



SOUTH AFRICAN
**Child
Gauge**

2007/2008

Edited by Paula Proudlock, Mira Dutschke,
Lucy Jamieson, Jo Monson and Charmaine Smith



UNIVERSITY OF CAPE TOWN
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Key legislative developments affecting children in 2007

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome	IMR	Infant Mortality Rate
ART	Antiretroviral Treatment	IP	Implementation Plan
ARV	Antiretroviral	ISCI	International Society for Child Indicators
ASSA	Actuarial Society of South Africa	MDG	Millennium Development Goal
CDG	Care Dependency Grant	MECs	Members of the Executive Council
CRC	(United Nations) Convention on the Rights of the Child	MTEF	Medium-Term Expenditure Framework
CSG	Child Support Grant	NACCW	National Association of Child Care Workers
CYCCs	Child and Youth Care Centres	NETC	National Education and Training Council
CYCWs	Child and Youth Care Workers	NPOs	Non-Profit Organisations
DHIS	District Health Information Systems	PEP	Post-Exposure Prophylaxis
ECD	Early Childhood Development	PMTCT	Prevention of Mother-To-Child Transmission
EPRI	Economic Policy Research Institute	PPIP	Perinatal Problem Identification Program
EPWP	Expanded Public Works Programme	RDP	Reconstruction and Development Programme
FC	Full Cost	SACSSP	South African Council for Social Service Practitioners
FCG	Foster Child Grant	SALRC	South African Law Reform Commission
FET	Further Education and Training	SAQA	South African Qualification Authority
FFC	Financial and Fiscal Commission	SETA	Services Sector Education and Training Authority
GDP	Gross Domestic Product	SOCPEN	Social Pensions database
GHS	General Household Survey	U5MR	Under-five mortality rate
HIV	Human Immunodeficiency Virus	UCT	University of Cape Town
IMC	Inter-Ministerial Committee on Young People at Risk	UN-HABITAT	United Nations Human Settlement Programme

Foreword

Shirley Pendlebury

Director, Children's Institute, University of Cape Town

South Africa's Constitution envisages a society that respects the equality and dignity of every person – child and adult alike; a society that cares about people's socio-economic well-being as much as it cares about their personal and political liberty. Socio-economic rights are inextricably tied to civil and political rights. Equality, dignity and liberty are hollow notions where people live under conditions of multiple deprivations, without the means to live a decent and dignified life.

Children have a special place in the Constitution.

Section 28 of the Bill of Rights safeguards rights to care and protection for children, over and above the rights they have in common with everyone else. In its particular attention to children's rights, the Constitution sets the ideal for an environment where every child may flourish, in the present (during childhood and for each successive generation of children) and in the various stages along the road to adulthood.

How well is South Africa doing in fulfilling its constitutional commitments to children? This is the question that motivates the Children's Institute's *South African Child Gauge*, which offers an annual snap-shot of the situation of children and reflects critically on a selection of conditions that help or hinder children's well-being and their enjoyment of their rights. In her introductory essay to the first edition, *South African Child Gauge 2005*, Marian Jacobs commented on two factors that aggravate the circumstances of children in South Africa and dilute efforts to realise their rights. One major obstacle is the HIV/AIDS pandemic; the other is widespread poverty. The two are intertwined and both, singly and together, have a disastrous impact on children, compromising their healthy development and well-being.

Children in the context of HIV/AIDS was the central theme of the first edition of the *South African Child Gauge*; and children and poverty the central theme of the second. The *South African Child Gauge 2007/2008*, the third edition, focuses on children's right to social services and the policy and legislative developments that provide the foundation for realising this important but, until now, neglected or misunderstood right.

While the right to social services is just one of a basket of special rights for children, its realisation is critical if we are to overcome the effects on children of widespread poverty, social fragmentation and a deep-seated culture of violence. A child who is abused or neglected is a child whose dignity and well-being are damaged. Waiting until the damage is done before providing protection against further harm is, in many cases, too late. Prevention and early intervention lie at the heart of the new approach to social services for children and their families.

Along with the many others in the children's sector who participated tirelessly in public deliberation towards the development of a comprehensive Children's Act, we at the Children's Institute celebrate the legislative gains for children over the last year. The essays in the *South African Child Gauge 2007/2008* examine the meaning of children's right to social services, as well as the human resource and budgetary requirements for giving effect to this right. Undoubtedly, the comprehensive Children's Act takes South Africa into a new era of child care and protection.

Whether the Act can make a real difference for those children who are most vulnerable to neglect and abuse will depend on budgetary allocations and expenditure on children's social services. It will depend, too, on developing enough of the right categories of people to provide these services. Without a broad range of social service practitioners, the careful thinking underpinning the Children's Act will have little effect in realising children's right to protection against abuse and neglect. The quality of care and protection rests largely on the recognition and support given to families and the many people providing social services to children – from community development workers to early childhood development practitioners; from child and youth care workers to nurses, occupational therapists and psychologists; from qualified social workers to auxiliaries and volunteers.

The task ahead calls for courage, commitment and political will, and for tough decisions on how best to deploy and develop available resources. Its ultimate reward will be a society in which children can live, learn and play in safety and dignity.

Reflections on children in South Africa

Macharia Kamau
Country Representative, UNICEF South Africa

South Africa has undergone a remarkable transformation since its democratic transition, which began in 1994. The country has successfully institutionalised the rule of law and democratic freedoms, increased access to basic infrastructure (e.g. water, sanitation and electricity) as well as to housing, education and preventive health care services. South Africa has managed a difficult transition towards fiscal discipline, increased its Gross Domestic Product (GDP) per capita growth rate to around 3.6% and revamped moderate employment creation during the past three years.¹ Growth has contributed to a modest reduction in the percentage of people living in poverty, though not inequality, since poor people's income grew less than rich people's income, despite the expansion of the social grant system.

During the past decade, public expenditures on health, education and the social grant system have all dramatically increased, reaching respectively an estimated 3.2%, 5.4% and 3.2% of the GDP during fiscal year 2006/2007.² Yet, despite the progress achieved, there remain challenges in addressing historical inequities caused by apartheid, particularly access to quality education, health care services, basic infrastructure and social welfare programmes and services for the population, of which more than a third are children.

The social welfare system has not coped with the devastating effects of HIV/AIDS, which not only contributed to an increase in the infant mortality rate but also left a large and increasing number of children either living with sick parents, or orphaned and in need of family care or alternative care. For children made vulnerable by poverty and HIV/AIDS, access to early childhood development and other social services is still



low. While enrolment in Grade 1 is high, far less children actually pass matric, which indicates that many children fall out of the education system along the way. Finally, employment for matric graduates proves to be challenging, as is evident by high youth unemployment rates due to, among other factors, the mismatch between the skills acquired and those required by the labour market.

Therefore, despite the progress of the past decade, too many children living in South Africa still fall through the cracks of the social welfare system

during their formative years.

However, the expansion of social security for children since 1994 is an extraordinary achievement. Through the Care Dependency, Child Support and Foster Care Grants, South Africa is mitigating the widespread poverty affecting millions of children, primarily as a consequence of high unemployment. Yet, looking forward, how should the success of today's care and protection, health, nutrition, education and safety net policies targeted at children be measured, say for example, 15 to 20 years from now?

It can be argued that the only true measure of success would be a substantial reduction in the proportion of children eligible to receive any of the above-mentioned grants, provided that income thresholds used to define grant eligibility keep pace with inflation.

Such a decline will take place if, and only if, the current generation of children receive the care and protection that they are entitled to; if they accumulate the human capital required to live healthy lives; if they are able to join the labour force better equipped than their parents, and, consequently, have better means to support their offspring.

¹ The Presidency, Republic of South Africa (2007) *Development Indicators Mid-Term Review*.

² Author's calculation from National Treasury (2007) *Budget at Glance 2007* (for education and health) and from National Treasury (2007) *Adjusted Estimates of National Expenditures Vote 17 Social Development* (for social grants).



While the grant system will contribute to these outcomes, it will not be sufficient on its own. The inter-dependence of the many dimensions of children's poverty calls for inter-sectoral synergies among social welfare programmes and services targeting children and their caregivers. The key challenge for national, provincial and local governments is to implement an integrated strategy of service delivery. Sectoral approaches run the risk of failing to capitalise on the links between the different dimensions of child poverty.

The whole range of income support interventions offered by the social grants system should be effectively linked to and complemented by a high quality, age-specific 'basket of services' targeted and efficiently delivered to children, especially poor children. For the most vulnerable, those living with sick parents or orphans, prevention and early intervention services, which strengthen families in their ability to care for children, should be prioritised. A broad range of social service providers should be recognised and sustained to face the challenges posed by the critical shortage of social workers. Community-based care interventions and public-private, non-profit partnerships in service delivery, when cost-effective, should be adequately supported.

Within a developmental social welfare system, additional priority interventions that could be included in an integrated 'basket of services' comprise birth registration, early diagnosis of HIV, access to prevention of mother-to-child

transmission of HIV, mothers' and children's HIV-related care, a basic health package of early preventive interventions, early childhood development, compulsory education extended to matric, an effective application of school fee exemptions, informal education or "second chance" programmes for school drop-outs, youth training and school-to-work transition programmes.

It is of paramount importance to go beyond a loose concept of 'co-ordination' across departments and sectors where the reality is that, more often than not, governmental agencies keep working within "silos".

The *modus operandi* of the national, provincial and local government in planning, budgeting, implementation, monitoring and reporting should be accountable and geared towards a common result: to care for, protect and prepare in the best possible way the current generation of children, especially the most vulnerable, who will be responsible for the prosperity of South Africa in the future.

In this context, the 2007/2008 edition of the *South African Child Gauge* provides a critical analysis of some of the key social services challenges that need to be addressed to ensure access to quality care and protection by those children who are most in need of it.

How the South African government chooses to tackle these challenges will be critical to determining the destiny of these children, as well as that of South Africa.

PART ONE

Children and Law Reform

Part one discusses recent key legislative developments affecting children. In this edition there is commentary on the Children's Act and the Children's Amendment Bill, the Sexual Offences Act, the Education Laws Amendment Act and the Child Justice Bill.

Key legislative developments affecting children in 2007

Lucy Jamieson, Paula Proudlock (Children's Institute)
and Samantha Waterhouse (Resources Aimed at the Prevention of Child Abuse and Neglect)



The year 2007 was an historic year in the development of legislation affecting children. Some sections of the Children's Act and the Criminal Law (Sexual Offences and Related Matters) Amendment Act (referred to here as the "Sexual Offences Act") came into effect. Parliament passed the Children's Amendment Bill and the Education Laws Amendment Bill, and Cabinet approved changes to the Child Justice Bill.

On the one hand this package of laws advances the fulfilment of children's rights with the introduction of a wider range of services and new offences that will protect children from abuse and exploitation. The package is progressive in

introducing community-based services that support children and their families to prevent abuse and neglect. These services will also help to address the socio-economic drivers of crime committed both by children and by adults against children. On the other hand, some of the legislation seems regressive in using the justice system to deter children from risk-taking behaviour.

There are potentially many strong linkages between the laws. If these services can be properly linked and co-ordinated, South Africa would be well on the way to providing a comprehensive protection system and creating an environment in which children can flourish. However, there are also a number of contradictions and conflicting provisions that need to be dealt with.

The Children's Act and the Children's Amendment Bill

Social services for children have been neglected over the past 10 years in part due to the absence of a legislative framework in line with the Constitution. The new Children's Act (No 38 of 2005) and the Children's Amendment Bill [B19F-2006] will replace the Child Care Act (No 74 of 1983) and aim to bring South Africa's law in line with the Bill of Rights and international law.

Current status

The first Children's Bill was signed into law by the President in June 2006, officially entitled: Children's Act (No 38 of 2005). Certain sections of the Act came into effect on 1 July 2007. The rest of the Act will come into effect at the same time as the Children's Amendment Bill.

Parliament passed the second bill, the Children's Amendment Bill on 22 November 2007, and the Bill has been sent to the President for signature. A set of draft regulations covering the Act and the Amendment Bill have been finalised and are expected to be gazetted for comment in 2008.

Foundations and Principles

The Act states that national, provincial and local government must implement the Act in a co-ordinated way to the maximum extent of available resources. One of the general principles of the Act is that decisions should be made in the best interests of the child, and related to this is a child's right to participate in all decisions affecting her or him. The Act changes the age of majority from 21 to 18, and obliges government to ensure substantive equality and equal access to services for children with disabilities and chronic illnesses.

Focus on strengthening the family

The Act makes an important conceptual shift from parents having power over children to parents having responsibilities and rights. Another shift is the process of dealing with disputes between parents or caregivers around care (previously custody), contact (access) and guardianship. Previously, the legal system slanted towards litigation but the new Act emphasises mediation and family group conferencing to resolve family challenges before resorting to the court.

The Act outlines the procedures and functions of Children's Courts. These civil courts, situated at magisterial level, are responsible for assessing whether a child is in need of care and protection and for ensuring the child gets the necessary support. Children's Courts now have more powers to promote the strengthening of families and the best interests of the child.

The Act also contains chapters on adoption, inter-country adoption, child abduction, trafficking in children, and surrogate motherhood.

Ages of consent

The Act outlines the processes for giving consent to medical treatment, surgical operations, access to contraception, HIV testing and disclosure of results. Previously, age alone determined a child's capacity to consent and the age of 14 was used as the threshold. Now the age threshold is 12 and the child's maturity and ability to understand the risks and benefits of any treatment or testing must also be assessed before the child can consent on their own.

Social services

The Amendment Bill provides for and regulates a range of child care and protection services including:

- Partial care (e.g. crèches).
- Early childhood development programmes.
- Prevention and early intervention services for vulnerable children.
- Protection services for children who have suffered abuse, neglect, or exploitation. This includes a system to report, refer and support children.
- A support programme for children living in child-headed households.

- Foster care, cluster foster care, and child and youth care centres for children in need of alternative state care.
- Drop-in centres for vulnerable children to access basic services.

Key challenges to implementation

The Act and the Amendment Bill together provide a foundation for the reform and development of children's social services. The challenge now is to make sure necessary budgets are allocated, provincial departments' capacity for delivery is improved, the human resources challenge is prioritised, and sustainable funding is provided to non-profit organisations, which provide the bulk of social services to vulnerable children.

The Children's Act and the Children's Amendment Bill are discussed in detail in *PART TWO*.

The Sexual Offences Act

The Sexual Offences Act amends the Sexual Offences Act (No 23 of 1957) and the common law relating to sexual offences. It also creates new statutory offences. It defines and categorises sexual offences, sets out ages of consent to sexual activity and details procedures around prosecution. The majority of the provisions of the Act effect both children and adults; however, certain sections relate only to children.

Current status

The Sexual Offences Bill was tabled in Parliament in 2003 and was passed in November 2007. Its official name is the Criminal Law (Sexual Offences and Related Matters) Amendment Act (No 32 of 2007). Most of the Act came into effect on 16 December 2007. Chapters 5 and 6 will come into effect in 2008.

Rape more broadly defined

The Act broadens the definition of 'rape' to include all forms of sexual penetration without consent – irrespective of the gender of either person. This means that penetration of the mouth or anus by the genitals of another person or with an object are now considered 'rape'. Previously these were classified as 'indecent assault' and considered less serious than penetration of the vagina by a penis.

Sexual assault

A wide range of non-penetrative acts of 'sexual violation' are defined and are covered by the crime of 'sexual assault'. This replaces acts covered under the common law crime of 'indecent assault' and includes kissing, feeling breasts and rubbing the genitals of a person without consent.

Sexual crimes and children

The Act also defines a range of crimes that commonly occur against children and these include expanded definitions for 'sexual grooming', 'sexual exploitation' and the use of children

in pornography or the display of pornography to children.

The legal age of consent to any sexual activity is 16. This means that it is a crime for any person, adult or child, to engage in sexual activity with a child under the age of 16 years – even if the child is a willing participant. The Act states that all adults charged with such crimes should be prosecuted, but it deals differently with children charged with these crimes.

In cases where two children between the ages of 12 and 16 engage in consensual sexual penetration, which includes oral sex and “fingering”, both children must be charged with statutory rape. Only the national Director of Public Prosecutions may decide whether or not to prosecute (this function cannot be delegated). This requirement is intended to prevent unnecessary prosecutions (normally the local prosecutor would make the decision). If prosecution is instituted, both children must be charged.

Consensual sexual acts not involving penetration between children under 16 are also crimes. Two 15-year-olds, for example, who kiss can be charged with statutory sexual assault. However, prosecution must be authorised by the provincial Director of Public Prosecutions to prevent unnecessary legal action and both children must be prosecuted when the decision is taken. A difference in ages of less than two years between children can however be raised in court as a defence to a charge in non-penetrative cases.

Concerns have been raised about this criminalisation of early sexual activity. While it is clear that any form of coercive sex should be illegal, sexual exploration between children is a natural part of childhood and puberty. Children who engage in early sexual activity need to be educated and supported to take responsible decisions and to protect themselves. This kind of response is best delivered by social service or health professionals who are trained in child care and protection rather than the criminal justice system.

Weaknesses in the Act

The Act fails to address the challenges in prosecuting cases of sexual crimes against children:

- There has been only minimal improvement in measures to protect children in court. Many children will continue to be expected to testify in the presence of the accused and the possibility of direct cross-examination of the child by the accused remains. This causes severe anxiety and impacts on the ability of the child to give evidence, ultimately contributing to low conviction rates for offences against children.
- The Act abolishes the common law rule that courts should treat the evidence of adult complainants in sexual offences cases with caution. However, the common law rule that children’s evidence should be treated with caution still

stands. This is based on an incorrect assumption that children are more likely to lie than adults. Research shows quite the opposite and the application of this rule has often resulted in children’s evidence not being considered by the court – contributing to low conviction rates for sexual offences against children.

- The Act also does not address the competency tests where children are put through unnecessary processes to assess their competence to testify. These processes sometimes exclude the evidence of children who are able to describe their experience to the court truthfully and clearly.

The Act does however provide for a National Policy Framework and departmental directives to address procedural aspects of the investigation and prosecution. These could potentially address a number of problematic areas relating to investigation and prosecution of children’s cases.

Obligation to report sexual offences against children to the police

The Act places an obligation on *anyone* who has knowledge of a sexual offence against a child to report such knowledge to the police (the Children’s Amendment Bill only places a reporting obligation on certain practitioners, e.g. teachers and doctors). The two laws therefore contradict one another. Currently, many children who have been abused experience further victimisation in an ineffective, biased and unjust system. If individuals are compelled to report there should be a concomitant obligation on the State to provide quality victim support services.

Sex offender register

The Act creates a sex offender register to prevent offenders who have been convicted of sexual offences against children from working with children. This duplicates some aspects of the register in the Children’s Act.

Poor provision of services following sexual offence

In line with current Department of Health guidelines, the Act provides for post-exposure prophylaxis (PEP) against HIV infection to be given to sexual offence victims without a charge having to be laid with the police first. However, there is no mandatory provision for a service response to any other physical or mental health needs of victims, such as trauma counselling.

The Children’s Amendment Bill could address this gap, as it obligates provincial Members of the Executive Council (MECs) for Social Development to provide and fund counselling services for children. Hopefully, this will be interpreted to include much needed court preparation services for children giving evidence in adversarial court environments. However,

without mandatory referral provisions in the Sexual Offences Act, it is unlikely that police will refer children for these services.

The Education Laws Amendment Act

The Education Laws Amendment Act amends an array of education laws, including the South African Schools Act (No 84 of 1996) and the National Education Policy Act (No 27 of 1996).

Current status

The Education Laws Amendment Bill [B33D-2007] was passed by Parliament in November 2007, and signed by the President in December 2007. Its official name is the Education Laws Amendment Act (No 31 of 2007).

Changes the process for developing law and policy

Substantive amendments include a change to the process for developing law and policy. Under the previous legislation, all draft policy and legislation had to be presented by the Minister of Education to the National Education and Training Council (NETC). The NETC was meant to comprise education sector representatives, including parents and students, and to have strong powers as a negotiating forum – but it was never set up. The Act scraps the NETC and allows the Minister to consult with a panel of experts that s/he appoints.

Introduces minimum norms and standards for all schools

To promote equal access to quality education, the Act gives the Minister authority to prescribe minimum norms and standards for schools. When governing bodies and schools determine policy they must comply with these norms and standards. They relate to physical infrastructure (e.g. buildings, electricity, water, sanitation, library, laboratories, recreational facilities and internet access); capacity of the school (e.g. number of teachers and learners, classroom size, curriculum and extra-curricular choices); and learning materials (e.g. stationary, textbooks and computers). The MEC for Education and the Head of Department (Education) in each province must ensure that all schools meet the norms and standards and report on progress to the national Minister.

Outlines school performance indicators

The Act also defines the functions and responsibilities of principals in public schools, and requires governing bodies to support the provincial Head of Department in dealing with principals who do not perform. Provincial Heads of Departments are responsible for identifying and supporting under-performing schools. Performance indicators relate not only to academic achievement but also to levels of safety and security at the school.

New school safety measures

The Act provides new measures to curb the presence of drugs and dangerous objects in schools. The definition of ‘dangerous objects’ includes explosives, firearms, knives and anything that can “cause bodily harm to a person or damage to property”.

Principals are given the power to do body searches and urine tests if there is reasonable evidence of illegal activity and if it is in the best interest of that child or any other child in the school. The principal may delegate this power to a teacher. Both body searches and drug testing can infringe the child’s right to freedom and security, privacy and dignity and could expose the child to possible abuse by principals and teachers. To safeguard against possible abuse the Act provides that body searches and urine tests for drugs may only be done by a person of the same gender as the learner, that a witness of the same gender must be present, that searches must be done “in a manner that is reasonable and proportional to the suspected illegal activity”, and that body cavity searching is not allowed.

The Act also says that criminal proceedings may not be instituted by the school against any learner who is searched or tested by the school. The school can hold disciplinary proceedings as long as they use a code of conduct that appropriately protects the learner. The learner must receive counselling after any disciplinary hearing. Most schools do not have trained counsellors and will need to refer children to services provided or regulated by the Department of Social Development. Searches and testing without the provision of social services to help children change their behaviour, or to find the underlying cause for the child’s behaviour, can result in exposing the child to more harm than the risk-taking behaviour itself. It is therefore essential that programmes to provide drug abuse counselling and rehabilitation, and interventions for children found carrying dangerous weapons, are provided.

The Child Justice Bill

The best interests principle applies to all children, and the Constitution contains specific provisions to protect children in conflict with the law. Over and above the general protections for all accused people, the Constitution states that children should only be detained as a measure of last resort, for the shortest appropriate period of time, and they must be held separately from adults and in conditions that take account of their age. This means that the criminal justice system should treat children with special care.

The current legislation governing the criminal justice system does not recognise children’s vulnerabilities nor does it provide special protection to children in conflict with the

law. Therefore, the Child Justice Bill was written to reform the law in line with constitutional and international obligations.

Current status

The Bill was tabled in Parliament in 2002 and the Portfolio Committee on Justice held public hearings and deliberated on the Bill in 2003. The process stalled until November 2007 when a revised Bill was referred back to Cabinet for approval. Fresh public hearings were held on the new draft in early 2008.

Children's capacity to be held criminally liable for their actions

The Child Justice Bill raises the minimum age at which a child is considered to have "criminal capacity" from seven to 10 years of age. Children under 10 years do not have criminal capacity and therefore cannot be arrested or prosecuted; instead they must be referred for social services if they commit a crime.

Children older than 10 but younger than 14 years may be arrested and prosecuted, but they are "rebuttably" presumed to lack criminal capacity. In other words, the prosecutor must prove to the court that the child knew the difference between right and wrong and had the capacity to act on that knowledge before the prosecution can proceed.

Children who are 14 years or older are considered to have full criminal capacity.

Focus on diversion and restorative justice

The original version of the Bill said that, when *any* child is charged, a probation officer must assess the child. The probation officer must make recommendations for the release or detention of the child, the diversion of the child and also assess whether the child needs care and protection. After the assessment a preliminary inquiry is held.

A preliminary inquiry is a new procedure introduced into the criminal justice process aimed at the comprehensive and individualised management of the accused child. During such an inquiry the court must proactively consider whether the child needs care and protection and whether the child can be diverted away from formal court procedures. Diversion programmes aim to help the child make amends for the crime, and to heal the child and the victim or community affected by the crime.

Whilst the 2002 version of the Child Justice Bill allowed for *all* children to be assessed and attend a preliminary inquiry, the 2007 version now *excludes* certain children based on their age and the nature of the alleged offence.

Of further concern is that the Criminal Law (Sentencing) Amendment Act (No 38 of 2007) provides that children over 16 who are convicted of certain serious offences are also subject

to minimum sentencing legislation, which requires life imprisonment as a first resort. The Child Justice Bill is silent on this issue and therefore mandatory minimum imprisonment sentences are now a reality for children. If the Child Justice Bill is passed in its 2007 form, South Africa will not be in compliance with its constitutional and international obligations regarding children in conflict with the law.

What are the conclusions?

There is a worrying tendency to use the justice system to deal with children manifesting social problems. Both the Sexual Offences Act and the Education Laws Amendment Act come down hard on children engaging in what is deemed risky behaviour. This is counter-productive if there are inadequate preventative and rehabilitative support services to refer children and families to. The Child Justice Bill sets out an individualised and appropriate response for younger children charged with less serious offences, but it leans towards a punitive, adult-based approach for older children and for children who are charged with more serious offences.

During the deliberations on the Children's Amendment Bill, Parliament realised the importance of a holistic social service system that expanded beyond statutory protection and embraced prevention and early intervention services. If properly resourced these services will help to strengthen families and communities to protect their children from abuse, neglect and poverty, which are often the underlying causes of risk-taking behaviour by children.

Since the Bills are complementary and interdependent, implementation requires inter-sectoral and inter-departmental communication, co-operation and support, as well as clear protocols for managing child protection issues. If this can be achieved these services will provide the basis for a paradigm shift where social services and community-based approaches are used to deal with and prevent crime.

