

AN INVESTIGATION INTO THE DIFFICULTIES OF  
INTEGRATING SOCIAL SERVICES IN SOUTH AFRICA

by

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VLNLUC003

A minor dissertation submitted in partial fulfilment of the  
requirements for the award of the degree of  
MASTER OF PUBLIC POLICY AND ADMINISTRATION

Faculty of the Humanities  
University of Cape Town



14 July 2021

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## Compulsory Declaration

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|---------------------|

Student signature

14 July 2021

## **Dedication**

### **1 Corinthians 15:10**

“But by the grace of God I am what I am: and his grace which was bestowed upon me was not in vain; but I laboured more abundantly than they all: yet not I, but the grace of God which was with me.”

KJV

This study was made possible by the grace of our Lord Jesus Christ and is dedicated to my husband Lyle Henry Valentine for his unconditional love and support

.

## **Acknowledgements**

This study would not have been finished if it had not been for the encouragement and motivation of a few people. Thank you, Professor Vinothan Naidoo, for all of your guidance and support throughout this endeavour. You have taught me valuable skills that I will cherish for the rest of my life. I want to express my deep gratitude to my reviewers, Faith Gara, Mu'azzim Kippie, and Lyle Henry Valentine: Your valuable insight has helped me succeed even more, and I sincerely appreciate it.

## **Abstract**

After the first democratic elections in 1994, the newly elected democratic government of South Africa tried to remedy social inequities from the past by implementing more development-oriented social policies. The Department of Social Development's Integrated Service Delivery Model (ISDM) is one of these efforts. However, the integration of social services has been fraught with challenges.

During a practical placement at a community clinic in Fisantekraal in the Western Cape, the researcher, as a social work student, observed that many non-governmental organisations (NGOs) were ignorant of additional social services available in the area. Amongst the social services being offered, the researcher discovered duplication, fragmentation, and gaps. As a result, a closer examination of these observations was required. Not even the government social development authorities knew about the ISDM. The social service providers in Fisantekraal did not know about the principles of the developmental approach and the Generic Norms and Standards for Social Welfare Services, stated in the ISDM. According to the ISDM, integrated service delivery requires collaboration between NGOs, government, and the private sector; consequently, research into promoting integration in social service delivery in South Africa is critical. The question that framed and led this study is what challenges confront efforts to promote integration in social services delivery in South Africa.

In order to investigate these challenges, this study administered a sample survey to social service providers across government, non-profit organisations and private practitioners.

According to the core findings, the great majority of social service providers understand the concept of integrated social services. However, the data revealed that translating a widespread understanding of the concept of integration faces many operational obstacles. Many service users do not have access to specialised services because of the cost and distance required to travel. In addition, inadequate communication hinders partnering with the government on a provincial and local level. The mindset of lowering workload by exploiting the incentive of collaborating with other organisations has yet to become commonplace, even though there has been some progress in this area in the past.

Promoting collaboration proved to be one of the most significant barriers to integrating social services, along with budgetary and capacity constraints. The NGO sector is financially stretched, and many organisations believe that a lack of funding impedes them from integrating their services. However, the opposite should be the case because combining their services would allow them to share costs and workload. In addition, many organisations have their own objectives and directives, which militate against the establishment of unified goals. Collaboration with the government was the most major roadblock to reaching a goal consensus. This was owing to a lack of access to their social service practitioners and their rigid mandates. A significant number of respondents have also not received training on the ISDM, implying that they are unaware of the model's intricacies and thus unable to implement it.

The study reveals that social services providers are ill-equipped to deliver integrated social services. There appears to be a lack of know-how about how to create strong and effective organisational collaborations on the ground. A thorough understanding of integrated social services is not taught in the South African social services field despite a strong appreciation for the value of the concept. A shift in mindset is necessary, and this may be possible if more widespread training on integrated social services is provided.

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## **Acronyms and Abbreviations**

|      |                                                   |
|------|---------------------------------------------------|
| DPME | Department of Planning, Monitoring and Evaluation |
| DSD  | Department of Social Development                  |
| ISDM | Integrated Service Delivery Model                 |
| NGO  | Non-governmental Organization                     |
| RSA  | Republic of South Africa                          |
| TPA  | Transfer Payment Agreements                       |
| US   | United States                                     |
| WHO  | World Health Organisation                         |

# CHAPTER 1

## INTRODUCTION

### 1.1 Local Background

After 1994, the democratically elected South African government attempted to redress the social injustices committed by the previous regime through a critical overhaul of social policies (Leubolt, 2014).

The policy initiatives presumed that an unequal, divisive, dysfunctional and fractured structure would be more cohesive with a more developmental emphasis. The White Paper for Social Welfare (Department of Welfare, 1997) provided the framework for the social service reorganisation and the Population Policy (DSD, 1998). It was thought that a developmental approach would result in more multi-dimensional and integrated social services (Polity, 2005). The following policies and legislative amendments were instrumental to facilitate developmental social service delivery, according to Lombard (2008): the Financial Policy for Developmental Social Services (Department for Welfare and Population Development, 1999); the Integrated Service Delivery Model (ISDM) (Department of Social Development [DSD], 2006); the Policy on Financial Awards to Service Providers (DSD, 2005a) and its accompanying procedural guidelines for implementation; *Children's Amendment Bill, B19B of 2006* (2006); and the *Children's Act, No. 38 of 2005* (2006). The Service Delivery Model (DSD, 2005b) and the Social Welfare Services Framework (DSD, 2011) should also be included here.

According to the White Paper (Department of Welfare, 1997), the welfare system's challenges in achieving a developmental strategy are first implementing appropriate and integrated policies to address the alienation and economic and social marginalisation of significant segments of the population living in poverty, insecurity, and with special needs. These policies are guided by the following principles of a developmental paradigm in South Africa: *accountability, accessibility, appropriateness, efficiency and effectiveness, empowerment, equity, partnership, participation, self-reliance, social integration, sustainability, transparency, and universal access* (DSD, 2006). Inter-sectoral responses within government and between government and civil society are needed to effectively address welfare needs. Another mission is to address historical disparities in the delivery of social services and the fragmentation of the delivery system (Department of Welfare, 1997). The aforementioned is addressed by

the developmental principles formulated by reviewing the policies mentioned and international norms and standards for development.

This is where the ISDM (DSD, 2006) comes in with its desired outcome of a comprehensive, reliable, accessible, and high-quality service delivery system that will contribute to a self-sufficient society. This should be based on Batho Pele principles, the White Paper of Social Welfare (Department of Welfare, 1997), and the statutory, legal, and international responsibilities that inform the department's mandate to provide services (DSD, 2006:5). Batho Pele, which means 'people first', is focused on improving the accountability of public servants to service users. The Transforming Public Service Delivery White Paper or the Batho Pele White Paper (Department of Public Service and Administration, 1997), as it is also called, at first had eight guiding principles and another two principles were recently introduced, bringing the total to ten. These principles are all mirrored in the ISDM together with the key principles of the developmental approach. The Batho Pele principles are consultation, service standards, courtesy, access, information, openness and transparency, dealing with complaints, giving the best value, encouraging innovation and rewarding excellence, and customer impact (Department of Public Service and Administration, 1997). Batho Pele is expected of all public servants, including all social service practitioners.

The ISDM (DSD, 2006:7) aims to do the following:

Provide a national framework that determines the nature, scope, extent, and level of work that constitutes the service delivery model for developmental social service and provide a basis for determining appropriate norms and standards for service delivery, which will, in turn, provide a basis for funding and greater efficiency and effectiveness in service delivery.

The following section discusses how and why integrated approaches have been used internationally and how these lessons might be applied to South Africa's strategy.

## **1.2 International Background**

In the 1960s, the US initiated the idea of integrating social services at community level as community action agencies. As a result, the integrated approach to social services became prevalent in public policy and management over the next decade, not just in the US but also in several European countries. However, the rise in popularity of the

movement toward service convergence paused in the late 1970s and early 1980s (Agranoff, 1991).

In the 1980s, the local education authority and Child Welfare merged to help children with disabilities in the US. However, due to legislative, programmatic, and financial limitations, no single child-serving agency could offer all the services and resources needed by families with disabled children. As a result, the Child and Adolescent Service System Program was established in 1984 by the National Institute of Mental Health of the US Department of Health and Human Services to act as a platform for states to meet the diverse needs of children (Child Welfare Information Gateway, 2008).

The system of care approach was first published in 1986 by Stroul and Friedman in response to concerns that children in need of mental health treatment were not receiving the services they required; that services were frequently given in restrictive out-of-home settings; that few community-based services were available; that service providers did not collaborate; and that families were not sufficiently involved in their children's treatment. A system of care is a service delivery strategy that involves forming relationships to establish a comprehensive, coordinated framework for meeting the diverse needs of families. Interagency cooperation, individualised, strengths-based clinical approaches, cultural expertise, community-based programmes, transparency, and full engagement of families and youth at all levels of the system underpin this approach (Child Welfare Information Gateway, 2008).

In recent decades, a renewed interest has emerged around the concept of integrated social services in response to social service reforms to improve the ability to adapt to the adverse effects of globalisation, economic recession, and demographic shifts. After the global financial crisis of 2008, when resources for public services were limited, the networked governance approach grew in popularity (Or & Aranda-Jan, 2017). As a result, flexible and integrated service agreements between the public and private sectors emerged as a strategy for optimising scarce resources (Manit, Kolpakov, & Eubank, 2019).

### **1.3 Research Problem**

In 2016, while conducting a practical placement at the community clinic in Fisantekraal, the researcher discovered that many non-governmental organisations (NGOs) were unaware of other social services available in the community. The researcher observed

duplication, fragmentation, and gaps within the social service offerings. The researcher was unsure if this were by choice or due to other causes, which piqued their interest in learning more about what could be causing organisations to operate in silos, resulting in fragmented social service delivery. Therefore, a deeper look into these observations was necessary. The researcher initiated a GiveWise ThinkTank platform that voluntarily gathered all the social service providers in this community. This kind of pilot project is advocated for by Mastri, Bell and Blumenauer (2019). They suggest that demonstrating success is critical to garnering stakeholders' buy-in and willingness to pursue real integration. The goal was to use the GiveWise ThinkTanks to brainstorm societal challenges and share the successes.

Through these GiveWise ThinkTanks and while conducting self-research online, the researcher discovered that the government had developed a framework to integrate the delivery of social services (the ISDM). The researcher was perplexed as to why their observations did not match the ISDM's principles and why none of the GiveWise ThinkTanks' social service providers were aware of the ISDM. Many government social development officials who attended the GiveWise ThinkTanks were not aware of the ISDM. Therefore, the Generic Norms and Standards for Social Welfare Services and the developmental approach principles stated in the ISDM would not be known by the social service providers in Fisantekraal. According to Hanekom (1987) and Howie and Stevick (2014), fragmentation, duplication, and seemingly limited coordination inhibit the implementation of policies.

It is important to note that the DSD is responsible for managing and coordinating service delivery at all levels and collaborating with service partners such as national bodies, NGOs, and private practitioners. According to the ISDM (2006:8), collaboration between NGOs, the government, and the private sector is required for integrated service delivery to take place. Lim (2011) adds that the coordination efforts that go into collaborative processes are essential as they are dynamic and challenging to handle.

At the 2014 budget speech, the former Minister of Social Development, Bathabile Dlamini, said that the commitment to the ISDM appeared tenuous:

In the ten years following the release of the Social Development Integrated Service Delivery Model, in the words of Paulo Freire, "we need to ask ourselves whether we have simply walked over the words or whether we indeed managed to grasp the soul of them". (Parliamentary Monitoring Group, 2014)

The Minister was questioning whether the government had genuinely grasped the social development perspective. Midgley and Pawar (2017:6) explains this perspective “as a process, inextricably tied to economic development, interdisciplinary analysis and strategies, institutional intervention, universal coverage, and comprehensive social welfare”. The Minister added that this perspective would require each stakeholder to think carefully about with whom they partner (Parliamentary Monitoring Group, 2014).

The researcher has observed that strong partnerships depend on stakeholders and role players understanding their responsibilities and contributions to their specific field of expertise or experience. Salim and Lombard (2020:200-202) believe that there should be clear role demarcation and job descriptions in respective practice scenarios for role players such as community developers, community liaison officers, community workers, social development workers, social workers, and volunteers. Each role player or partner should engage in the team based on their strength to contribute to service delivery. A human resource strategy is thus an essential component of integrated social services. Patel (2005:108) alluded to this by stating that social welfare pluralism consists of the following four sectors: Government; voluntary NGOs; informal sectors such as the family and other social networks; and commercial sectors through which social provision can be financed and delivered.

There are certain limitations and challenges in implementing the ISDM (DSD, 2006). The ISDM was never claimed to be a comprehensive or fixed model, and the DSD stated from the start that the model is “not set in stone” and will “develop as the sector evolves” (Rammutla et al., 2006:12). The question is how much the sector has evolved to operationally embrace the tenets of the ISDM.

Lombard (2007) names the following challenges to operationalising the ISDM: Determining norms and standards for practice to provide a basis on which services can be costed; building resource capacity and having a human resource plan for the sector; designing and maintaining a comprehensive database for social service delivery; and strengthening the partnerships between government and NGOs.

It is stated in the foreword of the ISDM (DSD, 2006:3) that “partnership with organs of civil society remains a key element in the department’s efforts to ensure optimal functioning and the fulfilment of its mandate”. The DSD sees “developmental services” as the joint responsibility of government, NGOs, and the private sector (DSD, 2016:335).

According to the ISDM (2006), integration is described as partnership between the government, non-governmental organizations, and the corporate sector. The ISDM and network governance have comparable characteristics. In Chapter 2, the five key elements of network governance are examined in depth. Communication, partnership, interdependence, self-regulation or reliance, and public governance or institutional responsibility are the principles of the ISDM and network governance that overlap. The essence of the ISDM is inter-sectoral collaboration and partnership, which is captured by network governance.

In a research paper published eight years after the inception of the ISDM, Skhosana, Schenck and Botha (2014) show that the enabling factors, funding, and human resources could also be hindrances as they are significant factors for NGO's operation and service delivery. NGOs would be unable to function without enough funding and workforce. There are no partnering opportunities for services to integrate or organisations if there are no NGOs or social service providers in a particular area. The research demonstrates that the required financing to ensure the organisations' long-term viability is insufficient and that human resources are unstable. Because of the reliance on government funding and the limited options to get it, the relationship with the government is unstable. The study's respondents' experiences of a lack of collaboration between the government and NGOs is concerning as the government is the head and the NGOs are the heart and hands of service delivery (Skhosana, Schenck & Botha, 2014). The absence of collaboration between the government and NGOs results in ineffective service delivery to service users. Clear memorandums of understanding or service-level agreements to promote collaboration and clarify the responsibilities of government and NGOs could help with role clarity, improved collaboration, and successful networking. Skhosana, Schenck and Botha (2014) are concerned about the NGO sector's seeming impotence concerning the DSD and other government structures. One wonders how NGOs may reconsider their positions, policies, and processes to reclaim authority and control over the services they are considered experts in (Skhosana, Schenck & Botha, 2014).

Skhosana, Schenck and Botha (2014) suggested the White Paper for Social Welfare be reviewed. The review (DSD, 2016) states that the specialisation, fragmentation, and resources required to implement a specific approach, such as the developmental approach, are challenges to integrating social services. According to the review, NGOs are focused on specific issues rather than being holistic enough to integrate social

services (DSD, 2016:35). Contrary to this, deeper into the review it is mentioned that specialised services are required in the field of social services in South Africa.

The researcher observed this in Fisantekraal, where many NGOs addressed multiple social ills and could not afford or capacitate this broader approach. GiveWise ThinkTanks educated the social service providers on the incentive of integrating their services to allow for more specialised and focused service delivery. This would minimise their costs and need for more staff. The White Paper review points out that gaining access to services and being referred from one place to another is difficult and contributes to fragmentation (DSD, 2016). Lombard (2005:209–228) supports this by claiming that integrated social services do not imply that services in one area are given at the expense of services in another. For social services, a holistic balance must be found based on the needs of the targeted populations. The researcher agrees that all social service providers in Fisantekraal, for example, could not specialise without analysing the entire community to ascertain what services are of utmost importance at that time. It was found that multiple service providers delivered the same service in this community and could decide which services they were most passionate about and preferred to deliver. The above allowed the community to access specialised services without needing to travel outside of their area.

These issues of integrating social services must be investigated in greater depth to evaluate their prevalence. It appears that the ISDM's implementation has resulted in only moderate advances in South Africa's social service integration. The researcher is committed to examining South Africa's current integrated social service situation and determining the missing link or reasons for why progress has been slow despite the existence of the framework.

## **1.4 Research Question and Objectives**

The problem outlined above leads the researcher to ask the following question to extract the in-depth reasons for the limited integration of social services in the field and to achieve the research objectives listed in subsection 1.4.2.

### **1.4.1 Research question**

What are the challenges confronting efforts to promote integration in the delivery of social services in South Africa?

### **1.4.2 Objectives**

- Assess how social service providers understand the concept of integration.
- Determine what functional and organisational barriers prevent social service providers from working together in networked partnerships.
- See if and how social service providers are using the ISDM to implement integrated social services.
- Determine if service providers are adequately prepared to provide integrated social services.

