
JEWISH COMMUNITY SERVICES (CAPE)

SERVICES RENDERED:

1. CASE WORK:

Rendering services to individuals and families. This falls into three functions:

1.1. INTAKE:

Where new cases referred to JCS are assessed in terms of the presenting problem and crisis intervention services are rendered. Intake statistics are increasing at an alarming rate. On average JCS processes in excess of 40 enquiries and opens approximately 10 new cases every month. JCS carries an average caseload of approximately 500 cases.

The statistics of referrals for counselling services reveal increasing numbers of highly dysfunctional families where children are severely at risk as well as older persons at risk in the community, criminal offenders, substance abuse and serious psychiatric illness. All of the above requiring statutory intervention in terms of the relevant Acts. Of further concern is the increasing number of youth (aged between 18 and 30 years) who have potential to be productive members of the community. These young people lack the resources emotionally, socially and financially to realise their potential.

1.2. RELIEF:

Cases referred for financial assistance are assessed according to fixed criteria which are continuously reviewed to accommodate diminishing resources and to ensure that only the most genuinely needy are assisted. Financial assistance is limited to provision for basic needs, i.e. accommodation and food. JCS can not, as in past years, consider applications for assistance for medical and dental care or special educational needs. Where applications for these needs are made in respect of clients whose families do not have the necessary resources, JCS appeal to donors to provide funds for this purpose. Clients are otherwise referred to State facilities.

Clients applying for financial assistance are assessed by 2 social workers. This assessment includes at least 2 office interviews, a home visit and telephonic contacts with sources of collateral before a recommendation is made and the case is presented to the Relief Committee which meets twice monthly.

When financial assistance is granted, it is for a temporary period only, usually 3 – 6 months. Each case is allocated to a field social worker for ongoing assessment and intervention services to attempt to address the issues which lead to the need for assistance in the first place. In this way we attempt to empower clients by mobilising all their resources to facilitate independent functioning. This could simply entail application for a State grant, facilitating opportunities for gainful employment or long-term therapeutic and supportive intervention. In any event each case is reviewed at least every 3 months.

In this regard, over the past few years, JCS social workers continue to systematically work through every long term recipient of financial assistance in order to review and re-assess their circumstances, functioning and resources in order to reduce assistance and maximise client resources towards facilitation of independent functioning. This has enabled us to substantially reduce expenditure in many cases and to stop assistance in many others. As a result, the number of recipients of relief assistance has remained more or less constant in spite of a significant increase in new applications. Of note in this regard is the fact that JCS increases the relief criteria virtually on an annual basis in order to try to keep up with continuously and rapidly increasing living costs. The increased criteria, although the maximum assistance is seldom given, impacts significantly on the amount disbursed for material relief. The current criteria have also been structured in such a way as to allow assistance provided to be tailor made to cater for the unique circumstances of each family.

Further facilitating the above process was the initiation of committee panel review meetings with the family members of every new relief applicant to secure family contribution before community funds are disbursed. In this way JCS forms a partnership with the family in regard to financially assisting the client. The meetings are held at least once monthly with 2 committee members present to discuss the client's financial circumstances with family members. This not only ensures a shared responsibility, but secures support emotionally and socially for the client which facilitates optimal independent functioning of the client on all levels. In spite of this being put in place, it should be noted that reimbursements and family contributions are never guaranteed despite proactive follow up on the part of JCS which inevitably impacts on the deficit.

JCS pays out an average of R500 000.00 per month (a percentage of which is reimbursed by family) to up to 200 families/individuals. This is significantly over budget each month. Every recipient is required to sign an acknowledgement of debt and when and if the client's circumstances improve, arrangements are made for them to reimburse the organisation. JCS also endeavours to claim from deceased estates on the demise of the client.

Over the past few years, in an attempt to ensure that funds disbursed are refunded, JCS has, where there is property, secured surety bonds.

Of grave concern in this regard, are the rapidly escalating costs in respect of electricity, rentals and food. It is becoming increasingly difficult for clients in financial need to secure cheaper accommodation and even with JCS and family contributions, we are finding a trend of clients getting into trouble with rental arrears as they simply cannot

pay the difference. This is particularly problematic for older persons who are on reduced income (some on State pension of R1600.00 per month) and who are not yet ready to move into residential care facilities. In this regard, further exacerbating the problem is Highlands House policy of not admitting residents on grounds of financial need only.