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HOME

PART TWO

Children and Social Services

Part two is a series of essays on a theme of critical importance to the realisation of children's rights. In this edition, the essays examine children's constitutional right to social services within the context of a developmental social welfare system. The essays describe and analyse the policies and the law (Children's Act) that are aimed at giving effect to the right, and explore and make recommendations on key budgetary, human resource and implementation challenges.

SPAZA

BOYS & MEN

FRIEND'S
PLACE



Overview

Part two of the *South African Child Gauge* is a collection of essays on a theme of critical relevance to children. This edition is centred on children's constitutional right to social services (section 28(1)(c) in the Bill of Rights). It presents seven essays which sketch the need for social services, define the right, comment on the potential of the Department of Social Development's overall policy framework and the Children's Act to give effect to the right, describe and analyse key budgetary and human resource challenges to implementation, and explore the inter-dependence between social assistance grants and social services.

Setting the scene for social services: The gap between service need and delivery (page 17)

This introductory essay illustrates the huge scale of need for social services and introduces the key challenges to social service delivery.

Children's constitutional right to social services (page 23)

This essay describes the legal scope and content of children's constitutional right to social services. It does this in the context of children's other constitutional rights and also the general socio-economic rights applicable to everyone. It provides an interpretation of the right which emphasises the delivery of prevention and early intervention services.

Developmental social welfare policies and children's right to social services (page 29)

This essay examines three overarching policies of the Department of Social Development to determine if they give effect to children's right to social services within a developmental social welfare system. The policies are the White Paper for Social Welfare, the Policy on Financial Awards for Service Providers, and the Service Delivery Model for Developmental Social Services.

The Children's Act: Providing a strong legislative foundation for a developmental approach to child care and protection (page 35)

This essay details key features of the new Children's Act (No 38 of 2005) and the Children's Amendment Bill [B19F-2006], which together legislate for children's social services, prioritise budget allocation for social services and provide for a range of practitioners to deliver social services. It discusses some limitations of the Act (as amended) and the budgetary and human resource implementation challenges.

Budget allocations for implementing the Children's Act (page 41)

This essay examines whether government has prioritised budgets for implementing social services for children in terms of the Children's Act. In analysing provincial departments of social development budgets it shows that much more money needs to be made available for children's social services to address the large gap between the demand for services and the level of services currently being delivered.

Human resources needed to give effect to children's right to social services (page 48)

This essay describes the chronic shortage of the social service practitioners that are needed to deliver social services to children under the Children's Act. It emphasises the need to support non-profit organisations providing these services and the need to recognise, recruit and retain the full range of social service practitioners.

Making the link between social services and social assistance (page 55)

This essay explains how social assistance grants can reduce the need for social services. In particular, it discusses some of the consequences resulting from older children not being eligible for the Child Support Grant (CSG). It also describes the challenges for the child protection system as a result of the court-based foster care system being used for income support to poor families instead of the administratively simpler CSG.

Setting the scene for social services: The gap between service need and delivery

Sonja Giese (Promoting Access to Children's Entitlements)

Widespread poverty and unemployment impact in many ways on families' capacity to care for their children. Furthermore, historical inequalities in investments in education, health care and basic infrastructure have contributed to poor quality services and persistent backlogs in historically disadvantaged areas. Child vulnerability, particularly in these areas, is further compounded by high levels of illness and death associated with HIV/AIDS.

Within this context, adequate mechanisms for the care and protection of children are imperative.

This essay highlights key challenges impeding the full implementation of social services¹ for children. It emphasises the great need for preventive and early intervention services in consideration of historical under-service provisioning and the scale of challenges today. Service delivery challenges introduced in the essay are examined in more detail in the others that follow.

This essay:

- explains important social welfare policy shifts since 1994;
- comments on whether these policy shifts have been translated into practice;
- discusses the current scale of need for social services;
- describes the challenges preventing social services from meeting the needs of vulnerable children and their families; and
- looks at how the commitment in the Children's Act, to invest in social services, can be maximised.

What important social welfare policy shifts have taken place since 1994?

The Bill of Rights in the 1996 Constitution laid a solid foundation for the creation of a developmental social welfare system through the recognition of a range of socio-economic rights for everyone, with additional protection for children. In particular, section 28(1) recognises children's rights to family care, basic nutrition, shelter, basic health care services, social services and protection.

The Department of Social Development has since made strides in reforming its policy in line with these constitutional

commitments. This began with the adoption of the White Paper for Social Welfare in 1997, setting in motion a major overhaul of social security, child protection and related legislation.

One of the most important developments in post-apartheid social welfare policy was the move away from an almost singular focus on the "treatment" of social ills (the residual model) to an approach which is developmental in nature. The developmental approach to social welfare integrates social support with economic development. It aims to empower individuals, families and communities to be self-reliant and to deal effectively with adverse social conditions. Importantly, the White Paper recognises the "family" as the basic unit of society. It states that "family life will be strengthened and promoted through family-oriented policies and programmes", ultimately to minimise the necessity for state intervention.

Other significant progress towards a developmental approach includes the introduction of the Child Support Grant, and the Children's Act (No 38 of 2005). These policy shifts were made in order to support the large numbers of vulnerable children and their families more effectively through both social security (social grants) and social services.

Have the policy shifts been translated into practice?

The Department of Social Development has two core and inter-related functions – the provision of social security and the delivery of social services.

Given the high levels of income poverty in South Africa, social grants play a critical role in supporting children. In an effort to strengthen family-based care for children, the government introduced the Child Support Grant (CSG) in 1998, progressively expanding coverage over the last 10 years. According to the department's SOCPEN database, the grant reached just over 8.1 million children by end January 2008. Despite some remaining challenges, such as the restriction of the grant to children under 14 years² and barriers faced by caregivers in accessing birth certificates, the social security programme has been a major success and an important component of the child care and protection system.

¹ The term 'social services' means the services that need to be delivered to give effect to children's constitutional right to "social services" in section 28(1)(c). Please see the essay on page 23 for more details.

² As of January 2009, the CSG will be extended to children up to 15 years of age.

In contrast, the social services arm of social development has lagged considerably behind. Social services are generally classified in terms of levels of intervention, and include prevention; early intervention; protection; and alternative state care. 'Social services' is therefore a catch-all for a broad range of interventions – delivered through state and non-governmental social service practitioners and volunteers – to support individuals, families and communities who are at risk. Across all four levels of service delivery, the need for services far outweighs the capacity of the State to respond.

The lack of a post-1994 legislative framework for these services has contributed to the lack of resources and capacity that is plaguing the sector. Once the new Children's Act, which gives effect to the vision of the Constitution and the White Paper, is put into effect (anticipated for 2009) improvements should start.

The dire need for priority attention and resources to be allocated to social services for children is discussed below.

What is the scale of need for social services?

The case study below illustrates the depths and complexity of the challenges facing children in poverty-stricken and AIDS-affected rural communities – in this case in KwaZulu-Natal.

The scale of challenges facing children is highlighted in provincial and national data on child well-being. The latest analysis of the *General Household Survey* for 2006 shows that 70% of children in KwaZulu-Natal live in households where the total monthly income is less than R1,200. Nationally, approximately 12.3 million children live in households with less than R1,200 per month. Furthermore, the latest antenatal survey in 2006 estimates that 39% of women attending public antenatal clinics

CASE STUDY 1: Sindile and her siblings

Sindile* was five years old when her parents died of AIDS in 2002, leaving Sindile, her sister Jabu (8) and brother Thokozani (11) in the care of their maternal aunt. The family survived on the aunt's disability grant and the occasional food parcel from the Department of Social Development. "But they were happy", says Nokuthula, an employee of a local non-governmental organisation, "the mother's sister loved the children, and they loved her".

Over the next six months, there were rumours of an abusive uncle (the father's brother) who had heard about the food parcels and began visiting the children, taking goods from their homestead. These visits became more frequent until the paternal uncle took Sindile and her siblings to live with him. Having shown no interest in the children previously, he saw this as an opportunity to secure resources.

Sindile's brother Thokozani had severe epilepsy and required daily medication. In the care of his uncle, his condition worsened and he struggled to cope at school.

After months of prompting from Nokuthula, a social worker from the local Department of Social Development visited the uncle's home, where she found "a terrible mess". The homestead included the abusive uncle, his wife and a number of children, none of whom were well cared for. In addition to Thokozani, Sindile and Jabu, the uncle "looked after" his own five children (one of which had a child) and two children of another brother who had died. Despite reports of abuse and the social worker's own observations, the children were not removed. The case was not reported to the local police.

In 2004, about a year after moving in with his uncle, Thokozani died. Nokuthula heard from family members that he had received a severe beating the day before his death. She arranged for a doctor from the local hospital to examine the body. The doctor found bruising and a bloodshot eye, but nothing to prove that the beating led to the fatal epileptic fit.

The doctor's report was submitted to the social worker, accompanied by weekly pleas from Nokuthula to move Sindile and Jabu back into the care of their maternal aunt. The social worker eventually visited the homestead again and heard firsthand from the children about the prevailing violence and abuse. Still – nothing was done. The social worker was afraid of the uncle and, she told Nokuthula, Zulu custom made it "complicated" to remove orphaned children from a paternal uncle.

A little while after Thokozani's death, the uncle's wife was transferred through her job to an area about 1½ hours away by car. Sindile and Jabu accompanied her, and the other eight children remained with the abusive uncle. At least one of these children later ran away, living on the streets to escape the violence at home.

The social worker who originally handled the case resigned and her post remained vacant for some time. The new social worker knew nothing about the case until Nokuthula briefed her and pleaded with her to follow up. But, as a result of a series of personal problems, the new social worker was off work for over six months and nothing was done.

When asked whether the uncle (now deceased as a result of AIDS) ever received the grants that motivated him to take the children, Nokuthula said that the social workers thwarted his many attempts to get the grants because, they said, "he is not fit to be a parent". While they did not feel able to challenge the paternal uncle's position as caregiver, they were able to prevent him from accessing grants. Nokuthula explains too that the local Department of Social Development office was severely understaffed. Due to the demand for Foster Care Grants, social workers spent most of their time handling foster care applications and renewals, leaving little time for prevention and early intervention services or to deal with "complicated" child protection cases.

* All names have been changed to protect identities.

in KwaZulu-Natal are HIV positive. Research on the demographic impact of HIV/AIDS by Dorrington, Johnson, Bradshaw and Daniel estimates that, as of 2006, approximately 5.4 million people in South Africa were infected with HIV. The same study estimates that 1.5 million children had lost their mothers – two-thirds of these deaths were AIDS-related. In 2006 alone, 300,000 children became maternal orphans. (For more data on child well-being, see pages 61 – 95 in *PART THREE: Children Count – The Numbers* or visit www.childrencount.ci.org.za.)

In order to plan and budget for sufficient services – and monitor implementation – regular and reliable data are needed on the number of children in South Africa who require – and who receive – social services at any given time. The most comprehensive assessment of this was commissioned by the Department of Social Development in 2006 to estimate the cost of implementing the Children's Bill.

The costing team led by Barberton, noted the lack of reliable information on the demand for social services and on the delivery of such services to children. To cost the Bill, Barberton developed two “demand scenarios” – i.e. ways of estimating how much of every service would be required. The first scenario was based on actual and planned service *delivery* (based on departmental plans to expand services) and the second on estimated *need* for the variety of services provided for in the Children's Bill.

Their findings highlight two important issues:

- The need for social services in South Africa is large and increasing. In the absence of substantially improved (and comprehensive) social services, the burden of care on the State will be enormous by 2010.
- The Department of Social Development's current and planned provisions for service delivery to children (scenario one) fall substantially short of the estimates of actual need in scenario two. In most cases, the number of children estimated to need social services is more than double the number of children that the department is planning to provide services to.

Furthermore, disparities between demand and service delivery are most pronounced in the poorest provinces. The costing report showed that provinces with the lowest expenditure per child are also the poorest regions, and home to the country's most vulnerable children. As an example, Barberton documented that in 2005/06 the Western Cape spent 7.5 times more per capita on social welfare services for children than Limpopo (R114 vs R15). Yet, analysis of the *General Household Survey 2006* shows that 41% of children in the Western Cape live in poverty (in households with less than R1,200 per month income) compared to 82% of children in Limpopo. For further discussion of the costing report, see the essay on page 41.

Across the country, large case loads per social worker and

increasing backlogs in foster care placements point to the fact that the delivery of social services is not keeping pace with demand. The gap between service delivery and service need will persist (and grow) unless major service delivery challenges are addressed.

What are the challenges preventing social services from meeting the needs of vulnerable children and their families?

There are multiple, inter-related challenges to the delivery of social services to children in South Africa. Five key challenges are highlighted here.

Shortage of social services practitioners

The Children's Bill costing team noted that “the greatest obstacle to the implementation of the Children's Bill is the acute shortage of suitably qualified personnel”. This includes social workers, social auxiliary workers, and child and youth care workers.

At around the time when Sindile and her siblings lived with their abusive uncle, research by Giese, Meintjes, Croke and Chamberlain in 2003 reported that the local welfare office had three social workers servicing a population of over 110,000. To put this in perspective, Barberton points out in the costing report that the Department of Social Development's proposed norm for social workers is one social worker to every 4,500 people in KwaZulu-Natal. Applying these norms to Sindile's area, the local welfare office should have had 24 social workers.

The shortage of social workers is a national crisis. In 2005, the Department of Social Development and non-profit organisations (NPOs) employed a total of 5,063 social workers to deliver the full spectrum of social work services countrywide (including but not limited to children's social services). The costing report revealed that, at the lowest level of implementation of the Children's Bill, at least 16,504 social workers will be needed in 2010/11 for children's social services. Looking at the higher level of implementation (better service standards) 66,329 social workers will be needed in 2010/11.

Immediate and creative solutions are needed to address this shortfall. These solutions need to include recognition and remuneration for a broad range of social service providers (such as social auxiliary workers and child and youth care workers) to undertake some of the tasks traditionally assigned to social workers.

Other staff-related issues, all evident in Sindile's case and documented elsewhere (see for example Meintjes, Moses, Berry & Mapane 2007), include inadequate training and supervision of social services personnel, high staff turnover, poor working conditions and unmanageable case loads. Staffing issues are compounded by the inappropriate use of the child protection system as a poverty alleviation mechanism.

Inappropriate use of the child protection system

Many children are being cared for by relatives in communities affected by poverty and HIV/AIDS. These families need resources to care for the children and the State provides support in the form of social grants. The Child Support Grant is available to children under the age of 14 (to be extended to 15-year-olds in 2009) and is valued at R200³ a month per child. It is available to the primary caregiver of a child. A 'primary caregiver' includes the biological parent and relatives, or a non-related person who takes the main responsibility for a child. It is available for a maximum of six children per adult. A caregiver applying for the CSG does not have to go through a court process but simply has to show that s/he is the primary caregiver.

The State also provides a Foster Child Grant (FCG) which is intended to support adults who are appointed as foster parents to care for a child who the court has found to be in need of care and protection. At R620⁴, the FCG is substantially larger in value than the CSG and relatives caring for children are increasingly attempting to "foster" children in their care so as to access the larger value foster grant. Foster care placement has to be approved by a court, following a social worker enquiry into the child's circumstances. In addition to processing new applications, social workers are legally obliged to review all existing foster placements every two years.⁵ The whole process is costly, intense and time consuming.

Social workers in rural towns like Sindile's are increasingly swamped with foster care applications by families in need of poverty alleviation. This creates an exponentially large case load that eventually squeezes out all other services.

While the use of the foster care system for children in need of care and protection is appropriate, the use of such a complex process to simply provide income support to poor families is inappropriate and not an effective use of scarce social workers' time. The financial and human resources implications of using foster care as a poverty alleviation mechanism were documented by Meintjes, Budlender, Giese and Johnson in 2005. Their research clearly shows the crippling effects that this is having on the child protection system. Given resource constraints, the child protection system is only able to assist a limited number of children. In theory, it is intended to help children like Sindile whose home circumstances place them at risk. However in practice it is predominantly being used to channel income support to poor families – leaving courts and social workers less able to protect children like Sindile and her siblings. See the essay on page 55 for more details on the link between social services and social grants.

Marginalisation of prevention and early intervention services

The policy shift set out in the White Paper for Social Welfare advocated for an approach which placed a greater emphasis on prevention and early intervention services. These services should theoretically intervene in a family situation when the family is still functioning but the first signs of potential problems appear. Giving effect to children's right to family or parental care, these include services such as family assessments, parenting skills development, psychological and therapeutic programmes, assisting families to obtain basic necessities, managing family disputes, and succession planning (helping dying parents plan for the long-term care of their children).

Effective prevention and early intervention services for Sindile could have averted much of what happened. The social workers knew that Sindile's mother was dying. They could have worked with her to secure the children's placement in the care of the maternal aunts. They could have offered family counselling to resolve the conflict between the paternal and maternal families. And they could have prevented the abuse that Sindile suffered, and possibly even prevented Thokozani's death by intervening after their first visit to the uncle's homestead.

The implementation of prevention and early intervention services not only saves lives, it saves costs too. In the long run, intervening early reduces the likelihood that the State will have to take full responsibility for the alternative care and/or rehabilitation of a traumatised child, which is more costly than prevention services which keep children safely in the care of their families.

Within the context of limited resources, however, choices have to be made "on the ground" as to what gets done and what "can wait". Prevention and early intervention services are seen as less critical than statutory protection services or alternative care and are therefore the first to be cut. This leads to a greater number of children requiring protection and alternative care, further reducing the capacity of social workers to deliver prevention and early intervention. In this way, a vicious cycle develops.

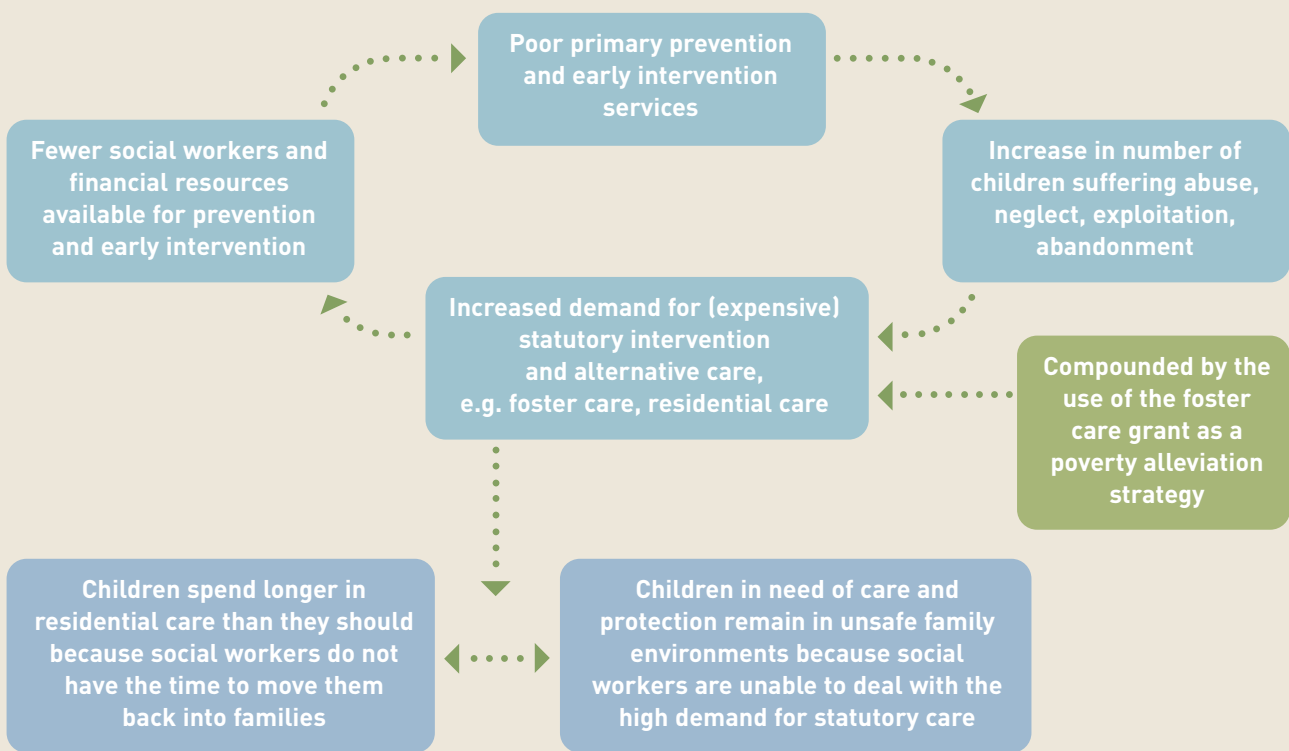
Failure to deliver the full spectrum of services, including prevention and early intervention services, leads to unnecessary trauma for children and families, and ultimately increases the demands placed on the State. This is illustrated in the diagram opposite.

³ The CSG will increase by R10 in April 2008 and by a further R10 in October 2008 to a total of R220 a month.

⁴ The FCG will increase by R30 in April 2008 to R650.

⁵ The Children's Act now allows for courts to make permanent foster care orders in specified circumstances (section 186). This will eliminate the need for two-yearly reviews by social workers in some cases.

DIAGRAM 1: Vicious cycle undermining social services for children



Inadequate funding for NPOs and community-based initiatives

In the absence of sufficient state capacity to deliver prevention and early intervention services, the non-profit and voluntary sectors currently provide the bulk of these services to children and families. These organisations are performing a state function yet very few have proper service level agreements with government and many struggle to access subsidies. Inadequate support for NPOs and community-based initiatives compromises the quality and continuity of services for children and stretches community resources beyond capacity. For further discussions on government funding for the non-profit social service sector, see the social welfare policies essay on page 29, the Children’s Act essay on page 35, the human resources essay on page 48, and the budget allocation essay on page 41.

Poor inter-departmental collaboration

Sindile’s story highlights several examples of poor inter-departmental collaboration. The police, for example, were never approached to provide support or protection to the social worker in dealing with the abusive uncle. Health services could have picked up that Thokozani was not collecting his epilepsy medication regularly, and could have worked with Social Development to follow up on the child. Regular

communication with the schools would have enabled social services to monitor the well-being of the children without placing extra demands on social workers’ time.

Poor inter-departmental collaboration compromises care and protection services and leads to costly inefficiencies in service delivery. For example, during the costing of the Children’s Bill, the costing team identified poor collaboration between the Departments of Justice and Social Development as a major issue. This has the potential to waste an extraordinary amount of time and resources on both sides, with courts waiting for information from social workers, and social workers waiting to appear in court. Such inefficiencies reduce the effectiveness of an already overburdened child protection system.

Furthermore, the failure of other departments to deliver on their obligations to children and caregivers inevitably increases the burden on the Department of Social Development, which cannot drive the implementation of a developmental welfare system without buy-in from other departments. An example of this is the impact of AIDS-related illness and death on the demand for social services. The Children’s Bill costing team estimated that 54% of children referred to social services by 2011 will be children whose parents have died of AIDS. Services for these children could account for up to two-thirds

of the overall costs of implementing the Children's Bill. The increasing demand for social services for children is therefore partly attributable to failures in the government's HIV/AIDS prevention and treatment programmes, which is largely the responsibility of the Department of Health.

Given the range of child care challenges that families typically face – including access to education, health care, housing, water and sanitation – the responsibility for supporting families to care for their children is a shared one. In order to realise constitutional commitments to children, a sufficient, sustained and collaborative effort on the part of all relevant government departments is crucial.

How can the commitment in the Children's Act to invest in social services be maximised?

In order to meet the needs of a growing population of vulnerable children and families, a substantially greater investment is needed in social services, particularly prevention and early intervention services.

The passage of the Children's Act (No 38 of 2005), as amended by the Children's Amendment Bill [B19F-2006], signifies the State's highest commitment to address the needs of vulnerable children. When put into force, the Children's Act will replace the Child Care Act (No 74 of 1983) and will bring the legislation governing child care and protection in line with South Africa's constitutional and international obligations to children and their families. (See the rights essay on page 23 and the Act essay on page 35 for more details on how the Act gives effect to children's rights.)

The Children's Act provides the necessary legal framework to support the delivery of the full spectrum of social services. However, in order to ensure that 10 years of investment in drafting the Children's Act bears fruit, significant budget growth and capacity development are urgently needed to support implementation. (For more information on budgetary and human resources considerations in the implementation of the Act, see the essays on pages 41 and 48 respectively.)

What are the conclusions?

The 1997 White Paper for Social Welfare envisioned a truly developmental approach to social welfare, including social security and social services. While this has translated into practice in the arena of social grants, the delivery of social services falls substantially short of the needs of children and families in South Africa.

Key challenges to social service delivery include the shortage of social service practitioners, in particular social workers, social auxiliary workers and child and youth care workers; the inappropriate use of the foster care system to channel social assistance to poor families and the effect this is having on the child protection system; the marginalisation of prevention and early intervention services; inadequate funding for NPOs and community initiatives; and poor inter-departmental co-ordination.

With the new Children's Act comes the possibility of significantly improved services. However, much work remains to ensure that the full spectrum of services provided for in the Act are appropriately resourced and fully implemented and that the service delivery challenges outlined above are addressed.

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Children's constitutional right to social services

Mira Dutschke and Jo Monson (Children's Institute)

Section 28(1)(c) of the Bill of Rights in the South African Constitution guarantees every child the right to social services: "Every child has the right to basic nutrition, shelter, basic health care services and social services."

This essay describes the legal scope and content of children's constitutional right to social services. The term 'social services' is often used to mean a group of services including education, health, housing, social security and social welfare services. This essay argues however that the term 'social services' in the Bill of Rights refers to a specific, narrower set of services. In reaching a conclusion as to what these services are, the essay interprets the right to social services in the context of children's rights and also the general socio-economic rights applicable to everyone in the Constitution.

