receive by far the greatest amount in terms of transfer payments (a characteristic of social security systems in the

so-called 'first world'), followed by spending on disabled people, with child care receiving a very small proportion (Table 1). An exception here is the welfare budget of the Houses of Delegates and of Representatives, which allocate about a third of their social security payments to child care. It is well known that the take-up of social pensions is far from complete, especially in black rural areas.

TABLE 1: TOTAL TRANSFER PAYMENTS TO INDIVIDUALS, R '000

		AGED ,000	DISABILITY ,000	CHILDCARE ,000	TOTAL ,000
TRICAMERAL					
1990	Assembly	490 000	115 552	77 227	683 579
1990	Delegates	69 045	51 579	55 028	175 652
1990	Representatives	289 875	201 247	210 478	701 598
					1 560 829
PROVINCES					
1990	Cape	117 446	61 234	11 320	190 000
1990	Natal	80 288	26 758	6 339	113 385
1990	OFS	101 645	35 317	3 915	140 877
1990	TVL	324 626	74 515	13 761	412 902
					857 164
HOMELANDS					
1990	Bophuthatswana	97 919	24 020	1 619	123 558
1990	Ciskei	62 529	18 894	6 586	88 009
1990	Gazankulu	65 262		150	65 412
1990	KaNgwane	33 112		6	33 118
1987	KwaNdebele				16 088
1989	KwaZulu	255 879	79 582	3 569	339 030
1990	Lebowa	164 359		116	164 475
1989	Qwa Qwa				22 845
1990	Transkei	230 786	56 187	1 412	288 385
1989	Venda	37 749		130	37 879
					1 178 799
GRAND TOTAL:					3 596 792

* Figure for aged and disabled

** No disaggregated figures

NOTE: Figures for distress relief not included.

SOURCE: See note 2 at end of paper.

It appears as if the advent of the tricameral system has driven welfare spending for Indian and coloured people up, with them forging ahead in trying to reach parity with whites. The black population which resides in the four provinces are not in any decision-making positions to lobby for increased spending for themselves. More research needs to be done to track down the changing patterns of pension spending between the tricamerals, provinces and homelands.

A considerable proportion of government spending in the homelands goes to the domain of social reproduction, in particular to welfare, health and education. Table 2 gives an indication of this, and it can also be seen that there is a difference between the so-called 'self-governing territories' and 'independent states', with proportionately more of the spending of the former going to welfare, health and education than it does in the TBVC areas. It is possible to see these homeland areas as 'welfare states' in themselves: a sort of vast welfare agency at the periphery, undertaking social reproduction functions for the urban core.

TABLE 2: HOMELANDS SPENDING ON HEALTH, WELFARE AND EDUCATION AS PERCENTAGE OF TOTAL ESTIMATED EXPENDITURE

	1 Total Est.Exp.	2 Educ + Hlth + Welf. (including pensions)	2 as percent of 1
Gazankulu	665 589 100	390 886 000	59
Kangwane	323 273 730	183 547 000	57
KwaNdebele	149 590 100	67 349 000	45
KwaZulu	1 965 551 515	1 203 025 000	61
Lebowa	1 304 792 895	891 279 000	68
Qwa Qwa	301 760 000	119 545 000	40
Bophuthatswana	2 309 219 000	711 387 000	31
Ciskei	1 312 231 000	450 036 000	34
Transkei	2 308 714 000	1 195 097 000	52
Venda	590 179 400	237 409 000	40

SOURCE: See note 2 at end of paper.

Inside A Voluntary Welfare Organisation - Some Current Dynamics

The purpose of this section is to give a picture of some of the realities faced by social workers in their daily lives which relate to the funding and financing of welfare.

For most social workers, the daily caseload is getting bigger all the time, and there are more requests for straight material relief, as unemployment and poverty make their impact felt. A great amount of professional time is spent doing statutory work for the state, in terms of welfare legislation. The innovative, responsive work that social workers would like to do, which would be welcomed by many clients, cannot be done because their time is spent doing the state's work, which the state then monitors.