### **1.5 Conceptual Framework**

This dissertation aims to analyse integrated social services according to the characteristics of an integrated service delivery model and the network governance doctrine. The theoretical conceptualisation covers a literature review based on two pillars. The first pillar addresses the two concepts of integrated social services and network governance. The synthesis of these two concepts describes the principles of the ISDM. From reviewing literature on the theory of network governance the ISDM closely resembles a framework for achieving network governance. The network governance approach is referred to as “governance with the government” (Weber & Khademian, 2008), which means that the government retains a duty to the public good while acknowledging that it cannot solve complex problems on its own. Instead, it may serve as a catalyst and enabler for a networked or integrated model (Manit, Kolpakov & Eubank, 2019). The second pillar addresses the difficulties of integrating social services in South Africa using the ISDM guiding principles.

Joined-up government, joined-up governance, and network governance were some of the buzzwords of the 1990s. The joined-up government concept arose from a traditional ideology known as teamwork or coordination (Hood, 2005). When various public sector organisations coordinate their actions, it is known as joined-up government. Joined-up governance is a more ambitious strategy in which public sector authorities collaborate with for-profit businesses and NGOs (Pollitt, 2003). In principle, joined-up governance is the same as integrated social services.

The ISDM concept of integrated social services and the network governance model have shared features that will be used as a conceptual framework to determine which of these overlapping principles social service providers are experiencing in the field

and which they are not experiencing. Highlighting the principles that are not being experienced in the field may uncover the reasons for the difficulties in integrating social services in South Africa.

## **1.6 Research Methodology**

This dissertation sought to empirically apply the network governance framework to integrated social services delivery by conducting a sample survey of social service providers in the government, non-governmental and private sectors. The researcher developed and administered an online questionnaire that sought to probe the understandings of integration by sector providers and gauge their awareness and application of principles contained in the ISDM. The service providers targeted were from local, provincial, national government, NGO sector, and private practices. The data was obtained between the period of 18 January and 3 February 2021. The survey resulted in 94 responses, of which 77 were deemed valid for inclusion in the study.

## **1.7 Chapter outline**

This dissertation comprises five chapters. Chapter 1 covers the background to the research topic, the research problem, the research question and objectives, and the research methodology. Chapter 2 focuses on the rationale behind integrating social services, network governance, and the policy case study, which is the ISDM. Chapter 3 describes the research design and methodology used to conduct the data collection portion of the study in more detail. In Chapter 4, the conceptual framework is used to empirically assess and analyse the data, and the findings are explained in depth. Finally, Chapter 5 concludes this study.

## **CHAPTER 2**

### **LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK**

#### **2.1 Introduction**

This chapter surveys relevant domestic and international comparative literature on social service delivery. Research on the challenges of nurturing and integrating comprehensive social services are presented. The essential characteristics of the network governance model and the ISDM that is crucial to the study's conceptual framework will be described at the end of this chapter.

Particular focus must be placed on national, regional, and local government capacities to respond to the complex social issues discussed in Chapter 1 and to increase the effectiveness of social services that have historically been distributed unequally in South Africa. Cloete et al. (2018) mention that integrating service delivery between departments is a challenge due to government agencies working in silos. Therefore, joint programmes and project teams, one-stop service centres, and public-private partnerships are essential vehicles at an operational level. The controversy over top-down versus bottom-up government has been superseded by consensus that conventional top-down government is increasingly ineffective (Lim, 2011). This leads to the emphasis on network governance and horizontal relationships between government organisations and non-governmental service providers.

Integration can occur vertically, ensuring systematic and close cooperation and coordination between different levels of government, or horizontally, linking service providers by adopting a more bottom-up approach. Axelsson and Axelsson (2006) suggest a conceptual model that combines integrated service concepts with horizontal and vertical integration. Working together at various points in this spectrum necessitates varying degrees of horizontal or vertical integration between services. Horizontal integration includes consultation and knowledge sharing between services on the same hierarchical level and is referred to as “coordination without the structures of organisational hierarchy” (Axelsson, 2002). Vertical integration occurs between the “different levels of a hierarchical system” (Axelsson & Axelsson, 2006). High-level vertical and horizontal integration are needed for effective integration and collaboration and successful collaboration at the policy, funding, management, programme implementation, and service delivery levels (Schmied et al., 2010).

In the context of a social service system, integration is described as the combination of vertical processes aimed at improving the management of service users. Vertical integration is top-down, hierarchically managed integration, whereas horizontal integration is similar but without the hierarchy and actors retain their autonomy to interact without being forced. Horizontal integration focuses on networks and organisations at various levels of the treatment within the social service system and may, for example, include bringing together a drop-in youth centre or a place of safety with local NGOs or state services. Horizontally integrated treatment processes guide service users from the first touch to a specialist to continuing care. In addition, horizontal integration focuses on competing or cooperating agencies, networks, or groups in the social service sector, including grouping recovery centres into a regional network of providers. To achieve this level of integration, a structure must be developed, specifying the appropriate care planning and vertical pathways and identifying professionals who can manage care. It should apply to a wide variety of social service programmes<sup>1</sup>. In addition, sufficient incentives should be included to promote stakeholders' compliance (Maruthappu, Hasan & Zeltner, 2015). Many countries have developed their frameworks to achieve the integration of social services; for example, South Africa's framework is the ISDM.

The focus has moved away from conventional top-down government and toward conversations about the government's ability to respond to and succeed in a new age of collaboration and networking (Lim, 2011). This new environment entails three levels of integration, the individual (micro), the organisational (meso), and the inter-organisational (macro) levels (Horishna, 2019). Integrating services holds promise to both reduce costs and improve outcomes for service users with multiple needs. However, the coordination and governance needed to integrate social services is immense and take sincere commitment.

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<sup>1</sup> According to the White Paper (Department of Welfare, 1997), these developmental social welfare services should include rehabilitative, preventative, developmental, and protective services and facilities, and social security, including social relief programmes, social care programmes, and the enhancement of social functioning.

## **2.2 Experience in Integrating Social Services Internationally and in South Africa**

The WHO (2016b:3), defines ‘integrated social services’ as putting together inputs, distribution, management, and organisation of services. Maruthappu, Hasan and Zeltner (2015) describe the integration of social services as the formation of institutional ties between previously separate social services, which can involve anything from process changes to physical co-location. Integration aims to eliminate fragmentation in client services, allowing for more organised and consistent care. As a result, one of the primary goals of comprehensive social services is to provide users with a sense of continuity of care as they move through the system (Schmied et al., 2010). The hypothesis for integrated social services is that it can contribute to the improvement of the user’s care experience; for example, it can increase satisfaction, confidence, and trust; the overall health of people and populations (morbidity, mortality, quality of life, and reduced hospitalisation); and the cost-effectiveness of social service systems (functional and technical efficiency) (Stein, 2016). According to Gold and Dragicevic (2013), service integration seeks to enhance productivity and service user outcomes by improving collaboration and operations within the social services sector.

The following definitions highlight key features of service integration:

- “Collaboration, partnerships or networks whereby different services are usually autonomous organisations, work together for specific community residents” (Browne et al., 2004).
- “Multiple providers are working together to service the same client (interdependence) consistently and continuously” (Bunger, 2010).
- “Streamlined and simplified client access to a wide range of benefits and services that bridge traditional program domains” (Ragan, 2003).

Although numerous studies have been conducted on various aspects of social service integration, little attention has been paid to its definition. The definitions found focus on a few common characteristics but define it in a variety of ways. Munday (2007) defines integrative social services as a continuous process of planning, coordinating, and providing social services through the cooperation, partnership, and interaction of legally independent institutions and applying methods that take individual needs, circumstances, and opportunities into account. According to the Integrated Care Network (2008), integration refers to a single system for planning and providing

services, their implementation, and their management, which is carried out by legally separate partner organisations. A single system for providing a specific service could include a joint mission, organisational culture, management, budget, lodging, and registry, and it could be used at all levels of integration, teams, services, or organisations.

The principles of coordination, cooperation, collaboration, and integration all have different meanings, even though they are often used interchangeably in practice. Various scholars claim that these principles exist on a continuum, ranging from coexistence, in which services are delivered separately or fragmented, to cooperation, in which services collaborate formally and informally and information exchange is ad hoc rather than expected (Walter & Petr, 2000; VicHealth, 2003; Axelsson & Axelsson, 2006; Integrated Care Network, 2008). Moving to coordination involves a degree of mutual responsibility and coordinated decision-making by integration and co-ownership, which is structured agreements focused on shared principles (Schmied et al., 2010). To put it another way, there are several approaches to integrated services, including case management, one-stop shopping, and various sorts of partnership arrangements. For example, case management frequently involves a single point of contact that examines, plans, and manages service delivery with and for an individual. One-stop shops offer services through a single point of delivery, whereas different types of collaboration between two or more organisations or multi-professional teams may be included in different partnership arrangements (Lara Montero et al., 2016).

Horishna (2019) says that examining interactions in the delivery of social services reveals the core of integration instead of concepts like communication, coordination, and cooperation. Communication, in Horishna's opinion, entails the sharing of information but not joint activities; collaboration, on the other hand, entails the pursuit of different mutual objectives and the use of specific forms of joint activities; and cooperation is impossible without the establishment of common goals as the foundation for interaction. Nevertheless, these modes of interaction can be integrated to create a cohesive framework for assessing needs, implementing solutions, and delivering services. According to Hutson (2004), a single access point or one-stop centre of services and a partnership between organisations must be present for anything to be classified as an integrated system of social services.

The literature on social services covers a broad range of integration models that display consistent benefits. According to Maruthappu, Hasan and Zeltner (2015), separation,

decentralisation, and specialisation can impede effectiveness and efficiency. Reduced fragmentation of social services reduces access gaps, waste, and inefficiency while avoiding duplication and conflicting decisions. Ownership increases with shared responsibility. Furthermore, organisational bottlenecks are eliminated, which would otherwise place unnecessary strain on existing programmes and prevent a structured response to user needs. Improved integration of housing, social services, and community services may also reduce unnecessary hospital admissions. Lower hospital admission rates have been observed after the adoption of a customised integrated home care plan based on a geriatric assessment and after the implementation of a 'single entry' health and social care centre that provide all accessible community-based services (Landi et al., 2001). Integration promotes a multifaceted approach to user care. Integrated social services can reduce overtreatment and waste, eliminate inefficiencies and manage costs while delivering more organised care. Landi et al. add that integrated social service programmes can reduce costs through productivity improvements, resource sharing, and cost-sharing.

People in need of social services are frequently confronted with a patchwork of service providers in various programme areas (Schorr, 1988). Each organisation's goals, rules, bureaucracies, funding mechanisms, and service delivery processes are often unique, posing challenges for those seeking assistance in overcoming their numerous barriers to becoming self-sufficient. For example, multiple agencies may be required to assist with income enhancements and social service supports such as physical or mental health services, transportation or housing assistance, or dependent care; one entity may provide job training or employment assistance while another may assist with credit problems. These silo programmes often serve the same populations, but there is little direct interaction, information sharing, or service coordination (Maxwell et al., 2018). According to research, one strategy for overcoming the challenges of this silo approach is to integrate services.

Banerjee et al. (2015) found that basic food or cash assistance, coaching, health education, and a savings account can all be integrated. Compared to those who were not enrolled in Banerjee et al.'s pilot programme, those who received integrated, multipronged services worked more and had better mental health and improved decision-making abilities. According to a regression analysis of service receipt and participant outcome data from nine service providers, participants who received both employment and financial coaching were more likely to report a lower debt-to-income

ratio, a higher credit score, and increased savings than those who only received services in one area (Hwang & Sankaran, 2014). The method of organising the delivery of these comprehensive services to participants is thoroughly discussed in their study. Horishna (2019) discovered different approaches to the interpretation of 'social services' in both domestic (discussed in section 2.3) and international scientific literature.

In recent years, integrated social services have received much international attention and funding. When done correctly, integration has been shown to increase quality, performance, and cost control. Unfortunately, there is currently no single best practice model or well-defined guideline for implementing integrated social services. Moreover, there is a scarcity of peer-reviewed evidence on the topic (Maruthappu, Hasan & Zeltner, 2015).

An integrated social services presentation given by Stein (2016) at the INNOVCare Workshop in Vienna discusses essential and relevant information to this study. Stein is the head of the Integrated Care Academy at the International Foundation for Integrated Care. The International Foundation for Integrated Care is a non-profit members' network that crosses organisational and professional boundaries to bring people together to advance the science, knowledge, and adoption of integrated care policy and practice. Many frameworks, such as the European Framework for Action on Integrated Health Services Delivery (WHO, 2016c), have been designed to understand the fundamental factors for successful integrated social services. A flexible culture is essential for comprehensive social services as changes in roles and responsibilities as well as new competencies may be necessary at various levels. Examples of this is give here:

- Further instruction, training, or regulatory bodies could be needed at the system level.
- More efficient management and leadership could be needed at the organisational level.
- More interdisciplinary teams, cross-sectoral collaboration, integration of service resources, and collaborative decision-making should be implemented professionally.
- There is a greater level of service user and group involvement and self-management and support at the individual or service user level (Stein, 2016).

Based on the evidence examined, integrating social services is a multifaceted and long-term operation. The WHO (2016a) study discovered that illustrating the causality between coordinated services and outcomes is challenging. However, it appears that there is some guidance on the first steps needed to bring about change: A collective vision should be created that focuses on a clear articulation of the population's needs in local communities, which can then be translated into a shared plan for change. Even these first steps toward coordinated social services necessitate careful preparation, and the transition process necessitates strong leadership and management support (WHO, 2016b). Lara Montero et al. (2016) point out that steps must be taken to build an arrangement that facilitates cross-sectoral collaboration when integrating services by examining the logical chain of integrated service delivery and the need for combining support from multiple providers. They also discuss how to organise interprofessional teamwork, facilitators and roadblocks, and emphasise the need to have clear roles and tasks. They further address leadership as they set up a multi-professional cooperation setup. They conclude by discussing the many forms of interprofessional collaboration that can be used in practice.

In South Africa, social programmes cover various social services and community development services delivered continuously to ensure intervention efforts are integrated and sustained (DSD, 2005b). In the Social Welfare Services Framework (DSD, 2011), the social programmes provided by DSD are grouped and listed as follows: Prevention and promotion; social assistance and relief; protection and statutory services; social support; restorative; rehabilitative and therapeutic; continuing care and reintegration, and aftercare services. Children and families with children, people with disabilities, the elderly, and others are typical users of such services. State, municipal, non-governmental, and private businesses or practitioners are among the service providers.

The effectiveness of integration programmes is determined by a clear understanding of the goals, a transparent distribution of roles, the implementation of financial and administrative incentives for cooperation, and the reduction of factors that would cause service providers to compete. The cooperation between partner organisations to deliver integrated services and create monitoring and evaluation capacities to strengthen interdisciplinary collaboration were all on Horishna's (2019) research agenda.

Lombard has carried out several studies on integrating statutory social work, community development services and socio-economic development services; however, the researcher did not find any specific study conducted by Lombard on integrating social services in South Africa. However, Lombard (2007) identified the following challenges associated with the ISDM: The relatedness or balance of welfare and development services; integrated generalist and specialist social services; and the positioning of social services and community development. The latter refers to their argument that community development approaches and strategies cannot be excluded from integrated developmental social services. Salim & Lombard (2020:201) add that the sector needs to develop a suitable human resource base, partnerships, funding, social service monitoring and evaluation indicators, and a legislative framework.

In summary, integration is accomplished by meticulous planning and funding and a joint mission centred on a specific service user demographic.

### **2.2.1 Difficulties and enhancing factors to integrating social services**

Policymakers must consider the essence of power within a network system. Traditional types of authority do not function well in a network since each individual is an autonomous party, even though certain actors have more formal control than others (in terms of resources or political clout). This is evident in the ISDM, where government advocates that it is critical for an integrated, holistic, and effective social service delivery system to have a partnership and close collaboration between the public sector and civil society organisations (DSD, 2011). However, according to Naidoo (2013), the integration of services may come with its challenges. In his examination of the obstacles to policy coordination or joined-up government, Naidoo assesses efforts to coordinate the actions of multiple departments towards achieving a common cross-cutting policy objective under the Expanded Public Works Programme. The findings from the social sector reveal that the DSD assumed sector coordination, but that coordination was further delegated at a functional level to designated departments in specific programme areas; for example, the Department of Education would coordinate early childhood development with their provincial counterparts. As a result, multi-directional co-ordination arrangements that run both horizontally and vertically can frustrate efforts to mainstream co-ordination in integrated programmes. Moreover, departments in shared sectors face challenges in coordinating across departmental boundaries (horizontally) and monitoring implementation between national and

provincial levels (vertically) because of a lack of time, resources, and often conflicting designations.

Studies on policy implementation have shown that the government must consider the interests of several organisations affected by or needed to implement the policy when implementing a policy (Pressman & Wildavsky, 1973). The method of analysis needed to evaluate these multilevel interactions is complex. Network systems does not rely on contractual agreements but on informal exchanges based on interpersonal relationships. This necessitates new leadership styles that concentrate primarily on the position of facilitator or broker. Furthermore, for the network to be successful, participants must trust one another to operate in their best interests.