In the current economic climate rentals are increasing by 10% annually. In order to remain self sustainable therefore, and to provide adequately for the basic need of shelter for our clients, we will need to acquire more property in the foreseeable future. JCS currently owns 38 apartments which provide secure accommodation for 60 needy community members. Further, JCS will need to look at group home accommodation i.e. providing independent living accommodation for small groups of individuals with special needs. (Older persons, youth or persons with psychiatric disability).

1.3 Fieldwork:

JCS carries a monthly caseload of approximately 500 cases.

The above cases fall under the following categories. Please note that most of the cases fall under several categories. This happens in cases where we work with multi-problem families and also because all recipients of financial assistance receive social work intervention from a field social worker as well, unless under exceptional circumstances.

- **Statutory Child Care:** Cases where children have been removed from parental care into institutional or foster care or are in parental care under social work supervision. All these cases fall under the Children's Act and children are placed by order of the Children's Court – **14 cases involving 25 children**. We are rendering services aimed at reunification in respect of 8 children in the care of Oranjia. Of grave concern at present is the fact that Oranjia is full to capacity and therefore unable to accommodate any child as an emergency place of safety should the removal of a child be necessitated. We have screened 1 emergency parent however this is not a sustainable arrangement going forward.
- **Pre-statutory Child Care** cases where children are considered to be at risk: **34 cases involving close to 65 children**.

JCS is an accredited statutory agency and, as such, is legally required to assess family circumstances and functioning and risk to the children concerned in instances where concerns are reported to JCS. The case managing social worker then renders preventative, supportive and educational counselling services to, hopefully, avoid statutory intervention in terms of the Children's Act. These cases require intensive and extensive social work intervention. There has been a marked increase in referrals of this kind over the past year. A further challenge presented to JCS social workers in 2010 was the promulgation of the new Children's Act (No 38 of 2005) on 1 April. This act is very different from the old one which continues to require extensive consultation in emergency situations. In November 2014, JCS was required to reapply to DSD for designation as a statutory child protection agency. In January 2015 we received confirmation of designation which will allow JCS to continue rendering services in this

field of specialisation. Further in regard to child protection related services, JCS has identified this field of specialisation as a key focus area in respect of awareness programs and parenting skills training group work. In part, these services were initiated in order to meet the output requirements in respect of maintaining our subsidy from DSD. The content is planned according to needs assessed at the time and includes; positive parenting, appropriate discipline, understanding developmental needs and attachment.

Reasons for JCS involvement in these families include:

- Neglect (physical and emotional) and abuse (physical, sexual and emotional).
- Addiction of parents or children to drugs and/or alcohol
- Uncontrollable behaviour of children i.e. school refusal, aggression, truanting, socialising with anti-social or criminal elements, self-injurious behaviour and suicidal tendencies.
- Single parent families.
- Family conflict and domestic violence, parental relationship breakdown including pre and post divorce situations and care and contact disputes.
- Children who manifest psychiatric problems or are in the care of parents who have psychiatric problems.

In 2013 through to 2015 JCS collaborated with B.O.D, JCC and several professionals in private practise with the “Gender Based Violence and Abuse Education and Awareness Campaign“ (GBVC). This entailed the writing of articles, talks, facilitation of workshops and training on several forums to coincide with the 16 days of activism against violence towards woman and children. JCS involvement in this initiative is ongoing in light of the increasing incidence of domestic violence in the community.

- **The Aged:** Elderly people still residing in the community under adverse circumstances due to ill health, financial problems and/or lack of support system – **90 cases**. Over the last year we have facilitated at least 15 admissions to Highlands House and many admissions to other facilities. We have 9 admissions to Highlands House currently pending. A significant concern in this regard is Highlands House policy of not admitting on an emergency basis. When older people can no longer live independently, often following an illness or accident, JCS has to arrange admissions to private facilities pending completion of Highlands House application and admission process which can take 6 months or longer.
- JCS has also facilitated several applications for curatorship /administration and admissions for treatment in terms of the Mental Health Care and Older Persons Acts.