This essay:

- discusses why it is important to define the right to social services;
- defines what social services are;
- explains how the right to social services is distinct from children's other basic socio-economic rights;
- looks at the obligations on the State to deliver social services; and
- comments on the relationship between broad socio-economic rights and children's rights to care, protection and social services.

Why define the right to social services?

Address the apartheid legacy

Under apartheid South Africa operated under a 'residual system' of social welfare, which means that remedial services were offered only once social problems had already manifested. This system did not recognise that most social ills were a direct result of poverty and also did not provide services that could prevent the occurrence of such social problems. Service provisioning was also reserved for a selected minority.

The Constitution was designed to address apartheid legacies including widespread poverty and the disruption of family and community life. The inclusion of broad socio-economic rights, such as the rights to health care services, food, water and social security, is one of the ways the Consti-

tion aims to address the injustices of the past. In addition, it identifies children as a vulnerable group who have extra rights, such as the right to social services. The inclusion of socio-economic rights in the Bill of Rights, as well as children's extra rights, indicates that the Constitution mandates a developmental social welfare system. Broadly speaking, a developmental social welfare system aims to combine social development with economic development and to ensure the equality of vulnerable groups.

Evaluate legislation and policies that aim to give effect to the right

Generally, constitutional rights are given effect through policy and legislation. Both the policy framework and the primary law, the Children's Act, aimed at giving effect to the right to social services, have been established. (These are discussed in the essays on page 29 and 35 respectively). The Children's Act also aims to give effect to the right of children to "family care or appropriate alternative care", and the right to "protection from maltreatment, neglect, abuse or degradation". Defining the full scope and extent of the right to social services is important to evaluate whether the Children's Act, together with its regulations, provide the necessary legislative framework to give effect to this right.

Guide planning, evaluation and monitoring

The term 'social services' has not been used consistently since the adoption of the Constitution in 1996. Decision-makers and drafters of policy are not always talking about the same services when they talk about social services because the term has different meanings in different disciplines. In section 28(1)(c) of the Bill of Rights, however, the term needs to be interpreted within the constitutional framework. To plan and monitor delivery there must be agreement on what the right to social services means and what services children are entitled to in terms of this right. It is also critical for determining the necessary budget for all aspects of implementation.

Meet the need for social services

There has been much progress in developing the social security system since the Constitution was adopted, but significant progress in delivering social services for children has not happened. In addition to apartheid legacies, HIV/AIDS is now

DIAGRAM 2: Examples of social services recommended by the CRC

Children's constitutional rights	Examples of recommended social services
The right to family care or parental care: section 28(1)(b)	<p>Existing care arrangements must be respected and protected by the State. Common responsibility between parents must be encouraged. Children should not have to be removed from parents for reasons of poverty or homelessness:</p> <ul style="list-style-type: none"> • Education and support for parents, children, caregivers and professional groups; • Support for single parents or caregivers; • Support for families at the risk of breaking down; • Drug and alcohol counselling for parents; • Community-based day-care centres; • Early childhood development services; • Participation of children and all interested parties in debates on the removal of children.
The right to appropriate alternative care when removed from the family environment: section 28(1)(b)	<p>Children removed from the family environment are entitled to special care and assistance and have a right to a variety of services. Social workers should have the authority to co-ordinate these services. A hierarchy of placements dictates that first the child must be kept in the extended family, then in a family-like environment and, only if that fails, should the child be placed in a suitable institution:</p> <ul style="list-style-type: none"> • Foster care (including training and supervision of parents and placements and periodic review); • Adoption or <i>kafallah</i>; • Periodic review of placements; • Placement in suitable institutions; • Special assistance and reunification services for children living and working on the streets; • Special assistance to unaccompanied foreign children; • Collection of data on child abandonment and all other children removed from the family environment.
The right to be protected against abuse, neglect, maltreatment and degradation: section 28(1)(d)	<p>Services directed at the protection against all forms of abuse and neglect are aimed at children in any care arrangement. Parents and family have the primary duty to protect the child against any forms of abuse and neglect and the State has a duty to assist the parents in this. For children who do not live in the family environment, the State has to fulfil the role of the parents and family:</p> <ul style="list-style-type: none"> • Social programmes supporting the child and the person caring for the child; • Measures to identify, report, refer, investigate, treat and follow up on instances of abuse and neglect; • Advice and counselling for children who have suffered abuse or neglect; • Services directed at women and children suffering from domestic violence; • Reintegration services for abused, neglected or exploited children; • Rehabilitation for children who are abusing drugs or narcotics; • Community-based day-care centres; • Training of specialised personnel to deal with child abuse cases; • Recovery and reintegration programmes for children who have suffered any abuse or neglect; • Psychological counselling for families and their children where abuse and neglect occurred; • Gender-sensitive training for professionals dealing with child abuse and neglect.
The right to equality: section 9(3)	<p>Services for children with disabilities:</p> <ul style="list-style-type: none"> • Rehabilitation services for children with disabilities; • Services enabling maximum social integration; • Support for families with children who have disabilities; • Information campaigns about disability and prevention methods; • Vocational training for children with disabilities. <p>Services specifically for unaccompanied foreign children:</p> <ul style="list-style-type: none"> • Humanitarian assistance for children and their families; • Registration of the child and appointment of a guardian; • Reunification and family-tracing services. <p>List of services still to be developed for other categories of children needing special care and protection:</p> <ul style="list-style-type: none"> • Children who live and work on the streets; • Children who have suffered from the worst forms of child labour; • Children who have been trafficked and children with chronic illnesses.

Source: With slight amendments from: Dutschke M (2007) *Rights in brief: Defining children's constitutional right to social services*. Cape Town: Children's Institute, UCT.

exacerbating the acute poverty and dislocation experienced by children. As in the past, non-profit organisations (NPOs) continue to deliver the bulk of social services to children. These organisations depend mainly on donor funding and operate with tight budgets in the face of great need. As a result they find themselves having to focus predominantly on crisis situations. This has meant that desperately needed prevention services, such as early childhood development services, are being neglected. Defining the right establishes that social services are part of government's constitutional obligation and gives a firm foundation to prioritise reform and delivery.

What are social services?

The Constitutional Court has a process to define rights which involves looking at the ordinary meaning of the words, their purpose in the Constitution, the contextual meaning of the words, previous court judgments (jurisprudence) and international law. This approach is used in this essay to define the scope and content of children's right to social services.

Social work-type interventions

The ordinary meaning of 'social services' suggests that the right is located in social work-type interventions and social work concepts. This gives a broad understanding of the term but does not exactly explain what services are covered under this right.

Services giving effect to children's rights to care and protection

The scope and content of children's rights are addressed in a number of international and regional legal documents binding on South Africa, such as the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (African Charter). The Constitutional Court in the famous *Grootboom* case upheld the role of section 28 (children's rights) in incorporating these international legal obligations.

While neither the CRC nor other international legal documents use the term 'social services', both the CRC and the African Charter address children's right to family care and appropriate alternative care (care) as well as the right to be protected against maltreatment, abuse, neglect or degradation (protection). The jurisprudence of the Constitutional Court and legal analyses by academics have suggested that children's socio-economic rights, such as the right to social services, must be read in the context of these care and protection rights. What this implies is that the right to social services relates to services designed to realise the rights to care and protection.

The commentary and supporting materials to the relevant international laws show what specific social services are recommended to give effect to care and protection rights. These are presented in diagram 2 and can be classified into different layers:

- Services that give effect to the right to family care, for example support programmes for parents.
- Services that give effect to the right to be protected against abuse, neglect, maltreatment and degradation, for example, community-based day-care centres.
- Services for children who are removed from the family environment, for example, children's homes.
- Services for children in special circumstances, for example, children with disabilities.

The recommended services in the diagram represent the different layers of services that this essay argues the State is obliged to deliver under children's right to social services. These layers of services and their appropriateness were developed from international law and related commentary and were confirmed by a broad representation of South African service providers at a Children's Institute-hosted workshop in early 2007.

Multiple forms of prevention services

To give full effect to the right to social services, appropriate interventions must exist for each service layer. Services are often classified according to prevention, early intervention and protection. Here they have been classified according to the rights they give effect to because, depending on the situation, a protection service could also be called a prevention service. For instance in the case where a child is removed from an abusive home, further abuse is prevented. Nevertheless, currently services aimed at preventing abuse and neglect need more attention. These services tend to fall into the first two layers, i.e. services giving effect to family care, or services giving effect to protection from abuse. The case study on page 26 illustrates how access to prevention and early intervention services may have stopped the cycle of abuse and neglect across generations.

Social services are distinct from social security

The focus in a developmental social welfare system is on paralleling economic and social development. Social services are therefore often wrongly equated with social security, which is the primary poverty alleviation mechanism. The *Supplementary Memorandum on Bill of Rights and Party Submissions*, a drafting document of the Constitution, shows that the right to social services for children is in addition to and distinct from the broad right to social security: "The right to social services is important for children because it implies the

CASE STUDY 2: At which point should service delivery be emphasised?

After her mother left, Rochelle* grew up in the care of her father. He did shift work, was rarely at home and Rochelle was often in trouble at school. As Leila, the social worker who later counselled Rochelle said: "There were multiple points at which interventions could have been made. Rochelle and her father would have benefited from counselling, for example."

When Rochelle was a teenager, her mother died of AIDS. With her mother dead from a stigmatising disease and her father still largely absent, Rochelle moved to Cape Town. In 2006, as a 19-year-old she got pregnant and was diagnosed as HIV positive. "Another missed opportunity to access social services for Rochelle," said Leila, who further commented that: "Here was a very young woman, pregnant and alone in a strange city. Enrolling Rochelle in a support group for positive people, or for single mothers, could have made a critical difference."

When the baby Kyle was born, Rochelle tried to get a Child Support Grant for him but failed because she had no identity documents. "Ideally," said Leila, "the social security

officials who Rochelle was in contact with would have had a little training and have a list of referrals for people in desperate circumstances."

Rochelle and Kyle lived with Rochelle's abusive boyfriend on whom they were dependent for food and shelter. Even so, some days they went without food. Rochelle sometimes left Kyle with an elderly woman with a drinking problem who lived across the road while she searched for employment. Something, noted Leila, which would not be necessary if there had been a partial care facility in the area.

At 15 months Kyle was admitted to a tertiary hospital with multiple injuries, none of which Rochelle could account for. He had burn marks, a skull fracture, skin lesions, tuberculosis and pneumonia. The 21-year-old Rochelle was interviewed by Leila who asked her about her history to establish what to do with her son Kyle. "Please help me," she said, "take this child for a few months." Kyle was placed in a children's home in the care of the State.

* All names have been changed to protect identities

Source: Department of Health, Western Cape

provision of social workers and other services necessary for the welfare of children. Social services should be distinguished from social security because social services are based on social work and contribute to the welfare and development of both individuals and groups in the community."

How is the right to social services distinct from children's other basic socio-economic rights?

Children's other basic socio-economic rights have corresponding broad socio-economic rights

As stated earlier, everyone is entitled to have access to broad socio-economic rights. These socio-economic rights are limited to progressive realisation as resources become available. The Constitution also specifies certain basic socio-economic rights for children, which are not explicitly limited by progressive realisation or availability of resources. These rights (the broad and the basic) correspond to each other and are illustrated in blue in diagram 3.

Everyone, including children, has for example the right to have access to adequate housing, while children in addition have the right to shelter. Everyone has the right to have access to health care services, while children in addition have the right to basic health care services. Children's right to social services (in orange in the diagram) has no corresponding broad right.

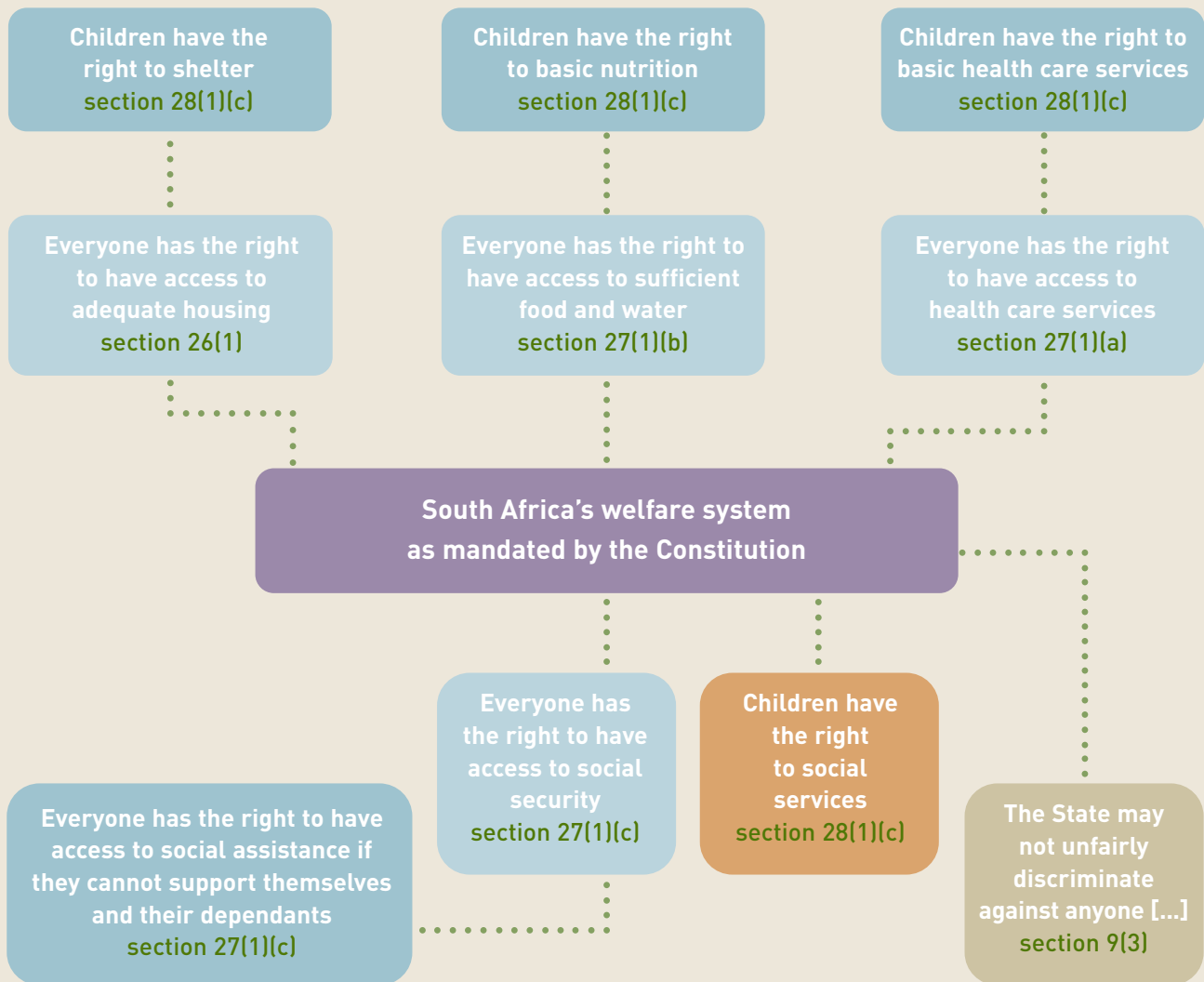
The Court has limited children's basic socio-economic rights due to their correspondence with broad socio-economic rights

Reading the right to shelter in the context of children's right to parental and family care, the Constitutional Court in *Grootboom* held that children's socio-economic rights must be interpreted in relation to the corresponding broad right, which have limitations attached to them. The fact that children's right to social services has no corresponding broad socio-economic right in the Constitution implies that limitations relating to socio-economic rights do not apply to this right. Also, because the right to social services gives effect to care and protection rights (which are arguably not socio-economic) this essay argues that the State has the obligation to prioritise the funding and implementation of a system of social services.

What are the obligations on the State to deliver social services?

For every right there are a range of people with the obligation to make sure that the right is met. These people are called "duty-bearers". Part of defining a right involves establishing who the duty-bearers are. In the case of children's rights, it is also necessary to understand who the primary and secondary duty-bearers for these rights are, because in some instances the obligation on the State only comes into play where the primary duty-bearers fail.

DIAGRAM 3: The relation between children’s right to social services and other relevant constitutional rights



Source: Dutschke M (2007) *Rights in brief: Defining children's constitutional right to social services*. Cape Town: Children's Institute, UCT.

The Constitutional Court has not yet dealt directly with the right to social services, but inferences can be made from the Court’s interpretation of children’s other basic socio-economic rights.

The State must provide support services to parents as primary duty-bearers for care

Constitutional Court jurisprudence has confirmed that children have the right to parental or family care in the first place. Only when that is lacking does the right to appropriate alternative care provided by the State kick in. This means that parents and families are primarily responsible for providing for the care and protection of their children. The State does have an obligation however to support parents and families in this duty. State support for children in the care of their parents or

families would include social services that support the family in their duties towards their children, as well as broad socio-economic interventions such as housing and social security.

The State must deliver care services when parents cannot

The State has a direct duty to provide care and protection for children who do not enjoy family care either because they are physically removed from the family environment or because the family is too poor to provide for the child.

The fact that the State is the primary duty-bearer towards children who are in its care was unequivocally accepted by the High Court in the *Centre for Child Law and Another v MEC of the Gauteng Department of Social Development and Others* judgment (better known as the *Lukhoff* case). The fact that

the State also has duties to provide care and protection to children who live with parents who are too poor to care for them has been accepted by the Constitutional Court in *Grootboom* and was more rigorously accepted in the *Treatment Action Campaign* case.

The State must deliver protection services to all children

In *Grootboom* the Court stated that even in relation to children who live in the family environment, the State is obliged to provide mechanisms to protect all children against any form of abuse or neglect. Social services protecting against any form of abuse and neglect should therefore be directed both at children who live in family environments and children who don't.

The State must provide services to address causes of children's vulnerability

South Africa has committed itself to achieving substantive equality by including a strong and pro-active right to equality in the Bill of Rights. Children's right to social services must therefore be read in the context of the right to equality. This means people with any kind of disadvantage are entitled to extra protection to ensure that they enjoy equal opportunity. In relation to the socio-economic rights outlined in diagram 3, this means that the State must ensure that the needs of the most vulnerable members of society are prioritised. In relation to children's right to social services it means that vulnerable groups of children (for example, children who are refugees or children with disabilities) are entitled to specific services that address the cause and effects of their vulnerability.

What is the relationship between broad socio-economic rights and children's rights to care, protection and social services?

The realisation of socio-economic rights through interventions for children and their caregivers has great potential to give effect to the rights to care and protection of children. In fact, in an overall developmental social welfare system, many government departments have an obligation to deliver prevention services. For example, a comprehensive anti-retroviral programme for HIV-positive persons would help infected parents to remain healthy and therefore to provide for, care and protect their children, which in turn would prevent the State from having to take on this obligation. Similarly, Child Support Grants have been shown to reduce neglect of children by, for instance, increasing food security and school attendance. These type of interventions, while very important, do not fall under the right to social services because

they are covered under the other socio-economic rights. There is a great need for different government departments to co-ordinate and integrate a range of services that could fall into the category of 'prevention' to stop child abuse and neglect and to keep children in families.

What are the conclusions?

This essay distinguishes social services from other interventions aimed at social and economic development such as health, education and social security, which all form part of the developmental social welfare system. The ambit of the right to social services extends from family support services to protection services as well as services for especially vulnerable children and children in need of care outside the family environment. The full range of services will need to be implemented to give effect to children's right to social services.

The essay argues that the right to social services must be treated differently from pure socio-economic rights. This has an important implication in that social services therefore should not be subject to progressive implementation. Furthermore, the right to social services applies even in situations where children live with their parents. Finally, the essay argues that reading the right together with the right to equality implies the right to special services for vulnerable children. Social services must also correspond with broad socio-economic empowerment envisaged under the developmental social welfare system and in the Constitution.

Now that the right to social services has been more clearly defined, the extent to which the Children's Act gives effect to this right can be measured – especially with regard to the funding and provisioning of services which prevent abuse and neglect.

Sources

This essay was primarily informed by:

Dutschke M (2007) *Rights in brief: Defining children's constitutional right to social services*. Cape Town: Children's Institute, UCT

Dutschke M (2006) *Defining children's right to social services*. A Project 28 working paper, July 2006. Cape Town: Children's Institute, UCT.

See these publications for the complete list of references which informed arguments made here. (www.ci.org.za)

Other sources

Centre for Child Law and Another vs The MEC of The Gauteng Department of Social Development and Others 2004. Transvaal Provincial Division case number 22866/04 (unreported). [Commonly referred to as "the Lukhoff case".]

Government of the Republic of South Africa and Others v Grootboom and Others 2000 (11) BCLR 1169 (CC).

Minister of Health and Others v Treatment Action Campaign and Others 2002 (10) BCLR 1003.

Developmental social welfare policies and children's right to social services

Mira Dutschke (Children's Institute)

The nature and scope of children's right to social services depend on what kind of social welfare system is mandated by the Constitution. The Constitutional Court's interpretations of children's rights and other socio-economic rights point to a *developmental* social welfare system.

This essay looks at three policies to determine if they give effect to this developmental social welfare system in light of children's constitutional right to social services. Practically the essay analyses whether the policies enable a shift in emphasis from protection services (traditionally known as statutory services) to prevention and early intervention services, thereby giving effect to the transformative vision of the Bill of Rights.

This essay is limited to Department of Social Development policies that describe the role of the department within the social welfare system. These policies deal with the department's general approach and are not restricted to a particular vulnerable group. Topic-specific policies, which potentially affect children's right to social services, are not analysed.

This essay:

- discusses the meaning of a developmental social welfare system;
- analyses if the 1997 White Paper for Social Welfare – the first policy dealing with the new developmental social welfare system – adheres to the developmental approach;
- investigates whether the 2004 Policy on Financial Awards to Service Providers – which guides the funding of non-profit organisations who provide services – facilitates the transformation towards a developmental social welfare system; and
- looks at whether the 2006 Service Delivery Model for Developmental Social Services – which aims to clarify roles and responsibilities and the types of services to be delivered – recognises the full scope of children's right to social services within a developmental social welfare system.

What is a developmental social welfare system?

The 'social welfare system' is the overall system put in place by the State to protect the well-being or "social welfare" of its

people through a variety of programme interventions such as housing, health care, education, social security and social services.

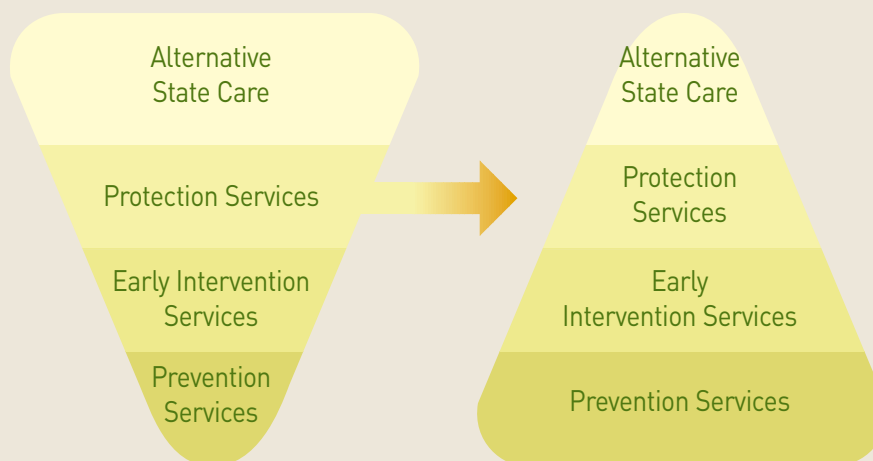
There are different types of social welfare systems and South Africa has adopted a developmental one. A developmental social welfare system aims to parallel economic with social development. In relation to children, this type of social welfare system focuses the majority of its human and financial resources on the prevention of social problems. Broad socio-economic entitlements and other poverty alleviation programmes mandated by the Constitution form part of that preventative strategy. These broad, socio-economic preventative interventions require a variety of government departments to work together with the common vision of a developmental state.

When prevention has not been successful, a developmental social welfare system aims to intervene through 'early intervention services' when the first signs of social problems appear. This fits in the developmental approach because, firstly, it avoids costly intervention once the problems have occurred and, secondly, because it encourages the optimum social development of the child. Social and economic development are therefore addressed holistically.

Does the 1997 White Paper for Social Welfare promote a developmental social welfare system?

The White Paper for Social Welfare (hereafter called "the White Paper") is the first overall social welfare policy under the 1996 Constitution. Its stated vision is therefore to reform the apartheid era residual social welfare system and to bring it in line with the new constitutional framework and binding international law. The White Paper is in line with the 1994 macro-economic policy, namely the Reconstruction and Development Programme (RDP), which envisaged meeting the basic needs of people and investing in human capital. Social development expert Leila Patel argued in 2003 that, in the face of deep poverty, social exclusion and an extremely tight budget, the drafters of the White Paper adopted the developmental approach to social welfare because it addresses both economic *and* social development.

DIAGRAM 4: The shift in emphasis of types of service interventions from a residual to a developmental welfare system



Source: Financing Policy Notice 463 of 1999:14. In: Dutschke M (2007) *Rights in brief: Defining children's constitutional right to social services*. Cape Town: Children's Institute, UCT.

Emphasis on prevention in an array of services

The developmental social welfare system prioritises prevention services in relation to families and children. These services give effect to children's constitutional right to family and parental care because they work with the child and the family to prevent the removal of the child to state alternative care. In the White Paper 'prevention' refers to primary, secondary and tertiary prevention. 'Primary prevention' refers to early intervention that enables households to avoid problems. It is directed at people who do not currently have problems but where the conditions in the community are likely to lead to some level of social dysfunction. Later policies use the term 'early intervention' as a service level separate from prevention, which can cause some confusion.

'Secondary prevention' aims to identify and work with people who are at risk of developing problems and 'tertiary prevention' is aimed at preventing the further development of problems in individuals who display pre-existing problems or dysfunction.