Another large portion of the time and resources of the most skilled people in welfare organisations is spent trying to fulfil the state's requirements of information so that the new programme subsidy system can be put into operation, though subsidies are still allocated according to the old system (ie according to size of case-load). In the case of agencies serving all races, the complex forms go to the racially-separate welfare bureaucracies, where those in control keep a watchful eye that not too much subsidy is being claimed for the race that they serve, relative to the others.

Much more time is now being spent, compared to three years ago, on local fund-raising. The following dynamics cause concern:

- Getting money from the private business sector is difficult because the government refuses to make donations to welfare tax-deductible. Furthermore, social welfare is not a priority for the private sector - it is more keen to put its corporate social responsibility money into 'productive' sectors such as housing and education, rather than towards the disabled, the aged, battered women etc.
- Welfare organisations have also by and large been precluded from getting access to the international funds that are going around at the moment because they receive subsidies from the state.
- There is great dissatisfaction that some of the locally raised funds go to finance the National Councils.
- There is divisive and increasingly 'cut-throat competition' between agencies in local fund-raising efforts, which is probably particularly problematic for agencies which have their National Councils in the same city. Thus while the state and capital off-load the responsibility for welfare onto each other, an organisationally weak group of hopelessly overworked social workers are pitted against each other in trying to get scarce resources from the general public.

All these factors, combined with relatively poor salaries (and many social workers are forbidden by their employers from taking on part-time, casual, non-social work related employment to supplement their salaries in their free time) contribute towards the very high turnover of social workers, which again represents a financial loss to the agencies, and to the country as a whole. Social workers appear either to leave the profession altogether (a waste of money spent on their training), or go to social work positions within industry (particularly to the increasing number of Employee Assistance Programmes) or to the state departments of welfare, where the service conditions are better than in the voluntary welfare sector.

Some Issues For Discussion

It is in the spirit of progressive politics, and especially of the discourse of social justice as evidenced in the Freedom Charter, that a future South Africa will be based on an egalitarian ethic. 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.

What do the advocates of a welfare state have in mind for a welfare state for South Africa? It is probable that the mental image comes from England (through the university training of social workers in this country which on the whole relies on 'Western' models). But how appropriate, or affordable, is this model?

There are at least five basic issues which need to be addressed when considering the formulation of a new welfare policy in South Africa. All of them attempt to get to grips with the concept of a 'welfare state'.

- **What is the basic package of welfare goods that people are entitled to?**

The Freedom Charter states: 'The aged, the orphans, the disabled and the sick shall be cared for by the state'. The time has come to get beyond the broad statements about equal care for all, or enhancing the quality of life, or optimising psycho-social functioning. Given that resources will be limited, we have to start being more concrete in the definitions of care.

Let me give an example, from an event in the life of a social worker working for the aged in South London about five years ago. In line with the trend towards community-based care as opposed to institutional care, her work was largely overseeing the move of elderly people from homes for the elderly back to their own homes, or into council houses. The first day one elderly woman went home, she was visited by no fewer than seven people from different branches or agencies of health and welfare. They included a nurse to see that her medication was there and that the prescription was understood; a social worker (not the overseeing social worker) to arrange for the client to be given a lift to the day

care centre every day, and to be taken shopping once a week; a person from meals-on-wheels to arrange which four nights of the week she would get her main meal of the day delivered; and someone (possibly a voluntary home visitor) who came to cut the old person's fingernails and toenails.

This may seem an extreme example, but it illustrates the point. We will not in the near future, if ever, have that level of social welfare care. We have to start considering in concrete terms the cut-off points, the 'non-negotiables' that would be included in the package of what we understand by basic rights in the welfare domain. As someone has said, almost everyone could probably benefit from a dose of social work; the point is, what are the basic minimum rights? What would be in the package under ideal conditions, and what under conditions of scarce resources?

It is time that the welfare sector developed a sense of primary welfare care, as primary health care people have done for health, as Freeman (1989) is working towards doing for mental health care in South Africa. It is only when we have a clearer sense of this that we will be able to understand the limits within which financing decisions will be made.