In view of the fact that JCS intake statistics have revealed increasing numbers of referrals of older persons at risk, living in senile squalor and without family support, JCS has proactively pursued an awareness campaign (initiated in 2011) to educate the community to recognise the signs and to provide practical advice on what resources are available and what to do.. Further, in collaboration with STTOP, an interfaith advocacy group for older persons and persons with special care needs, the Department of Human Settlement has indicated that funding may be made available for group home accommodation. Should this become a reality, JCS will pursue an

application and look to possibly setting up an Abbeyfield type home for JCS clients requiring more supervised independent living accommodation.

- **Family Conflict:** Intra familial conflict, i.e. domestic violence, parent-child relationship problems, marital/relationship problems; sibling relationship problems – **79 cases**. Intake statistics over the past 2 years indicate an increasing number of cases involving domestic violence on some level being referred to JCS. This has therefore become another focus for JCS awareness activities.
- **Material Relief cases:** Financial assistance towards rent, food, electricity and other living expenses - **200 current cases (with approximately 30 new assessments and reviews per month)**.
- **Substance Abuse & Dependence:** Alcohol and drug related issues – **34 cases**. There has been an alarming increase in referral of these cases. Substance abuse has increased to the extent that JCS, on a regular basis, administers random drug testing. We have been forced to evict at least 2 residents from our residential facilities and staff received specialised training in 2015 around managing addiction issues.
- **Criminal Offenders** – These are individuals requiring social work services under the following circumstances:
 - Going through criminal court cases
 - Serving prison sentences
 - Released under house arrest or doing community service
 - Released on parole
 - After release support services i.e. requiring accommodation, employment and support in reintegrating into the community.

We currently have 4 cases.
- **General Supportive, Preventative, Educative Counselling Services – 200 cases.**
- **Psychiatric problems:** Cases where at least one member of the family has a psychiatric condition which impacts negatively on the family functioning. The condition can be a very mild and temporary condition such as anxiety in response to a negative life situation or can be a chronic and totally disabling condition requiring medication and therapy for many years such as schizophrenia. Other conditions include depression, bi-polar mood disorder, obsessive-compulsive disorder and personality disorder: **165 cases of which 40 are critical**. JCS social workers facilitate at least 15 certifications (involuntary admission) in terms of the Mental Health Act during the year and many voluntary or assisted admissions. Many of these follow suicide attempts which often occur after hours. Our close working relationship with CSO and Ezra as well as SAPS facilitate effective and professional management of these cases.

JCS provides board and lodging for 12 mentally ill and destitute clients who are stable on medication. They are provided with individual counselling and therapeutic group

counselling. The cost of each individual is R4,500.00 per month and since most of the residents are on disability grants (R1 600.00 per month) none of them are paying full rental. Some families of the residents make small financial contributions towards their care.

A few of our mentally ill clients who have financial means reside in the care of private institutions. In these cases, social workers offer supportive counselling and co-ordinate professional services for clients and family. ***People with a psychiatric problem need institutional care only if they are non-compliant with treatment or if they are ill to the extent that they require 24-hour supervision.***

A person can only be certified (via the Mental Health Care Act) if they are floridly psychotic i.e. out of touch with reality to the extent that they exhibit behaviour which is a danger to themselves and or others. In these circumstances, if a certification is successful, the client will be admitted to a State hospital for 72 hours observation and assessment. Should longer term in patient treatment be indicated, the client will be admitted to Valkenberg or Stikland Hospitals for as long as necessary to stabilise the client, sometimes up to 4 months. The policy of the hospitals and all State resources is that they ***discharge the client once they have been stabilised on medication and are apsychotic.*** The problem with this is that although the person may be stable at the time of discharge, if they do not continue to be compliant with medication, they very soon start presenting with anti-social, inappropriate behaviour again. This results in repeated admissions.

Often clients are non-compliant because they do not believe that they are ill – the nature of the illness leads them to believe that attempts by professionals and family to assist them are part of conspiracies to destroy them. Left to their own devices these individuals will end up on the streets, vulnerable to assault, exploitation, exposure etc. JCS, in the past, has seen a number of clients die under these circumstances because they lacked the financial means to be accommodated in private institutional care where their medication is administered and they receive 24-hour supervision and the appropriate therapy. This has not happened since JCS, with the special allocation from UJC, has subsidised the care of such clients in private residential care facilities.