The White Paper stands in stark opposition to the pre-1996 residual social welfare system that only provided services for a small, selected group of people. It focused specifically on remedial interventions and worked on a specialised case-by-case basis, ignoring the individual's connections to broader family and community structures. The residual social welfare system therefore only kicked in once there was a need for clinical, strict social work-type interventions. The shift in emphasis of the types of social service interventions from a residual to a developmental social welfare system is illustrated in diagram 4.

Apart from prevention, the White Paper also mandates an array of other social services. 'Protection services' are not

defined but adoption is cited as an example. These services broadly speaking give effect to the right to appropriate alternative care. The White Paper also identifies a range of children who are in especially difficult circumstances and recognises that, to achieve substantive equality, certain groups of children must receive additional, specialised social services as part of mainstream service provisioning.

Even though the White Paper calls for services across the different service levels, the classifications it uses are not absolute. Services are therefore termed according to the situation they apply to, and according to the function that they fulfil in a particular situation and in relation to a particular child.

Envisages a variety of service providers

The White Paper also envisages that a range of social development workers are to be employed. It therefore moves away from the strict clinical model of social work applied during the apartheid days. 'Social development workers' in the White Paper refers to different categories of social welfare and other personnel including social workers, social auxiliary workers, community development workers, child and youth care workers and other categories that may still be defined. For details on progress in recognising a variety of social service practitioners other than social workers to date, see the essay on page 48.

Envisages inter-departmental collaboration in the delivery of prevention services

The White Paper calls for strong inter-sectoral collaboration in recognition that prevention services within a developmental social welfare system need commitment from a variety of departments and not just from the Department of Social

Development. The White Paper tasked the Department of Social Development to negotiate the promotion of such a welfare model with other departments, in particular Health and Education.

Does the 2004 Policy on Financial Awards to Service Providers facilitate the transformation towards a developmental social welfare system?

The White Paper sets the overall framework for delivery on children's rights to care and protection in a family environment within a developmental social welfare system. The purposes of the Service Delivery Model for Developmental Social Services (discussed in the next section) and the Policy on Financial Awards to Service Providers (hereafter called the "Financial Awards policy") are respectively to outline exactly what services should be delivered and how they will be funded.

The Financial Awards policy supersedes the 1999 Financing Policy. The aim of both policies is to regulate the way in which NPOs – which provide the majority of social services – can qualify for funding from government. The Financial Awards policy originated out of a context where social security spending had been expanded and fiscal restraint was being exercised through the 1996 Growth, Employment and Redistribution policy (which shifted and replaced the RDP). Patel argued in an overview of a decade of post apartheid social welfare, that this macro-economic shift was one of the factors that created an unfortunate climate for spending on social services.

Financial Awards policy's transformation criteria for NPOs

The Financial Awards policy describes the criteria that NPOs need to meet to access government funding for the social services they deliver. It in principle incorporates the developmental social welfare approach and related prevention and early intervention services. It recognises that considerable transformation is needed to make the developmental social welfare model a reality, and sets out a number of criteria to determine if transformation of the NPOs has happened. In other words, the criteria are used to assess NPOs that provide services. Hence, the ability to access funding for their services from government is linked to the extent to which NPOs have transformed according to the criteria: the more they have "transformed", the greater their chances of accessing funding. To show that they have transformed NPOs are required to:

- implement programmes aimed at early intervention and prevention;
- provide services irrespective of race, gender and service beneficiaries' ability to pay;

- keep service beneficiaries in their homes and communities; and
- redirect services to previously marginalised communities and prioritise service delivery to the most vulnerable.

NPOs cannot fund their own transformation

The Financial Awards policy drafts angered many civil society groups (such as the National Welfare, Social Service and Development Forum) who felt that they were not properly consulted in its development. It was criticised for being based on a situational analysis that was outdated and for relying on a small sample size from which sweeping generalisations were made. The National Welfare, Social Service and Development Forum, a large coalition of NPOs and other service providers, in particular made substantial submissions on the draft policy to the Department of Social Development. The key issues are summarised below:

1. NPOs recognise that prevention services are crucial in the developmental social welfare system. Their concern is about raising the necessary funds to provide such services. When funding shrinks, prevention services are the first to be scrapped because immediate, crisis situations involving vulnerable persons are prioritised. Unfortunately the department's call for a shift towards prevention was accompanied by a reduction of funding for protection services (traditionally known as statutory services), which often involve children in life or death situations. Government does not provide all the needed protection services itself and therefore critically depends on NPOs to deliver these services. NPOs cannot be asked to take their limited funding away from crisis situations to focus on primary prevention and early intervention services under these conditions. Additional funding to give effect to prevention and early intervention services is needed without drawing scarce and crucial resources away from dealing with crisis situations.
2. As the case study on the next page shows, many NPOs are small community-based organisations operating within extremely tight budgets. Unless additional funding is provided by government it is impossible for NPOs to provide services regardless of the receiver's ability to pay.
3. The requirement that NPOs must attempt to keep service recipients in their home ignores the fact that there is a lack of prevention and early intervention services within communities. NPOs like the one in the case study provide a prevention service but are struggling to get funding. Many children and other service recipients therefore need to be removed from their homes because there are no alternative options. NPOs providing protection services should therefore not be disadvantaged because they assist the removal of children from their homes when there is no other option.

4. Requiring urban-based NPOs to expand their services to rural areas is unworkable in the present conditions without retracting the much needed services in the densely populated urban areas. It is impossible for an urban-based organisation that is struggling to access funding to expand services into rural areas without the necessary support from government.

Over-reliance on non-governmental sources of funding

The Financial Awards policy states that NPOs have the capacity and infrastructure to raise funds from other sources and that they are required to continue doing so. The policy therefore continues to rely on the NPO sector to provide the majority of the social services required in the developmental social welfare system despite the fact that these are ultimately government's responsibility to provide.

For social service providers who specialise in protection services to children in crisis, the call to provide prevention and early intervention services without any financial assistance to do so is unworkable. In effect, through this approach, government is calling on these NPOs to fund their own transformation in order to access government assistance. For NPOs who provide prevention and early intervention services in under-served areas, raising funds from other sources is an impossible requirement, as the case study shows.

It is therefore unlikely that the gaps in service delivery are going to be closed by this policy. The government is called upon to accept that it bears the primary responsibility to provide social services and to fund and facilitate the constitutionally mandated transformation towards a developmental social welfare system.

The fact that there is an array of organisations and individuals who are providing a variety of services should be seen as a major resource which needs to be strengthened to enable them to function optimally.

Community-based projects providing prevention services struggle to access government funding

Despite the policy rhetoric about prevention and early intervention needing to be prioritised in government funding decisions, in reality many NPOs are struggling to access recognition and funding from government. If community projects struggle to access government funding, the prevention layer illustrated in diagram 4 is compromised. The result is more children reaching a state of crisis, requiring costly statutory or protection services.

The case study below illustrates the problem faced by NPOs in under-served areas in their attempts to access funding. Note that in this case the NPO provides a prevention service – early childhood development – and thus conforms with the transformation requirements set by the Financial Awards policy.

CASE STUDY 3: Testimony from a community-based service provider

Nomsa Manxiwa Nqeza runs an early childhood development (ECD) centre for 80 young children in Philippi, an impoverished urban area outside Cape Town. "Philippi is most populated with poverty, crime and alcoholism. Most parents are not working, and some are students. So they have no-one to look after their babies without us. So we also provide a meal for the children while the parents and the mothers are at work. Some of the children are staying with their grandmothers, because their other mummies have passed away or disappeared."

In the centre she provides ECD, Grade R and other social services for children.

"I do this because I want to give help in my community, also to protect children from the abuse. There is a high rate of abuse in this area. When they can't go to crèche, they can get abused from the people around the area and they can also have accidents because nobody looks after them when their parents go to work and to school."

Nomsa made a submission to Parliament on the Children's Bill in August 2004, describing how she struggles to

get funding to run her centre. At the time of her submission she was not receiving any funding from the Department of Social Development despite many attempts to get funding from the department. Nomsa talks about her own experience but acknowledges that other people in her community engaged in similar work have the same problem. She tries to raise funds from other organisations and through fundraising activities, but everyone in the community is affected by poverty and accessing funding is a continuous struggle.

When asked what help she needs, Nomsa replies: "I want government to recognise our work. It's like they don't recognise that our work is something important in the world. All I want is for the Department of Education and the Department of Social Development to understand what we are doing. Then they can come and make registration better, and pay the subsidies properly. They will pay us on time. They will work together so there is not always paperwork here and meetings there and everything takes too long. They will support us to educate and look after the children."

Source: Quamani Educare submission to the Portfolio Committee on Social Development in Parliament, August 2004.

Does the 2006 Service Delivery Model for Developmental Social Services recognise the full scope of children's right to social services within a developmental social welfare system?

The Service Delivery Model for Developmental Social Services (SDM) seeks to provide clarity on the nature, scope and level of services in the developmental social welfare system, but specifically excludes social security.

The SDM classifies services in two separate ways. Firstly, it sets out different *levels of service* interventions. These are:

- prevention;
- early intervention;
- statutory intervention/residential/alternative care; and
- reconstruction and aftercare services.

Secondly, the SDM classifies services in terms of the *nature of services* that are to be provided. These are:

- promotion and prevention services;
- rehabilitation services;
- protection services (traditionally known as statutory services);
- continuing care services; and
- mental health and addiction services.

Confusing classification of services

The two different classifications for services add a considerable amount of confusion in terms of identifying what services fall under which category. This confusion is particularly problematic because the Financial Awards policy allocates subsidies to NPOs on the basis of the types of services they provide.

Diluting prevention services

The primary focus on prevention services has been watered down in the SDM. The three levels of prevention services – primary, secondary and tertiary – which were articulated in the White Paper have been lost. The notion that prevention services must and should kick in at any given point has thus unfortunately been abandoned. Note also that early intervention – which under the White Paper was classified as 'primary prevention' – is distinct from prevention services under the SDM.

Losing constitutionally mandated services

A variety of services recommended by international law commentators should be included under children's right to social services. These are set out in the right to social services essay on page 23. These services give effect to children's right to family care and parental care and their right to appropriate alternative care when removed from the family environment. They also give effect to children's right to be protected from all forms of neglect and abuse regardless of whether they are being cared for by parents or family or whether they are living

in alternative state care. Only a few of these internationally recommended services are included in the SDM. The SDM therefore does not provide a comprehensive list of all the services that are constitutionally mandated in relation to children's right to social services. It is unfortunate since the White Paper included a satisfactory variety of services.

Not mainstreaming services for people with special needs

The SDM classifies services according to groups of people, namely children, families, people in trouble with the law, youth, people involved in substance abuse, women, older persons, people with disabilities, and people affected by HIV/AIDS. It is clear that one person can fall into a variety of different categories, yet no provisions are made for services cutting across these classifications. This may result in some people suffering multiple forms of discrimination. It also runs the risk of conflating the diverse service needs of people falling into a single classification.

Consider a child that has lost one or both parents to AIDS as compared to an adult who is addicted to drugs and HIV positive. These two individuals have very different service needs. The child has material needs and needs social services to deal with the trauma of losing his/her parents. The adult needs rehabilitation, medication and other forms of ongoing support very different to the support the child is likely to need. The approach adopted by the SDM of grouping all people affected by HIV/AIDS together may mean that services specific to the needs of children may be lost or left out. Programmes addressing specific vulnerabilities should therefore be integrated across key programmes for children and youth and older persons.

No mechanism for collaboration

The SDM acknowledges that there has to be collaboration between a variety of government departments and clusters. Patel has argued that the SDM does however not include any mechanisms to ensure that such collaboration will indeed happen. This is a major omission especially since, within the developmental social welfare system, prevention services are largely to be provided by other departments such as Health and Education. The Department of Social Development must be able to engage the other relevant departments to provide prevention services. The absence of inter-departmental collaboration could have devastating effects for children's right to social services, since the original idea of the developmental social welfare system was to provide basic socio-economic entitlements – which are delivered by a variety of departments – as the main form of prevention.

The case study on the next page illustrates how the Department of Water Affairs and Forestry and local municipalities have a role to play in preventing neglect – in this case of the nutritional needs – of children affected by HIV/AIDS.

CASE STUDY 4: Growing food, but no water

I'm Namhla* from KwaZulu. I am an orphan. At home I live with my older sisters. I grow the garden there. I have green fingers! But this year all the plants are not there because there was no water ...

*Not her real name.

Source: Extract from the *Dikwankwetla – Children in Action* submission on the Children's Bill to the Portfolio Committee of Social Development in Parliament, August 2004.

NPOs must deliver but funding is unclear

The SDM requires NPOs to continue providing both specialised and generic services but says nothing about changing the way in which they are funded. If NPOs are to continue to provide the majority of social services, they need to be financially supported and funded by government.

What role does the Children's Act play in the policy framework for social services?

Once the Children's Act (No 38 of 2005) as amended by the Children's Amendment Bill [B19F-2006] is put in force it will be the primary legal framework governing social services for children and it will supersede the policies described above. It is therefore necessary for the Financial Awards policy and the SDM to be revised to bring them in line with the new legislative obligations (see the Act essay on page 35) and the terminology used in the Act.

What are the conclusions?

This essay traced the provisioning of social services through three Department of Social Development policies. The White Paper was the first to lay the foundation for the developmental social welfare system. It provides strongly for preventative service delivery including primary, secondary and tertiary prevention. It also calls for collaboration between civil society and government as well as inter-departmental collaboration to give effect to the shift in the approach to social welfare.

The Policy on Financial Awards for Service Providers adheres to the developmental social welfare terminology but doesn't commit to funding the transformation towards providing all levels of services. The Financial Awards policy relies heavily on the provision of services by NPOs but only commits to funding them if they do in fact provide prevention services across the urban and rural divide. There is no commitment from the government to set up and fund these services where they do not yet exist. Hence, community-based projects that attempt to provide prevention services in under-served areas struggle to access funding.

The Service Delivery Model for Developmental Social Services does not support the developmental social welfare approach as much as the other two policies discussed. While in theory the SDM still adheres strictly to the "developmental welfare speak", it reduces the recognised prevention services. It also fails to mainstream services to vulnerable groups of people who fall into multiple categories. It also fails to ensure inter-departmental collaboration, which can have devastating effects for prevention services because these, to a large extent, have to be provided by government departments other than Social Development.

Once in effect, the provisioning, strategy, and norms and standards clauses in the new Children's Act (as amended) will supersede the policies above. The policies therefore need to be reviewed and rewritten to take into account the State's legislative commitment to be primarily responsible for the provision and funding of social services, including prevention and early intervention services.

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The Children's Act: Providing a strong legislative foundation for a developmental approach to child care and protection

Paula Proudlock and Lucy Jamieson (Children's Institute)

At the end of 2007, Parliament passed the Children's Amendment Bill [B19F-2006]. Once the President signs the Bill, it will amend the Children's Act (No 38 of 2005) and South Africa will have a comprehensive Children's Act providing for the full range of social services¹ needed to support vulnerable children and their families.

This essay looks at:

- why a new law was needed;
- what's in the Children's Act;
- how the Act takes South Africa forward into a new era of child care and protection;
- some clauses which could have a negative impact; and
- some implementation challenges.

Why was a new law needed?

Since 1994 South Africa has been reforming all the old laws to bring them in line with the Constitution. To date, most old laws have been replaced but a few still remain in force, including the Child Care Act (No 74 of 1983). This Act was written by the apartheid government before South Africa became a constitutional democracy.

Besides the constitutional imperative to draft a new law, the complex social challenges facing children and families demanded a new approach. Widespread poverty, social fragmentation, a culture of violence, high rates of unemployment, and the HIV/AIDS pandemic have resulted in a vastly increased number of vulnerable children and families in dire need of social services.

The 1997 White Paper for Social Welfare recognised these challenges and promoted a developmental approach to social services to address the root causes of child vulnerability. However, the Child Care Act of 1983 provided for an outdated approach focusing on state protection for children only after they have been abused with no provision for prevention and early intervention services. This 1983 Act also did not place a legislative obligation on the State to provide any social services

for children as all the provisioning clauses in the Act are framed in discretionary language. Therefore, to give effect to the policy set out in the White Paper, a new law was needed.

What process was followed to pass the new law?

In 1997, soon after the Bill of Rights and the White Paper were completed, the South African Law Reform Commission (SALRC) was tasked with reviewing the Child Care Act and drafting a new law. In 2002, after five years of research and consultation, the SALRC handed a draft Bill to the Minister of Social Development for tabling in Parliament. The draft Bill was then split into two Bills for technical reasons and the first Bill was tabled in Parliament at the beginning of 2004. Parliament went through a series of consultative processes with government departments and civil society (including children) and passed the Bill at the end of 2005. It was signed by the President as the Children's Act (No 38 of 2005) and certain founding provisions were put into effect on 1 July 2007.

The second Bill, the Children's Amendment Bill (hereafter referred to as the "Amendment Bill") also went through an extensive consultative process in Parliament and in the provincial legislatures and was passed at the end of 2007. The Children's Act (as amended) is therefore the culmination of a 10-year-long consultative law reform process.

Once the regulations have been finalised, the Act will replace the Child Care Act and South Africa will have a new legislative framework for the care and protection of children. Early 2009 is an optimistic date for the Act to come into full effect.

What's in the Children's Act?

The Act provides for a range of social services that are primarily aimed at strengthening and supporting families and communities to care for and protect children. If families are unwilling or unable to care for their children, the Act provides for state alternative care.

¹ The term 'social services' means the services that need to be delivered to give effect to children's constitutional right to "social services" in s28(1)(c). Please see the essay on page 23 for more details.

Services which were regulated in the Child Care Act and which the Children's Act now continues to provide for, as well as strengthen, include:

- protection services for children who have suffered abuse, neglect, abandonment or exploitation;
- foster care (this has been extended to include cluster foster care);
- adoption; and
- child and youth care centres.

Services provided for in law for the first time include:

- partial care (crèches and nursery schools);
- early childhood development (ECD) programmes;
- primary prevention and early intervention programmes;
- support programmes for child-headed households; and
- drop-in centres providing basic services.

How does the Children's Act take South Africa into a new era of child care and protection?

Provides the services needed to give effect to a range of children's constitutional rights

The Children's Act brings South Africa's child care and protection law up to date with the Bill of Rights in the Constitution, and with international law. Section 28 of the Bill of Rights specifies that every child has the right to family care, parental care or appropriate alternative care; the right to be protected from abuse, neglect, maltreatment and degradation; the right to social services; and the right to have their best interests given paramount importance in all matters concerning them. Section 9 guarantees all children the right to equality and non-discrimination.²

Children's right to social services in section 28(1)(c) of the Bill of Rights is often forgotten or misunderstood. Just as children have the rights to education and social security (grants), they also have the right to social services. To give effect to the right to education, the South African Schools Act (No 84 of 1996) obliges government to provide schools and, for social security, the Social Assistance Act (No 13 of 2004) obliges government to provide social grants. In following the precedent of these laws, the Children's Act spells out what services government is obliged to provide to give effect to children's right to social services.

While the Children's Bill was being drafted and debated there was much discussion on what services are needed and who should provide them. It is generally accepted that schools are needed to give effect to the right to education, and that grants are needed to give effect to the right to social security, but what services are needed to give effect to children's right to social services? It is also commonly accepted that govern-

ment bears the primary responsibility for providing and funding schools and grants, but throughout the Children's Bill debates, the concept that government is primarily responsible for providing social services was not a clear point of departure for all stakeholders involved in the decision-making process. The lack of knowledge on the existence and meaning of children's constitutional right to social services and the historical perception of social services as "charity" that is provided by non-profit organisations (NPOs) contributed to the confusion.

To provide answers to this debate, the Children's Institute conducted legal research on the meaning of children's constitutional right to social services (see the essay on page 23). The research found that a range of services are needed to give effect to this right, as well as the rights to family care and protection from abuse and neglect. The range of services can be categorised as:

- services to prevent abuse and neglect;
- services to intervene early if a child is at risk of abuse or neglect;
- services to protect children who have suffered abuse or neglect from further harm;
- alternative care for children who cannot live with their families due to abuse, neglect, orphaning or abandonment; and
- services for children with special needs to enable their full participation in society.

The Children's Act provides the primary legislative framework for ensuring that the majority of these services are provided. It does this by providing clarity on which services must be provided, to whom and by whom.

Government takes the lead in moving into a rights paradigm

Each chapter of the Act, relating to each area of service delivery, has strategy, provisioning, and norms and standards clauses. Read together, these clauses place a legislative duty on the national Minister and provincial Members of Executive Councils (MECs) for Social Development to ensure that:

- a sufficient spread of each service is provided in every province;
- updated records of services are available in every province for planning, monitoring and budgeting purposes;
- budgets are allocated at a national and provincial level for the provision of these services; and
- national norms and standards are set in regulations.

These clauses are new in South African law governing social services. The Children's Act shifts the country from a charity model to an approach that recognises that children have a constitutional right to social services and that the State bears

² All these rights have their roots in international law treaties that South Africa has ratified, in particular the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.

the primary duty to ensure that these services are delivered. This does not mean that the State is obliged to provide all of the services itself but that it is obliged to ensure that the services are provided and accessible to all vulnerable children. This requires a good partnership between government and NPOs, with government playing the lead role and NPOs being paid full cost by government for services rendered on behalf of the State.

Budget for implementing the Act to be prioritised

The Act provides explicit guidance to National Treasury and the provinces with regards to making decisions about how much budget should be allocated for implementing the Act. Section 4(2) states that all spheres of government “must take reasonable measures to the maximum extent of their available resources to achieve the realisation of the objects of this Act”.

This means that Treasury and the provinces need to prioritise the implementation of the Children’s Act when they are making decisions about budgets and the allocation of resources. No longer can children’s social services be given the left-over crumbs of the budget but they should be prioritised when budget allocation decisions are made.

If budgets are limited for partial care, ECD, drop-in centres, and prevention and early intervention services, the Act says that priority must be given to funding of these services in communities where families lack the means of providing proper shelter, food and other basic necessities of life to their children, and to making services accessible to children with disabilities.

Applications for registration to be considered timeously

The government has made a commitment in the Act to provide all the social services itself or, indirectly, through funding the NPOs who currently deliver many of these services. However, NPOs only qualify for funding if they are registered. Delays by provincial departments in considering registration applications can prevent NPOs from being able to apply for government funding. See the case study below of an ECD centre providing daily care and education for 80 children in Philippi, Cape Town, and its struggle to get registered and funded.

To minimise delays and to ensure fair administrative action, the Act provides that applications for registration by NPOs for the various services must be considered within six months of the application being submitted. This is longer than the period normally considered reasonable (three months) under administrative law. But, given the backlogs and capacity constraints within the provincial departments, and the likely increase in applications once the new law is in force, the National Assembly considered a period of six months to be more pragmatic.

Conditional registration and government assistance for struggling NPOs

Many community-based projects struggle to qualify for registration and government funding because they don’t meet the minimum norms and standards for registration. Recognising this, the Act provides for a process of conditional registration and assistance by the provincial departments of social development to help struggling NPOs to meet the norms and standards.

CASE STUDY 5: ECD centre struggles to get registered and access government funding

“I* do this because I want to give help in my community, also to protect children from the abuse. There is a high rate of abuse in this area. When they can’t go to crèche, they can get abused from the people around the area and they can also have accidents because nobody looks after them when their parents go to work and to school. So I saw it was good to open the educare in my area. I also want to educate the children, to make them ready before they go to school.

I want to talk about registration, especially the Department of Social Services. They are supposed to be helping us before anything else, before the fundraising. But their registration is too slow. They need so many things before they take us to the registration. They take time to do that. I think if they can make a better plan than they do now, it will be fine for us and the children too. Even now we don’t have groceries to cook for the children, because of their registration problem. Last year we filled the forms and we

* Nomsa Manxina Nqeza

received the certificate last year late. So we thought early this year we’re supposed to get the funding for the children, maybe in April or May. But until now we didn’t hear anything.

I don’t know. If government can come and see how we work very hard and the parents trust us. We’ve got the love for the children and our communities and our country. Because you know, we’re not doing this to be a star of South Africa or of Philippi. We’re doing this because we want those children to be a star of South Africa. To grow up with something that is going to be there for the future. I also say to them today: you know what? In twenty years’ time, you’re going to help me if I’m sick and you’re a doctor. That’s what I want. Not to have the children at the robots asking for something and staying under the bridge. I want them to get a better future from the education. You can get a better future with this education. That’s why we need this help.”

Source: Extracted from a submission by Qhamani Educare on the Children’s Bill to the Portfolio Committee on Social Development in Parliament (August 2004).

Commitment to improve the funding of prevention and early intervention services

Programmes aimed at stopping abuse or neglect before it starts (prevention and early intervention services) have for the first time been clearly legislated for. Prevention and early intervention services are cost effective because they reduce the demand for more costly services such as state alternative care in children's homes. They are also an investment in human capital because they ensure children can develop to their full potential.

Section 144 of the Act outlines the types of prevention and early intervention programmes that government will provide funding for. These include programmes aimed at:

- preserving a child's family structure (e.g. home-based care for families with chronic illnesses such as AIDS);
- developing appropriate parenting skills;
- developing the capacity of parents to safeguard the well-being and best interests of children with disabilities and chronic illnesses (e.g. support groups for parents of children with disabilities);
- diverting children in trouble with the law from the criminal justice system into restorative justice programmes;
- helping children and families to access other government services (e.g. health care, grants, school fee exemptions, water and electricity); and
- providing psychological, rehabilitative and therapeutic services for children who have suffered abuse, abandonment or grief (e.g. child and family counselling services and phone crisis lines).

Many community-based projects currently provide services that are aimed at linking vulnerable families with government services such as health care, schooling, assistive devices, and grants. These projects, which provide an invaluable service especially in rural areas, need government funding to continue. They also tend to be run by women and youth which means that funding also provides skills development and work for these groups. By paralleling social with economic development, these types of initiatives fall squarely in the realm of the developmental social welfare system.