• **What happens if an equal service is imposed on an already unequal system?**

There is growing evidence that the British welfare state which had a strong emphasis on free services disproportionately advantaged the middle class as opposed to the working class (Le Grand, 1984). Why? If I am a member of the middle class, I am more likely to be better-informed and know about what services are on offer and where to find them; am more likely to be able to take time off work to seek those services out; am more likely to be able to use my own car or afford the bus-fare to get to the service; am more likely, because more articulate or of the same race or language group, to be able to get past the 'gate-keepers' (Foster, 1983:71ff), part of whose informal role and function is to keep clients away from an over-burdened service; and more likely to demand and get a better or fuller service if I am dissatisfied.

Equal services, when imposed on an already unequal society, favour those who are already more advantaged, or at least that has been the case in Western countries. Perhaps the degree of inequity in South Africa is so great that the same would not apply. It is worth finding out more about this, and then investigating ways of positively skewing the provision of services towards those who need it most. This will probably mean the continuation of some kinds of means tests as a way of determining the allocation of resources.

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

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. So it should be noted that this is not the same question as that in health which asks: what will be the role of private practising doctors? The question about the role of private-practising social workers does need to be answered, but in terms of overall provision and financing, that sector is so small, and likely to remain so, that it is not dealt with here.

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. In this sense, the private welfare sector plays an important role as 'model-builder'.

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 at all. Religious groups, or community groups, or groups of individuals, decided to respond to a need in a particular area, and establish themselves without necessarily having regard for overlapping and duplication, or for priority of need. Thus one finds a predominantly urban-based voluntary welfare sector, with much overlapping in the provision of some services, and no provision at all in others; and with 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 because 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 contingent upon its opening up offices in rural areas (extended coverage), and upon its introducing services for non-psychotic mental disorders, for which there is little provision at present (targeted coverage).

- **What will be the role of the social security system?**

A characteristic of social security systems in less developed countries is that they have limited scope (they meet few categories of contingencies) and they

have limited coverage - civil servants are usually well-provided, sometimes those in formal urban-based wage employment, but very seldom anyone else. Further, demographic changes and high unemployment rates world wide are placing heavy strains on the ability of today's workers to continue to fund retirements benefits for the growing number of older people.

Relative to other countries in the region, the South African state-provided social security system (and civil pensions are not included here) has wide scope and coverage. Though the pensions and grants are racially discriminatory and difficult to get, and despite the known corruption in parts of the pension system, the pensions and grants account for a significant amount of social spending - approximately R3.6 billion for 1990 (Table 1).² The government has committed itself to racial parity, which would have put the amount for 1990 in the region of R10 billion, more than the whole health budget.

There is much debate at present about whether this is 'affordable' or not, along the lines of, 'we can't possibly afford to continue spending that amount on the unproductive aged and disabled'. The situation is more complicated than that. It is quite clear that in black rural areas, old age pensions and to some extent disability grants are viewed, and consumed, as a household asset; the amount does not all accrue to the pensioners themselves. Unfortunately there is as yet insufficient detailed research on the nature and extent of the forward linkages of pension monies (school fees, household food, household furniture), nor of the savings made to the state by the pension 'buying the right' of the elderly person to remain at home (it is a kind of rent) and thereby saving on the need for extensive institutional care. However, it is clear that there is in South Africa a unique phenomenon in a state social security system of this size: pensions are an inter-generational transfer of income, from the older to the younger, with some gender transfer from women to men (women live longer and draw pensions earlier). It is likely that, with increasing unemployment, the pension system also involves a transfer from the elderly to the unemployed.

The dependency on pensions is so strong because of the widespread rural and urban poverty, and because in rural areas it is one of the few services to extend widely, and has to meet a wide range of needs. Questions about the affordability of the social security system can only be fruitfully discussed if viewed holistically, with education, health services, child nutrition schemes and guaranteed employment schemes all being placed on the same table for discussion. Then it would be possible to conceptualise state social spending as part of an overall mechanism of redistribution, as potentially contributing to social and national development, rather than as an expensive handout to the poor.