Although it is challenging to develop trust, Lim (2011) state that two network systems elements can help relieve these challenges. To begin with, establishing a network system means that at least some of the participants recognise that they cannot achieve their objectives on their own and that all actions are therefore interconnected. Second, several individuals may be familiar with each other and have already established trusting relationships before forming the network structure. Effective management strategies can be applied to build on these pockets of trust. Because they are low-risk and provide an appropriate level of comfort, cooperation and collaboration are frequently chosen as the primary mode of operation in inter-organisational relationships. Exchanging information, maintaining individual department control, and offering services are typical examples of these operations. In addition, the government almost always wishes to see outcomes quickly. Because network systems incorporate evolving relationships and expectations, network systems produce more unconventional results than traditional plans and figures. Controlling expectations and giving the correct indicators are critical to the long-term viability of network systems.

According to Lim (2011), there are unfortunately few conclusive outcome metrics that can demonstrate the efficacy of a program designed to work in a network structure across government entities. The genuine benefits of the network structure (relationship-building, inventive operational procedures, and group inclusion) may be neglected if the issue of few conclusive outcome metrics persists. The truth is that because of the risks involved, the current way governments operate is not conducive to changing conventional structures. Network designs are one-of-a-kind responses to highly complicated, messy, and wicked problems that defy conventional solutions. In a network setting, policymakers must recognise that their primary duty is to lay the

groundwork for players to act with authority. If decision-makers have more experience and working knowledge of the advantages of network structures as well as an understanding of what outcomes can be expected, they will be more willing to make improvements. This may at first happen only at the margins, but in ways that may allow fuller network structures to emerge to solve more intractable problems. Allowing for more extended evaluation periods, focusing on integration rather than just service delivery, adjusting expectations of each other's contribution to the whole, and appreciating the value of relationship-building are all signs of a promising start to new methods of working together.

Lack of understanding of social services integration, confusion with terms like social services and integrated social agencies, a lack of financial resources, a lack of commitment to the very principle of services integration, and a lack of leadership understanding of integration processes are all linked to difficulties in implementing integrated social services (Horishna, 2019). Additionally, according to Cerna's (2013) report, better coordination of social services can allow social service systems to do more with less. However, according to this report, the weak alignment of these networks may be one of the factors preventing social services integration. According to Stein (2016), the following are the main features of a fragmented system:

- Lack of ownership by various service providers to support 'holistic' service delivery for users' needs because of siloed functioning and distinct technical and organisational structures for governance and accountability.
- Inability to exchange and move data, silo-based functioning, and embedded cultural practices lead to poor communication between professionals and providers.
- The duplication of services, for example, repetitive evaluations, or re-telling of a person's service history.
- Knowledge is difficult to access, varying guidance and opinions are provided, and uncertainty is generated about the next steps of a course of care for service users.

Maruthappu, Hasan and Zeltner (2015) add to Stein's list by outlining significant barriers to service integration that should be considered in this research. A few of these are operational uncertainty, regulatory hurdles, ambiguous financial attribution, and societal inertia. Well-crafted alliances, financial systems, and information technology platforms are all required in an integrated approach. Many service delivery systems already have divisions in finance, organisational structure, and social service delivery, making it difficult to integrate social services. However, in an integrated social service

paradigm, the law must be applied to organisations throughout a therapy continuum or treatment route. A cultural shift is required at both the operational and management levels, as failing to do so will result in a lack of shared vision and challenges with integration's long-term viability. To be effective, integrative social services require a long-term approach with enough support and resources. Financial incentives must be set to share rewards among stakeholders and aimed at integrating paths. According to Maruthappu, Hasan and Zeltner (2015), achieving coordinated social services is complex and context-dependent. There is no such thing as a one-size-fits-all solution; instead, a tailored approach to incorporate several critical and enabling aspects is necessary. Finally, Maruthappu, Hasan and Zeltner (2015) suggest that the following factors be examined to increase social service integration:

- Define ownership: Ideally, a leadership group should be formed.
- The position of government: Is it interested in the promotion of integrated social services or not?
- Resource allocation: Funding for integrated care should be realigned, pooled, and ring-fenced. A share of the cost savings from introducing integrated care may be seen as an opportunity for all stakeholders. Suggestions and additional examples from various countries are given in their study.
- Population selection and infrastructure planning: A target consumer population must be clearly defined. Integrated social services necessitate a thorough understanding of the user's needs and authorisation for multiple service providers to access their details. Data and electronic documents must be accessible to accomplish this. This type of technical infrastructure will allow for effective user management across the board.
- Discovering all the social service providers working with a specific service user is a standard prerequisite for delivering reliable, organised care. This multidisciplinary team should meet regularly to assess its progress using coordinated care metrics. This shared governance structure should adhere to best practices in social service delivery with all parties taking responsibility for their actions.

When comparing the above to the environment required for successful integrated social service implementation, it is evident that a convergence of ideas or principles is required.

### **2.3 The Integrated Service Delivery Model (ISDM)**

The ISDM is not a theory but a concept and implementation framework that has been used explicitly for social services in South Africa. 'Integration' in the title of the ISDM refers to the integration of the DSD's three programmes, namely social security, social welfare, community development, and integrate social interventions with economic development (DSD, 2006). The purpose of the model is to create a national framework that "defines the nature, scope, extent, and level of social services" and may be used to set service delivery norms and standards (DSD, 2006). Prevention, early intervention, statutory, residential and alternative care, and reconstruction and aftercare are the four overlapping 'levels' of social services identified by the model. Promotion and prevention, rehabilitation, protection, continuing care, and mental health and addiction services are the four categories of social services (DSD, 2016:335).

A variety of academics have examined the strengths and shortcomings of welfare policies to create an atmosphere conducive to the introduction of comprehensive social services (Patel & Wilson, 2003; Smit, 2006; Lombard, 2007; Gray & Lombard, 2008). Lombard (2007) explicitly outlines the challenges around the ISDM and gives evaluation indicators that relate to the principles stipulated in the ISDM, which are transformation, participation, and quality assurance. Participation, self-reliance, empowerment, universal access, equity, transparency, appropriateness, accountability, accessibility, efficiency and effectiveness, partnership, social integration, and sustainability are listed as guiding principles in the ISDM to ensure the delivery of integrated social services (DSD, 2006). The ISDM is unclear about the mechanisms being used to promote horizontal integration between NGOs and private practitioners. The framework emphasises the collaboration between the government and the subsidised service providers. This is of particular relevance to the researcher since it is critical to building durable connections between mutually dependent actors, not simply between the DSD and its subsidised service providers, to achieve service integration. The concept and philosophy of integrated social services expand on the network governance theory by emphasising stakeholder collaboration and merging services provided by each stakeholder. Integrated social services are more than just getting along and cooperating; it also entails connecting the many social services available to a set of users in a particular location.

In Gauteng, South Africa's most densely populated province, the social service sector held a social welfare summit in October 2006 to assess the ISDM's implementation potential for establishing integrated social services. The Gauteng DSD and the NGO sector developed a review for this summit. Based on the practice experiences of the NGO sector, the strengths and challenges of the ISDM were emphasised. Lombard (2007) presented and analysed the findings of the previous review, adding to the discussion of South Africa's issues in fostering integrated social service delivery. The strengths of the ISDM, as agreed upon by both government and NGOs at the Gauteng Welfare Summit (Rammutla et al., 2006:11), constitute a significant advance in policy that moves the social service sector forward in the following critical aspects:

- It describes the core business of the sector.
- It clarifies the sector's constitutional, legal (focused areas), and policy mandate.
- It provides a framework within which all role players can locate themselves and strengthen the linkages between them.
- It highlights the sector's human resource challenges.
- It starts the process of putting basic norms and standards for social service delivery in place; and
- It begins to equip the sector to accomplish what it has never been able to do before, namely, make a good case for the resources it requires to carry out its responsibilities.

Although these strengths represent a significant step forward in several areas, such as social service delivery norms and standards, the effort had only begun in 2006.

According to Lombard (2007), there are additional limitations or difficulties in implementing the ISDM to their list given in section 2.2. Setting standards and norms for practice to provide a basis on which services can be costed; creating resource capacity and establishing and maintaining a comprehensive database; having a human resource plan for the sector; and strengthening partnerships between government and NGOs are all things that the government and NGOs believe are important to counter these difficulties (Rammutla et al., 2006). These implementation roadblocks are centred on the conceptualisation and contextualisation problems that form the foundation for successful ISDM implementation. Among the roadblocks are the relationship and context of welfare and development, the scope of integrated social services within a developmental paradigm, social services, community development, partnerships, funding principles and models, and developmental social service delivery

indicators. Furthermore, social service practitioners' ignorance of and unwillingness to partake in the development process of social policy, such as the ISDM, lead to a lack of understanding of the what and makes achieving the how difficult, if not impossible. A willingness to attend or having access to training on a specific social policy, on the other hand, may help mitigate the detrimental effects. Leading to the next probable speed bump to the integration progress, which is the 'generalist' versus 'specialist' debate. At the Gauteng Welfare Summit (Rammutla et al., 2006:14), the NGOs said that,

A problem faced by the sector is that there has never yet been a proper engagement with the nature of the balance between specialist and generic services, or that between rehabilitative, protective, preventive, and developmental services, or with the issue of how a network of accessible one-stop services can be rolled out.

However, as a plan to establish career routes for social workers, the DSD adopted a firm stand on expanding specialised subjects in social work. Generalist service providers may have financial and staff constraints due to striving to supply a basket of services rather than focusing on one that they are genuinely enthusiastic about. The motivation for linking services with numerous service providers within a specific area may be emphasised because of this specialisation of service offerings. This results in a reduction of the budgetary and staffing burden. By specialising rather than generalising, duplication of services can be avoided, and it can become clear which services are not being provided but are needed in the area.

However, the ISDM's concept of an integrated approach to social service delivery cannot be divorced from this discussion. In the generalist versus specialist dispute, some indication of how it fits into an integrated social service delivery viewpoint is essential. In their assessment of the ISDM, the NGO sector noted that the ISDM employs a more advanced method than prior efforts in that it is designed to maximise the integration of services (Rammutla et al., 2006:16). NGOs, however, also saw holes in the ISDM's target groups of children, youth, families, women, and the elderly and wondered where single adult males, offenders and addicts fit in (Rammutla et al., 2006:16). Furthermore, the core services classification integrates levels of services (promotion and prevention, rehabilitation, and continuous care) and the specialist fields of mental health and addictions are included in this category (Rammutla et al., 2006:16).

The debate should not be about 'generalist' versus 'specialist' services in an integrated development approach, but rather about the shift from the poor and marginalised to the middle and upper classes in society. This is where the debate evinces a different meaning and interpretation of the social services sector's role in achieving social development goals. Although highly specialised services have their place, they must never come at the expense of the poor and vulnerable. As a result, the ISDM must explicitly contextualise generalist and specialised social services within an integrated developmental social service delivery framework that focuses on the poor and marginalised (Lombard, 2007). Regardless, a partnership approach is needed to achieve the social development goals.

Patel (2012) observed two key challenges with the implementation of the partnership model in the social services sector: firstly, inadequate financing of NGO services by government, and secondly, limited institutional capacity within the state to adopt more flexible and collaborative delivery modalities with civil society organisations. Not having the requisite resources to provide needed services in specific areas, on top of limited institutional capacity, may serve as a significant impediment to integrating service delivery.

The White Paper review (DSD, 2016) mentions that the challenge of fragmented services is not the integration of them but rather the referring of an individual from provider to provider. According to the researchers' social work experience, the above is not an issue because NGOs frequently refer service users within a specific neighbourhood or suburb because of network engagement and social service relationships. The researcher can only foresee a challenge if the review is speaking only about services being provided by DSD-funded service providers. This would be a challenge as many organisations within a community or suburb are not DSD funded, and therefore, referring may take them out of the area where they live.

In countries such as the US and Canada, these social services systems are flourishing and successful. However, Patel highlights why South Africa may have struggled to adapt and achieve its developmental approach to an integrated social service system. According to Patel (2012:614), the White Paper for Social Welfare set out a policy framework, proposals, and recommendations for implementation. A significant factor in the slow progress of implementation of social services is the confusion around the theory undergirding the approach. There was a lack of clarity about definitions and the application of the approach. According to Lombard (1996:162), "misconceptions and

misunderstanding create many uncertainties, even resistance and fear among social welfare workers”. This is echoed in the ISDM: “Over the last decade, the notion of what constitutes developmental social welfare service delivery has been a matter of debate, misunderstanding, and misinterpretation” (DSD, 2006:3). According to Osborne and Gaebler (1992) and Hood (1991), policy should be focused on setting specific targets, steering with clear and well-designed rewards, and then delegating implementation to other organisations. Patel (2012) agrees, arguing that the welfare policy guidelines and procedures for achieving good results are ambiguous. She goes on to say that the developmental plan was vague, confused, and misinterpreted. The review of the White Paper (DSD, 2016:251) confirms this by saying,

The ISDM includes an implementation plan, but it seems that this was perhaps not followed. For example, the implementation plan refers to establishing a Model Implementation Advisory Team at the national, provincial, and local levels of government to guide implementation and the associated change management process. However, there was no mention during the Ministerial Committee’s review process of such teams being established (and it is questionable why they would exist at the local level when local government does not have direct social development functions).

According to the national DSD (DSD, 2016), financial limitations have hindered the complete adoption of the Generic Norms and Standards for Social Welfare Services. Guidelines become recommendations rather than standards in the absence of tools for implementation and a mechanism to monitor enforcement. The review further reinforces Patel’s comments by stating,

Comparison of the various generic documents in terms of services, levels, focuses, and target beneficiaries reveal inconsistencies between them. It is also not always clear how the documents relate to each other. For example, the Generic Norms and Standards for Social Welfare Services states that this document must be read together with the 2013 Framework for Social Welfare Services and that Social Workers need to be trained on both documents, but does not explain further how the two documents relate to each other. The lack of clarity allows for differing interpretations and thus differences in services. (DSD, 2016:252)

The ISDM (DSD, 2006) mentions that the strength of an integrated service delivery framework is the clustering of all spheres of government, NGOs, and parastatals' services that provide enhanced levels of citizen access, convenience and service provider efficiencies. As a practising and registered social worker, the researcher has not observed these in their ten years of fieldwork. The ISDM (DSD, 2006) mentions ensuring the integration of services with municipalities through integrated development plans. This has not been observed in the field by the researcher. The researcher could not find any reviews or amendments made to the ISDM since its inception in 2006. The following was mentioned in a parliamentary committee meeting (DSD, 2015a).

The strategic objective of this sub-programme is to improve Social Development Sector planning and programme implementation by 2019. In terms of the high-level outputs, the department aims to review the Integrated Service Delivery Model (ISDM) for the Social Development Sector and pilot it for 2015/16 and 2016/17. It will then roll it out in 2017/18.

The DSD's 2015–2020 strategic plan implies that a revised ISDM was on the cards in 2014 (DSD, 2015b); however, there is nothing in the 2020–2025 strategic plan (DSD, 2020). The White Paper (Department of Welfare, 1997) has been reviewed and the review (DSD, 2016) mentions the ISDM at certain document points. According to Patel (2012:614), social development programmes have been under-monitored and evaluated. There are also plenty of agreed-upon measures for assessing and tracking progress over time.

Landman's (2006) findings and conclusions suggest developing an integrated model and policy framework to integrate statutory services and community development within a developmental strategy. The study also suggests that such a developed model and policy framework be implemented and that the impact on social service delivery be studied. The above is puzzling, given that the study was released only a few months after the ISDM was launched. One might speculate that Landman was either unaware of the ISDM or that the ISDM went unnoticed in the field of social services in South Africa during its first year of implementation.

Like integrated social service models, social policy implementation varies per country, but there is a common thread of key elements emerging in this literature review (Sabatier & Mazmanian, 1979). The results of the literature research clearly show that there are numerous potential and constraining factors to examine as causes of limited

social service integration and ISDM implementation. These elements can be related to the shared features of the ISDM, and the network governance model discussed in the preceding sections, and it is shaped into a conceptual framework in the next section.

## **2.4 Conceptual Framework**

The topic of network governance was discussed in depth by Rhodes (1997) who was one of the first to research the relationship between governance and inter-organisational networks in detail. They defined governance as network actors' interdependence, the resources they exchange, and the shared goals, norms, and agreements that they negotiate over time (Koliba, 2018). The term governance has been used in various ways but most often describes efforts to improve coordination between relatively autonomous actors to solve common-pool problems. It involves the horizontal steering of relations across networks and can undoubtedly be viewed as a "growth industry" (Klijn, 2008).

Resource dependence problems have been a driving force behind the creation of alliances by UK government agencies. Since the mid-1970s, the effect of continued restrictions on public resources has prompted government bodies to look for new funding sources and to investigate whether establishing multi-agency collaborations between public, private, charitable organisations will reduce the resource constraints. In addition, community groups could provide ways to deliver more with less (Lowndes & Skelcher, 1998:314–315). Mackintosh (1992) agrees that partnerships can boost resource performance, allow for better use of existing resources by eliminating duplication, and share overheads. Partnership will add value by integrating complementary services and promoting creativity and synergy. In addition, collaborations allow new opportunities to be leveraged by allowing access to grant regimes that require financial and in-kind contributions from the private and voluntary/community sectors or by leveraging private sector partners to address public sector capital market access constraints. Finally, in his book *Leading the Way: A New Vision for Local Government*, former Prime Minister Tony Blair (1998) argues that in order for residents to benefit from a stable economy and improved quality of life, as well as for communities to solve cross-cutting problems such as juvenile justice, substance addiction, and social exclusion, the efforts of corporations, government agencies, non-profit organisations, and community groups must be mobilised and brought to work together on a shared agenda.