In regard to funds required for psychiatric care, it has become clear over the past few years that the criteria for utilisation of the funds needed to be expanded to include care outside of a residential facility. An example being a minor child who has a psychiatric diagnosis in the care of a single parent also with a multitude of psycho social issues. Had JCS not been able to fund a qualified carer within the home for a few hours a day it would have been necessary to open Children's Court proceedings to remove the child from parental care. In another matter, a seriously ill adult, who should have been in residential care in light of his care needs, could not be admitted to any facility due to having contracted the "Superbug". JCS, in this matter was able to provide a carer within the home environment.

Over the past 12 months we have supported 9 clients in institutional care and within their homes. We currently are supporting 7 people in 2 private residential care facilities.

JCS, in response to increasing costs, has over the past year, continued to proactively attempt to obtain increased contributions from family members. It is a well researched

and documented fact that in persons suffering from chronic psychiatric illness, repeated episodes result in permanent lower levels of functioning. This is because an individual is unlikely to return to pre-morbid levels of functioning after a psychotic episode.

In light of the above, it is incumbent on the community to ensure that clients suffering from psychiatric illness are stabilised, managed and cared for in a way that minimises the risk of a psychotic episode. This necessitates the continuing provision of funds to provide private residential care for clients who cannot or whose families will not pay for this type of care.

JCS is under increasing pressure to provide residential care for clients with psychiatric illness who cannot, for various reasons, be adequately contained in the community.

The organisation cannot, with existing resources, continue to cover costs for private psychiatric care. There are no alternative options for ensuring that individuals who find themselves in these unfortunate circumstances, are afforded the treatment, care, compassion and dignity to which they are entitled. It is in light of these circumstances that JCS annually requests an ongoing allocation from the UJC for psychiatric care.

2. COMMUNITY PROJECTS

1. Cottages

- Our residential cottages provide board and lodging for psychiatric and/or destitute and vulnerable individuals. We have devised a strict admission policy and procedure, which serves to cultivate a therapeutic milieu which facilitates individual growth and development of the residents. This enhances, promotes and maintains their wellbeing on a psychological, emotional, social, physical and spiritual level. Criteria for admission include that residents be stable and compliant on medication, not substance dependant and do not have a propensity for violence. Residents also need to be willing to be meaningfully occupied during the day.

Residents are offered an open door policy in respect of individual counselling tailor made to the unique and specific needs of each individual. All residents attend a monthly growth group to address a wide range of issues of a personal, interpersonal and educative nature. The group also serves a therapeutic function. All resources both internally and externally are mobilised (outside professionals, family members etc) in order to maximise each residents' potential.

During 2009, 2 groups of community volunteers became involved with the cottage project giving both materially and of their time in terms of outings and co-ordinating activities for the residents. 1 group unfortunately fell away but the other continues to be involved with very positive outcomes for all our residents. In 2010, after the refurbishment of the bottom cottage, which included the creation of a craft room, JCS initiated a weekly craft group for cottage residents as well as other clients. At present the group has a membership of approximately 10 – 12 regular members. The group has benefitted all participants on many levels.

We have also established a computer facility in the craft room with internet access in order to facilitate cottage residents and other clients seeking employment.

One of the residents initiated a library, also in the craft room. This is also a growing resource for all our clients and managing the library has been very therapeutic for the resident concerned.

The cottage residents comprise two groups; in 2 separate cottages:

1. Those with a diagnosed chronic psychiatric disorder who are unlikely to ever be able to function independently in the community.
 2. Those for whom admission to the cottages provides temporary psycho-social support until such time as they can be reintegrated into the wider community with or without ongoing social work support.
- We are currently accommodating 12 residents in 2 cottages: 9 men and 3 women and the cottages are full to capacity.

Gorge Road Cottage

JCS acquired the use of this property, originally occupied by Oranjia. The original idea was to provide temporary to medium term accommodation to clients who are potentially self reliant and independently functioning but who find themselves in a crisis situation. It was also intended to provide emergency accommodation for clients who approach JCS from the street claiming to be destitute and without any accommodation. We currently have 6 residents in the Gorge Road cottage.