The commitment to fund prevention and early intervention services, especially those in poor areas, means that the vision of the White Paper can now be put into practice (see the essay on page 29).

Recognition for drop-in centres providing basic services

The definition of a drop-in centre has been substantially changed. Previously, the term described centres offering support to children on the streets during the day. More recently the term has also been used to describe the informal projects set up by women in communities deeply affected by poverty and the HIV/AIDS pandemic to provide food and homework support to vulnerable children. The National Assembly wanted to ensure that community workers in rural communities can get funding from government, therefore the definition of drop-in centres has been restricted to centres providing basic services, making it easier for community-based projects to qualify for funding.³

Non-violent forms of discipline promoted

The clause which banned corporal punishment by parents (section 139) has been deleted from the Act. However, new provisions were introduced in section 144 to ensure that parenting programmes promoting positive, non-violent forms of discipline are rolled out.

In its report on the Amendment Bill, the Parliamentary Portfolio Committee on Social Development emphasised its commitment to ensure that the corporal punishment debate is continued when the next Amendment Bill is tabled.

Equal access to social services for children with disabilities

Children with disabilities are more vulnerable to abuse and neglect than other children. This is due firstly to their increased vulnerability to abuse as a result of their disability and secondly because the child protection system has many barriers restricting equal access. The Act provides that these barriers must be removed and that the necessary support services must be provided to enable children with disabilities to have equal access to services, and therefore to protection. References to equality for children with disabilities and chronic illnesses can be found in sections 2, 6, 7, 11, 13, and 42, and in most of the provisioning and strategy clauses in each of the service chapters.

Appropriate utilisation of the full range of social service practitioners

In recognising the acute shortage of social workers in the country and the valuable role played by a range of other social services practitioners (e.g. child and youth care workers, auxiliary social workers, and community development workers), Parliament replaced some references to social workers with the term 'social service professionals'. This was to ensure that many of the tasks restricted to social workers can be

³ Services for children on the street will fall under the *Prevention and Early Intervention* or *Child and Youth Care Centres* chapters to ensure that children on the street receive a more comprehensive intervention than merely basic services.

done by other social service practitioners. These tasks include assessing partial care centres, ECD programmes and drop-in centres for registration; and monitoring long-term foster care placements. Diversification of roles will help ensure that each category of worker is appropriately used according to their particular training and will make services more accessible in poor and rural communities where social workers are scarce.

However, this new approach cannot be implemented until the South African Council for Social Service Practitioners (SACSSP) and the Minister of Social Development officially recognise and register the full range of social service practitioners (see the essay on human resources on page 48).

Mentorship scheme for child-headed households

Child-headed households are defined as children whose parents have died or abandoned them and who are living alone, and children whose parents are present but are too ill to care for them. Such households are entitled to receive support through the adult mentorship scheme created in section 137 of the Act. Support can be delivered immediately without the need for a social worker report to be completed first.

NPOs currently run programmes that provide daily support to child-headed households. An example is the Isibindi Model managed by the National Association for Child and Youth Care Workers (see case study 9 on page 52). The Act legislates for such programmes to be registered and funded by government, and so provides the foundation for these programmes to be rolled out to more vulnerable children across the country.

Which clauses in the Act could impact negatively on children's access to social services?

Obligation on social workers to report possible offences to the police

Reports of children in need of care and protection need to be made to either the Department of Social Development or a designated child protection organisation. Thereafter a social worker will investigate the case. Parliament inserted a new subsection (110(8)) providing that, if a social worker finds that the child is in need of care and protection, they "must report the possible commission of an offence to a police official".

This amendment introduces a major change in practice. Currently social workers exercise discretion in whether or not to report the matter to the police. Section 110(8) takes that discretion away and obliges them to report the matter to the police if a criminal offence or an offence created under the Children's Act has allegedly been committed. This effectively will require most cases to be reported to the police and social

workers have expressed a fear that this will interfere in their ability to gain the trust that is needed from the child and family to address the problem effectively.

Over reliance on foster care system to provide income support to families caring for orphaned and abandoned children

The Act now allows for courts to make permanent foster care orders in specified circumstances (section 186). This reduces the costs of the two yearly reviews by social workers and the court that are required by the Child Care Act. Nevertheless, social workers and courts are still required for the first placement decision. The backlog in foster care placement is therefore set to continue. The result is that families caring for orphaned children will continue to wait for a long time before they receive the Foster Child Grant, while services for children who have been abused or exploited will also be delayed as social workers and the courts struggle under a heavy case load.

The opportunity to promote the use of the administratively simple Child Support Grant for children placed with relatives and who are considered low-risk placements, has been lost. Besides reaching more orphaned children faster, and saving considerable costs for both the Departments of Justice and Social Development, it would also have freed up precious court and social worker time to deal with active cases of child abuse. The consequences of delays in dealing with child abuse cases are serious, as can be seen in the case study of child abuse below, which was referred to a social worker in the department. It received no response for 10 months at the time of the case being recorded.

CASE STUDY 6: Missed opportunities to help children who have been abused

"On 24 March 2004, it was reported that a 13-year-old child was sexually abused by her stepfather since 2003. The child is currently [January 2005] pregnant as a result of the abuse. The case was reported to the [social] service office on 24 March 2004, but there has been no response [10 months later]. The lack of response in this instance is particularly concerning as it will be too late to offer the child all possible options with regard to the management of her pregnancy and the birth of the child."

Source: Childline (2005) *Report on children's rights and child protection management in South Africa, 14 January 2005*. Presentation to Portfolio Committee on Social Development, KwaZulu-Natal provincial legislature.

Also see the essay on human resources challenges on page 48 for more details and examples on how shortages of social workers and the high foster care case loads impact on protection services for abused children.

In recognition of the burden on the foster care system and the rapid growth in take-up of the Foster Child Grant, the Portfolio Committee on Social Development in its report on the Amendment Bill has requested that the Department of Social Development “conduct an urgent comprehensive review of the social security policy for children and the foster-care system”. (See the essay on page 55).

What are some of the implementation challenges?

Funding of NPOs needs to be reviewed in light of the provisions in the Act

NPOs currently assist government to fulfil its obligation to provide social services to children but are only partially funded by government. This is in direct contrast to the funding approach used when government requires a hospital or a soccer stadium to be built by an outside service provider. In these cases government covers the full costs, with added provision for profit. As government does not cover NPOs' full costs it is impossible for NPOs to grow and extend their services into under-served areas. Consequently a major review of the way NPOs are funded is needed to ensure that services can be continued, developed and expanded. See page 31 for a critique of the current funding policy for NPOs.

The full range of social service practitioners need to be recognised and developed

The Children's Act defines a social service professional to include a probation officer, development worker, child and youth care worker, youth worker, social auxiliary worker and social security worker “who are registered in terms of the Social Service Professions Act of 1978”. However, currently only social workers can register under this Act. The blockages to registration and development of the full range of social service practitioners need to be addressed urgently to ensure that children, especially in rural areas where social workers are scarce, have access to the services outlined in the Act (see the human resources essay on page 48).

What are the conclusions?

The Children's Act (as amended) is a pioneering step forward in the realisation of a developmental approach to social welfare services for children, and this needs to be celebrated. While some amendments may be needed to address gaps and implementation challenges, the Act as a whole provides the strong legislative foundation that was so desperately needed to enable the country to respond adequately to the needs of vulnerable children.

Clauses in the Children's Act that can impact negatively on children's access to social services include the obligation on social workers to report possible offences to the police, and the reliance on the court-based foster care system as income support to families caring for orphaned or abandoned children.

The focus now turns to planning and monitoring implementation to ensure that this strong foundation is used to the maximum extent. Implementation challenges which need to be addressed as a matter of priority include a reform of the funding of NPOs who deliver social services on behalf of government and the recognition and development of the full range of social service practitioners.

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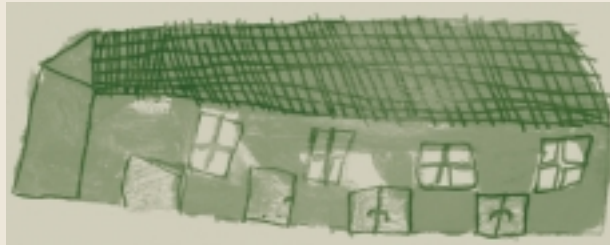
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Budget allocations for implementing the Children's Act

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Section 7(2) of the Bill of Rights in the South African Constitution places an obligation on the State to give effect to all the rights in the Bill of Rights. This includes children's rights to family care or alternative care, social services, and protection from abuse and neglect. To meet its obligation the State must allocate adequate budgets so that the required conditions and services to fulfil these rights are available.

The Children's Act (No 38 of 2005) as amended by the Children's Amendment Bill [B19F-2006] sets out what services the State must provide to give effect to the rights listed above. The services include partial care, early childhood development, prevention and early intervention, protection, child and youth care centres, drop-in centres, foster care and adoption. Monitoring the budget allocations and expenditure for these services is a good way of measuring whether the State is fulfilling its constitutional obligations.

A costing exercise to estimate the costs of implementing the Children's Act showed that the State needs to spend a lot more on social services¹ for children than it is currently spending. The total amount allocated in the provincial social development budgets for children's social services needs in 2009/10 is R1.7 billion. The costing showed however that, for the lowest cost scenario, an amount of R5 billion is needed in the first year of implementing the Children's Act, growing to R12.5 billion in the sixth year.²

Comparing actual budget with the costing calculations shows that major budget growth is needed to implement the Act. This budget growth is unlikely to happen unless changes are made to the way budget decisions are made and unless the human resources capacity needed to spend the budget is improved.

This essay:

- discusses how the budget for social services is currently determined;
- points to what the Children's Act says about budget allocation;
- summarises what the costing exercise in respect of the Act revealed; and
- analyses the provincial and national departments of social development's proposed budgets for implementing the Act.

How are budgets for social services determined?

National government allocates money to provinces through the equitable share

Provinces get 95% of their money from national government and most of this is from the equitable share. The equitable share is given as a lump sum by National Treasury to each of the provinces to provide a range of services including education, health, housing and social services.

While equitable share allocations, as determined by Treasury, are passed by Parliament annually in the Division of Revenue Bill, Parliament does not yet have the power to amend the Bill. Section 75 of the Constitution requires Parliament to first work out the parliamentary rules for amending budgets before they can do so. They need to pass a law setting out this procedure but have not yet done so. The Executive, and more specifically Treasury, therefore determines how national revenue will be divided between the spheres of government and between the provinces.

The provincial treasuries decide how the lump sum allocated to the provinces will be divided between their govern-

¹ The term 'social services' means the services that need to be delivered to give effect to children's constitutional right to "social services" in section 28(1)(c). Please see the essay on page 23 for more details.

² The costing calculations were based on 2005/06 figures. The amounts today would be higher after adjusting for inflation since 2005.

ment departments. Provincial legislatures also do not yet have the power to amend provincial budgets; therefore decisions about allocations to departments are driven by the provincial executives.

Treasury does not include social services in the equitable share formula

Treasury uses a formula to calculate the equitable share. The Constitution has a list of factors in section 214 which Treasury must consider when devising the formula. One of these factors is the obligations imposed on provinces by national legislation such as the Children's Act.

In 2007/08, Treasury used a formula with six components to determine how much to allocate to the provincial sphere in total, and to each province:

- **education** (making up 51% of the total equitable share);
- **health** (26%);
- **basic** (14%);
- **poverty** (3%);
- **economic** (1%); and
- **institutional** (5%).

There is no explicit component for social services in the formula despite the fact that provinces are responsible for implementing the Child Care Act (No 74 of 1983)³ as well as other welfare legislation for other vulnerable groups. Even though provinces do not have to allocate their lump sum according to the equitable share formula, it seems to shape provincial budgetary decisions. An examination, for instance, of the budget for Health and Education in 2005, shows that provinces matched their provincial budget allocations closely with the equitable share formula allocations. The equitable share allocations therefore send a message to provinces that certain service areas are important and that money is available for these services. Hence, if a service area is not expressly costed into the equitable share it is likely that the service area will be deprioritised in provinces' budget decisions.

Treasury must also consult the provincial governments and the Financial and Fiscal Commission (FFC) before deciding on the equitable share each year. In 2006, in recognition of new national legislative obligations soon to be imposed on provinces in the area of social services for vulnerable groups, the FFC recommended that the formula include an explicit component for social services. Treasury agreed with this recommendation and undertook to consider it in a planned review of the formula. Thus, there is now a window of opportunity to ensure that the necessary reform is made.

What does the Children's Act say about budget allocations?

All government spheres and departments must prioritise the implementation of the Act

Section 4(2) of the Children's Act states that all spheres and departments of government "must take reasonable measures to the maximum extent of their available resources to achieve the realisation of the objects of this Act".

This means that National Treasury and the provinces need to prioritise the implementation of the Act when they are making decisions about budgets and the allocation of resources.

MECs for Social Development are responsible for providing social services in the provinces

The Children's Amendment Bill says provincial Members of the Executive Council for Social Development "must" provide:

- prevention and early intervention services;
- protection services for children who have been abused or neglected; and
- child and youth care centres.

In terms of section 214 of the Constitution, the national government needs to take these obligations into account when making decisions about the equitable share. The obligations also give MECs for Social Development bargaining power to get a bigger slice of provincial budgets.

MECs for Social Development also have the responsibility to provide the following social services, but this is framed in discretionary language – "may" – in the Amendment Bill:

- drop-in centres for vulnerable children;
- partial care (crèches); and
- early childhood development programmes.

The MECs' discretion in these three service categories, combined with historical under-funding and under-provision, put these services at a disadvantage in the budget decision-making process. If funding is limited for these services, the Act says poor communities and children with disabilities should be prioritised.

What did the Children's Bill costing reveal?

About the costing

In 2006, the government commissioned a team from Cornerstone Economic Research to calculate the total cost of implementing the Children's Bill. The costing was done on a 2003 draft of the Bill. While some parts of the Bill have

³ The Child Care Act currently governs children's social services but will be replaced by the Children's Act of 2005 (as amended) when the President puts the new Act into effect. This is expected in 2009.

TABLE 1: Total cost of implementing the Children's Bill by scenario*

	Year 1 Rand (millions)	Year 2 Rand (millions)	Year 3 Rand (millions)	Year 4 Rand (millions)	Year 5 Rand (millions)	Year 6 Rand (millions)
IP low scenario	6 030	7 470	9 243	10 938	12 975	15 152
IP high scenario	8 400	10 471	13 019	15 449	18 347	21 452
FC low scenario	25 269	28 706	32 623	36 144	40 076	43 850
FC high scenario	46 894	53 948	61 786	69 177	77 196	85 054

* Note: 1,000 million equals one billion.

Source: Data from table E3, p.VII in: Barberton C (2006) *The cost of the Children's Bill: Estimates of the cost to government of the services envisaged by the comprehensive Children's Bill for the period 2005 to 2010*. Pretoria: Cornerstone Economic Research.

changed since 2003, the costing still gives a reliable picture of the likely costs of implementing the Act. The estimated amounts are, however, now lower than they should be because of inflation.

How the cost was calculated

The team worked out the costs for four different implementation scenarios:

- Implementation Plan (IP) low scenario
- Implementation Plan (IP) high scenario
- Full Cost (FC) low scenario
- Full Cost (FC) high scenario

For the "Implementation Plan scenarios" the team asked each government department to describe current service delivery and their plans to increase it in line with the Bill. These scenarios therefore do not measure total demand or actual need for services, but mainly measure current service delivery.

For the "Full Cost scenarios" the team used the most reliable evidence to estimate how many children actually need services. The FC scenarios are meant to provide for equitable distribution of social services rather than continuing with existing inequitable patterns.

The "high scenarios" cost 'good practice' standards for all services. The "low scenarios" use 'good practice' standards for services classified as priority, but lower standards for services classified as non-priority.

The cost of implementing the Children's Act

The costing report estimates the total cost of each of the four scenarios over the period 2005/06 (year one) to 2010/11 (year six).

Table 1 above shows that the cost of the IP low scenario increases from just over R6 billion in year one to R15.2 billion

in year six. At the other end of the scale, the cost of the FC high scenario increases from R46.8 billion to R85 billion.

To provide a better basis for comparison with the figures presented in the rest of this essay, table 2 below presents the predicted costs across all the provincial social development departments for the 'cheapest' (IP low) and 'most expensive' (FC high) scenarios respectively. It makes sense to do this because these departments account for most of the cost of the implementation of the Act. For example, in year one, 84% of the total cost for the IP low scenario is carried by provincial social development departments, and they are responsible for 91% of the cost under the FC high scenario.

Only 25% of services in the Child Care Act are currently met by government budgets

The costing showed that existing government budgets covered only 25% of the services set out in the Child Care Act, which the Children's Act will replace. So even before implementation begins under the new Act, government is not meeting its obligations under the old Act.

Inequity between provinces

There are big differences between the provinces with regards to delivering on current legislative obligations. For example, in the Western Cape the costing found that the 2005/06 budget covered 34% of services required by the Child Care Act, compared to only 10% coverage in Limpopo.

Low budgets mean a slow scale-up

Current low budgets affect provinces' ability to scale services up rapidly. Scale-up needs increased institutional capacity and this takes time to develop. Recognising this reality, the IP low scenario for year one, with a total cost of R6 billion, only meets 30% of the total need for services.

TABLE 2: Total cost of implementing the Children's Bill across all provincial social development departments*

	Year 1 Rand (millions)	Year 2 Rand (millions)	Year 3 Rand (millions)	Year 4 Rand (millions)	Year 5 Rand (millions)	Year 6 Rand (millions)
IP low scenario	5 053	6 263	7 694	9 099	10 742	12 531
FC high scenario	42 697	49 186	56 312	63 125	70 438	77 706

* Note: 1,000 million equals one billion.

Source: Data from tables E6 and E7, p. IX in: Barberton C (2006) *The cost of the children's Bill: Estimates of the cost to government of the services envisaged by the comprehensive Children's Bill for the period 2005 to 2010*. Pretoria: Cornerstone Economic Research.

What have provinces planned to spend on implementing the Act?

As provincial social development departments bear most of the cost, this section analyses what their budgets say about the government's concrete plans for implementing the Act. Analysis of the budgets is for the medium-term expenditure framework (MTEF) for the period 2007/08 – 2009/10, as was tabled in February and March 2007. The MTEF includes the government's budget for the current year (2007/08) as well as predictions for the next two years (2008/09 and 2009/2010).

Increased budget for the social welfare programme as a whole

The provincial social development budgets are divided into programmes and the social welfare programme is the biggest programme. It has to cover a range of laws and programmes providing social services for vulnerable groups including children, the elderly and people with disabilities.

The first thing to note from the MTEF is that there is an increased budget for the social welfare programme as a whole. The total budget across the provinces increases from R3 148 million in 2006/07 to R4 152 million in 2007/08, an increase of 32%.

The child care and protection services sub-programme contains the bulk of the Children's Act budget

The social welfare programme is further divided into sub-programmes including (but not limited to):

- substance abuse, prevention and rehabilitation;
- crime prevention and support;
- child care and protection services;
- HIV/AIDS; and
- care and support services to families.

The child care and protection services sub-programme is almost always the biggest in monetary terms. In this essay, this sub-programme's budget will be used as an indicator of the extent to which provinces have begun to plan for implementing the Act. It must be noted, however, that other sub-

programmes, in particular HIV/AIDS and care and support services to families, will also contain Children's Act expenditure. However, the Act's budget within these two sub-programmes is mixed up with other laws and programmes and therefore not easy to separate out for analyses.

Budget allocations to child care and protection services are increasing

Table 3 below gives the provincial budget estimates for the child care and protection services sub-programme over the period 2005/06 – 2009/10.

Table 4 on the next page shows the annual increase in the child care and protection services budget for the three MTEF years per province. Looking at all provinces combined, the average annual increase across the three years is 18%. There are large variations across the provinces. For example, Limpopo has the highest increase (averaging 52% a year over the MTEF) but comes off a very low base. Free State, Gauteng and KwaZulu-Natal have the lowest increases (averaging 10% a year over the MTEF).

When looking at the differences between the three MTEF years, the analyses show that, for six of the provinces, the budget increase in 2007/08 is larger than the average across the three MTEF years together. This possibly indicates plans for an implementation drive in 2007/08. Free State, KwaZulu-Natal and Gauteng are the exceptions as they show increases below inflation for the 2007/08 year. Gauteng stands out in particular with a 17% decrease. This is particularly worrying as Gauteng and KwaZulu-Natal are among the largest provinces population-wise and their budget allocations will affect a large number of children.

However, when dividing the 2007/08 budget by the 2005 child population figures from the *General Household Survey*, Gauteng – at R93 per child – is still allocating more per capita than Limpopo (R19), Eastern Cape (R50), and KwaZulu-Natal (R58). The Western Cape allocated the most per capita (R142), followed by Northern Cape (R126) and Free State (R117).

These comparisons identify KwaZulu-Natal – with the highest child population, a current low expenditure, low budget increase and low per capita expenditure – as a particular con-

TABLE 3: Budget estimates for child care and protection services across all the provinces and national government for 2005/06 – 2009/10

	2005/06 Actual expenditure (Rand in thousands)	2006/07 Adjusted estimates of expenditure (Rand in thousands)	2007/08 MTEF (Budget already voted on by the provincial legislatures) (Rand in thousands)	2008/09 MTEF (Subject to change in 2008) (Rand in thousands)	2009/10 MTEF (Subject to change in 2008 & 2009 (Rand in thousands)
Total provincial government	968 048	1 078 473	1 213 443	1 538 227	1 762 515
National government	9 483	10 664	17 620	18 331	19 247

Source: Analysis by Budlender D (Centre for Actuarial Research, UCT) of data in: National Treasury (2007) *Estimates of National Expenditure*; All nine provinces' estimates of provincial expenditure (2007).

TABLE 4: Annual increases in child care and protection services budgets per province, from the highest to the lowest

	2007/08 %	2008/09 %	2009/10 %	Average %
Limpopo	76	70	9	52
North West	47	66	4	39
Mpumalanga	35	47	4	29
Northern Cape	39	26	16	27
Western Cape	33	30	13	26
Eastern Cape	35	37	3	25
Free State	4	9	18	10
KwaZulu-Natal	5	16	8	10
Gauteng	-17	8	41	10
Average	13	27	15	18

Source: Analysis by Budlender D (Centre for Actuarial Research, UCT) of data in: National Treasury (2007) *Estimates of National Expenditure*; All nine provinces' estimates of provincial expenditure (2007).

cern. Eastern Cape, with the second highest child population, is also a concern mainly due to its low per capita expenditure.

What does comparing costing figures with provincial budgets say about plans to implement the Children's Act?

Comparison of the costing figures and the provincial budgets is complicated by the fact that the costing is provided for the years 2005/06 – 2010/11, whereas the provincial budgets are estimates for implementation starting in 2007/08. Comparison is therefore between year one of the costing (2005/06) and year three of the MTEF (2009/10) as this is when the Act should be ready for implementation. Note also that this comparison does not adjust the costing year one for inflation and therefore underestimates the shortfall.

Provincial allocations do not meet even 30% of the need

The comparison suggests that actual allocations are falling very short. Even with the 'cheapest' IP low cost projection, the amount in the costing report for all the provincial social development departments for the first year of implementation is R5 billion, whereas across provinces the total budget allocated for child care and protection services for 2009/10 is only about a third of that – R1.7 billion. To aggravate matters, recall that the IP low projection of R5 billion for year one provides for only 30% of the actual needs. Thus, crudely stated, the currently projected budget for 2009/10 will provide only a third of the money needed to provide services that cover only 30% of the needs of vulnerable children.

The shortfall increases by astronomical amounts when a comparison is made with the FC high scenario estimates for the first year (R42.6 billion).

What do the provincial budget narratives say about social services delivery?

This section looks at the provincial budget narratives to analyse where the provinces are focusing their attention.

All provinces mention the Children's Bill in their budget narratives. Several comment explicitly that the Bill will require significant additional resources which will place strain both on budgets and on human resources.

Early childhood development (ECD)

Provincial narratives show a focused attention on ECD. Most provinces report an increase in the number of crèches registered or funded and/or the number of children reached. While this is encouraging, the reach of ECD programmes is still very limited in relation to need. For example, the *General Household Survey 2005* recorded that 643,148 children under five years of age were living in Eastern Cape households with monthly expenditure of less than R1,200. Yet, the Eastern Cape plans to reach only 80,940 children under five by March 2008. Thus the province plans to provide for only 12% of children in need.

While registration is important, a real indicator of provisioning is the number of centres and programmes actually funded by the government, and the number of children reached. The provincial narratives do not provide this information clearly, which makes analysis and monitoring of progress very difficult.

Foster care

All provinces plan for increases in the number of children in foster care. For example, Free State plans to increase the number of children placed in foster care from 6,500 in 2006/07 to 8,000 in 2007/08.



Child and youth care centres (CYCCs)

There are fewer mentions of CYCCs in the provincial narratives than of foster care and adoption. Only four provinces – the Free State, Gauteng, KwaZulu-Natal and Northern Cape – note the need for increasing the number or capacity of CYCCs.

Non-profit organisations (NPOs)

Most provinces foresee an increase in funding to NPOs but none discuss changing the way in which NPOs are funded so that these organisations can improve their services and expand into under-served areas.

Human resources development

Four provinces (KwaZulu-Natal, Mpumalanga, Limpopo and North West) refer in their budget narratives to initiatives related to social workers and other categories of staff needed to implement social services. For example, KwaZulu-Natal records the appointment of 280 learner social auxiliary workers who should have completed their training by October 2007 and who will assist social workers with non-professional duties. The province also notes increases of R61.1 million, R7.4 million and R23 million respectively for the three MTEF years to employ social auxiliary workers and provide scholarships for social workers.

The silence on human resources in other provincial narratives may be partly explained by the agreement that human resources initiatives should be driven by national government. However, the issue was one of the nationally agreed upon priorities for the 2007/08 budget year and the related MTEF period and reference to it in the provincial budgets would therefore be expected.