Taking a network approach to public governance means relying more on (often more informal) networks to mobilise and engage people and organisations to create, implement, and monitor public policy. The emergence of network governance and public institutions' current collaborative ethos points to a more profound transformation and expansion of the network model, which Castells (2000) labels and discusses in their book *The Rise of Network Society*. The role of nonstate actors from the private and third sectors as stakeholders and collaborators in policy management and implementation is a common feature of governance networks, according to Bang & Esmark (2009). However, governance networks differ significantly in terms of formalisation, stability, and inclusiveness.

Governmental bodies in the United Kingdom have formed formalised collaborative partnerships with companies, voluntary (or non-governmental) organisations, and community groups, especially at the local level. Local governments have formed alliances with several other organisations to support the economic, social, and political revitalisation of communities in the fields of urban and rural regeneration. However, they can also be found in the social services, education, environmental, and other policy sectors. An agreement between the parties formalises these partnerships, manifested by forming an organisational framework, a partnership board or forum. Here, a policy is formulated, and decisions are taken that can affect the various agencies' strategies, resources, and activities (Lowndes & Skelcher, 1998). In South Africa (DSD, 2017), the DSD signs Transfer Payment Agreements (TPAs) with social service providers if the government successfully subsidises them to provide services in designated areas. These TPAs are not signed without contention by organisations and are discussed further in section 4.4.2. This leads to the argument that governance is composed of self-governing networks. However, these TPAs are a hot topic because of possible interference from government and their strong influence on the deliverance of social services. TPAs are not actual networked agreements based on autonomy, partnership, and interdependence; instead, they are government outsourcing social service delivery to NGOs, who rely on the government for their survival. To many authors the idea of self-governing networks indicates that networks govern themselves without public or political actors or any deliberate governance (Kooiman, 1993; Rhodes & Williams, 1996; and Sørensen & Torfing, 2007). Klijn (2008) and Teisman, Van Buuren and Gerrits (2008) confirm that they frequently find direct or indirect attempts by governmental actors to influence these self-steering networks. This is besides less deliberate governance mechanisms like societal rules, institutional codes and more

general market mechanisms. As a result, the concept of self-steering may be replaced by the concept of self-organisation, which refers to the idea that actors in networks create basic network properties, such as strategic patterns, outcomes, and emergent rules from within. This leads to the unique features of network governance that Den Ouden (2015) highlights in his research.

Autonomous but interdependent actors define network governance. This is a crucial point because the driving force behind creating networks is that all types of actors recognise that they cannot solve a problem alone and that they need the help of others. The second characteristic of network governance is that actors collaborate within a self-constructed system. As the actors first meet, there will be no framework in which interactions occur; but when they communicate with one another, a structure will arise that notify interactions. The third aspect is the capacity of governance networks to operate on complex social issues. Actors band together around a shared cause and strive to find a solution by mutual coordination (Sørensen & Torfing, 2007). Thus, by combining the concepts of networks and governance, network governance can be described as “governing with and through networks” (Rhodes, 1997), which distinguishes it from other types of governance such as markets and hierarchies (Rhodes, 1997; Jessop, 2003). Sørensen and Torfing (2005) argue that network governance has five essential elements; these are laid out in Table 2.1.

**Table 2.1: Five essential elements of network governance**

| Element                    | Description                                                                                                                                                                                                                                                                                                                     |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Horizontal interdependence | There is a horizontal system of interdependent actors with some organisational control that is relatively stable. In other words, horizontal relationships are more evident than vertical relationships, and actors are free to leave the network if the costs of involvement outweigh the benefits (Sørensen & Torfing, 2005). |
| Communication              | Actors are engaging and communicating with one another to influence one another. These processes may take various forms, such as pressuring each other to work together or searching for deliberative solutions (Sørensen & Torfing, 2005).                                                                                     |
| Institutional features     | Networks have certain institutional features, such as regulative, normative, cognitive, and creative elements. As a result, networks can be analysed in the same way as organisations (Bogason, 2000; Klijn & Koppenjan, 2006).                                                                                                 |
| Self-regulation            | Within a particular system, networks self-regulate. This ensures that the network deals with and negotiates decisions as well as procedural issues. Thus, there is no hierarchical command structure, and market forces have no impact on the network (Sørensen & Torfing, 2005).                                               |

| Element           | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Public governance | Networks play a role in public governance in some way. However, while this is not a required element to discuss networks, networks do become governance networks to the degree that they deal with public policy. More specifically, Parker (2007) argues that density and breadth should be included: density suggests that all nodes in the networks are linked, and breadth implies that networks should include the most relevant institutions in each area of public policy (Røiseland, 2007). |

The elements in Table 2.1 tend to be aspects of two or more network actors' experiences. These network governance 'laws' play out in the multitude of links and exchanges between network actors. Varying authors name trust, goal consensus, partnership, and resource sharing as critical features of integrated social services (Provan & Kenis, 2011; Hertting & Vedung, 2012).

In this study, network governance is used as a construct which is applied to the difficulties of integrating the delivery of social services. After reviewing the literature, the following six common principles emerged as possible indicators to ascertain to what extent integrated social services are taking place in South Africa:

- Partnership
- Resources
- Goal consensus
- Accessibility
- Communication
- Coordination

Although there is no one-size-fits-all approach for integrated social services, there is a common thread of crucial features or principles that can and must be followed to ascertain whether integrated social services are taking place, or not.

These key indicators or building blocks for achieving integrated social services served as the conceptual framework for analysing the data obtained by the researcher. The level at which these indicators are observed in practice determines how integrated the social services is that are observed in the field.

## 2.5 Conclusion

The literature reviewed gave insight into the potential obstacles to integrated social services. Additionally, it culminated in a list of key and standard features that were used as indicators in the conceptual framework created for data analysis. The essence

of integrated social services was captured (Agranoff, 1991), and examples of mechanisms built to put it into effect were provided. Several reports on the functional aspects of social service integration were discussed in depth. According to the literature review, there is a substantial amount of research on how to provide comprehensive social services in European countries and American states, but minimal research has been conducted in South Africa. The research found in the South African context was on integrating socio-economic development programmes, social and health services or community development and statutory services (Munday, 2007). The researcher could find no local literature on integrating the White Paper or ISDM specified social services.

This research also considered the broader integration issues (improving efficiency and effectiveness and working together). This inquiry into the current South African social service environment will surely reveal the extent to which integrated social services are observed at all levels of service delivery and by all service providers. The goal of evaluating the literature was to see what research has already been done and what obstacles have been encountered in establishing or supporting integrated social services so that gaps in the research can be identified and the research in this study may be pursued. The techniques to interpret integrated social services and establish basic approaches were described in this chapter (Horishna, 2019).

# **CHAPTER 3**

## **RESEARCH DESIGN AND METHODOLOGY**

### **3.1 Introduction**

This chapter describes the research design and data collection methodology used to critically analyse the efforts to integrate the delivery of social services via the ISDM are described in this chapter. A qualitative technique was used in the research. Purposive sampling was used to select participants for the survey. Thematic content analysis was used to analyse the data.

### **3.2 Research Design**

A mixed-method was used to conduct this research. Mixed-method research is research where qualitative and quantitative paradigms are used to understand a research problem more completely (Creswell, 2005). When used in combination on a study, quantitative and qualitative methods complement each other and allow for a more complete analysis of the research problem (Greene, Caracelli & Graham, 1989; Tashakhori & Teddlie, 1998). The nature of the research problem and the research question is what called for the decision by the researcher to use a mixed-method.

The study used a policy case study design that is “exclusively focused on gaining a better understanding of a single policy case” (De Vos et al., 2005:272). The goal was not to comprehend a broad social question but rather to explain the policy case under consideration, which was the DSD’s ISDM.

The researcher used a survey as the primary data collection tool to obtain as many responses as possible instead of conducting a few targeted interviews with key informants or relying solely on secondary and primary sources. Additionally, the researcher felt it was critical to reduce face-to-face interaction due to the Covid-19 pandemic.

After a review of the research issue and the policy case study, it was determined that the most suitable target demographic for this study would be South African social service providers. The researcher believed that this target group would provide the critical data needed to examine the barriers to integrated social services in South Africa. It made sense to include as many social service providers as possible in this research. As a result, the researcher sat and considered all levels of social service

delivery before deciding on the target population of government, NGOs, and private practitioners.

The ISDM is the subject of this qualitative policy case study. The ISDM is a platform that was created for social service providers in South Africa to use. The researcher wanted to know not only whether the social service sector in South Africa was aware of the concept of integrated social services, but also if they were aware of the ISDM, and what they are doing with it. The ISDM describes who is responsible for delivering comprehensive social services in South Africa, and they are found in national, provincial, and local government and civil society (NGOs; community-based organisations and faith-based organisations) and private sector organisations.

Crotty (1998) recommends that when designing a research study, researchers should pay attention to two questions: How is the methodology and procedures used and how are those methodologies and methods justified? To respond to these two questions, a researcher must first understand the epistemology and theoretical viewpoint underpinning the study. This means that the researcher must explain how they see and interpret the respondents' realities. According to this research, people's knowledge, viewpoints, understandings, interpretations, experiences, and interactions may be meaningful properties of social reality. Most respondents have extensive expertise in social services, which was used to investigate what they understand by 'integration' and if and how they pursue integration in delivering social services. In addition, their awareness and understanding of the ISDM in their extensive years of experience influenced the study. Some of the respondents have worked in government, NGOs, and private practices during their years in this field. Many of the responders were practising when the ISDM was first introduced and have been practising for the many years after it was implemented. As a result, the challenges of supporting integrated social services in South Africa were documented through the interpretation and perspectives of various social service providers, based on their attempts to apply and interact with integrated social services in their practice. The interpretive technique is "based on socially created meaning" and is "consciously constructed out of the purposeful action of interacting social beings" (Neuman, 2006:89–92). Neuman (2006:89–92) further add that "facts are fluid and embedded inside a meaningful system; they are neither impartial, objective, nor neutral". Facts are conditional and content-specific, and they are dependent on a series of specific events in the past.

To gather data for this study, a detailed and in-depth questionnaire was distributed to social service providers and professionals across South Africa in national, provincial, and local government, the non-governmental sector, and private practitioners.

### **3.2.1 Population and sample**

This study used a purposive sampling approach. According to Neuman (2006), a purposive sample helps distinguish types of cases so that in-depth inquiries can be conducted, and a greater understanding of those types can be gained. A stratified element was added to this sampling approach. This stratification ensured that a specific stratum or group of people was included in the study. The researcher wanted to ensure that the final sampling frame included representatives from government, NGOs, and private practitioners (Mathers, Fox & Hunn, 2007).

The researcher chose social service providers in South Africa for this study because the purposive sample is a specified group that represents a specific demographic that must be studied in order to obtain the data needed for a qualitative study. The survey was administered to a cross-section of individuals working in the social services sector, from managers to persons working in the field, to avoid individual or personal bias among management respondents, which include organisation directors, managers, and any employee who is based in the office and not in the field. The sample was selected based on the length of work experience of these experts in order to gain access to their extensive knowledge and viewpoint and the role they occupy, and most significantly, to gather insights from across the service delivery levels, such as state, regional, and local government, NGOs, and private practice.

The researcher took a multipronged approach, targeting individuals and groups with whom they had professional associations and then recruiting prospective participants via social media networks. First, the researcher's WhatsApp status was used to share the online link to the survey, which resulted in a few different responses from the researcher's professional contact list. Second, the researcher used the internet to identify as many email addresses as possible for government social development workers, social service agencies, NGOs, and private practitioner databases and then the online survey link was emailed to them.

### **3.2.2 Data collection**

The most popular research design in the social sciences is the survey (Payne & Payne, 2004). It is a versatile analysis strategy. Surveys are accommodating in non-experimental descriptive designs that aim to represent fact. Therefore, a survey questionnaire was chosen as the most suitable instrument for conducting the data collection portion of this study. The survey is cross-sectional because it was designed to provide a snapshot of what is happening in social service delivery at a specific time. Therefore, the data collection instrument for this analysis was a cross-sectional descriptive survey. Face-to-face interviews are time-consuming, costly, and restrict the sample size compared to other data collection methods. Because of the researcher's limited time to collect data and the aim of collecting data from a sufficiently large sample from across social service providers, face-to-face interviews were not an appropriate data collection method for this study.

Furthermore, using interviews as a data collection method raises concerns about whether the respondent is portraying their authentic self. When people are not confronted with an interviewer and are alone in front of their electronic device answering questions anonymously, they are more likely to be candid, which justifies using a survey questionnaire rather than conducting interviews (Sullivan, 2012:55). In general, survey response rates are lower than for face-to-face interviews. The lack of personal contact makes the researcher's design and layout of the questionnaire critical. In addition, the survey questionnaire could be completed at any time during the respondents' busy lives, making it easier and allowing for even more responses.

Instead of emailing or using hard copies, the researcher created a web-based survey on an internet platform called Typeform to disseminate and receive completed responses. This was efficient, covered a wider geographical area, had ethical advantages such as greater privacy and confidentiality, and added versatility to the data analysis because a spreadsheet could be exported from the platform (Mathers, Fox & Hunn, 2007). The semi-structured questions were modified to meet the survey's online format, which prompted the researcher to include logic jumps in the questioning sequence's flow. The survey's potential respondents were identified via the social media website Facebook. The survey was shared on several Facebook pages dedicated to social work. The researcher searched for NGOs around the country and officials in South Africa's social development departments at national, provincial, and local levels. Bulk emails were sent out with an introductory email that included the

survey's online link. The survey was also distributed through the researcher's personal and professional connections in South Africa's social service sector via their WhatsApp status and email. Table 3.1 shows the responses received from each sector.

**Table 3.1: Respondents according to sector, N=76**

| Sectors          | Number of Respondents per Sector |
|------------------|----------------------------------|
| Government       | 17                               |
| NGO              | 35                               |
| Private practice | 24                               |

One version of the survey questionnaire was used for all respondents. Many of the semi-structured questions were open-ended. The benefit of using open-ended questions was that the researcher could get more detailed information from the respondents. In addition, respondents were more comfortable expressing their views thanks to using a semi-structured survey questionnaire and the understanding that their answers would be completely anonymous. They even provided examples to help explain their inputs.

Based on the literature and policy review, the researcher determined what information was most important to obtain. These were the experiences and observations of social service providers concerning the ISDM and their knowledge of integrated social services. As a result, the survey questionnaire began with questions about the target population in order to obtain information about the professional profile of the respondents, then moved on to questions about the concept of integrated social services in order to determine how familiar the respondents were with this approach, and finally it asked more in-depth questions about the contents of the ISDM and efforts to implement the principles of the ISDM.

Four professional acquaintances did the pre-testing of the online survey. This was a crucial step in the data collection process because it revealed a few flaws in the online survey that needed to be addressed. Pre-testing is carried out to ensure that the data collection instrument is compatible with the sampled profile and can successfully collect data (Terre Blanche & Durrheim, 2004). Additionally, pre-testing is also carried out to ensure that the questions are designed to be clearly understood by potential respondents. After receiving feedback from the pre-testing group, the survey underwent a few formatting changes. A researcher can use what is known as 'logic

jumps' when designing an online survey. These are used to answer yes or no questions. If a respondent chooses yes, they are directed to a different follow-up question than if they answered no. Some of the logic jumps were not correctly in place during the pre-test and needed to be corrected for the line of questioning to be accurate.

To ensure that only social service providers took part, a qualifying question was asked at the start of the survey before a respondent could proceed with the rest of the questionnaire. The question inquired whether they provide social services in South Africa as individuals or through the organisations for which they work.

### **3.2.3 Data analysis**

According to Babbie (2007), data analysis aims to find patterns in data to understand concepts of social reality. The data for this study was analysed using thematic content analysis. According to Braun and Clarke (2006), thematic analysis elicits patterns and themes in data, making it well suited to qualitative research. While thematic analysis is not necessarily related to any theoretical approach, it was appropriate for this study. According to Babbie (2008:214), "qualitative data analysis is the non-numerical assessment of observations made through participant observation, content analysis, in-depth interviews, and other qualitative research techniques, to discover underlying meanings and patterns of relationships".

In qualitative data analysis, an important step is coding or categorising many bits of text in a framework of concepts to obtain the data. The researcher organises the raw data into general ideas, subjects, and concepts as part of the data analysis directed by the research subject, which is different from statistical data analysis. This invites additional questions to ponder (Neuman, 2006). For this study, the researcher transferred the raw data from the survey questionnaire into an excel spreadsheet and searched for themes. The initial categories that appeared after the researcher reviewed each respondent's responses were manually given axial coding. Axial coding is a qualitative research methodology that entails connecting data to uncover codes, categories, and subcategories rooted in respondents' voices in the collected data (Allen, 2017). A few key themes were uncovered, and they were then categorised. This is critical for qualitative research because qualitative research is very conscious of meaning (Terre Blanche & Durrheim, 2004).

To put the conceptual framework to the test, the open-ended responses were analysed and assessed per the ISDM's principles and the significant components of the network governance model. The purpose was to assess how visible the fundamental features and concepts of the ISDM and network governance model were in the respondents' responses.

Using the Typeform platform for data analysis ensured that the collected data could easily be accessed by the researcher and used for future reference or clarification, which aided the researcher.

### **3.3 Research Ethics**

The ethical considerations for this research study are discussed in the following subsections.