Unfortunately, due to a few really unpleasant experiences of residents causing problems in the cottage which required legal proceedings in terms of the PIE Act, a decision was made to review the management of this facility. The criteria for admission and the profile of clients suitable for admission have been reviewed and a dedicated social worker to manage the cottage was appointed in 2014. This has gone a long way in terms of containing residents and creating a harmonious atmosphere in the house.

We also have a much more thorough admission screening process and have made a policy decision not, under any circumstances, to allow emergency admissions.

Residents at Gorge Road pay rental contributions according to a sliding scale dependent on their income and family support. Some are not paying any rental and are also dependent on Kosher Meals on Wheels, subsidised by JCS. Currently our concern is that the building is in bad disrepair and leaking badly. The roof needs to be replaced which is a problem in respect of finances and further, the residents will need to be temporarily accommodated elsewhere. In liaison with Highlands House which owns the building, a decision has been made for JCS clients to vacate the building and rent other accommodation for our clients while renovations take place.

2.2 38 JCS owned apartments providing secure and subsidised accommodation.

- Regular inspections of the flats continue to ensure that they are adequately maintained. This includes a 6 monthly photographic survey.
- Contracts concerning terms and conditions of occupation have been finalised and signed by all residents and are renewed and revised accordingly on an annual basis.
- JCS also acquired the leases to 6 flats in a block in Gardens for occupation by clients. These flats are currently occupied. We currently have a waiting list of over 12 desperate individuals and families, some with very young children, needing accommodation.
- Although the purchase of properties amounts to substantial capital investment, it will result in substantial savings to JCS in the future by providing secure and subsidised accommodation for our clients. This is especially so in light of increasing disbursement to clients in respect of rental accommodation. Currently, we have 2 paying tenants and all the other flats are occupied by clients for whom we were previously paying rentals in private accommodation. As a result of being able to accommodate clients in JCS owned property, our rental expenditure has been substantially reduced over the past 2 years.

2.3 Jewish Trauma Network

- There have been few referrals in recent months. Each organisation continues to offer counselling to individuals referred to them and those who are not clients of one of the organisations are referred to JCS.

2.4 Volunteer Project

JCS has a desperate need for more reliable and consistent volunteers particularly for driving services and befriending. The use of volunteers relieves the demand on professional time and ultimately saves the organisation money. We have a group of approximately 10 volunteers but more are always required.

2.5 Other community initiatives include Tikvah, Foodbank and Bargains Galore

3 OTHER

3.1 Prison Chaplain/Spiritual Counselling

JCS employs the voluntary services of a Rabbi to visit the clients serving prison sentences on a monthly basis. The prisoners are in four prisons viz Pollsmoor, Goodwood, Drakenstein and Malmesbury. Since the Dept. of Correctional Services provides their own social work, medical and psychological services, our social workers cannot be involved in any way with them in terms of counselling and support services.

The Rabbi however is allowed access and can therefore offer spiritual guidance, special food for religious holidays, facilitate contact with family and keep them in touch

with the Jewish community. This contact also aims to facilitate successful reintegration into the community after release and to provide a forum to address family or social problems the prisoner may be experiencing. Regular meetings and ad hoc telephonic liaison between the Rabbi and the social workers ensure that the prisoners' needs are met as far as possible. JCS pays travel expenses for the Rabbi when requested.

We have 1 incarcerated prisoner at present and the Rabbi is working on an ad hoc basis as the need arises.

In working with vulnerable individuals and families in crisis, JCS professionals see people who are not only materially deprived but socially isolated, depressed and without the support of an extended family. Many of these people do not have the confidence to attend a Shul where they would have the support of a congregation and a Rabbi and they lose their Jewish identity. With this in mind, JCS extended the services of the Rabbi to offer spiritual counselling to clients in conjunction with traditional social work supportive counselling. In this way vulnerable individuals are reintegrated into the Jewish community. JCS reimburses travel expenses as required.

3.2 Networking with Jewish Welfare Agencies

JCS participates in strategic planning with all the agencies under the auspices of Jewish Care Cape. In addition to this, monthly meetings to discuss individual cases with Staffwise and Astra (Workability Program and Medical Committee) are held. Meetings are also held with the counsellors from the 6 Herzlia campuses twice a year and we meet with CJSA quarterly. The joint management of clients is discussed at these meetings. This avoids duplication of services and ensures that all clients benefit from comprehensive, multi-disciplinary intervention services.