Aside from money, finding and keeping the staff to implement and manage social services is a big challenge.

While the government clearly has plans for social workers and capacity building for ECD practitioners, there is also a need for developing, and investing in, other social service practitioners, especially child and youth care workers. The provincial narratives are silent as to how the availability of child and youth care workers is going to be enhanced to ensure that the necessary human resources are available to staff the child and youth care centres, and to roll out the child-headed household mentorship scheme. See the essay on page 48 for a full discussion on the human resources challenges to implement the Act.

Standard items for provincial narratives will enable monitoring and evaluation of provinces' plans and progress in implementing the Act

The level of detail, focus and reliability of the information provided in the budget narratives varies across provinces and not all provinces give information needed for monitoring of implementation. Standard items that every province must report on in their budget in terms of the past year, plans for the coming year, indicators and targets would enable monitoring and comparisons between the provinces.

What does the national budget say about social service delivery?

Additional allocation for social worker scholarships

There is an additional allocation of R365 million over the MTEF period for the social worker scholarships programme. The national budget notes that 190 social work students were awarded scholarships in 2006/07. These students will take several years to graduate, some may drop out, choose to work outside of child care services, or choose a different career. Even if all persevere and subsequently work in child care, there is

no hope of reaching the estimates of 16,504 social workers and 14,648 auxiliary social workers (calculated as necessary across the provinces for year six in the IP low scenario). The FC high scenario estimates of 66,329 social workers and 48,660 auxiliary social workers respectively are inconceivable.

Increased budget for strengthening human resources of NPO sub-directorate

The budget for the sub-programme "Registration and institutional capacity building of NPOs" in the Community Development Programme is also of interest. The allocation for this sub-programme increased radically from R4.7 million in 2006/07 to R12.3 million in 2007/08, but more slowly after that. The increase is explained by "strengthening the human resource capacity" within the sub-programme, presumably indicating a substantial increase in staff numbers. Whether and how this will affect delivery is not clear. As before, there is no mention in the budget narrative of changes in the way NPOs are funded.

What changes could affect cost effectiveness?

There are a number of policy changes that could reduce the costs of implementing the Act and ensure that more vulnerable children are reached faster and more effectively. These include improved NPO funding, addressing the shortage of all personnel categories needed to implement the Act, using the administratively simple Child Support Grant to support care of orphans by relatives, and ensuring that funding of ECD and prevention and early intervention services is prioritised. (See the Children's Act essay on page 35 for a more detailed discussion.)

What are the conclusions?

Monitoring of the budget allocations and expenditure for children's social services is a good way of measuring whether the State is fulfilling its constitutional obligations to give effect to children's right to social services.

Analysis of the 2007 provincial budgets suggests that provinces have stepped up allocations in areas related to the Children's Act. The increases are, however, uneven across the provinces, and not necessarily sustained over the MTEF period. The analysis identifies KwaZulu-Natal and Eastern Cape as the two provinces most in need of attention. The budget increases are also not sufficient to meet even the lowest scenario of the costing estimates. Given this dire picture, policy-makers should look carefully at cost-effective ways of implementing the Act, such as using a range of human resources and improving funding to NPOs.

The Children's Act places a legislative imperative on government, including National Treasury and the provinces, to prioritise the implementation of the Act when making

decisions about budgets. This prioritisation is unlikely to happen unless the social services obligations imposed on provinces by the Act are explicitly reflected in the equitable share formula. An increase in the decision-making powers of Parliament and the provincial legislatures could also promote adequate provisioning. All the legislatures have been closely involved in the multi-year process of developing the Act. They are therefore acutely aware of the provinces' obligations. Parliament and the provincial legislatures should therefore be given the powers, foreseen in the Constitution, to amend budgets.

Lastly, to enable monitoring of implementation, all the provincial budget narratives should contain standard items such as targets and indicators per service area.

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Human resources needed to give effect to children's right to social services

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The Children's Act (No 38 of 2005), as amended by the Children's Amendment Bill [B19F- 2006], requires a range of social service practitioners to deliver social services to children in the areas of partial care, early childhood development, prevention and early intervention, protection, foster care, adoption and child and youth care centres. These services are labour intensive, and effective delivery is dependent on the availability of skilled practitioners in the relevant disciplines. This includes social workers, child and youth care workers and early childhood development practitioners. However, there is a critical shortage of personnel in these categories, and if not addressed as a priority, effective implementation of the Children's Act will not be possible. In this essay an attempt is made to clarify some of the challenges and identify possible solutions.

This essay:

- explains the different categories of people needed to provide social services;
- looks at why there is a critical shortage of the human resources needed for social services;
- discusses what the government is doing to address the human resource crisis;
- comments on what else can be done to address the human resource crisis; and
- describes the challenges to service delivery by child and youth care workers and early childhood development workers.

What are the different categories of people needed to provide social services?

Categories of social service personnel needed to implement the Children's Act include:

Social workers who work with other occupational groups and community members to provide a wide range of protective, preventive and developmental services to children and

families. In helping people improve their social functioning, social workers focus particularly on people's interaction with their social environment.

To register, a social worker needs a four-year degree or diploma. According to the South African Council for Social Service Practitioners (SACSSP) there were 12,252 registered social workers and 835 social work students in 2007. This figure represents the total number of registered social workers but does not distinguish between those in private and public practice; nor does it indicate the number of social workers who work in children's social services as opposed to social services for other vulnerable groups such as the elderly and people with disabilities.

Social auxiliary workers are trained over a one-year period. They help and work under the supervision of social workers. In 2007, the SACSSP recorded 1,455 fully registered and 2,077 conditionally registered (trainee) social auxiliary workers.

Probation officers work for the best interests of children in conflict with the law. They divert children away from the criminal justice system and help address the child's problems as revealed by the criminal behaviour. Diversion can include transferring cases to the Children's Court and associated social services in recognition that many children in conflict with the law are also in need of care and protection.

Probation work is a specialisation within social work, and will remain so for the present, although there has been debate on whether it should be treated as a separate profession.

Assistant probation officers are emerging as a new category of workers within the Expanded Public Works Programme (EPWP). They will probably be registered at the auxiliary level.

Child and youth care workers (CYCWs) traditionally work in residential care centres (now called Child and Youth Care Centres) and their role is now expanded to providing prevention and early intervention services to children at a

community level. Child and youth care work is an emerging field of service in South Africa and involves the delivery of developmental and therapeutic services within the life-space of the child.

A professional qualification as a CYCW takes four years at a centre of higher learning.

Auxiliary child and youth care workers assist CYCWs. Many have a National Association of Child Care Workers (NACCW) basic qualification, and are now engaged in SAQA-accredited training in child and youth care work.

There are no current statistics on the numbers of CYCWs. In 1996 the Inter-ministerial Committee on Young People at Risk estimated that there were at least 6,000 professional and auxiliary CYCWs actively employed in South Africa. It can be assumed that there would be more than this number at present.

The challenges facing CYCWs and their auxiliaries are discussed in more detail later in this essay.

Early Childhood Development (ECD) workers care for and promote the holistic development of young children in partial care facilities and ECD programmes. The Department of Social Development is responsible for providing for children from birth to five and these are the children legislated for under the Children's Act. The Department of Education is responsible for children in Grade R (the reception year for six-year-olds before primary schooling). ECD is seen as strategic and important in many government programmes, including the EPWP. ECD workers fall between the education and social service professions and it is still unclear where they will be located.

The most recent national survey in 2000, conducted by the Department of Education, identified 54,503 ECD workers. ECD workers are not registered or monitored and come from a range of backgrounds. The survey found that 88% of ECD workers had no training, inadequate training or unrecognised training. The qualifications of the small percentage of ECD practitioners at a professional level vary. Previous professional qualifications have been subsumed into a B.Ed. (Foundation Phase) degree. Previously available certificates will be replaced by the Further Education and Training (FET) Certificate in ECD in 2008.

The challenges facing ECD workers are discussed in more detail later.

Community development workers mobilise communities and facilitate processes so that communities can meet their basic needs and further their development. Some community development workers, selected and trained as

part of a national programme of the Department of Public Service and Administration, are employed by local authorities in the areas where they live. In terms of the Children's Act, there is potential for such workers to be deployed in the development of prevention and early intervention services and drop-in centres for vulnerable children.

Community development workers have varied qualifications, ranging from very basic training, auxiliary level training to professional degrees.

Social security personnel are employed by the South African Agency for Social Security and assess and process grant applications. They should also be referring families in need to social services.

Practitioners from other sectors such as nurses, specialist teachers, occupational therapists, psychologists and psychiatrists are commonly needed for the delivery of holistic services to children. Provisions for referral to such persons are much stronger in the Children's Act than in the Child Care Act (No 74 of 1983) which it will replace, and have great potential for improving the lives of children.

Court personnel, the police and other personnel from the justice system are also essential in the social services chain and need to be sensitised to the needs of vulnerable children and their families. Protocols and structural provision to ensure the efficient co-ordination of multi-disciplinary services are also crucial.

Administrators, drivers, cleaners, cooks and other support staff in children's services could be trained to assist in addressing the emotional and physical needs of children whom they encounter in the course of their work.

Managers are needed to manage delivery of social services. Lack of management expertise is a common problem within children's services.

Volunteers are often initially the direct providers of a service before organisations become professionalised and most non-profit organisations (NPOs) continue to rely to some extent on their help. Voluntary service is now being seen as a stepping stone to future formal employment, with skills development an essential component.

For the implementation of the Children's Act, attention and funding need to be directed to the recognition, training and development of all these categories of workers. Of particular urgency, however, is the need to address the challenges impeding the development, recruitment, retention and proper deployment of social workers, CYCWs and ECD workers.

Why is there a critical shortage of the human resources needed for social services?

There is a shortage of social workers

The Children's Bill costing by Barberton in 2006 provides some worrying figures. In 2005, there were 11,372 registered social workers in South Africa. Less than half (5,063) of these were employed by the Department of Social Development or NPOs to deliver social services to vulnerable groups, including children. The costing revealed that at the lowest level of implementation of the (then) Children's Bill, at least 16,504 social workers will be needed in 2010/11 for children's social services alone. Looking at the higher level of implementation, 66,329 social workers will be needed in 2010/11.

Two years after the costing report, the total number of registered social workers had risen to 12,252, which represents a 7.7% increase in the number of social workers since 2005.¹ However, based on the 2005 figures, it can be assumed that only half of these are employed by the Department of Social Development or NPOs involved in social services.

There are clearly not nearly enough social workers in South Africa to deal with the huge demands for services caused by widespread social problems. In addition, many social workers are spending most of their time processing orphaned children who are living with relatives through the court-based foster care system. The 2000/2001 annual report of the Department of Social Development states that 49,843 children were in foster care by April 2000. In comparison, administrative data from the department for May 2007 show that 398,068 children were receiving the FCG. This is an increase of 700% between 2002 and 2007.

In the absence of adequate social security for families, social workers need to use the complex and time-consuming court-based system to access income support for poor families. This means social workers have very little time left to deal with reported cases of child abuse as is illustrated in the two child abuse cases below, which were reported to Childline.

There is poor recognition of other social service practitioners

In the past, social workers were considered the main providers of social services. To address the apartheid legacy and in recognition of the great need, South Africa committed to a developmental approach to social welfare. (See the essay on the policy framework on page 29). The Children's Act shifts social service delivery to the broader context of the developmental social welfare model and prescribes a new range of social services. The delivery of these is dependent on intensive up-scaling of human resources capacity.

The official view appears to be that increasing human resources capacity involves both the up-scaling of the numbers of persons providing services and a diversification of the range of recognised and regulated social service professions. But movement in this direction has been slow. For example, no category other than child and youth care work has as yet been accepted by the SACSSP as a separate occupational group distinct from social workers.

Without a statutory regulatory framework, social service occupations other than social workers will not be able to make a significant contribution to the implementation of the Children's Act.

There are however currently processes under way which will impact on the future of occupational groups that make up the social service work force:

- A long overdue redrafted Social Service Professions Bill should be processed by Parliament in 2008. The draft allows the Minister of Social Development to designate the social service professions and amend their scope. It also identifies key functions for the SACSSP in education and training of social service practitioners. These functions are covered by the existing legislation but have been spelled out much more clearly in the new Bill.
- Steered by the SACSSP, the boundaries between the relevant occupational groups are in the process of being clarified.

CASE STUDIES 7 and 8: No response after child rape was reported

CASE STUDY 7: On 10 October 2003 it was reported [to Childline] that a 10-year-old child was being raped on an ongoing basis by relatives of her foster parent. The case was referred to the local Department of Social Development. Fifteen months later there was still no response.

CASE STUDY 8: A six-year-old child was severely raped by her uncle, and experienced difficulty walking. Although she was treated at the hospital, the mother did not report the case. On 15 March 2004 the case was referred to the local Department of Social Development for investigation. Ten months later there was still no response.

Source: Childline (2005) *Report on children's rights and child protection management in South Africa*, 14 January 2005. Presentation to Portfolio Committee on Social Development, KwaZulu-Natal provincial legislature.

¹ The increase was calculated using figures from the Children's Bill costing report in 2005 and from the South African Council for Social Service Professions in 2007.

NPOs deliver services but insecure funding leads to high staff turnover

Most provincial departments of social development delegate the bulk of their social services to NPOs. However, subsidies paid to NPOs are not related to the actual costs of services. Many NPO services receive no subsidies at all. NPO services are insecure because of insecure funding, while valuable time and money is spent fundraising from non-government sources.

NPOs also experience extremely high staff turnover because remuneration is not standardised within the sector and because the government pays higher salaries to social service practitioners in the public service than NPOs can afford to pay their practitioners. Lakehaven Child and Youth Care Centre in Durban for example reported that in 2007 a third of its CYCWs left to work in government, which offers a starting monthly salary of R4,500 compared to the NPO's R2,500.

High staff turnover results in poor continuity and erratic delivery of social services which has a damaging impact on children in general. For children urgently in need of protection or who have been traumatised by abuse or neglect, it is disastrous.

What is the government doing to address the human resources crisis?

Some of the government's current initiatives to address the shortage of social (and auxiliary) workers are described below.

The Children's Act provides for a range of social service practitioners

The Act allows for "social service professionals" to undertake certain tasks, notably monitoring long-term foster care cases and assessing partial care centres and drop-in centres for registration. Under the Child Care Act only social workers can undertake these tasks, which caused major service delivery delays due to the lack of social workers.

Note however that it will be important for the definition of 'social service professional' in section 1 of the Act to be revised somewhat in that it presently, no doubt unintentionally, excludes social workers from the definition and therefore excludes them from undertaking such tasks. The term 'professionals' is also too narrow for the broad range of people needed.

Retention and Recruitment Strategy for Social Workers

This 2006 strategy of the Department of Social Development aims to address the many underlying causes of the shortage of social workers. Criticisms of this generally positive strategy are that it only covers social workers, that it is not large enough in scale to meet the need, that it is focused on government's needs rather than those of the whole sector; and that it does not address the salary gap between the department and NPOs.

Training and deployment of social auxiliary workers

In 2007, there was a government agreement with Cuba to use its rapid social work training programme. The plan is to train and deploy 9,360 social auxiliary workers by 2010. While this sounds like a positive move, there is some concern among local social service professionals about how the process will unfold. Monitoring will be needed.

Training and deployment of probation officers and assistant probation officers

This involves the training of social workers to serve as probation officers, and of young volunteers to assist them. In 2006/07 the department aimed to train 600 probation officers, 40 assistant probation officers and 200 voluntary assistant probation officers.

These initiatives are constructive and imaginative but there is still a desperate need to re-examine existing service models so as to deploy scarce social service staff to the maximum benefit of children and other vulnerable groups.

What else can be done to address the human resource crisis?

A new funding model for NPO social services

It is most important that the current funding models for NPO social services are re-examined. There is wide consensus that, at the very least, the core elements of services mandated by the law must be bought in full by government. Adequate and dependable core funding would enable the sector to pay reasonable salaries and to direct resources into maintaining and improving services.

A new model to support relatives caring for children

Several major NPO networks and academics are calling for a new model of care for orphans and vulnerable children who are living permanently with their relatives. This would involve an administrative rather than a statutory court-based approach to provide these families with social assistance grants like the Child Support Grant, as well as community-based support programmes, discussed below.

Massive roll-out of community-based prevention and early intervention programmes

A massive roll-out of community-based prevention and early intervention programmes (see the Isibindi model in the case study as an example) would free scarce social worker time and reduce the need for statutory interventions. Community programmes could be part of existing local Child Care Forums and be built into the Integrated Development Plans of local governments.

Catering for vulnerable children and families should involve the full range of social service professionals, assisted by personnel in other categories and volunteers. In particular, the challenges impeding the development of CYCWs and ECD workers should be addressed.

What are the challenges to service delivery by child and youth care workers?

In addition to their traditional role in child and youth care centres, CYCWs are key to the delivery of a range of prevention and early intervention services, as is evident in case study 9 below.

Clarify the status of child and youth care work

There has been a long delay in the finalisation of regulations to govern the occupation of CYCWs, which were drafted by the Professional Board for Child and Youth Care after a thorough

consultation process. Once these are finalised, CYCWs will be able to register with the SACSSP. This will enable them to qualify as social service professionals in terms of the Children's Act. SACSSP discussions about the demarcation of the social service professions may move the process forward in the coming months.

Strategy for recruiting and training CYCWs

While child and youth care work is included in the EPWP, the Department of Social Development currently has no plan to up-scale training of CYCWs, and it should therefore develop a recruitment and development plan for child and youth care work. Reliable data on the number of CYCWs will be needed to plan an up-scale of skills. There is also a need to address the lack of career-pathing for CYCWs in government.

For the professional development of CYCWs, it is essential to make training and development accessible. Only one training institution, the Durban University of Technology, offers the four-year CYCW degree.

Up-scale training and development for auxiliary child and youth care workers

The NACCW has experience and is positioned through a network of trainers to implement a rapid up-skilling process. It is offering training for the FET Certificate in Child and Youth Care countrywide. Other service providers are also entering the field, and qualified trainers and sufficient funding are needed to carry this out on the required scale.

CASE STUDY 9 : The role of child and youth care workers in the Isibindi model

In response to the need for community-based services to vulnerable children, the NACCW developed the Isibindi model, which provides for unemployed community members to be trained to become CYCWs. They are employed in their own communities to provide comprehensive services to children in children's own homes. Communities are developed by offering opportunities for improving the circumstances of both service recipients and service providers. The model is an expression of the mentorship scheme for child-headed households provided for in section 137 of the Children's Amendment Bill.

Services offered by Isibindi CYCWs:

- Help children stay in school by getting fee exemptions, uniforms and books, helping with home work, going to school meetings and getting care for younger siblings.
- Help children to get health services, for example immunisation or antiretrovirals.
- Help children to get government benefits like social grants.
- Give psychosocial support, for example grief work.

- Teach life skills such as nutrition, hygiene, planning, and parenting.
- Make sure wills are in place to protect property and guardianship.
- Help with income-generation projects.
- Network to get resources.
- Referral for psychological support, social work support, or rehabilitation.

Currently, 419 CYCWs work in 25 sites in seven provinces to provide services to over 15,000 children living in poverty and affected by HIV/AIDS, who would otherwise not have access to social services.

A hallmark of the Isibindi model is its emphasis on partnerships with other social service professions. CYCWs mediate between families and the social service system. Ground-level work by CYCWs is verified by social workers – saving resources and time. "We work together, and know each other's roles. The social workers respect us; they refer cases to us, and there is no problem in our working together," says Pat Maqina, a CYCW in the Northern Cape.

Source: Loffell J, Allsopp M & Atmore E (2008) *Human resources needed to give effect to children's right to social services*. Paper commissioned by the Children's Institute, UCT. Available: www.ci.org.za.

Address over-extended staff and standardise remuneration

Currently CYCWs in the NPO sector are employed without reference to a standardised remuneration scale. This is particularly the case with auxiliary workers who are often exploited, some being paid only R800 per month. It is also not unusual for a CYCW in an NPO child and youth care centre to care for 30 – 40 children, and workers in the NPO sector often work up to 100 hours per week.

What are the challenges to service delivery by early childhood development workers?

The Department of Education provided Grade R (ECD in the reception year before school) to 487,525 children in 2007.² This should be seen in relation to the Grade R cohort of 945,000 children who need to be accommodated by 2010. (Education White Paper 5, clauses 4.1.1.6 and 4.1.2.2.). Apart from Grade R, the development of essential ECD services tends to be community driven and delivered by NPOs. A survey by the Department of Education in 2000 showed that 57% of ECD services were in community-based sites, 30% in home-based sites and 13% in school-based sites.

Strategy for recruiting and training ECD workers

As mentioned, most practitioners working with children at approximately 24,000 ECD centres are untrained, under-trained or inappropriately trained. The Children's Amendment Bill makes skills and training necessary for registration of ECD facilities, even for home-based and informal sites. The Bill however provides for conditional registration of programmes that are not fully compliant, which could create training opportunities.

The non-profit sector historically provides about 90% of ECD training, mostly of workers already employed at ECD centres. It has the capacity to train some 2,000 educators each year. Unlike FET colleges, substantial follow-up support to trainees is offered. The FET colleges annually train some 1,000 – mostly pre-service – candidates. There is a National Integrated Plan for Early Childhood Development (2005 – 2010) in place, led by the Department of Education. It provides for skills development for at least two practitioners per site in 5,000 registered and subsidised sites in 2006/07, and for extending training to 5,400 unregistered sites in 2007/08. Currently 7,332 practitioners in subsidised ECD sites are in training.³ But there is no educator development strategy or programme for the ECD sector that take into account overall need. Education and Training SETA learnerships are minimal, and while the EPWP targets some 19,800 educators, few have

yet been trained. This is clearly inadequate, given that an estimated 50,000 new entrants to the ECD sector are needed to meet the demand.⁴

A training and development strategy for ECD personnel is urgent, as is advocacy for professional recognition of ECD workers. The lack of a clear regulatory framework for ECD personnel inhibits planning and action. The current SACSSP demarcation process could lay the foundation for rapid development of human capacity in this vital field.

Address poor pay and working conditions of ECD workers

There is no minimum wage for ECD workers and these educators are exploited. The survey in 2000 found that almost half of ECD workers earned less than R500 per month. Low salaries, no benefits, poor working conditions such as long hours, and the insecurity of working for a "community project" result in high staff turnover.

Support for home-based ECD

In many cases, home-based ECD programmes, which make up 30% of all ECD programmes, are not registered with the provincial social development departments and receive no funding, training or other forms of support. It is important that caregivers who fall in this category are taken into account in planning for training and development.

What are the conclusions?

Implementing the Children's Act requires that human resources capacity be increased and developed for all the service areas provided for in the Act. NPOs provide the bulk of existing services, and require realistic and dependable financing to sustain and increase their contribution. The government is responsible for ensuring the provision of the relevant services and, as it relies on the NPO sector for delivery, should at least be contributing the core funding needed for NPOs to continue their work. At present the organisations on which children depend for social services are crippled by chronic financial instability, resulting in them being unable to attract and retain skilled staff. To address this instability, the government should provide for the remuneration of NPO staff at the same levels as its own personnel.

The Recruitment and Retention Strategy which is in place for government social workers needs to be expanded to cover all relevant categories of personnel in both the public service and the NPO sector. The human resources crisis must be addressed holistically, and not by moving the existing limited pool of personnel around to fill holes in the system by

² Personal communication with Marie-Louise Samuels, Department of Education, January 2008.

³ Personal communication with Marie-Louise Samuels, Department of Education, January 2008.

⁴ Estimation by Eric Atmore. Centre for Early Childhood Development, January 2008.

creating new gaps as is happening at present. This is a particular danger in the social service sector, where roles are inclined to overlap.

The ongoing uncertainty about the position of categories other than social workers needs to be resolved. Clarification on the status of and regulation of these categories must be sped up otherwise crucial groups such as CYCWs and ECD workers will continue to be marginalised in planning and budgeting, leaving them unable to implement the tasks allocated to them in the Children's Act.

It is urgent to reverse the siphoning off of the scarce supply of social workers into what is in effect an extension of the social security system for the placement of children into foster care. This is a threat to the proper functioning of the children's social services system as a whole and particularly to organisations and departments responsible for protecting children from abuse. The situation can be turned around through a radical shift in the direction of a truly developmental approach.

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Making the link between social services and social assistance

Charmaine Smith (Children's Institute)

In interpreting children's rights to care and protection, the Constitutional Court ruled that, while parents and families are primarily responsible for their children's care and protection, the State must ensure that families are equipped to fulfil this responsibility. The State gives effect to this obligation by providing social welfare programmes such as health care, water, housing, education, and social security as well as social services to strengthen families and help them care for their children.

Social security comprises social insurance and social assistance. Social assistance in the form of cash grants is part of the package that supports the State's developmental social welfare policy.

This essay:

- explains how grants can reduce the need for social services;
- sets out some of the inequalities resulting from children aged 14 – 18 currently not being eligible for the Child Support Grant (CSG);
- describes the consequences of the Foster Child Grant (FCG) being used for poverty relief rather than to protect children;
- looks at how the Children's Act entrenches the use of the FCG for poverty relief;
- recommends extending the CSG and reviewing the use of the FCG.

How can grants reduce the need for social services?

South Africa's developmental social welfare policy recognises that widespread poverty is a driver of social problems and emphasises prevention and early intervention such as social assistance grants, early childhood development and family support programmes. This developmental approach reduces the need for tertiary and other expensive services like court inquiries and placement in children's homes.

Social grants like the Child Support Grant reduce the burden of poverty and support parents and other caregivers

to provide for children's basic needs. Grants can therefore prevent children from being taken into state alternative care because of vulnerabilities caused by poverty, such as neglect and abandonment. Therefore, within a developmental social welfare system, grants and early intervention and prevention services go together in working against the need for expensive tertiary services.