#### **3.3.1 Avoidance of harm**

Securing the respondents' safety and wellbeing as they participate in a research study is a critical ethical concern. Therefore, the researcher chose an online survey to avoid any physical contact with respondents because of the additional concerns about conducting fieldwork during the Covid-19 pandemic. No respondents expressed any discomfort or concerns during the data collection phase of the study.

#### **3.3.2 Voluntary participation and informed consent**

All respondents were given the choice whether to participate in the study and answer the questions, or not. Respondents were not misled or coerced in any way to participate in the research. As proof of their voluntary involvement, the respondents were asked to *agree* or *disagree* on an online consent form. Respondents were also informed that they would voluntarily participate in this research and would not be paid to complete the survey.

#### **3.3.3 Confidentiality**

The data was protected for information confidentiality and respondent privacy by using the online platform Typeform, which gives the researcher a personal account that is only accessible by the researcher and no one else. The respondents' answers were kept confidential. Only the researcher and the research supervisor knew what was in

the data. The raw data sheet was saved on a USB that the researcher could only access during the study's preparation.

#### **3.3.4 Anonymity**

Before accepting the request to complete the research survey, the respondents were told that their contact information, such as email addresses and names, would not be disclosed or mentioned. As a result, the respondents in this research study were not named in any way and all information gathered was kept private. Other markers, such as the field in which they practice, the provinces in which they operate, and the positions they hold, would not be sufficient to identify the respondents.

### **3.4 Reliability and Validity**

The following aspects contributed to the reliability of the data collection and analysis steps in the research process:

- Utilising an online survey format (Typeform)
- Pre-testing of the survey instrument
- The online format enhanced the response rate and avoided face-to-face contact under COVID restrictions, contributing to the ethical aspects of the study
- A voluntary consent form was built into the online survey
- Restricted access to the online survey tool ensured confidentiality

All the aspects listed above increased the reliability of the data collection strategy.

The following aspects contributed to the validity of the data collection and analysis steps in the research process:

- Structuring the survey format into sections e.g., demographical information; extent of organisational collaboration/partnering; understanding of integration; awareness of the ISDM, and awareness of government's role in implementing the ISDM. These sections framed the sub-questions and logic jumps to ensure the most salient data was extracted from participants.
- Thematic coding was achieved by using the ISDM principles as the identifying themes in survey answers. In conjunction with identifying the themes, the researcher grouped answers into sections for more in-depth analysing of the data. The researcher wanted to observe if there were any significant variations in answers from sector to sector. To stay focused and on point with achieving the

research objectives the researcher frequently reverted to the research question and objectives to accurately extract the most relevant data from the survey results.

- Creating an environment of anonymity by way of not linking any participant information to survey responses and informing participants of this format selection allowed for participants to speak freely about the challenges of integrating social services delivery in their answers to the survey questions.
- Content validity was assured by utilising the literature review and the researcher's in-depth social service knowledge as a Social Worker, as a foundation for formulating the posed questions in the survey questionnaire.

In reflecting on the above aspects, it is evident that validity has been achieved by way of credibility, relevance, coding, trustworthiness of the data extracted, and presenting of results according to research questions and objectives.

### **3.5 Limitations**

In the context of South Africa, secondary sources of research on integrated social services appeared to be limited. The researcher discovered local studies on integration of socio-economic development programmes, social and health services integration but only a minimal number of studies on social service integration in South Africa.

In their data collection, the researcher would have preferred more government responses. These responses were limited because of processes requiring researchers to apply for permission to interview government respondents.

### **3.6 Conclusion**

In this research design and methodology chapter the approach used to collect the data and critically analyse it is described. The mixed-method technique is discussed. The method used to select participants is unpacked. The use of a survey questionnaire as the data collection method is also discussed in relation to the research environment. The strategy adopted for constructing the questions is explained and the resulting survey questionnaire produced. Lastly, the reliability and validity of the data was elaborated upon.

The compiled survey questionnaire has been designed such that there are clear linkages between the questions posed and the research objectives. Thus, the data collected will address the research questions and provide insight into the research

problem statement. The data collected was analysed and the results of the survey questionnaire are discussed in the next chapter, Chapter 4.

## CHAPTER 4

### RESEARCH FINDINGS

#### 4.1 Introduction

This chapter examines the responses to a questionnaire sent to government, non-governmental, and private sector social service providers. The purpose of the survey was to determine the extent of integration in the delivery of social services in South Africa and the respondents' perceptions and experiences of it.

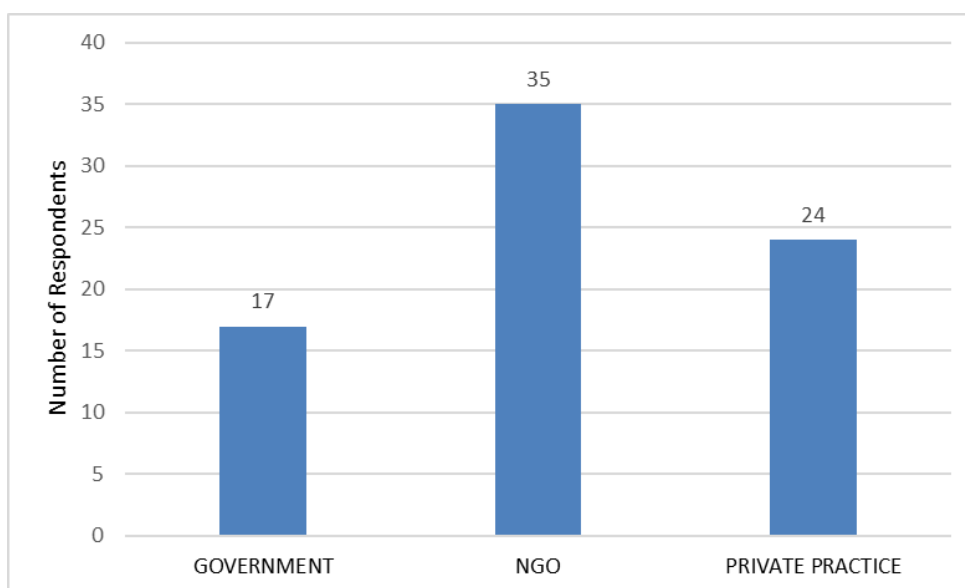
#### 4.2 Biographic Data

The first section of the questionnaire provided descriptive biographical data on the respondents, including the organisation and sector in which they work, their location, and their years of experience. The biographical information may provide insights into the different perceptions among social service providers.

##### 4.2.1 Sector representation

The study's target audience was social service providers from various social service delivery sectors in South Africa. Figure 4.1 illustrates the spread of respondents according to sector.

**Figure 4.1: Respondents according to sector, N=76**

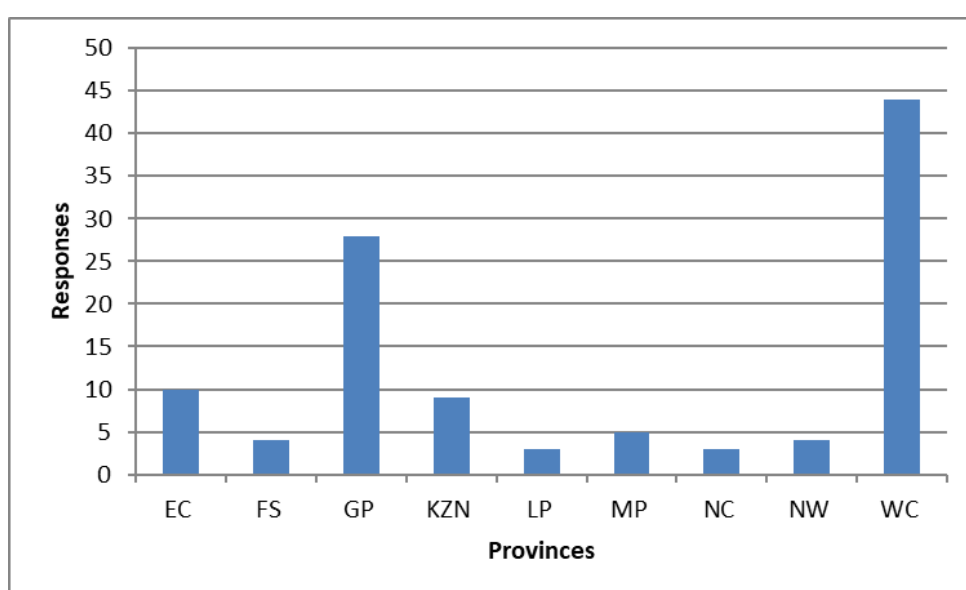


One respondent did not indicate which organisation they represented. Out of the government respondents, two were from national, five from provincial, and ten from local government.

#### 4.2.2 Geographical spread of social service providers/respondents

Figure 4.2 shows the geographical spread of the respondents across South Africa's nine provinces. Respondents were asked which province or provinces they operate in rather than where their organisation is headquartered.

**Figure 4.2: Geographical spread of social service providers/respondents, N=76**

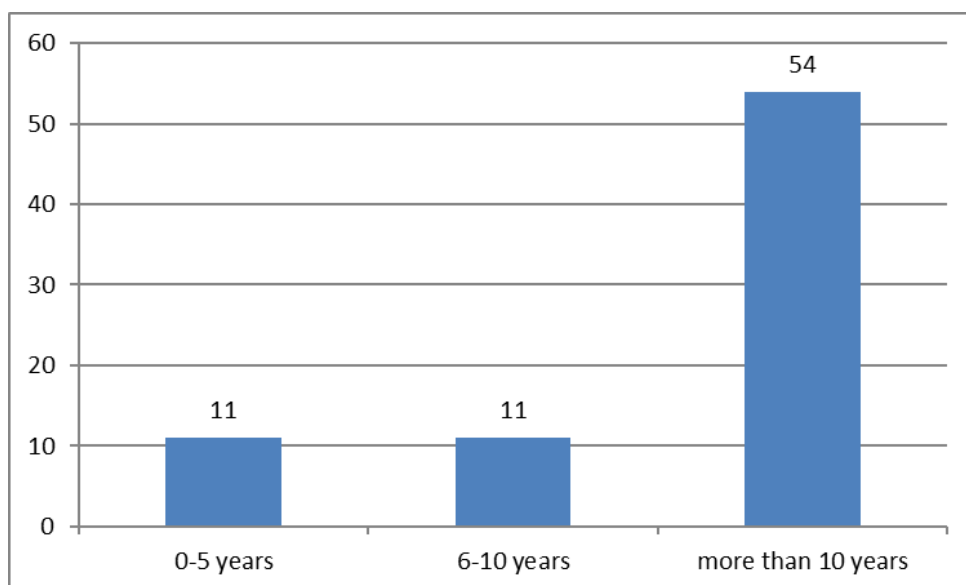


The Western Cape had the highest percentage of social service respondents. This is likely because the researcher is a resident and social service practitioner in the Western Cape and has more contacts in this province. However, given the concentration of respondents in the Western Cape followed by Gauteng, respondents' views cannot be considered representative of all provinces.

#### 4.2.3 Experience in the field

A large percentage of the respondents have been in social services for more than ten years. Fifty-four respondents reported that they have more than ten years of experience. Figure 4.3 shows the respondents' experience in the field.

**Figure 4.3: Years of experience of respondents, N=76**

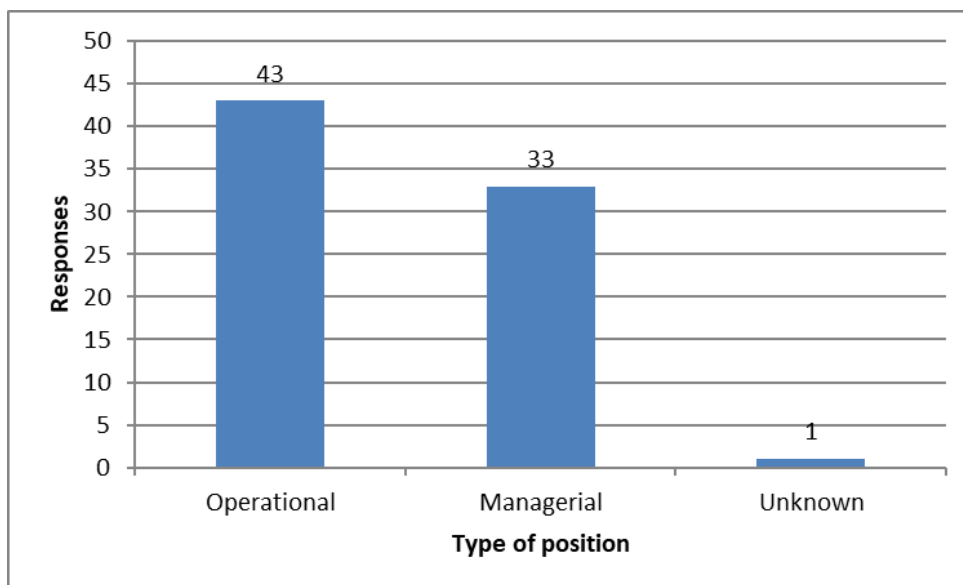


This information may be helpful when considering the ISDM and when it was written. Because of the respondents' extensive experience in social services, it is assumed that most respondents would either know the ISDM by name or have more than a passing knowledge of the policy. Furthermore, specific responses revealed that during their extensive experience in social services, less than five percent of respondents have worked in all three sectors represented in this study (government, NGO, and private practice).

#### **4.2.4 Designation/Position of respondents**

The respondents were asked which position they hold in their respective organisations to determine if they work in the field or in an office and to clarify if they work directly with service users or indirectly in leadership positions. As an experienced social worker, the researcher felt that these viewpoints could substantially affect the responses. As a result, the researcher divided the responses into two categories, management and operational positions. Any office-based or non-field work positions were coded as management. Any respondent providing social services at a grassroots level or directly to service users was classified as operational. Figure 4.4 shows how the respondents were spread over these two categories.

**Figure 4.4: Respondents by designation, N=76**



In the category of more than ten years of experience, the researcher found a nearly fifty-fifty split between management and operational roles.

In conclusion, most respondents are from the non-governmental sector, practice on an operational level, have more than ten years of experience, and primarily provide social services in the Western Cape.

### **4.3 Descriptive Analysis**

#### **4.3.1 Awareness of integrated social services**

In this section of the questionnaire, the researcher wanted to ascertain how familiar respondents were with the concept of integrated social services.

Out of the total respondents, 85.7 percent said they were familiar with integrated social services, while 14.3 percent said they were not. However, after reviewing the follow-up questions to this segment of the survey, the researcher observed that 11 percent of the respondents who indicated they were familiar with the concept seemed to have a limited understanding of integrated social services. Based on the high percentage of respondents who claimed to be familiar with integration and the significant number of experienced respondents, it should be noted that the above observation suggests that just over 25 percent of respondents were unfamiliar with integrated social services or have a limited understanding of the concept. Respondents expressed their understanding of integrated social services as “holding of awareness campaigns” and “events such as casual day, the national day for persons with disabilities and happy

run; procurement of assistive devices, and reasonable accommodation in the workplace”. Neither of these responses correspond with integration as described in the literature. Instead, they mention events and the provision of devices and accommodation.

The true essence of integrating social services is to create continuity in care for a service user (Schmied et al., 2010). Events or awareness campaigns are not efforts of integration. Many respondents said they referred service users to other organisations for further care, yet few spoke of continuous communication with the referral organisation to review their progress or enhancement. Therefore, the referral was where the relationship or integration ended for the referring organisation, which is not service integration (Gold & Dragicevic, 2013). Additionally, referring a service user to a statutory service provider out of legal necessity and not following up on the referral is not service integration. A respondent highlighted an important point: They said they “refer patients from rural areas for social work services in their community”. In many semi-rural and rural communities, there are no social workers to provide child protection or statutory services, and therefore, these service users need to be referred outside of their area to acquire these services. This is not to say that integration has not taken place, but as mentioned earlier, if follow-up has not taken place, then a continuum of service provision has not taken place. To further explain the seemingly more limited understanding of the concept of integrated social services by respondents, the one respondent said they “render individual and family intervention as well as provide group programmes” and another that they “facilitate programmes”. Instead of integrating programmes between two or more service delivery providers, these respondents understood social service integration as between the service provider and the service user. The relationship between the service provider and service user is not the integration of social services; therefore, rendering a service or facilitating a programme is not integrating social services.

Several government respondents referred to integrating services between different government departments. The convergence of government and non-governmental service providers is the foundation of the network governance model and social services integration concept (Axelsson & Axelsson, 2006). However, a government respondent expressed that this is not taking place by saying, “We work accordingly to geographical areas and DO NOT [sic] collaborate, except for transfer and referral cases”. While another government respondent said the following: “... through MoUs

and integrated planning sessions with municipalities and other sister departments. Some initiatives are underway to draw the private sector closer to service delivery by closing the gaps government is unable to fill". The emphasis on integration between government departments and levels is highlighted by these two government respondents, who also pointed out that integration with private organisations and possibly NGOs has limitations.