Meetings with CSO and Ezra are held periodically to clarify boundaries between the organisations as well as emergency referral procedures in order to facilitate positive working relationships and to prevent duplication of services. JCS, Ezra and the CSO have a very positive and reciprocal relationship in terms of responding to after hours emergencies.

JCS has been working with Staffwise with a view to establishing employment opportunities for clients with psychiatric disability – Netvitim is an exciting initiative which potentially could alleviate the demand for financial relief for these individuals as well as provide meaningful occupation, a sense of meaning and purpose and increased self-esteem. There have been a number of setbacks preventing the establishment of the project. However these are being addressed and we hope to launch a pilot project in the near future.

3.3 Groupwork

The monthly cottage residents' growth group continues to address issues that arise and to provide therapeutic input. The craft group, initiated in 2010, is growing from strength to strength with a regular group of about 12 participants.

We continually assess client needs and will initiate a group where indicated. The need for a support group for carers of family members with a psychiatric illness was identified in 2015. UCT social work students have been running successful groups over the past few years. During 2013 JCS also initiated a positive parenting skills group, co-facilitated by a JCS social worker and a social worker in private practise. At least 7 further groups have been facilitated since then as well as work with individual families, particularly those where there has been statutory intervention.

3.4 Department of Social Development Subsidy and Strategic Planning

JCS is subsidised by the Department of Social Development in respect of the services we render. Over the past few years the DSD has become increasingly prescriptive in terms of the nature of services, target groups and numbers of service beneficiaries in order to justify the subsidy. About 5 years ago DSD completely changed their format of subsidy and placed all organisations into 8 programmes, according to areas of specialisation. JCS has been subsidised by the Children and Families Program with a subsidy amounting to approximately R400, 000.00 per year. These funds subsidise a percentage of the salaries of 2 social workers and an allocated amount towards administration costs. When the subsidy was approved in April 2010, each organisation was required to sign a TPA (Transfer Payment Agreement) which specifies target numbers of client beneficiaries for certain services. Because JCS is a generic organisation, the target numbers were completely unrealistic, given the said generic nature of our work and thus the small numbers in each area of specialisation. The TPA completely disregards JCS services to Older Persons (approx 20% of our caseload) and Disabilities (approx 40% of our caseload in respect of psychiatric illness).

We continue to negotiate on an annual basis with DSD for our subsidy to continue. In July 2017 we will again be required to submit an application for funding for 2018 to 2020.

In view of the fact that services to disabled persons (approximately 40% of JCS caseload) was not being acknowledged or funded by DSD, a decision was taken in July 2014 to submit a service plan to the Disability program as well as to the Child Protection program, this particularly in respect of our residential cottages. Unfortunately, it came to light after the submission, that DSD do not subsidise residential care for psychiatric disability. This funding comes from the Dept. of Health. Dept. of Health will only subsidise a registered facility. JCS therefore submitted an application to Dept of Health for registration of our cottages as a residential care unit for mental health care users. Our application was conditionally approved after a site visit in September 2014. In 2015 we proactively concentrated efforts towards meeting the requirements for registration. The process has proven to be very complicated and difficult however we will proceed. There will inevitably be substantial cost involved in meeting the health and safety requirements.

In part as a necessity in order to fulfil the requirements of the TPA, but also because of what our intake statistics reveal, JCS staff, over the past 3 years have engaged in intensive strategic planning around awareness programs. We have identified 3 major

focus areas of specialisation i.e. older persons, psychiatric illness and positive parenting. In each of these areas several programs have been implemented including articles in the Jewish Chronicle, inserts in Herzlia School newsletters, pamphlets, talks, seminars and workshops on various forums as well as projects implemented in conjunction with other Jewish organisations and linked to national days eg mental health month, child protection week etc. These are very exciting initiatives which aim to educate the community around prevalent issues and resources, challenge stereotypes and stigmatisation, raise funds through donations and recruit volunteers and professional services in order to enrich and add value to JCS services and resources. We are again reviewing key focus areas and need to look at young people (18 – 30 years age group) as well as substance abuse. Both these areas of specialisation have increased in terms of JCS intake statistics over the past year.