However, the current use of the Foster Child Grant to provide poverty relief to relatives caring for children may be doing the opposite as it is unnecessarily pulling children and families into the costly protection and alternative care system.

What social grants are available to children?

The roll out of grants to millions of children is a remarkable achievement in South Africa, bringing many benefits to children. Three types of grants are available to caregivers of children:

- The Child Support Grant (CSG), at R200¹ per child per month, is available to children under the age of 14 years² whose primary caregiver passes an income-based means test, i.e. the grant was designed for children living in poverty.
- The Foster Child Grant (FCG), at R620³ per child per month, is available to children who the court finds in need of state care and protection and who have been placed in foster care with a court-approved foster parent, i.e. the grant was designed for children in need of protection.
- The Care Dependency Grant (CDG), at R870⁴ per child per month, is available to children with severe disabilities or chronic illnesses who need 24-hour special care at home.

What are the inequalities resulting from children aged 14 – 18 not being eligible for the CSG?

A High Court case, *Mahlangu v Minister of Social Development and Minister of Finance*, is challenging the age limit of 14 years for accessing the CSG and asking the court to order the government to extend the grant to all poor children under 18 years.

1 The CSG will increase by R10 in April 2008 and by R10 in October 2008 to a total of R220 per month.

2 Children under 15 years will also qualify for the grant as of 1 January 2009.

3 The FCG will increase to R650 in April 2008.

4 The CDG will increase to R940 in April 2008.

While the Minister of Finance in his 2008 Budget announced an extension to children under 15 years starting in 2009, no time frames or plans have been put forward by the government for a phased-in extension for children aged 15 – 17 years. The applicant in the case is therefore arguing that the State is lacking a reasonable plan for extension, which is part of its obligation to progressive realisation under the Constitution, and is asking the court to order the government to extend the grant to all poor children under 18 years. Projections by Budlender in 2007 of the government's future income and expenses show a CSG extension is affordable and will have a very small impact on the country's budget.

The case was heard in the Pretoria High Court on 4 and 5 March and judgment is pending.

The absence of an easily accessible poverty alleviation grant for 14 – 17-year-olds creates "special" vulnerabilities for this group that are not adequately addressed by other social welfare programmes.

Education abandoned

Analysis of the *General Household Survey 2006* shows a decline in school attendance after 14, with 16 – 17-year-olds worst affected. Calculations show that attendance rates dropped from 97.2% for 14-year-olds to 85.4% for 17-year-olds. GHS analysis a year earlier, indicated that lack of money for school fees is the main reason why 14 – 17-year-olds don't go to school. The high school drop-out rate is a serious social problem and could leave children trapped in poverty as adults. Research by the Economic Policy Research Institute (EPRI) and by Budlender and Woolard show that the CSG increases school enrolment and attendance.

Participate in harmful forms of child labour or crime

Research by the multi-year programme "Towards the Elimination of the worst forms of Child Labour" shows that poverty exacerbates children's chances of getting involved in harmful or hazardous forms of child labour: commercial sex work, being trafficked, scavenging at waste sites, or being used by adults to commit crime. These children can end up in the child justice or child welfare system, requiring the services of social workers, the courts and placement in alternative care – all at a high financial cost to the State.

Education compromised

Poor children spend more time contributing directly or indirectly to household income, according to a 2001 World Bank strategy paper. Older, poor children who manage to stay enrolled at school therefore are less likely to spend time on school work, and are more likely to be tired and ill-prepared for learning when they are at school.

Excluded from automatic grant-holders benefits

Fees for secondary and tertiary health care are automatically waived for children under six, and for social grant beneficiaries. Older children who do not receive a grant have to pass a complicated means test to prove they are poor enough to qualify for free health care at these levels. The same goes for school fee exemptions if they do not attend a no-fee school. Research by Hall, Leatt and Rosa also found that some schools are using the CSG as a criterion for determining which children can access school feeding.

Needs of children disabled or chronically ill

The Care Dependency Grant is only available to children with AIDS in stages 3 and 4 of the disease. However, HIV-positive children not at these stages also need money for good nutrition and transport for frequent visits to the clinic. Children with moderate disabilities or with other chronic illnesses who do not qualify for a CDG are in similar circumstances. The income from a CSG could help caregivers of these older children to access services.

General health needs and access to services

Access to hospital care as well as to sexual health services is crucial for older children. Analysis of the GHS 2006 shows that an estimated 1.65 million children aged 14 – 17 years need to travel more than 30 minutes to reach their nearest clinic. The CSG can help with the transport costs related to accessing health care. A study by De Koker, De Waal and Voster indicated that 93% of households receiving the CSG reported improved general health.

Nutritional needs

High school learners are generally not reached by school feeding⁵, although the teenage years are crucial for physical development. Koker et al show that more than 80% of CSG households reported buying food first, and a 2004 EPRI study indicates that "social grants promotes better nutrition and education outcomes".

What are the consequences of the FCG being used for poverty relief ?

There is a rising number of orphaned children

The number of orphaned children in need of care has been increasing steadily due to HIV/AIDS. Orphan statistics can be confusing since the term 'orphan' refers to a child who has lost either a father, a mother or both parents, or whose parents' living status is unknown. Nevertheless, analysis of the GHS 2005 indicated there were an estimated 374,615 without a mother who were not living with their father and approximately 626,362 children without a mother or a father.

⁵ Some secondary schools have introduced school feeding in a response to the needs of poor high school learners.

TABLE 5: The number and proportion of children accessing the CSG and FCG respectively, by age group for May 2007

Child Support Grant			Foster Child Grant		
Age groups	Number	%	Age groups	Number	%
0 – 5 years	2,881,467	36.3	0 – 5 years	19,106	4.8
6 – 12 years	4,170,695	52.5	6 – 12 years	175,341	44.0
13 years*	887,030	11.2	13 – 17 years	203,621	51.2
Total	7,939,192	100	Total	398,068	100

* The CSG discontinues when a child turns 14 and will discontinue when a child turns 15 as of January 2009.

Source: Department of Social Development (2007) SOCPEN data for May 2007.

This amounts to an estimated one million children in need of care from relatives or the State.

A large increase in Foster Child Grant take up

The 2000/2001 annual report of the Department of Social Development states that 49,843 children were in foster care by April 2000. In comparison, administrative data from the department for May 2007 show that 398,068 children were receiving the FCG. This is a 700% increase, which can be partly attributed to the increasing number of children in need of care due to HIV/AIDS who stay with relatives in need of income support. Table 5 above presents the number of children receiving the FCG and CSG respectively, by age group, for that month.

The data show that, in May 2007, the majority of children receiving the CSG were in the 6 – 12-year age group, while the majority receiving the FCG were 13 – 17-year-olds. In the absence of a social grant for older children who are not cared for

by their biological parents, either because they are dead or sick or looking for work, it can be expected that the number of children in the older age group who access the FCG will increase further. This situation is illustrated in the scenario box below.

The intention of social assistance is to provide families with an income to cater for their basic needs, hence promoting equality. The scenario illustrates a number of other challenges and inequalities in the ways in which social assistance for children is provided.

Delays and expense due to need for social workers and courts affect rural poor in particular

The FCG can only be accessed via the courts, which takes much longer than an administrative application for a CSG. The CSG is much easier to access and reaches children in need of income support much quicker. This is particularly relevant in rural areas where the majority of poor children live and where social workers and courts are scarce.

SCENARIO 1: Relatives struggle to access income support for older children in their care*

Mrs Mhlope cares for her two grandchildren, Amahle (4) and Khanyisa (15). They live in a rural area in one of the poorer provinces. The children's mother, who lives in another province, sent them to live with their granny after she got sick with AIDS and is now unable to work. They don't know where their father is.

Mrs Mhlope does not have a job, nor does she yet qualify for an Old Age Pension. Mrs Mhlope applies for a Child Support Grant for four-year-old Amahle and this is granted three months later. At 15, Khanyisa does not qualify for a CSG, so the R200 per month for Amahle is used to cover Khanyisa's school expenses too. Mrs Mhlope battles to pay for the daily transport to school, the school uniform and stationery.

The family often scrape by on just one meal a day, and little Amahle is sickly because of poor nutrition. Khanyisa complains that he can't concentrate at school because he is hungry.

Mrs Mhlope finds out that Khanyisa is eligible for a Foster Child Grant. While it would have been a much easier and quicker to apply for a CSG, Mrs Mhlope starts a lengthy process with local social workers to get a court-ordered

foster care placement for Khanyisa to access the grant. It takes six months before Mrs Mhlope gets to see a social worker – the increasing number of orphaned children has greatly increased the number of FCG applications, and social workers' workload. They have to interview prospective foster care parents, investigate possible interventions, write a report and take the application to court, and thereafter monitor placements every two years.

It takes a year before the foster care placement is ordered by the court. Before Mrs Mhlope can start receiving the grant, she must take the court order to the offices of the Social Security Agency to register. A month later, she finally starts receiving the FCG for Khanyisa, who is now 16. Khanyisa has meanwhile not been at school for the eight months, due to the lack of money for transport and other school necessities. He now needs to repeat his grade, but is reluctant to return to school because of that, and because he has started earning some money for the household by working on a nearby farm.

* The scenario was developed by integrating a number of case studies captured in Children's Institute research.

Poor biological parents are not eligible for high value FCG

The current system discriminates against biological parents, who can only access the much-lower-in-value CSG for their children, and only until children turn 14⁶. Further, Hall points out that caregivers accessing the CSG in effect need to be 50% poorer than in 1998 when the grant was introduced because the income threshold for the grant means test has not been changed since 1998 to keep pace with inflation.

Hampers the child protection system's ability to help children who have been abused

The high demand for the FCG is negatively impacting on the ability of the child protection system to respond timeously and appropriately to the needs of children who have been abused, neglected, abandoned, exploited or trafficked. Meintjes, Budlender, Giese and Johnson describe this as a worrying trend because of the additional strain put on already overburdened family courts and social workers. The lengthy process is also costly and burdensome to the State. The critical shortage of human resources to deliver social services for children is discussed in more detail in the essay on page 48.

What does the new Children's Act say about Foster Child Grants?

The Children's Act (as amended by the Children's Amendment Bill) has changed the way in which foster care is administered to promote the use of the foster care system for extended family members caring for orphans. Section 186(2) of the Children's Amendment Bill allows the court to make a foster care placement with a relative permanent by extending it until the child turns 18, and removes the requirements of two-yearly social work reports. This is aimed at making the system work more quickly for children living with relatives. While in law the child remains in foster care, the placement resembles "subsidised adoption", although without the legal rights granted to adoptive parents.

Importantly, the parliamentary Portfolio Committee on Social Development in November 2007 requested the Department of Social Development to "conduct an urgent comprehensive review of the social security policy for children and the foster-care system" in recognition of the burden on the system and the rapid growth in FCG take-up.

What are the conclusions?

Social assistance in the form of Child Support Grants can reduce large numbers of children who are coming into the statutory child protection and alternative care system as a result of poverty. Children 14 – 17-years have "special" vulnerabilities and the CSG is well placed to address these. Excluding older children in need of income support from the CSG deprives them of equal protection and benefit of the law; it unfairly discriminates against their age; and it infringes on their rights to dignity, life, education, nutrition and health care. By extending the CSG to all poor children, regardless of whom they live with, the State would fulfil its obligation to progressively realise children's right to social security as well as promote children's other rights.

The CSG is easy to administer for both caregivers and the State. It will in the long-term be more cost effective for the State to invest in keeping families together by providing income support to all poor children than resorting to costly alternative care.

The use of the child protection system to address poverty is inappropriate because it compromises the care of children who are abused or neglected. It is also ineffective because the system is too complex and lengthy to respond quickly enough to the income-support needs of the many children cared for by relatives. The large number of FCG applications for caring for orphans is jamming up social services and the court system, while the complex processes involved make it impossible to address all poverty needs effectively. The child protection system urgently needs to be freed up to implement the Children's Act and the related social services aimed at prevention, early intervention, protection and alternative care.

The way that the foster care system is structured is completely in opposition to the developmental model. Instead of using prevention measures, including the CSG, to stop children from needing tertiary services, the government is promoting the use of tertiary services as a mechanism to access income support for families living in poverty.

Projections of the government's future income and expenses show a CSG extension is affordable and will have a very small impact on the country's budget. An adjustment in the CSG means test and an annual inflation-related increase in the grant amount would make it a more equitable and fair poverty alleviation mechanism, and could help reduce families' need for social services due to the vulnerabilities created by poverty.

⁶ To be extended to children under 15 in January 2009.

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Home

Our fathers doesn't
take good care for
us, my mother struggles alone.

Share house work
with my brothers and
sister, I don't have to
do it all alone.

I like visiting my sick aunty
and my friends also

Sometimes I feel that my home life is boring
because of my problematic father.

HOME



CHURCH



I HATED my school
I AM FROM THE CITY OF
I DON'T LIKE HIM and she
together let take action
Because together without
action is useless

I'm an open minded person
whos being and doing
about you

*I am proud of who I am
*I'm proud to be South African
*I respect myself and even
my body

*I am courageous
and never give up
easily

*I'm a hard-
worker in each
and everything
I do

*I am broad
and open
minded

And I'm also
an open true and
honest

I'm also a fair person
*I like listening to other peoples
problems

*I like changing my ideas and opinions
*I'm not selfish

Football
Prabce

We don't have
good sport facilities
the only sport is football
and netball, rugby, cricket and
baseball are not there because
of instruments/materials



School

*I enjoy my school but
is that in our school with
enough material in our labor
times we have to leave early
because in this

*we get teachers who are on

School





PART THREE

Children Count – The numbers

Part three updates a set of key indicators on children's socio-economic rights and provides commentary on the extent to which progress has been made in their realisation. This year the indicators have been expanded to reflect on five years of data. They track the demographics of children, care arrangements, and their access to social assistance, education, housing, health care services, water, sanitation and electricity. The indicators are a special sub-set selected from the Children's Institute website www.childrencount.ci.org.za.

Introducing Children Count – *Abantwana Babalulekile*

Lizette Berry and Johannes John-Langba

The need to describe, analyse, and monitor children's well-being and the realisation of their rights is increasingly being recognised across the globe.

For example, the International Society for Child Indicators is an initiative to generate debate and share knowledge in this area (www.childindicators.org). The ISCI seeks to, among others, improve data sources, foster diversity in methodological approaches, and enhance information dissemination on the status of children. The Children's Institute recently participated in ISCI's inaugural conference.

A rights-based approach

The Constitution specifies that everyone in South Africa has a right to have access to adequate housing, health care services, sufficient food and water, social security and the right to basic education. Children are specifically mentioned, and every child has the right to basic nutrition, shelter, basic health care services and social services. These form part of what are collectively known as socio-economic rights. While these rights are guaranteed by the Constitution, the question is: *How well is South Africa doing in realising these rights for all children?* The only way to answer that question is by monitoring the situation of children.

There are a number of initiatives in South Africa to monitor progress in children's well-being and the realisation of their rights. A recent outcome of work in the child indicators field is the tremendously rich volume published by the Human Sciences Research Council: *Monitoring child well-being. A South African rights-based approach*, edited by Dawes A, Bray R & Van der Merwe A (2007). The publication provides the conceptual underpinnings and the necessary ingredients for the effective monitoring of children's well-being within a rights-based framework (see www.hsrc.ac.za).

Tracking progress in the development and implementation of child policies is at the heart of the Children's Institute's work. An important tool for monitoring is the project *Children Count – Abantwana Babalulekile* (Xhosa for 'children are important'). The project advocates for the improvement of children's socio-economic conditions in South Africa by monitoring progress in the realisation of their socio-economic rights.

This is done by tracking available, accurate and reliable data on children's socio-economic conditions, accompanied by rights-based commentary. By raising awareness of children's socio-economic status, the project aims to contribute to improved decision-making by government and civil society in the best interests of children.

Counting South Africa's children

Children Count – Abantwana Babalulekile presents child-centred data on many of the areas covered under socio-economic rights. The data sets are made available on the project's web site at www.childrencount.ci.org.za. As new data becomes available with the release of national surveys and other data sources, it is possible to track changes in the conditions of children and their access to services over time. For 2007, three additional years of analysed data from the *General Household Surveys* were added. Therefore, five years' data (2002 – 2006) are presented for most of the indicators included in this publication. Confidence intervals* for the five years of data have been indicated in the data tables and in commentaries where applicable.

The indicators in the *South African Child Gauge 2007/2008* are a sub-set of the *Children Count – Abantwana Babalulekile* indicators on demographics and socio-economic rights. The tables on the following pages give basic information about demographics, care arrangements, health status, housing, water and basic services, social security, and education. Each table is accompanied by commentary that provides context and gives a brief interpretation of the data. The data are presented for all children in South Africa where possible, and by province. More detailed information and a wider range of data – disaggregated by age, sex and race – and accompanying web links, documents and interpretation are available on the web site.

Data sources

The project uses a number of data sources. Some are administrative databases used by government departments (Health, Education, and Social Development) to monitor the services they deliver. Some of the HIV/AIDS data are from the ASSA

* A confidence interval is a statistical range into which the true value is estimated to fall 95% of the time. It is therefore important to refer to when interpreting the data.

model, a statistical model developed by the Actuarial Society of South Africa, which uses many different types of data sources to derive estimates of the incidence of HIV and treatment needs. Most of the indicators presented are unique to the project, and have been developed by using the *General Household Survey* of Statistics South Africa. The technical notes and definitions for the indicators can be found beneath the respective data tables, while information about data sources is displayed on pages 94 – 95.

The theme of this *South African Child Gauge* is children's right to social services. Children have multiple, inter-related needs that require a holistic approach to programming and service provision. Although the indicators presented here do not directly reflect on social services provisioning, in some instances, such as data on orphaning and child-headed households, a direct link between demographic data and social services is apparent. Data on the socio-economic conditions of children provide a framework with which to view and interpret children's need for social services.

Each of the domains are introduced below and key information is highlighted.

Demography of South Africa's children (pages 64 – 70)

This section gives a profile of South Africa's children by using the indicators of number and proportion of children in South Africa; orphans, children living in child-headed households; children living in income poverty; and children living in a household with an employed adult. There were just over 18.2 million children in South Africa in 2006. Sixty-eight percent of children lived in households with an income of less than R1,200 per month, and about 40% of children lived in a household where no adult was employed.

Children's access to social assistance (pages 71 – 73)

Social assistance grants are an important source of income for caregivers to meet children's basic needs. This section shows the dramatic increases in the numbers of children in 2007 who accessed the Child Support Grant (up 34% from 2006), the Care Dependency Grant (up 7% from 2006), and the Foster Child Grant (up by 20% from 2006).

Children's access to education (pages 74 – 77)

This section uses the indicators of number and proportion of children at an educational institution; the learner-to-educator ratio; and the distances travelled to school to monitor children's access to education. Although a 96% attendance rate is relatively high, the number of school-aged children who do

not attend an educational facility is a serious concern, particularly as 75% of these were aged 13 – 17 years.

Child health: the general context (pages 78 – 81)

This section monitors child health through the indicators of infant mortality and under-five mortality rates; the number and proportion of children living in households experiencing child hunger, and the leading causes of child death. The leading indicator on the level of child health in a country, the IMR, shows that the infant mortality rate increased from almost 29 deaths per 1,000 live births in 2001 to 43 per 1,000 live births in 2005.

Child health: HIV/AIDS (pages 82 – 85)

This section looks at indicators on HIV prevalence in children and in pregnant mothers; the number of child deaths due to AIDS; children receiving antiretroviral therapy (ART); and the proportion of children starting ART. 2006 data show that close to one-third of pregnant women who accessed antenatal clinics were infected with HIV. The Actuarial Society of South Africa model suggests that HIV prevalence in children has almost doubled to 2.1% in 2006. The model projects a small reversal of child deaths due to AIDS from 2004 that is consistent with the roll out of ART. It also shows that there has been a large increase in the number of children accessing ART (from 4% in 2001 to 30.4% in 2005).

Children's access to housing (pages 86 – 89)

This section presents data on children living in urban or rural areas; in formal, informal or traditional dwellings; and those living in overcrowded dwellings. More than half of children (54%) lived in rural areas in 2004 and it appears that the number of children living in informal housing has increased across most of the provinces from 2002 to 2006. Twenty-eight percent of children lived in overcrowded households in 2006.

Children's access to sanitation, water and electricity (pages 91 – 93)

Without water and sanitation, children face substantial health risks. This section presents data on children's access to drinking water on site, sanitation and electricity. In 2006, only 61% of children had access to drinking water on site, while children's access to adequate toilet facilities rose to about 55%, and 77% of children lived in households with electricity connections.

For more data, visit www.childrencount.ci.org.za

Demography of South Africa's children

Helen Meintjes, Johannes John-Langba and Lizette Berry (Children's Institute)

The United Nations General Guidelines for Periodic Reports on the Convention on the Rights of the Child, paragraph 7, says that reports made by states should be accompanied by "... detailed statistical information ... Quantitative information should indicate variations between various areas of the country ... and between groups of children ...".

The number and proportion of children living in South Africa

There were just over 18.2 million children in South Africa in July 2006. Children therefore constitute over one-third (38%) of the country's population. More than two-thirds (68%) of all children live in four of South Africa's nine provinces: KwaZulu-Natal (21%, confidence interval: 15 – 27%*), Eastern Cape (17%, confidence interval: 11 – 24%*), Gauteng (15%), and Limpopo (15%).

Girl and boy populations were more or less equal over the 2002 – 2006 period, with slightly more boys than girls in 2006. Thirty-eight percent of children were aged between 6 and 12 years, with roughly one-third (34%) of all children being younger than this. More

than one-quarter (28%) of South Africa's children were teenagers (13 – 17 years old). These gender and age patterns apply nationally as well as provincially.

The distribution of children across provinces, by age, sex, and population group remain relatively constant over the 2002 – 2006 period. In presenting a demographic profile of South Africa's children, a breakdown by population group has been included although such breakdowns are only really useful when monitoring the extent to which inequalities still prevail.

* A confidence interval is a statistical range into which the true value is estimated to fall 95% of the time. It is therefore important to refer to when interpreting the data.

TABLE 1a: The number⁺ and proportion of children living in South Africa in 2002 – 2006, by province

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	2,836,000	16	2,881,000	16	3,216,000	18	3,137,000	17	3,181,000	17*
Free State	990,000	6	980,000	6	1,064,000	6	1,114,000	6	1,118,000	6
Gauteng	2,741,000	16	2,779,000	16	2,642,000	15	2,656,000	15	2,720,000	15
KwaZulu-Natal	3,833,000	22	3,830,000	22	3,792,000	21	3,841,000	21	3,817,000	21*
Limpopo	2,501,000	14	2,533,000	14	2,616,000	15	2,615,000	14	2,660,000	15*
Mpumalanga	1,306,000	7	1,319,000	7	1,308,000	7	1,351,000	7	1,402,000	8
Northern Cape	301,000	2	300,000	2	337,000	2	337,000	2	344,000	2
North West	1,431,000	8	1,453,000	8	1,489,000	8	1,461,000	8	1,431,000	8*
Western Cape	1,591,000	9	1,585,000	9	1,559,000	9	1,572,000	9	1,571,000	9
South Africa	17,530,000	100	17,660,000	100	18,022,000	100	18,087,000	100	18,243,000	100

⁺ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TABLE 1b: The number⁺ and proportion of children living in South Africa in 2002 – 2006, by population group^o

Population Group	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
African	14,580,000	83	14,763,000	84	15,071,000	84	15,172,000	84	15,354,000	84
Coloured	1,516,000	9	1,511,000	9	1,533,000	9	1,521,000	8	1,517,000	8
Indian	336,000	2	316,000	2	310,000	2	346,000	2	337,000	2
White	1,085,000	6	1,061,000	6	1,099,000	6	1,038,000	6	1,023,000	6
South Africa	17,517,000	100	17,651,000	100	18,013,000	100	18,076,000	100	18,231,000	100

⁺ Numbers have been rounded off to the nearest thousand.

^o 'Other' and 'unspecified' categories have been excluded, therefore totals are not the same as in Tables 1a and 1c.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TABLE 1c: The number⁺ and proportion of children living in South Africa in 2002 – 2006, by age

Age Group	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
0 – 5 years	5,346,000	31	5,346,000	30	5,950,000	33	6,047,000	33	6,186,000	34
6 – 12 years	7,051,000	40	7,020,000	40	7,124,000	40	6,998,000	39	6,981,000	38
13 – 17 years	5,133,000	29	5,294,000	30	4,948,000	27	5,041,000	28	5,076,000	28
South Africa	17,530,000	100	17,660,000	100	18,022,000	100	18,087,000	100	18,243,000	100

⁺ Numbers have been rounded off to the nearest thousand.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TABLE 1d: The number⁺ and proportion of children living in South Africa in 2002 – 2006, by sex^o

Sex	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Male	8,834,000	50	8,983,000	51	9,495,000	53	9,488,000	52	9,487,000	52
Female	8,690,000	50	8,674,000	49	8,526,000	47	8,595,000	48	8,744,000	48
South Africa	17,524,000	100	17,657,000	100	18,021,000	100	18,083,000	100	18,231,000	100

⁺ Numbers have been rounded off to the nearest thousand.

^o 'Other' and 'unspecified' categories have been excluded, therefore totals are not the same as in Tables 1a and 1c.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

This indicator refers to the number and proportion of children under the age of 18 years who were living in South Africa at the time of the 2002 – 2006 *General Household Surveys*. The proportions are calculated by dividing the number of children per category (e.g. male) by the total number of children in the population. The provincial proportions are calculated by dividing the number of children per category in a province by the total number of children in the population.

For more data, visit www.childrencount.ci.org.za

The number and proportion of orphans living in South Africa

The *General Household Survey* (GHS) indicates that, in South Africa in 2006, there were approximately 3.8 million 'orphans' – children who were without a living biological mother, father or both parents (or whose living status were unknown). This is equal to 21% of all children in South Africa. The total number of orphans has increased substantially in the last five years, with approximately 750,000 more children living as orphans in 2006 than in 2002. This equates to an increase of four percentage points since 2002 in the total orphan population as a proportion of all children in South Africa. The increases can be understood in light of the AIDS pandemic.