Additionally, some service providers had a more limited understanding and experience with collaboration, which was confined to partnering with organisations in their sector, for example, private practitioners collaborating with private practitioners. According to Schmied et al. (2010), this is not effective integration. Effective collaboration occurs when different organisations, whether at different government or service delivery levels, partner rather than only link with similar service providers. This would not create a continuum of care for a service user. Integration's effectiveness is mainly concerned with achieving seamless delivery of social services, which does not prevent collaboration between providers of different services. If anything, it should be encouraged for the benefit of the service user. One respondent stated that they collaborate "only with other private practitioners" and another that they "work with organisations within a similar field to improve the service they provide and feed on each other's knowledge and expertise", indicating that this form of collaboration is taking place. This may be a form of integration, yet it is not in line with partnering with service providers from all levels of service delivery. The level of integration in social services provision also appeared to be confined to geographical areas for some respondents, as shown by the following response, which stated that their organisation is "active in establishing partnerships with other organisations operating in the same geographical area and referring service users or sharing resources with them for support and efficiency". It would be necessary to refer a service user outside of a specific geographical area if a particular service is not available within that area. Geographically restricted integration may be due to a lack of resources, especially for NGOs, to extend their coverage outside their locales or pool resources within those locales. Areas that are underserved or fall outside of these geographical areas are a concern.

### 4.3.2 Integration of social services

This segment of the survey aimed to determine the extent of integration in the delivery of social services through the practical efforts of providers to collaborate and partner.

When the respondents were asked how often their organisation or private practice collaborates with other organisations, it was clear that those in managerial positions scored higher than those in operational positions when using a scale of 0–10. The mean score for managerial respondents was 7.7 out of 10, while the mean score for operational respondents was 6.3 out of 10. Further analysis of the data gave the mean scores per organisation set out in Table 4.1.

**Table 4.1: To what extent does your organisation collaborate or partner with other organisations to provide social services?**

| Organisation            | Mean Score | Managerial<br>(Mean Score) | Operational<br>(Mean Score) |
|-------------------------|------------|----------------------------|-----------------------------|
| Government              | 7          |                            |                             |
| • Local government      | 6.9        | 7.5                        | 6.5                         |
| • Provincial government | 7          | 8.7                        | 4.5                         |
| • National government   | 7.5        | 7                          | 8                           |
| Private practice        | 6.5        | 7.7                        | 6.3                         |
| Non-governmental        | 6.9        | 7.4                        | 6                           |

It is evident in Table 4.1 that those in management positions perceive their organisations to be collaborating at a higher rate compared to respondents at the operational level, except for national government respondents. Since the locus of responsibility for policy advocacy typically follows a top-down orientation, i.e., national government down to local government, and managers down to operational workers, respondents in a managerial role as well as officials based in the national government possibly have a more positive outlook on the degree of collaboration in the social service field. On the other hand, it could be due to the infrequency of their interaction at an operational level and being out of touch with what is taking place on the ground. Respondents confirmed this by saying that there is a “lack of understanding of our roles in different departments especially by managers ... my boss is an Educational Psychologist, he has no idea of what is expected as far as social work is concerned ...”, and that “egos of directors of organisations who will not work with organisations that could assist” inhibit collaboration between social service providers. These

responses illustrate the importance of organisational leadership in fostering partnerships among service providers and it also sheds light on the characteristics of the organisational leadership, such as ignorance of the primary responsibilities of each practitioner's position within their organisation or a dislike of assisting other service providers or obtaining support or assistance from other social service partners.

Respondents who gave a low rating on the level of collaboration in their organisation (either a 0 or a 1) in Question 6 of the survey recorded only one or no difficulty collaborating in Question 8. This was both intriguing and perplexing. It was assumed that if they rate their organisation poorly in collaboration, there are some issues. Each emerging theme from the analysis of the data is discussed in the following subsection.

#### **4.3.3 Enhancing factors and difficulties to integrating social services**

The study then looked at the variables that could inhibit or promote efforts to integrate social services. Distinct patterns were observable after analysing open-ended Questions 8 and 9 in the survey. The respondents were asked, "from your experience, what are the factors which inhibit the ability of you and/or your organisation to collaborate/partner with other organisations to provide social services?" and "from your experience, what are the most important factors which promote or facilitate the ability of you and/or your organisation to collaborate/partner with other organisations to provide social services?" The ISDM's guiding principles and network governance's core features were used to code these themes. The themes were coded as follows:

- Partnership
- Communication
- Resources
- Goal consensus
- Accessibility
- Coordination

Based on their experiences, respondents were asked how they encouraged integration between themselves and other service providers and how they thought integration could be enhanced in South Africa's social services. Respondents were also asked what constraints have hampered their ability to collaborate or partner with other organisations to accomplish service delivery integration.

The following subsections discuss the six major themes that emerged from an analysis of the survey responses. These are discussed in order of prominence.

#### **4.3.3.1 Partnership**

Partnership in the sense of integration and network governance refers to multiple service providers cooperating to provide reliable and uninterrupted service to the same service user (Bunger, 2010). The partnering of service providers, exchanging of resources, and collective priorities, standards, and agreements negotiated over time characterise network governance (Koliba, 2018). As a result, a partnership is a critical factor to consider when promoting a network governance approach. The partnership ideally should extend beyond government agencies to include NGOs and private practitioners. Collaborating, connecting, and teamwork are still crucial factors in achieving integrated social services. According to the one respondent, “integration of planning ... and collaboration with tertiary institutions who have done extensive research in the social sector” are essential factors to enhance integrated social services between organisations. This relates to the requirement for service providers to thoroughly investigate a particular intervention or service area before entering it. Other service providers may already be providing the service that they were planning to deliver. In other words, before entering a community to deliver a specific service, service providers should first determine if a specialised service provider is already providing that service, and if so, they should focus on a service that is not being provided and is visible as a gap in the continuum of care for service users in that area; or they should focus on a service that they are more passionate about in their basket of services. Incorporating comprehensive and quality research into the delivery of social services is a wise way of strengthening an organisation’s offerings and competitive edge. Then, linking these specialised offerings into a system or network of social services would benefit the service delivery area.

According to a respondent who is a high school counsellor, “DSD seems to regard itself as superior to schools, which makes cooperation challenging because we do not seem to be on equal footing ... DSD seems to be in charge”. This response demonstrates the disconnect between school counsellors and DSD social workers. Organisations need to be flexible and adaptable when challenges arise and be willing to cooperate with others. According to one NGO respondent and one private practitioner, the “establishment of accountability” and honesty to “tell each other

regarding their intentions and expected activities” add to the foundation of a strong partnership. One private practitioner expressed that regular contact is essential to them because “regular contact with the people in other organisations either through working in the same setting like a school or hospital, or belonging to a common organisation that meets regularly for training” is one way to harness a close relationship.

Social service providers must maintain a positive mindset and complement each other’s unique and individual strengths, fostering partnership. This will allow for sharing knowledge and experiences in each other’s respective fields of social services. Working with like-minded service providers, for example, substance abuse-focused organisations, is also essential but should be balanced with expanding one’s horizons and seeing how much diversity can be accomplished by partnering with various service providers. There should be “no belittling” according to a NGO respondent, and social service providers should encourage, support, and celebrate one another while focusing on building partnerships for the benefit of the service users.

Because of burdensome administrative procedures (excessive reporting) or general bureaucratic red tape, relationships between government-subsidised service providers and government have deteriorated. In this area of the survey, these practitioners were the most reported impediment to partnering. Long-term, this has hampered or negatively affected interconnected partnerships. An NGO respondent described it as follows:

The government is brutal to collaborate with (City or Provincial); they have their plans and expect everybody to do as they see fit. Since they are mostly the funders of NGOs, everybody has to oblige out of fear of losing the funding.

Another respondent went further by adding that,

There is an expectation from DSD that we, as NGOs, must do exactly as they say because they provide funding (42 percent of salaries. No operational costs). They refuse to understand that our model and way of working are not easily matched with theirs.

Other respondents referred to the bureaucracy, extensive government reporting, stringent policies and processes, and discrepancies with service providers abiding by national policies. The bureaucracy referred to in responses is the administrative process or requirements and the frequent changes to them. The researcher has experienced this first-hand with the DSD requiring hard copies of all child protection

case files when arriving for monitoring and evaluation inspections, and this requires time and money to print a minimum of 60 case files per social worker. The discrepancy being referred to is regarding service providers flouting policies and delaying processes unnecessarily.

According to the 20 Year Review of the Department of Planning, Monitoring and Evaluation (DPME, 2014), there is still much work needed to strengthen the relationship between the public sector and NGOs; it is mentioned multiple times throughout the review. It is primarily due to salary and working conditions disparities, where with social workers in the public sector fare better. Given that NGOs provide most of the services, it is regrettable that the sector employs just roughly 16 percent of social workers; this is according to the background paper to review social protection (DPME, 2014). Mistrust and a lack of openness generated by the belief that if NGOs were unaware of one other's activities, competition for funding would be decreased are further worries raised for the probable stifling of service provider collaboration. Some NGO responders fear that pursuing partnerships or collaboration with other NGO service providers will be financially detrimental. This resulted in referrals only being made between trusted service providers, hampering integration.

Respondents who said they receive “no support from SACSSP or DSD” and “no input from government, provincial, municipal, or otherwise”, cited government agencies as a major barrier to putting the ISDM principles into practice. Another respondent said that the government's failure to fulfil its obligations is attributable to “a lack of enthusiasm from certain government structures”. This respondent summarised their challenges by stating that a “lack of interest, funding, and cooperation from government departments (including DoE, DSD, SAPS), a lack of sustainable collaborations with other NGOs, and private practitioners in the vicinity of the school” hampered their ability to apply ISDM concepts in their practice. This emphasises the lack of incentives for NGOs to partner with government departments. When asked what obstacles they face in putting the ISDM principles into effect, 22 respondents said government. Five of these were government respondents, six were private practitioners, and 11 were from NGOs.

Lombard and Du Preez (2004) and Gray and Crofts (2004) emphasised the difficulties of forming social service partnerships and combining the capabilities and resources of various interest groups. Nevertheless, these authors provide background on how to form a solid relationship between various stakeholders in a social service partnership.

#### 4.3.3.2 Resources

The network governance model rose to popularity when public resources were limited (Or & Aranda-Jan, 2017). Service providers must collaborate and be versatile to make the most of limited resources (Manit, Kolpakov, & Eubank, 2019). A lack of resources can affect the quality of services provided to users. Limited resources can encourage organisations to collaborate to pool their limited resources, which is central to the network governance concept. However, as explained in the previous section, this pooling together of resources is not the perceived norm in the social service field by many providers. The general mindset is holding on to what little funding or support that has been secured. The ISDM's Universal Access and Equity principles emphasise the value of resource access and equitable distribution (DSD, 2006). These ISDM standards should provide the confidence that service provider support will be adequate and that simplifying service delivery by partnering and sharing resources with others would not hinder their development. Keep in mind that money is not the only thing service providers need.

Resources include access to specialised services, increase in capacity or time, and availability of facilities such as homeless, abused women or children shelters, elderly homes, and child and youth care centres. As a result, the term 'resources' encompasses more than just financial provision.

A lack of capacity in a single organisation, large caseloads and a lack of time is an opportunity to collaborate and thus integrate. Respondents, on the other hand, saw it as a barrier to integration. When one organisation's time and capacity are restricted, it should be natural for them to collaborate with others to solve this restriction by augmenting or pooling their limited time and resources. This underscores the previous argument that partnering to spread the workload is not the norm in the sector. Working more efficiently and effectively by linking capacities is not happening.

In the survey questionnaire, predominantly in Questions 7, 8 and 9, more training was requested 28 times. More specialised training and more training options in general were proposed as ways to strengthen integration by giving service providers more opportunities to meet and develop their relationships. It appears that the usefulness of training as a 'resource' is because it allows social service providers to network, which can subsequently facilitate collaboration. This is evident in the following response: "Regular contact with the people in other organisations either through working in the

same setting like a school or hospital, or belonging to a common organisation that meets regularly for training. Regular contact is important”.

Adding to this, two respondents said that “it is my humble opinion that there are more social workers busy with lots of meetings and papers and fewer that are training themselves in a specific field of interest and start making a difference in the area you work”, and that a “lack of expertise, training, and knowledge in a specialised field of interest” are inhibiting factors to partnering with other service providers.

Training emerged as a more important resource for promoting the integration of social services than funding, research, time, and information sharing. Most social service practitioners need to obtain a certain amount of continuous professional development points each year to maintain their registration with the relevant councils. This presents many opportunities for connecting at various courses and training. Training may provide the opportunity for “regular contact with people in other organisations...through a common organisation (council)”, according to one respondent, which is linked to the importance of partnership. Furthermore, a few respondents pointed out that knowledge or information cannot be shared until it is possessed, emphasising the value of training. This is confirmed in the 20 Year Review (DPME, 2014), where it is stated that while there is a cadre of community development workers in the system, their training and capacity-building environment is fragmented. This does not ignore the fact that, so few respondents had ISDM training: This framework is a nationwide model that all social service providers are obligated to participate in and execute.

ISDM directives (DSD, 2006) have an impact on NGO-government collaboration. Finances underlie ISDM implementation and though a partnership between government and NGOs has many more components (Lombard & Du Preez, 2004), money has always been a complicated subject that has influenced and challenged the partnerships’ durability. The availability of funds to NGOs determines whether social services are provided or not. Lack of finances necessitates reductions in service scope; impacts service quality; and results in even lower salaries for social workers and other personnel, resulting in high employee turnover and a cautious/limited approach to establishing services for newly identified needs. The most severe impact, however, is felt by the poor and the vulnerable.

The funding of services, which contributes to the long-term sustainability of service delivery, was the resource constraint that stood out the most with putting the ISDM

principles into effect and was distinct from the other resource inhibitors in this report. According to one respondent, “scarce financial resources prevent service continuity”. Another respondent stated that it is “very difficult to perform any duties without any type of funds”.

Finally, a government respondent shared their opinion on the restrictions or problems of putting the ISDM principles into reality, saying, “not all staff informed about model, partner organisations did not buy into model, operationalisation of model”.

#### **4.3.3.3 Communication**

The data revealed that communication, or at the very least the concept of practical, straightforward, and regular communication, was at the centre of many organisations’ efforts to support integrated social services. For example, through networking opportunities such as forums, meetings, and joint operations, providers can frequently collaborate inside their specified area. One respondent explained that regular contact allows for “... gaps and overlaps of services to be discussed and specific action steps to be allocated with time frames”. More regular gatherings of service providers, according to a NGO respondent, will “clarify the roles and responsibilities” of social service practitioners and debunk any distorted stereotypes or misconceptions about any specific form of social service practitioner, such as “social workers not being seen as equals in the health care sector”, this is according to a respondent in private practice.

Although communication does not always mean that service providers coordinate their activities, a lack of communication has proven to be a significant barrier to service provider collaboration (Horishna, 2019). Communication requires the frequent exchange of information between partner organisations (Hutson, 2004). Therefore, there was widespread agreement among the respondents on the need for a communication tool that service providers could use to describe the various service offerings or basket of services delivered in each province and the roles of experts.

A respondent highlighted that “it would be helpful to have a resource booklet with a list of resources with their contact information. I also only know what is available in KZN [Kwa-Zulu Natal]”. Another respondent went into more detail, saying that,

There is no accurate list of NGOs, Private Practitioners, hospital-based helping professionals, police counsellors, etc., which is available online in a given area.

This would be extremely helpful for referral, collaboration, and support purposes and would ultimately benefit clients needing psycho/social help.

Some central social service hub or portal is required as a communication tool to raise awareness and communicate what is available throughout the country. Government has a non-profit organisation database, but it is not accurate due to not being monitored and maintained. In addition, this database does not allow a person to search for a specific area to view what non-profit organisations are available.

#### **4.3.3.4 Goal consensus**

Without a common objective as a basis for interaction, establishing partnerships among service providers is impossible (Horishna, 2019). A goal consensus is essential for long-term social service delivery. If there is no shared goal or way of operating based on common values, beliefs or ideals, integrating social services can be difficult. Bringing different people's ideas together is a challenge.

According to the data, many organisations have mandates and agendas. These can conflict and fail to place the service user at the centre of the service delivery process, as one government respondent pointed out when citing a difference in priorities between local and provincial government: "The City has an IDP [Integrated Development Plan] and SDBIPs [Service Delivery and Budget Implementation Plan] that concentrate on City objectives rather than Provincial/National objectives". According to an NGO respondent, "collaboration can be hampered if each NGO only serves their agenda in order to survive financially". The background paper on social protection in the 20 Year Review (DPME, 2014) attests to the reality that mandates within government ministries overlap, posing a concern for misaligned objectives. The review states that,

While there is a cadre of community development workers in the system, their training and capacity-building environment is fragmented. This is exacerbated by the challenges in intergovernmental alignment around home- and community-based care activities, including overlapping mandates between the departments of Health and Social Development. (DPME, 2014:23)

Service providers will collaborate if they share the "same ethos or mandate as them", according to a NGO respondent. Many social service providers value a person-centred approach to service delivery. The use of a client-centred or whole-of-society strategy

to deal with social services has been suggested to enhance integration. This is a vital feature of the Batho Pele White Paper (Department of Welfare, 1997); it begs whether the respondents say that the social service sector has failed to live up to those principles. A “shared vision” was vital to a few respondents to make decisions in the best interests of service users, resulting in a sense of cohesiveness in planning, execution, and outcomes. To be successful, the united agenda must be clear and consistent.

#### **4.3.3.5 Accessibility**

When it comes to this indicator, the most common concern was the access to services by service users. According to one respondent,

accessing some of the services the state provides is not seamless, and when taking clients for medicals or birth registrations, social workers are not accommodated to save time and expedite the process. This causes delays in finalising court proceedings or applying for social grants.