Furthermore, it is estimated that the assets of private pension and provident funds is presently R100 billion. It would seem that if the task of redistribution

is to be taken seriously, the possibility must be explored of at least part of these assets being placed in productive investment.

- **The relationship between welfare and the labour movement**

The labour movement has in the past few years been active in getting more non-wage-related welfare benefits into their negotiations with management (Lund, 1989). A contradiction has emerged in that the more welfare is linked to the place of employment, the more can the state withdraw, in a stealthy and invisible way, from its obligation to provide for its citizens. The implications of this for a growing gap in society between the relatively better-off people in (urban) employment, and people without access to employment, are worrying, and will over time affect who comes into welfare offices with what kinds of problems.

The welfare sector needs to engage in discussions with the organised labour movement about the implications of the increasing link between work and welfare benefits in order to come up with a joint strategy which would attempt to reverse the increasing differentiation in the working class. It is not hard to imagine a new role for welfare here: social workers as 'the vanguard of the underclass'.

Conclusion

This paper has dealt with the situation as it is at present. Future policy thinking will need to take into account the changing situation, and at least two factors will have a decisive impact on what the future task 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.

Second, the spread of the AIDS epidemic will not only change the nature of the productive work force, but will also present the welfare sector with formidable challenges. In central and southern Africa, there is clear evidence that people with AIDS are simply not being admitted to hospitals any more. Community-based care of the sick and dying is the trend, and this of course means by and large care by women in households. The role of the elderly changes too, as they are the one age group who are least affected by AIDS - and this will have implications for the reliance on the social security system.

As for the present, there is a need to use every opportunity to make clear to government, the private sector and the public, and those who control the social work profession that the air is replete with mixed and contradictory messages:

- The government allows the setting up of casinos and gambling in

'independent states', yet will not allow a lottery which might form the basis for a significant attack on poverty and unemployment.

- Welfare workers are told to get more programme funding from the private sector, but the latter is constrained by the fact that the government still refuses to make donations to welfare tax-deductible.
- The Council for Social Workers appears to spend an inordinate amount of time and money on controlling and regulating, whether private practising social workers, or the registration of social work students. It does not appear to provide any vision of welfare in a post-apartheid setting, or play a sympathetic enabling and facilitating role which would allow social workers to respond more appropriately to real community needs.
- Welfare workers are told to move more towards community care, but are not given the wherewithal to do so, for example by the provision of grants for lay home carers of the elderly.
- While on the one hand the government is advocating pension preservation, and exhorting individuals to plan financially for their retirement, on the other the deregulation of the Industrial Councils is having the opposite effect of making significant groups of workers lose their occupationally linked retirement benefits (Adler, 1990).

The welfare movement has been assured by Pretoria that welfare is already privatised, and that privatisation will not go further. Even if this were the case, it misses the point. Insofar as 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. The welfare movement, and those in related sectors, need to monitor and document how this is happening, and add its voice to those who are opposing the government's privatisation project.

NOTES

1. This is an amended version of a paper presented at the Conference on Health and Welfare in South Africa, Maputo, 1990. Much of the work on which this paper is based was done during a period spent at the Centre for the Study of Health Policy, Department of Community Health, University of the Witwatersrand. I am very grateful to colleagues there for the advice and support given to me. I am grateful also to Ms Jackie Loffell for useful discussions relating to the paper.

2. Spending was calculated using the Estimate of Revenue and Estimate of Expenditure for the Financial Year ending 31 March, 1990, for the three tricameral departments, the four provincial administrations and the homelands, except that: 1) for KwaZulu, Qwa Qwa and Venda, the 1989 Estimate of Revenue and Estimate of Expenditure reports were used, and 2) figures for KwaNdebele were derived from the Report of the Auditor-General on the Accounts of the KwaNdebele Government and of the Lower Authorities in the Area for the Financial Year 1986-1987.

As expenditure on transfer payments, especially on old age pensions, is almost always under-budgeted and over-spent, it is safe to assume that the figures represent an under-estimate of actual likely expenditure for any one year. Furthermore, the reports which are for earlier than 1990 will also show less spending on pensions than for later years, so again the figures will err on the side of under-estimation.

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