4. **General**

JCS is unique in the Jewish Welfare system in that it is a generic welfare organisation, meaning that we deal with **all** areas of specialisation in **all** age groups. Each social worker is allocated cases according to their capacity in terms of experience and skills in certain areas of specialisation.

Each case involves one or two index clients, however, we work on a systemic basis which means that the entire extended family and all other professionals involved with the index client are consulted in the management of the index client.

Although we carry many cases, which require minimal social work contact, each and every active file has a minimum of monthly to six weekly contact. Most of our cases involve children and the majority of these are families in crisis. In order to prevent family breakdown and statutory intervention, many of these cases require daily contact. When a family is in crisis, the social worker becomes a lifeline and what may appear to a well-functioning person to be a minor issue, is a life and death matter to the client which requires immediate action on the part of the social worker.

This may require only a phone call or it could entail a home visit or facilitation of a family or professional meeting or statutory intervention.

Each and every contact with a case must be documented on file. Sometimes social workers can have 10 – 15 client contacts in a day on one case. Files have to be kept up to date because any case can unexpectedly end up in court in which case, files are subpoenaed with very little notice. Admin work, therefore, takes up a lot of social worker's time.

Because of the nature of the issues social workers are dealing with, even low key cases present with crisis situations periodically. These crises require immediate action and often occur after office hours. For example; a client threatening suicide, illness or death of a client, a child running away or a domestic violence situation. When these incidents occur, emergency services have to be mobilised, other professionals and family members need to be contacted and often require many hours of supportive counselling and guidance.

Following the containment of the immediate crisis, clients often have to be taken through a court process e.g. Children's Court, Magistrates Court for certification or committal for rehabilitation treatment or the High Court for interim contact or care applications. For all these processes detailed assessments, contact with sources of collateral information and comprehensive reports must be compiled at short notice. At the same time, social workers are faced with the dilemma of finding appropriate residential care facilities, liaising with the relevant authorities, assisting with application procedures in the face of very limited resources.

Because of the multitude of tasks needing to be completed simultaneously, it is frequently necessary for two or three social workers to work on one case in a crisis situation. This is when it is essential to have a team of competent professionals and a very tight organisation of systems in place. Many of our clients are highly personality disordered and very skilled at splitting professionals and manipulating the system. Over the years we have had several instances where our social workers have had to respond to claims of unprofessional conduct to the Social Work Council (SACSSP). This requires legal advice and lengthy reports. These processes are very stressful and time consuming for the staff concerned.

Our intake is also unpredictable. At any time an emergency matter can be referred and we have to have the staff available to deal with it. If we are not fully staffed (and the current staff compliment is already stretched) we could be forced to close intake for periods of time and refer any emergencies to State Services for intervention. Further, due to the highly emotional nature of the work, the social workers require intensive support and guidance from colleagues and the social work manager, especially when dealing with a crisis or a very difficult family or court matter. At times it is also necessary for JCS to pay outside professionals to counsel social workers who have had to manage cases where they have been exposed to traumatic circumstances as well as abuse and threats from clients. If they do not get this they will burn out and become ineffective.

In order to further facilitate effective service rendering and reduce travel reimbursement to social workers, JCS purchased 2 VW Polo Vivas in 2012 and 2016. The purchase of these vehicles has alleviated the expenses with a dramatic positive impact. Due to an increase in caseload as well as our property portfolio, it became clear that at least another vehicle was required and in 2015 a bakkie was purchased for collections of donations and building maintenance as well as Tikvah deliveries.

Without a full complement of staff JCS would be unable to continue to offer the comprehensive quality service that we do. Since we are well aware that social work is a scarce skill (it took over a year to fill a vacant social work post) and it is extremely difficult to find suitable administrative staff, it is essential that JCS do everything possible to retain the very effective and high calibre of staff we currently have. There is substantial investment in training staff and the experience they gain at JCS is essential in the growth and development of the organisation.

Of note, is that the SA Council for Social Service professionals (SACSSP) has prescribed that all registered social workers, with effect from April 2010 will have to

acquire 20 CPD (continuing professional development) points annually in order to maintain registration with the council. This requires that all our social workers attend a certain number of accredited courses each year and consequently, additional expense for JCS in this regard.

Report compiled by Anne Marx, Social Work Manager (June 2017)