Suppose there is a lack or gap in service offerings in a particular location, then it might be difficult for referred service users or other organisations to collaborate since service users may not always have the financial means to travel to receive these services, particularly specialised services, to say nothing of the expense of specialised services. Just under 24 percent of respondents expressed the importance of service users having access to comprehensive social services because, as one respondent said, “not being able to pay fees for specialised services” and “services being offered outside of a specific geographical area” force service users to choose between food and transportation fare. This is related to one respondent’s statement that “service providers can work more focused” if service users have access to various services in the areas they reside. If a system or web of social services is available in a specific location, each service provider is given a chance to become more specialised in their offers rather than provide a wide range of services. Many communities have multi-purpose centres designed to be one-stop shops to deliver vital government services, including those from the DSD. However, examining the overall data reveals that these centres do not provide comprehensive social services to the communities and do not enable accessibility.

Access to social service practitioners and the services that they provide proved to be a big concern. According to a respondent, “City of Johannesburg’s social workers are

not accessible and should be working more with communities”. Another mentioned that the inability to “access government social workers” causes constraints in their practice. Some respondents indicated that they found it easier to access certain services if they had a dedicated contact person to communicate with directly. Another respondent stated that a designated “contact person in each organisation allows better service delivery and cuts the waiting time”. This point could be linked with the communication indicator; however, if there is no dedicated person to access, limited or no communication occurs between service providers.

#### **4.3.3.6 Coordination**

Coordination is significant since service provider forums and meetings were frequently mentioned in responses, and these combined operations and planning sessions will require some coordination. “Proper network coordination by using designated practitioners” and “general engagement in organising forums” were among the suggestions made by respondents. Respondents were unanimous in their belief that a dedicated coordinator is required to promote integrated social services. The ISDM is unclear on who should be the dedicated coordinator of integrating social services (DSD, 2006). The stipulated Model Implementation Advisory Team was not established as directed in the framework. If the government has not even secured its basic requirements for governance of the implementation of social service integration, it makes sense that the designation of the coordinating body or organisation will be amiss. To accomplish the correct working forum that the respondents seek, a responsible service provider, akin to a governing body, should be named to encourage joint meetings and activities. It is intended that by doing so, any duplication or fragmentation of services in the field will be eliminated. As one respondent eloquently said, “organised meetings where gaps and overlaps of services are discussed and specific action steps, who is responsible with specific time frames ... somebody must, however, take responsibility to facilitate this meeting, write minutes and invite all role players to attend”.

#### **4.4 ISDM**

This portion of the survey questionnaire was designed to collect information on how the ISDM was known in social services and how well it was understood. The ISDM outlines the procedures and techniques used to assess and promote comprehensive

social services (DSD, 2006), and this section of the survey questions focused a portion on that.

#### 4.4.1 Awareness of the ISDM

The data presented in Figure 4.6 indicate that the government has more social service practitioners familiar with the ISDM than any other organisation included in this study. Overall, more than half of the respondents in this study were aware of the ISDM (Figure 4.5).

Despite a slim majority of respondents being aware of the ISDM, a sizeable minority was unaware. Figure 4.5 shows that 45 percent of respondents said they were not familiar with the ISDM, which is surprising given the significant number of respondents with more than a decade's experience in the sector. However, Figure 4.6 shows unsurprisingly that the proportion of respondents who were not aware of the ISDM is lowest for the government.

**Figure 4.5: Familiar with the ISDM, N=74**

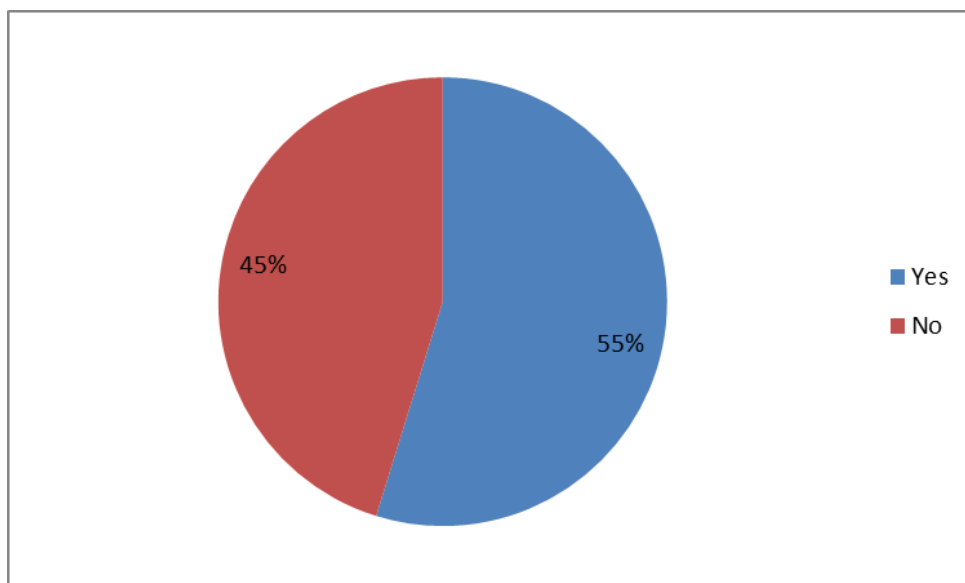
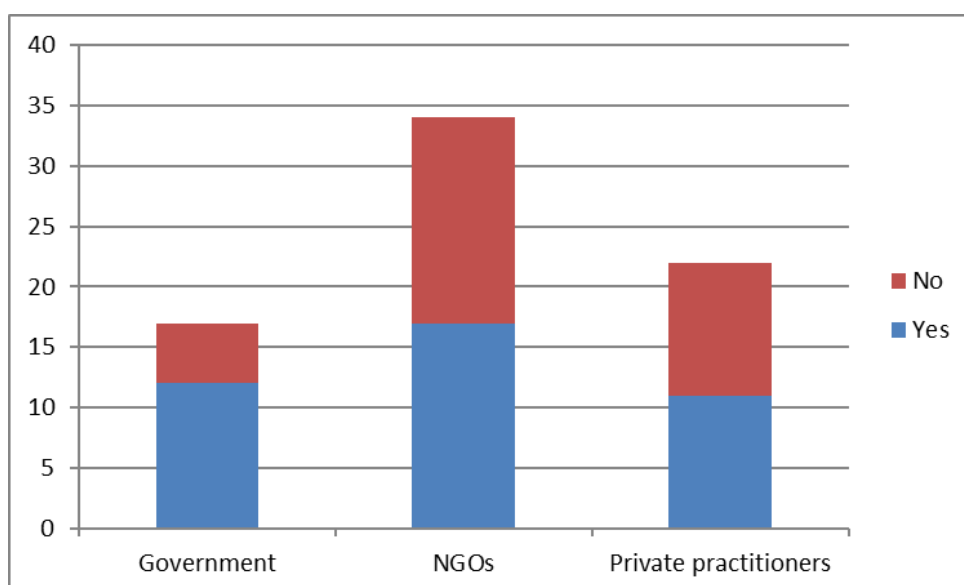


**Figure 4.6: Familiar with the ISDM by sector**



In a follow-up question, respondents were asked to score their familiarity with the ISDM on a scale of 1–5, where 1 indicates that they are very unfamiliar with the ISDM and 5 indicates that they are very familiar with it. The observations in Table 4.2 were made.

**Table 4.2: Mean score of the familiarity of the ISDM**

| Organisation            | Mean Score |
|-------------------------|------------|
| Government:             | 3.1        |
| • Local government      | 2.9        |
| • Provincial government | 3.6        |
| • National government   | 3          |
| Private practice        | 2.1        |
| Non-governmental        | 2.3        |

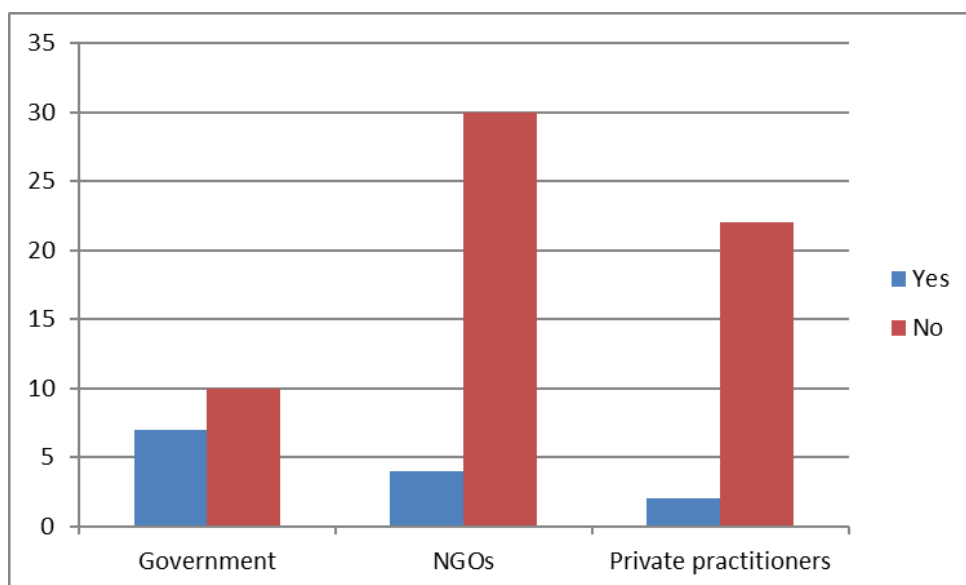
The respondents' familiarity with the ISDM became increasingly significant in their responses as they moved through the questionnaire. Respondents may have indicated that they were familiar with the name ISDM, but it was evident that they were limited in their familiarity with the model's content. When respondents were asked whether they were familiar with the ISDM and then asked to rate their familiarity on a scale of 1–5, there was a clear difference between the NGOs and private practitioners, who were less familiar with the ISDM, and the government respondents. This is unsurprising given that the ISDM is a government framework, but, as seen in Table 4.2, familiarity

diminishes as a person moves to the local level of service delivery; this is very important.

When asked where they heard about the ISDM, respondents identified two distinct sources. The first was by government involvement as a government employee or as a workshop participant. Government employees who left to work for NGOs or in private practice also disseminated ISDM awareness across the South African social service sector. According to the findings, those who enter the social service sector through an NGO or private practice are less likely to learn about the ISDM than those who start their careers in the DSD. The second source mentioned was in the educational setting, such as university, self-study, social work journals, circulars, or the White Paper for Social Welfare (Department of Welfare, 1997).

As shown in Figure 4.7, many of the respondents in this study have not received training on the ISDM. Out of the 17 government respondents, only seven have received training on the ISDM. The study also shows that not all government employees undergo or have received training on the ISDM or are even aware of it. According to one government respondent, they “don’t know if all staff has received this training”. According to another government respondent, they were “not included in this training”, which implies that training took place but for some reason did not include them. A private practitioner said that they received the training “when working for DSD”. As a result, if it had not been for their eight years at national DSD, this private practitioner may not have undergone training or been aware of the ISDM. When NGOs and private practitioners’ responses are compared to government responses, it shows a significant gap between those who received training and those who did not. This emphasises the argument that if a social service practitioner works in government, they are far more likely to have access to ISDM training. Overall, only 13 out of the 77 respondents (16.9 percent) have received training on the ISDM. The ISDM explicitly notes that the system must include various other stakeholders to be operationalised for the framework (DSD, 2006); however, these various stakeholders are unaware of the model they are expected to contribute to and implement.

**Figure 4.7: Training on the ISDM**



Eleven out of the 13 respondents who have received ISDM training discussed the content of the training. Their responses show that the training they received appeared inadequate and rudimentary. One respondent described their training as “some shallow training by provincial social development”. According to the respondents, the following aspects of the ISDM were discussed in training: ISDM theory; aspects of the framework; basic introduction; all principles and the process officials are expected to apply; levels of service delivery and interventions to use from awareness through to reintegration; policy development; and family systems. According to the respondents, the practical application of the framework had not been unpacked after analysing the responses to the content covered in the ISDM training. The coordinating body or process to achieve the desired integrated delivery of social services was not communicated either.

Even though many respondents have not received sufficient ISDM training and are unfamiliar with the framework, the researcher discovered the following common ways in which respondents attempted to incorporate the ISDM principles into their practice: Many respondents struggled to explain how they are putting the ISDM’s concepts into practice. Many respondents echoed what they had written earlier in the survey about the enhancing factors and difficulties in integrating social services, suggesting that the ISDM guiding principles are obstacles to integrating social services, countering the model’s intent. In addition to the above, respondents had difficulty articulating the steps they had taken to incorporate the ISDM principles. According to one respondent, “we

could use more education/training/coaching on these principles and guidance with putting them into practice based on experience”.

#### **4.4.2 Government mechanisms for integrated social service facilitation**

It was interesting to see how some of the government mechanisms used to facilitate integrated social services were identified as obstacles to integration earlier in the survey. According to responses, many of these instruments are only available to government-funded service providers. A respondent said that government does have “collaborative meetings where all government departments and organisations they fund are invited, but they still do not reach the grassroots organisations who are not funded”. Many respondents referred to these meetings or forums, and they were the most common and influential response to Question 22 of the survey, which asked respondents what mechanisms they were aware of that the department uses to promote the integrated delivery of social services. However, it appears that not all service providers have access to these forums. Following up on the previous point, the use of TPAs between the government and government-subsidised service providers is a way in which government tries to encourage integration, but only between the government and their subsidised providers. TPAs have not successfully brought together government and NGOs subsidised by the government, as noted previously in this chapter. More crucially, no methods or processes are mentioned in the responses that may be used to improve or encourage more integration between government and non-subsidised service providers.

Finally, just two of the 18 respondents who responded to this question mentioned government monitoring and evaluation tools as integration procedures or instruments. These procedures or processes should be investigated further to see whether they effectively demonstrate how the government tests the effectiveness of their tools to promote integrated social service delivery. A government respondent said that government “does not assess at all”, sparking a discussion about how developing resources for delivering integrated social services without evaluating their effectiveness might be a futile activity. Based on the ISDM norms and standards, training and quarterly reporting were some of the less prominent assessment activities listed. Monitoring and evaluation was the most common responses to Question 23, the survey’s final question, which asked respondents if they knew how the department assesses the effectiveness of instruments to promote the integrated delivery of social

services. It is a contradiction that monitoring and evaluation were the most common response while a government respondent stated that the government did not assess. It is worth mentioning that while respondents may be aware and have experienced the requirements of monitoring and evaluation by the government, perhaps the effectiveness of these processes and mechanisms has not been practically assessed. This links in with Lombard's (2007) ideas for indicators to advance integration, implying that the ISDM's present indicators may not be adequate.

Measurable indicators should be used to monitor and evaluate the ISDM. Specific indicators for the ISDM outcomes should be developed to ensure that the social service sector is genuinely delivering on its integrated service delivery goals. Lombard (2007) cites the following indicators that will expedite the implementation of the ISDM as a vehicle for achieving integrated social service outcomes: transformation, participation, and quality assurance.

#### **4.5 Conclusion**

The data collected was analysed and presented in this chapter as the research findings. The findings on the extent of integration in the delivery of social services was drawn from a variety of participants across the sector. The respondents came from all over South Africa and from various service delivery organisations. Most respondents have extensive experience in the sector, which added to the data's accuracy. The different perspectives of management and operational social service practitioners were instructive and improved the data quality. All respondents had a poor grasp of the concept of integrated social services. This was compounded by a lack of understanding of collaboration and what constitutes this practice. According to the results, there is minimal collaboration between NGOs and between NGOs and private practitioners. As a result, it appears that minimal progress has been made in actualising social service integration in South Africa, echoing similar words uttered by Minister Bathabile Dlamini in 2014.

It was clear that the following indicators are prevalent in the enhancement of and obstacles confronting integrated social services: Partnership, communication, resources, goal consensus, accessibility, and a level of coordination. More than half of the respondents were aware of the ISDM, but only a small percentage were aware of the framework's guiding principles, which may be attributed to the fact that only a small percentage had undergone ISDM training, and therefore, are putting the principles into

effect. Most respondents who were aware of the ISDM had learned about it from previous government employment or exposure to a previously employed government social service practitioner.

There was some overlap with indicators related to enhancing factors and difficulties in integrating social services, and these indicators were extended to obstacles to enforcing the ISDM's guiding principles. According to most respondents, keeping in touch regularly and forming good relationships are critical to integrate services between different organisations. The follow-up or aids continuity in a service user's treatment are similarly important.

# **CHAPTER 5**

## **CONCLUSION**

### **5.1 Introduction**

The aim of the study was to examine the challenges of integrating social services in the South African social service delivery field in order to gain a better understanding of how social service providers attempt to integrate their services in order to enhance the sector. According to a mixed-method review of the data collected, partnership, resources, communication, goal consensus, accessibility, and coordination are essential factors to consider when encouraging and supporting integrated social services.

The purpose of this chapter is to provide an overview of the study and its findings, gained using a survey questionnaire; recommendations for future research; the study's importance, including its contribution to knowledge; and some concluding thoughts. The research was approached with a mixed-method and focused on social service providers who deliver social services.

### **5.2 Overview of the Study**

The study was carried out based on a research question and specific objectives. The following research question guided the study: What are the challenges confronting efforts to promote integration in the delivery of social services in South Africa? The findings of the research form the basis of the suggested future research discussed in this chapter. In Chapter 1 (section 1.4), an outline of the research question and objectives were presented. The research question guided the research study and shaped the outcome presented in this final chapter. In section 5.3 the research question is reviewed together with the main findings of each objective.

The findings show that network governance procedures or social service integration are lacking. According to the findings of this study, more focus should be placed on providing frequent training on the ISDM and the overall concept of integrated social services. The researcher assumed that the ISDM was not being implemented based on their observations in Fisantekraal, but the truth is that social service providers are uninformed of its content, and hence, they are unable to practise something for which they are untrained. Unfortunately, the literature does not highlight this emphasis on

training. Furthermore, there is no guidance in the literature on how to strengthen partnerships between social service providers. According to this study, forums and collaborative meetings are rare, and when they are held, they are usually between the DSD and their subsidised service providers.

Although integrating social services in South Africa has not altered considerably since the ISDM's inception, this study revealed that limited knowledge of the ISDM because of inadequate training opportunities is a source of concern and a likely cause for the country's slow progress. The ISDM has only been taught to a small number of NGOs and private practitioners. The study raises the question of how a social service practitioner is expected to use a framework without training.

The researcher set out to collect information for this study from all levels of social service delivery across South Africa. The researcher predicted that coordination, or the lack thereof, would be the most challenging aspect of integrating social services. Surprisingly, the data revealed that the major challenge was a lack of regular training in each sector. Furthermore, resource restrictions were assumed to be a significant concern, but partnerships are what are most lacking in social service delivery to assure greater integration of services.

The findings show that in the 15 years after the ISDM's debut, there has been no regular training on the ISDM's content throughout South Africa's public, private, and non-profit sectors. As a result, the ISDM principles are not widely applied in the field. This raises the question of who is accountable for ensuring that all social service providers obtain much-needed, thorough ISDM training.

This is related to the six distinct themes that emerged from the data and are linked to network governance principles and the ISDM. It should show that service delivery convergence is more possible when these six themes are present in social services.

The literature review clarified that an ISDM would bring about effective social change. The researcher observed the positive impact of integrated social services through implementing their rudimentary version of the ISDM in the community of Fisantekraal and suburbs surrounding this community in 2016. However, why has so much time and money been used to develop this framework, yet its implementation is not evident on the ground, not to mention the monitoring and evaluation of the process?

According to the challenges outlined in this paper, a refined ISDM provides the mechanism to redefine the social service sector's social development agenda, create

an enabling environment for developmental social service delivery, facilitate its implementation, and provide monitoring and evaluation indicators to allow the sector to account for achieving its goals. As a result, the government believes that the social service sector “can and should play a significantly more prominent role in establishing the development state through inter-sectoral planning and budgeting... [and that] for successful development, a solid developmental social service system is required” (Rammutla et al., 2006:11–12). However, this belief is yet to come to fruition, and this study proves that the social service sector is not playing the significant role envisioned.

### **5.3 Objectives of the Study Concerning the Findings**

#### **5.3.1 Assess how social service providers understand the concept of integration**

Most social service providers in the research (75 percent) seemed to understand what integrated social services are and what it comprises and placed a high value on the approach. On the other hand, a third of respondents did not understand integrated social services and could not adequately describe how they partner with other organisations. In order to improve the wellbeing of all people, service providers need to improve their ability and understanding to deliver integrated social services effectively and efficiently.

#### **5.3.2 Determine what functional and organisational barriers prevent social service providers from working together in networked partnerships**

It is clear from the data that integrating services in the social service sector is not always feasible. Many underprivileged communities lack access to specialised services because of their cost or because they are not available within a reasonable distance. Due to bureaucracy and inadequate or non-existent communication, engaging with government social development departments on a provincial or municipal level appears to be a struggle. Many providers still do not seem to understand the concept of reducing the load by leveraging the incentive of working with other organisations rather than becoming a jack of all trades. Although there has been some improvement in this area during the past 15 years since the ISDM’s founding, it is insufficient for such a long period.

When attempting to integrate social services in South Africa, the critical elements of service access and coordination of the network governance approach were

surprisingly not at the top of the difficulty list. The most prominent were insufficient partnering between social service providers and financial and capacity restrictions. The lack of agreement on a common goal while offering social services came in at 50/50. Many organisations have their own goals or mandates, and the government was identified as the most significant impediment to reaching a goal consensus.

### **5.3.3 See if and how social service providers are using the ISDM to implement integrated social services**

Many responders did not put the ISDM concepts into practice, which could explain why after all this time there are still challenges in the attempt to integrate social services. In addition, a substantial proportion of respondents did not obtain ISDM training, and social service providers who do not understand the model's specifics cannot execute it.

According to the study, there is a need to improve the way ISDM training is administered across the social service sector in South Africa. What goes unchallenged stays the same; the literature proved this by revealing a minimal improvement in the development of integrated social services since the inception of the ISDM. The findings revealed that service providers require more training and development in an integrated social service approach to provide better and more effective services.

Based on the findings, practitioners should explore delivering training within their sectors rather than waiting on the government to give this critical ISDM and integrated social service training. It could be a method for private practitioners and NGOs to generate additional income while also addressing a gap in the South African social service sector.

### **5.3.4 Determine if service providers are adequately prepared to provide integrated social services**

This research shows that social service providers are ill-equipped to provide integrated social services. There appears to be a lack of understanding or know-how of how to form effective and solid partnerships. Integrated social services are not taught extensively in the field of social services in South Africa. The NGO sector is financially strained for various reasons, and many organisations believe that their lack of funding prevents them from integrating their services. However, the contrary should be true, as integrating their services would allow them to share costs and workload. A mindset

shift is required, which may be possible if regular education on integrated social services is provided.

#### **5.4 Suggestions for Future Research**

Future research could investigate the influence of frequent ISDM training in all three sectors analysed in this study to better understand the significance of the findings. In addition, more research is needed to identify the elements that help develop relationships between public, private, and non-profit social service providers.

There are flaws in the ISDM implementation system, as noted in the literature; however, this research indicated that mechanisms for assessing the efficacy of ISDM implementation are a feasible future research endeavour. This could be a source of dissatisfaction or an impediment to improving more integrated social service delivery.

#### **5.5 Conclusion**

This chapter brings the research study to a close by providing an overview of the full investigation. To see if the research objectives were met, they were examined and compared to the research findings. Each of the four research objectives was met. Observations of future study prospects were made during the research process and are presented in this chapter.

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# Appendices

## Appendix 1: Survey Questionnaire

AN INVESTIGATION INTO THE DIFFICULTIES OF INTEGRATING SOCIAL SERVICES IN SOUTH AFRICA

INVITATION AND CONSENT:

The following survey is for research data collection.

This study has been approved by the University of Cape Town's Political Science Department Ethics Committee.

Please take five minutes to read the information below before starting the survey.

Nature of the research:

Investigating the prospects and barriers to promoting integration in the delivery of social services, as outlined in the aims and objectives of the Integrated Service Delivery Model (ISDM) of the Department of Social Development (DSD).

Why have you been invited?

You are invited to participate in this research survey which forms part of a Masters study in the field of Public Policy and Administration due to your involvement or position in the field of social development/services in South Africa.

Implications of your involvement in this project:

This is an unpaid survey; therefore you are volunteering your time to complete it. The survey should take no longer than **10–15mins** of your time. There are **20–23 questions** in this survey depending on your position in the field of social services. The data received from the survey will be analysed and the findings utilized anonymously in this research project.

Please feel free to ask the researcher any questions via email.

Lucinda J. Valentine

Researcher

071 673 8641

vlnluc003@uct.ac.za

Dr Vinothan Naidoo

Senior Lecturer and Research Supervisor:

Vinothan.Naidoo@uct.ac.za

## **PARTICIPANT CONSENT:**

By filling out this survey:

- I agree to participate in this research project.
- I have read this consent form and the information it contains, and had the opportunity to ask questions about them via the researcher's email address.
- I understand that I was selected to participate in this study due to my position in the social development sector.
- I understand that I was selected randomly from a larger group of people due to my position in the social development sector.
- I agree to my responses being used for education and research on condition my privacy is respected. I understand that my responses will be used in aggregate form only, so that I will not be personally identifiable.
- I understand that I am under no obligation to take part in this research survey.
- I understand I have the right to withdraw from this project at any stage.
- I understand I have the right to skip any questions in this survey.
- I understand that this research might be published in a research journal or book. In the case of dissertation research, the document will be available to readers in a university library in printed form, and possibly in electronic form as well.
  - I have read the above and Agree
  - I have read the above and Disagree

**Question 1:** Do you and/or an organisation to which you belong, participate in the delivery of social services in South Africa?

- Yes
- No

**Question 2:** Which social service delivery organisation do you work for?

- National Department of Social Development
- Provincial Department of Social Development
- Local Department of Social Development
- Non-governmental organisation (NGO; NPO; NPC; CBO or FBO)
- Private practitioner/consultant

**Question 3:** What position do you hold?

**Question 4:** In which province(s) do you operate?

You may select more than one if you operate in more than one province.

- Eastern Cape
- Free State
- Gauteng
- KwaZulu Natal
- Limpopo
- Mpumalanga
- Northern Cape
- North West
- Western Cape

**Question 5:** How long have you worked in the social or community development field?

- 0–5 years
- 6–10 years
- More than 10 years

**Question 6:** To what extent does your organisation collaborate or partner with other organisations to provide social services?

0 = No collaboration and 10 = Extensive collaboration

**Question 7:** In what ways (e.g. tasks or activities) do you and/or your organisation collaborate or partner with other organisations to provide social services?

**Question 8:** From your experience, what are the factors which inhibit the ability of you and/or your organisation to collaborate/partner with other organisations to provide social services?

**Question 9:** From your experience, what are the most important factors which promote or facilitate the ability of you and/or your organisation to collaborate/partner with other organisations to provide social services?

**Question 10:** Are you familiar with the concept of integrated social services?

- Yes
- No

**Question 11:** If yes, what do you understand by integrated social services?

**Question 12:** To what extent do you find value in integrating the delivery of social services?

1 = Very little value and 5 = Very high value

**Question 13:** In what ways do you think more integration can improve the delivery of social services?

**Question 14:** Are you familiar with the Integrated Service Delivery Model (ISDM) which has been outline by the Department of Social Development (DSD) in South Africa?

- Yes
- No

**Question 15:** If yes, where did you hear about it?

**Question 16:** How familiar are you with the ISDM?

1 = Very unfamiliar and 5 = Very familiar

**Question 17:** Which of the following principles associated with the ISDM do you regard as being the most important in your work?

Give each one a rating from 1–5 depending on the importance level in your work.

- Participation
- People should be fully engaged in their own process of learning, growth and change, starting from where they are and moving at their own pace.
- Self-reliance
- People should be connected to each other and with their environment in ways that make them more effective in their individual and collective efforts towards a better life, developing leadership, decision-making and planning skills, among other things.
- 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.
- Universal access
- Social development services should be available to all vulnerable groups. No individual or group should be denied access either because of lack of resources or lack of knowledge of how to access services.
- Equity
- The disbursement of resources should be based on need, priorities and historical imbalances.
- Transparency
- There should be access to information, and openness regarding administrative and management procedures.
- Appropriateness
- There should be responsiveness to social, economic, cultural and political conditions.
- Accountability
- All legislation, policy and regulations should be complied with.
- Accessibility
- Accessibility in terms of physical and geographical conditions, time, language and need should be ensured.
- Efficiency and Effectiveness
- Objectives should be achieved in the most cost-effective manner.
- Partnership

- It is the collective responsibility of government, civil society and the business sector to deliver services.
- Social integration
- Policies and programmes should promote social justice.
- Sustainability
- Long-term maintenance of desired goals should be possible.

**Question 18:** How have you or your organisation tried to put these principles into practice?

**Question 19:** What constraints or challenges have you and/or your organisation experienced in putting these principles into practice?

**Question 20:** Have you or your organisation received training on the ISDM?

- Yes
- No

**Question 21:** If yes, what did the training cover?

**Question 22:** If you work for the Department of Social Development, what instruments or mechanisms does the department use to facilitate the integrated delivery of social services?

If you **do not** work for the Department of Social Development but know what instruments or mechanisms they use to facilitate the integrated delivery of social services then please do answer this question.

**Question 23:** If you work for the Department of Social Development, how does the department assess the effectiveness of instruments to promote the integrated delivery of social services?

If you **do not** work for the Department of Social Development but know what instruments or mechanisms they use to facilitate the integrated delivery of social services then please do answer this question.

Thank you for taking part in this research project. Your input will be used to analyse the extent to which the ISDM principles are being implemented in the field of social services within South Africa.

Please do not hesitate in contacting the researcher for further questions or contributions to this study.

Lucinda J. Valentine

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071 673 8641

## Appendix 2: Screenshots of Typeform

Note: Not all questions in the survey have a screenshot below.

This is a preview of your typeform



### AN INVESTIGATION INTO THE CHALLENGES OF PROMOTING INTEGRATED SOCIAL SERVICES

Start

press Enter ↵

#### 1 → INVITATION AND CONSENT: The following survey i...

people due to my position in the social development sector.

- I agree to my responses being used for education and research on condition my privacy is respected. I understand that my responses will be used in aggregate form only, so that I will not be personally identifiable.
- I understand that I am under no obligation to take part in this research survey.
- I understand I have the right to withdraw from this project at any stage.
- I understand I have the right to skip any questions in this survey.
- I understand that this research might be published in a research journal or book. In the case of dissertation research, the document will be available to readers in a university library in printed form, and possibly in electronic form as well.

☐ A I have read the above and Agree

☐ B I have read the above and Disagree

2→ Do you and/or an organisation to which you belong, participate in the delivery of social services in South Africa?

☐ A Yes

☐ B No

3→ Which social service delivery organisation do you work for?

☐ A National Department of Social Development

☐ B Provincial Department of Social Development

☐ C Local Department of Social Development (District Office)

☐ D Non-governmental organisation (NGO; NPO; NPC; CBO or FBO)

☐ E Private practitioner/consultant

4→ What position do you hold?

Type your answer here...

---

5→ In which province/es do you operate?

*You may select more than one if you operate in more than one province.*

Choose as many as you like

☐ A Eastern Cape

☐ B Free State

☐ C Gauteng

☐ D KwaZulu Natal

☐ E Limpopo

☐ F Mpumalanga

☐ G Northern Cape

☐ H North West

☐ I Western Cape

- 7→ To what extent does your organisation collaborate or partner with other organisations to provide social services?

*0 = No collaboration and 10 = Extensive collaboration*

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

- 8→ In what ways (e.g. tasks or activities) do you and/or your organisation collaborate or partner with other organisations to provide social services?

Type your answer here...

Shift ⬆ + Enter ↵ to make a line break

- 12→ If yes, what do you understand by integrated social services?

Type your answer here...

Shift ⬆ + Enter ↵ to make a line break

- 13→ To what extent do you find value in integrating the delivery of social services?

*1 = Very little value and 5 = Very high value*

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1                     | 2                     | 3                     | 4                     | 5                     |

- 18→ Which of the following principles associated with the ISDM do you regard as being the most important in your work?

*Give each one a rating from 1 - 5 depending on the importance level in your work.*

**Continue**

press Enter ↵

18 → Which of the following principles associated with the...

a. Participation

*People should be fully engaged in their own process of learning, growth and change, starting from where they are and moving at their own pace.*



22 → If you work for the Department of Social Development, what instruments or mechanisms does the department use to facilitate the integrated delivery of social services?

*If you **do not** work for the Department of Social Development but know what instruments or mechanisms they use to facilitate integrated delivery of social services then please do answer this question.*

Type your answer here...

Shift ⬆ + Enter ⬆ to make a line break



Thank you for taking part in this research project. Your input will be used to analyse the extent to which the ISDM principles are being implemented in the field of social services within South Africa. Please do not hesitate in contacting the researcher for further questions or contributions to this study.

Lucinda J. Valentine  
[givewise@outlook.com](mailto:givewise@outlook.com)  
071 673 8641

Submit

press Enter ⬆

## Appendix 3: Ethics Approval Letter



**UNIVERSITY OF CAPE TOWN**  
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21<sup>st</sup> December 2020

**To:** Lucinda Valentine  
**From:** Department of Political Studies, Research Ethics Committee  
**Subject:** Ethics Clearance

**Research:** THE INTEGRATED SERVICE DELIVERY MODEL OF THE SOUTH AFRICAN DEPARTMENT OF SOCIAL DEVELOPMENT: AN INVESTIGATION INTO THE CHALLENGES OF PROMOTING INTEGRATED SOCIAL WELFARE SERVICES

This letter confirms that the student researcher, Ms Lucinda Valentine's Ethics Project Title:

THE INTEGRATED SERVICE DELIVERY MODEL OF THE SOUTH AFRICAN DEPARTMENT OF SOCIAL DEVELOPMENT: AN INVESTIGATION INTO THE CHALLENGES OF PROMOTING INTEGRATED SOCIAL WELFARE SERVICES has been approved by the Department of Political Studies Research Ethics Committee, on the 21st of December 2020.

Yours sincerely

Mrs Vicki Sinden

Postgraduate administrator, on behalf of the Department of Political Studies Research Ethics Committee.

## Appendix 4: Turnitin Report

vlnluc003:VLNLUC003\_mini\_dissertation\_-\_16\_July\_2021\_final.docx *Vinothan Naidoo*



Lucinda J. Valentine - 14/07/21

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