It is important to recognise that the death of one parent can have different implications for children to the death of both parents, as can the death of a mother relative to the death of a father (see for example, Case & Ardington 2004). In particular, it seems that the absence of a mother has greater impact on children's lives than the absence of a father.

For this reason, it is important to disaggregate the total figures.

Four percent of children in South Africa in 2006 were documented to be 'double orphans' who had lost both parents. A further 14% of children had a living mother but were without a biological father. The figure is much lower for children with living fathers who do not have a biological mother: 3% of children (approximately 600,000 children) were estimated from the GHS 2006 to be 'maternal orphans'. In other words, the vast majority (66%) of all orphans in South Africa are paternal orphans. The number of paternal orphans is high because of the higher mortality rates of men in South Africa, as well as the frequent absence of fathers in children's lives.

Roughly one-quarter (26%, confidence interval: 18 – 33%*) of all South Africa's orphans were resident in the KwaZulu-Natal province in 2006, with approximately one-fifth (22%, confidence interval: 13 – 30%*) living in the Eastern Cape. It is perhaps more useful to note that 26% of all children living in these two provinces were orphaned. In 2006, 77% of all orphans were of school-going age (seven years and above).

* A confidence interval is a statistical range into which the true value is estimated to fall 95% of the time. It is therefore important to refer to when interpreting the data.

TABLE 2a: The number[†] and proportion of maternal orphans living in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	85,000	3	66,000	2	98,000	3	118,000	4	113,000	4
Free State	42,000	4	34,000	3	41,000	4	39,000	3	41,000	4
Gauteng	55,000	2	57,000	2	62,000	2	41,000	2	76,000	3
KwaZulu-Natal	136,000	4	155,000	4	165,000	4	137,000	4	156,000	4
Limpopo	54,000	2	58,000	2	47,000	2	66,000	3	79,000	3
Mpumalanga	47,000	4	49,000	4	46,000	4	40,000	3	57,000	4
Northern Cape	11,000	4	8,000	3	10,000	3	10,000	3	11,000	3
North West	35,000	2	46,000	3	38,000	3	41,000	3	50,000	3
Western Cape	26,000	2	21,000	1	27,000	2	21,000	1	37,000	2
South Africa	490,000	3	493,000	3	534,000	3	513,000	3	619,000	3

[†] Numbers have been rounded off to the nearest thousand.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TABLE 2b: The number[†] and proportion of paternal orphans living in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	404,000	14	456,000	16	517,000	16	561,000	18	562,000	18
Free State	125,000	13	125,000	13	122,000	11	161,000	14	178,000	16
Gauteng	300,000	11	262,000	9	263,000	10	195,000	7	269,000	10
KwaZulu-Natal	505,000	13	453,000	12	516,000	14	528,000	14	605,000	16
Limpopo	342,000	14	358,000	14	304,000	12	308,000	12	344,000	13
Mpumalanga	126,000	10	126,000	10	146,000	11	170,000	13	176,000	13
Northern Cape	29,000	10	23,000	8	34,000	10*	27,000	8	31,000	9
North West	206,000	14	192,000	13	214,000	14	172,000	12	172,000	12
Western Cape	122,000	8	127,000	8	125,000	8	98,000	6	143,000	9*
South Africa	2,159,000	12	2,121,000	12	2,240,000	12	2,221,000	12	2,481,000	14

[†] Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TABLE 2c: The number⁺ and proportion of double orphans living in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	66,000	2	78,000	3	101,000	3	117,000	4	141,000	4
Free State	22,000	2	33,000	3	43,000	4	67,000	6	65,000	6
Gauteng	48,000	2	41,000	1	47,000	2	64,000	2	47,000	2
KwaZulu-Natal	109,000	3	128,000	3	147,000	4	200,000	5	218,000	6
Limpopo	37,000	1	41,000	2	56,000	2	55,000	2	59,000	2
Mpumalanga	27,000	2	33,000	3	38,000	3	37,000	3	53,000	4
Northern Cape	4,000	1	7,000	2	9,000	3	8,000	2	10,000	3
North West	27,000	2	41,000	3	58,000	4	61,000	4	58,000	4
Western Cape	16,000	1	18,000	1	14,000	1	18,000	1	17,000	1
South Africa	356,000	2	419,000	2	513,000	3	626,000	3	668,000	4

⁺ Numbers have been rounded off to the nearest thousand.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TABLE 2d: The total number⁺ and proportion of orphans living in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	555,000	20	600,000	21	716,000	22	797,000	25	816,000	26
Free State	189,000	19	192,000	20	206,000	19	267,000	24	284,000	25
Gauteng	403,000	15	360,000	13	372,000	14	301,000	11	392,000	14
KwaZulu-Natal	750,000	20	735,000	19	828,000	22	865,000	23	978,000	26
Limpopo	433,000	17	457,000	18	407,000	16	430,000	16	481,000	18
Mpumalanga	199,000	15	208,000	16	230,000	18	247,000	18	286,000	20
Northern Cape	44,000	15*	38,000	13*	52,000	15*	44,000	13	52,000	15*
North West	268,000	19	278,000	19	310,000	21	274,000	19	281,000	20
Western Cape	164,000	10	166,000	10	167,000	11	137,000	9	198,000	13*
South Africa	3,006,000	17	3,033,000	17	3,286,000	18	3,361,000	19	3,768,000	21

⁺ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

For the purpose of this indicator, different kinds of orphans are defined as follows:

- A maternal orphan is a child whose mother has died but whose father is alive;
- A paternal orphan is a child whose father has died but whose mother is alive;
- A double orphan is a child whose mother and father have both died.

Orphans as a proportion of the child population is calculated by aggregating the number of children under the age of 18 years whose mother, father or both parents are dead or whose living status is unknown, and dividing this by the total child population. In a similar way, the proportion of orphans by type is calculated by dividing the number of orphans for each category ('maternal', 'paternal', 'double') by the total orphan population, and by the total child population.

The number and proportion of children living in child-headed households in South Africa

There is much concern among government and civil society that the number of children living in child-headed households will rapidly increase as the number of orphaned children rises due to the AIDS pandemic. While there is currently little evidence to support this concern, and while it seems that many such households exist only temporarily (Meintjes & Giese 2006; Ardington & Hosegood 2005), it is important to monitor the prevalence and nature of child-headed households as the HIV/AIDS pandemic continues.

An analysis of the *General Household Survey* (GHS) 2006 indicates that there were approximately 122,000 (confidence interval: 98,000 – 147,000*) children living in an estimated 60,000 (confidence interval: 47,000 – 74,000*) child-headed households across South Africa at the time of the survey.

This is equal to 0.7% of all children, and equal to 0.5% of all households in the country. The GHS data indicate that there has not been an increase in the number of children living in child-headed households, nor in the number of child-headed households over the five-year period from 2002 to 2006.

While it is not ideal for any child to live without an adult resident, it is positive that half (49%, confidence interval: 42 – 55%*) of all children living in child-headed households are aged 15 years and above.

Almost all (89%, confidence interval: 83 – 95%*) children living in child-headed households were located in only three provinces at the time of the GHS 2006: Limpopo, KwaZulu-Natal, and the Eastern Cape.

* A confidence interval is a statistical range into which the true value is estimated to fall 95% of the time. It is therefore important to refer to when interpreting the data.

TABLE 3: The number⁺ and proportion of children living in child-headed households in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	46,000	1.6	35,000	1.2	29,000	0.9	27,000	0.9	31,000	1.0
Free State	6,000	0.7	5,000	0.5	4,000	0.4	8,000	0.7	5,000	0.4
Gauteng	3,000	0.1	3,000	0.1	2,000	0.1	5,000	0.2	0	0.0
KwaZulu-Natal	18,000	0.5	24,000	0.6	11,000	0.3	15,000	0.4	37,000	1.0
Limpopo	32,000	1.3	36,000	1.4	36,000	1.4	46,000	1.8	40,000	1.5
Mpumalanga	8,000	0.6	6,000	0.4	7,000	0.6	6,000	0.4	5,000	0.4
Northern Cape	0	0.2	1,000	0.2	0	0.0	0	0.1	0	0.1
North West	5,000	0.3	14,000	1.0	15,000	1.0	9,000	0.6	3,000	0.2
Western Cape	0	0.0	0	0.0	1,000	0.0	2,000	0.1	0	0.0
South Africa	118,000	0.7	123,000	0.7	104,000	0.6	119,000	0.7	122,000	0.7

⁺ Numbers have been rounded off to the nearest thousand.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

The proportion of children living in child-headed households in South Africa is calculated by identifying the number of children living in households where the oldest resident is younger than 18 years, and dividing this figure by the total child population in South Africa.

The proportion of child-headed households is calculated by dividing the number of households where the oldest resident is younger than 18 years by the total number of households in South Africa.

The number and proportion of children living in income poverty in South Africa

Income poverty levels are important because they indicate how many children may not have their basic needs met. As money is needed to access a range of services, income poverty is often closely related to poor health, reduced access to education, and physical environments that compromise personal safety.

Although the proportion of children living in income-poor households appears to have decreased over the last five years (2002 – 2006), child poverty in South Africa continues to be pervasive. According to the 2006 *General Household Survey*, about 68% (12.3 million) of children in South Africa lived in households with an income of less than R1,200 per month in that year.

There are huge disparities in the rates of child poverty across the

provinces that could be explained by differences in the socio-demographic and socio-economic characteristics of the various provinces. During the period 2002 to 2006, the wealthiest provinces (Western Cape and Gauteng) had the lowest proportions of poor children. Limpopo remains the province with the highest rate of child poverty – 82% in 2006 compared to 41% in the Western Cape.

Due to the legacy of apartheid, poverty is also closely tied with race. More than three-quarters (76%) of African children lived in households with a combined income of less than R1,200 in 2006 compared with 2.8% of white children. There has not been any observable change in this statistic over the five-year period – about 75% of African children lived in income-poor households in 2002.

TABLE 4: The number[†] and proportion of children living in income poverty in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	2,477,000	87	2,441,000	85	2,534,000	79*	2,517,000	80*	2,458,000	77*
Free State	739,000	75*	732,000	75*	722,000	68*	730,000	65*	806,000	72*
Gauteng	1,524,000	56*	1,485,000	53*	1,171,000	44*	1,141,000	43*	1,342,000	49*
KwaZulu-Natal	3,014,000	79*	2,890,000	75*	2,623,000	69*	2,652,000	69*	2,678,000	70*
Limpopo	2,232,000	89	2,208,000	87*	2,118,000	81	2,169,000	83*	2,190,000	82
Mpumalanga	1,028,000	79*	995,000	75*	911,000	70*	938,000	69*	1,036,000	74
Northern Cape	208,000	69*	202,000	68*	213,000	63*	201,000	60*	216,000	63*
North West	1,143,000	80*	1,099,000	76*	1,071,000	72*	1,056,000	72*	979,000	68*
Western Cape	761,000	48*	744,000	47*	542,000	35*	567,000	36*	636,000	41*
South Africa	13,127,000	75	12,795,000	72	11,905,000	66	11,972,000	66	12,342,000	68

[†] Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002*; *General Household Survey 2003*; *General Household Survey 2004*; *General Household Survey 2005*; *General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

The R1,200 per month poverty line was used because it is the closest to the R1,100 per month line used by the Treasury and the Department of Provincial and Local Government to determine funding for poverty alleviation programmes. The data in the GHS are collected in question 4.71, which asks: "What was the total household expenditure in the last month?" The bands break at R399, R799 and R1,199. Children living in households in these three bands were included as poor for the purposes of this indicator. Expenditure data is used in this instance

as it is considered a good proxy of income data and is likely to be more reliable.

Inflation rates have a considerable effect on income and expenditure over time. It should be noted that the rand value changes from year to year, hence the R1,200 income threshold would fluctuate (and be reduced) in real terms. An assumption has also been made that households pool their income. All sources of income, including social grants income, were therefore included when making the calculations for this indicator.

For more data, visit www.childrencount.ci.org.za

The number and proportion of children living in households with an employed adult

The adult unemployment rate is very high in South Africa. In March 2007, the official unemployment rate nationally was 25.5% compared with 25.6% in March 2006 (Statistics South Africa 2007).

This is a narrow definition that includes only those adults who had actively looked for a job but failed to find one in the four weeks preceding the *Labour Force Survey*. An expanded definition of unemployment, which includes working-age adults who are unemployed but have given up actively looking for work, gives a more accurate indication of unemployment in South Africa.

Apart from providing regular income, an employed adult brings other benefits to the household, for example health insurance, unemployment insurance, maternity and paternity leave, as well as improved child developmental and educational outcomes. Children whose mothers have some (even inconsistent) employment are likely

to have higher scores in mathematics than those whose mothers are consistently unemployed (Jackson 2003).

The *General Household Survey* shows that the proportion of children living in households with an employed adult have consistently declined in the last five years (2002 – 2006) in South Africa. In 2006, about 60% of all children in the country lived in a household with at least one employed adult compared to 65% in 2002.

Despite reported improvements in the adult employment rate over the last five years, an increased number of African children (7.1 million) are disproportionately living in households without an employed adult in 2006 compared to 5.9 million in 2002.

Provincial disparities also persist. In 2006 Limpopo still showed the lowest proportion of children (40%) living with an employed adult compared with the Western Cape which had the highest proportion of children (89%) living with an employed adult.

TABLE 5: The number⁺ and proportion of children living in households with an employed adult in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	1,461,000	52*	1,244,000	43*	1,597,000	50*	1,358,000	43*	1,581,000	50*
Free State	692,000	70*	664,000	68*	715,000	67*	672,000	60*	694,000	62*
Gauteng	2,254,000	82	2,165,000	78*	2,067,000	78*	2,137,000	80*	2,161,000	79*
KwaZulu-Natal	2,291,000	60*	2,032,000	53*	2,020,000	53*	2,144,000	56*	2,063,000	54*
Limpopo	1,207,000	48*	1,032,000	41*	1,090,000	42*	1,099,000	42*	1,076,000	40
Mpumalanga	886,000	68*	860,000	65*	864,000	66*	911,000	67*	865,000	62*
Northern Cape	221,000	73*	201,000	67*	228,000	68*	227,000	67*	239,000	69*
North West	945,000	66*	884,000	61*	799,000	54*	823,000	56*	815,000	57*
Western Cape	1,387,000	87	1,356,000	86*	1,340,000	86*	1,373,000	87*	1,391,000	89*
South Africa	11,344,000	65	10,438,000	59	10,720,000	59	10,744,000	59	10,885,000	60

⁺ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

This indicator was developed by identifying which adults in the *General Household Survey* data were employed, and then estimating the number of children living in households with at least one employed person.

ADDITIONAL SOURCES FOR DEMOGRAPHY OF SOUTH AFRICA'S CHILDREN

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Children's access to social assistance

Johannes John-Langba, Double-Hugh Marera and Lizette Berry (Children's Institute)

The Constitution of South Africa, section 27(1)(c), says that "everyone has the right to have access to ... social security, including, if they are unable to support themselves and their dependants, appropriate social assistance".

The United Nations Convention on the Rights of the Child states that every child has the right "to a standard of living adequate for his or her development" (Article 27) and obliges the State "in case of need" to "provide material assistance".

Article 26 guarantees "every child the right to benefit from social security".

The number of children aged 0 – 13 years receiving the Child Support Grant (CSG) in South Africa

Social assistance is made up of non-contributory social grants to adults and children, funded as part of the national social security budget. 'Non-contributory' means that grant recipients do not pay any monetary contributions toward the fund, as is the case with other social security schemes, such as social insurance.

The fundamental purpose of the right to social assistance is to ensure that persons living in poverty are able to access a minimum level of income sufficient to meet basic subsistence needs so that they do not live below minimum acceptable standards. The government is obliged to support children directly when their parents or caregivers are not able to support them adequately due to poverty. This is done primarily through social assistance programmes such as the Child Support Grant – a cash grant to the value of R200¹ per month per child as of April 2007. It is the single biggest programme for alleviating child poverty in South Africa with take-up having increased dramatically since its introduction in 1998 as the grant became better known and as age eligibility was extended.

In July 2007, 7.9 million children aged 0 – 13 years were receiving the CSG in South Africa. This represents an increase of 34% from 2005. Across all the provinces, the number of children

receiving the CSG increased over time. The Northern Cape province, with 174,604 children receiving the grant in July 2007, had the highest percentage increase (72%) for the 2005 to 2007 period. The KwaZulu-Natal (1,945,026), Eastern Cape (1,489,191) and Limpopo (1,249,818) provinces had the highest numbers of children receiving the grant at the end of July 2007. The increases in the number of children accessing the CSG in these provinces since 2005 are 45%, 38%, and 26% respectively. The Western Cape and Free State provinces had the least percentage increase in the number of CSG recipients in the period 2005 to 2007.

In order to access the grant, children's caregivers make an application and pass an income test. Children younger than 14 years² are eligible for this grant if their primary caregiver and his/her spouse jointly have R800 per month or less in income and live in an urban area and a formal house. Those who live in rural areas or informal housing in urban areas must earn R1,100 per month or less to qualify for this grant. There is substantial evidence that grants, including the CSG, are being spent on food, education and basic goods and services (Samson, Lee, Ndlebe, Mac Quene, Van Niekerk, Gandhi, Harigaya & Abrahams 2004).

¹ The CSG will increase by R10 in April 2008 and by a further R10 in October 2008 to a total of R220 a month.

² To be extended to children younger than 15 years in January 2009.

TABLE 6: The number of children (0 – 13 years) receiving the Child Support Grant in South Africa in June 2005 – July 2007

Province	June 2005	July 2006	July 2007
Eastern Cape	1,078,442	1,413,830	1,489,191
Free State	361,318	417,076	438,230
Gauteng	723,432	862,346	921,509
KwaZulu-Natal	1,338,045	1,746,944	1,945,026
Limpopo	990,194	1,200,185	1,249,818
Mpumalanga	489,663	613,008	643,727
Northern Cape	101,728	121,332	174,604
North West	465,242	604,525	611,625
Western Cape	365,655	431,514	457,077
South Africa	5,913,719	7,410,760	7,930,807

Source: Department of Social Development (2005; 2006; 2007) SOCPEN database 2005 – 2007. Pretoria: Department of Social Development.

TECHNICAL NOTES ON THE INDICATOR

This indicator reflects the number of children (aged 0 – 13 years) who are accessing the CSG. The Department of Social Development's SOCPEN database records the CSGs paid out per month according to the number of children and their caregivers (beneficiaries). Figures are taken from the SOCPEN daily reports for the last working day in June 2005 and July 2006 and 2007.

For more data, visit www.childrencount.ci.org.za

The number of children receiving the Care Dependency Grant (CDG) in South Africa

Children with special care needs have access to a social assistance grant called the Care Dependency Grant. This non-contributory monthly cash grant is provided to caregivers of children with severe disabilities who require permanent care. The value of the grant was R870³ per month from April 2007. Although the grant is targeted at children with severe disabilities, children with chronic illnesses are eligible for the grant once the illness becomes disabling. The grant can assist caregivers to care for children who are very sick with AIDS-related illnesses, for example.

It was not possible to develop a take-up rate of the CDG because there is little data on the number of children living with disability in South Africa, or on children who are severely disabled and in need of permanent care. In July 2007, 99,162 children were receiving the CDG in South Africa, an increase of 7% from the previous year. Within the three-year period between June 2004 and July 2007,

19,075 children became recipients of the CDG. Take-up improved steadily over this period, with an overall increase of 24% between June 2004 and July 2007.

The provincial figures show interesting, although disparate, trends in the number of children receiving the CDG. The Northern Cape province shows the largest increase (31%) of just over 800 children between 2006 and 2007. KwaZulu-Natal follows with an increase of 14% over this period. Over the June 2004 to July 2007 period, all provinces show an increase in the numbers of children in receipt of the grant, although most provinces did not increase by more than 20% over the three years. The Northern Cape province increased substantially, almost doubling in number between June 2004 and July 2007. The reasons for these trends are not clear, but may be influenced by increased awareness of the grant. A lack of understanding regarding the eligibility criteria may also be a factor.

3 The CDG will increase by R70 in April 2008 to a total of R940 per month.

TABLE 7: The number of children receiving the Care Dependency Grant in South Africa in June 2004 – July 2007

Province	June 2004	June 2005	July 2006	July 2007
Eastern Cape	18,246	19,925	20,367	20,274
Free State	3,210	3,401	3,679	3,871
Gauteng	10,522	11,468	12,140	12,672
KwaZulu-Natal	20,510	20,994	24,098	27,578
Limpopo	8,844	9,609	10,553	11,316
Mpumalanga	4,188	4,273	4,532	4,991
Northern Cape	1,853	2,186	2,582	3,394
North West	6,424	6,961	7,791	7,759
Western Cape	6,290	6,881	7,111	7,307
South Africa	80,087	85,698	92,853	99,162

Source: Department of Social Development (2004; 2005; 2006; 2007) SOCPEN database 2004 – 2007. Pretoria: Department of Social Development.

TECHNICAL NOTES ON THE INDICATOR

This indicator reflects the number of children (aged 0 – 17 years) who are accessing the CDG. The Department of Social Development's SOCPEN database records the CDGs paid out per month according to the number of children and their caregivers (beneficiaries).

Figures are taken from the SOCPEN daily reports for the last working day in June 2004, June 2005, July 2006, and July 2007.

The number of children receiving the Foster Child Grant (FCG) in South Africa

The Foster Child Grant is available to foster parents who have a child placed in their care by an order of the court. The grant was initially intended as financial support for children removed from their families of origin and placed in foster care for protection against situations of abuse or neglect. However, it is increasingly being used to provide financial support to children whose parents have died. The FCG is a cash grant to the value of R620⁴ per child per month as of April 2007.

The take-up of the grant has increased annually, with every province showing an annual increase of more than four percentage points since June 2004. By July 2007, a total of 421,883 children in South Africa were in the foster care system compared to 215,765 in 2004, an estimated increase of 20% since 2006 and 96% since 2004. KwaZulu-Natal province in July 2007 had the highest number

(108,423) of children receiving foster care – this figure has more than doubled since June 2004, indicating an increase of 119%. Other provinces that have shown significant increases and have more than doubled over the three-year period from June 2004 to July 2007 are Mpumalanga (181%), Limpopo (131%) and North West (121%). The Northern Cape province shows the lowest number of children receiving the FCG in 2007.

It is not possible to calculate a take-up rate for the FCG due to a lack of eligibility estimates. Although rough estimates can be made about how many children are likely to be eligible because they have been orphaned and in need of care, there is no accurate record of how many children are eligible for placement in foster care, and therefore for the Foster Child Grant, because of neglect or abuse or for other reasons.

4 The FCG will increase by R30 in April 2008 to a total of R650 per month.

TABLE 8: The number of children receiving the Foster Child Grant in South Africa in June 2004 – July 2007

Province	June 2004	June 2005	July 2006	July 2007
Eastern Cape	39,772	53,383	68,197	79,766
Free State	25,140	33,653	40,712	44,170
Gauteng	28,281	34,647	40,576	50,580
KwaZulu-Natal	49,462	57,351	81,420	108,423
Limpopo	18,718	25,615	36,020	43,291
Mpumalanga	7,642	12,662	18,252	21,436
Northern Cape	8,693	9,480	11,462	14,358
North West	14,154	19,000	27,737	31,341
Western Cape	23,903	26,026	27,326	28,518
South Africa	215,765	271,817	351,702	421,883

Source: Department of Social Development (2004; 2005; 2006; 2007) SOCPEN database 2004 – 2007. Pretoria: Department of Social Development.

TECHNICAL NOTES ON THE INDICATOR

This indicator reflects the number of children (aged 0 – 17 years) receiving the FCG as of the end of June 2004, June 2005, July 2006 and July 2007. The SOCPEN database records the FCGs paid out per month according to the number of children and their caregivers

(beneficiaries). Figures are taken from the SOCPEN daily reports for the last working day in June of 2004 and 2005, and in July 2006 and 2007.

SOURCES FOR CHILDREN'S ACCESS TO SOCIAL ASSISTANCE

- *Constitution of the Republic of South Africa. Act 108 of 1996.*
- Samson M, Lee U, Ndlebe A, Mac Quene, K, Van Niekerk I, Gandhi V, Harigaya T & Abrahams C (2004) *The Social and Economic Impact of South Africa's Social Security System.* Cape Town: Economic Policy Research Institute (EPRI).
- United Nations Children's Fund (1990) *First Call for Children. World Declaration and Plan of Action from the World Summit for Children.* New York: United Nations Children's Fund.

For more data, visit www.childrencount.ci.org.za

Children's access to education

Shirley Pendlebury and Norma Rudolph (Children's Institute)

Section 29(1)(a) of the South African Constitution states that "everyone has the right to a basic education" and section 29(1)(b) states that "everyone has the right to further education" and that the State must make such education "progressively available and accessible."

Article 11(3)(a) of the African Charter on the Rights and Welfare of the Child says "States Parties to the present Charter shall take all appropriate measures with a view to achieving the full realisation of this right and shall in particular ... provide free and compulsory basic education".

Article 28 of the UN Convention on the Rights of the Child recognises "the right of the child to education" and also obliges the State to "make primary education compulsory and available free to all".

The number and proportion of children (aged 7 – 17 years) attending an educational institution in South Africa

Education is a critical socio-economic right that provides the foundation for children's life-long learning and work opportunities. For children, basic compulsory education spans the ages 7 – 15 years, or Grades 1 – 9. The admission age for children to Grade 1 in a public school is six, turning seven in the year of admission. Children who have completed basic education also have a right to further education (Grades 10 – 12) which the government must take reasonable measures to make available.

At a national level, the high proportion (96%) of children of school-going age (7 – 17 years) attending some form of school or educational facility in 2006 is extremely positive. The proportion of children attending an educational facility has remained constant at 96% over four consecutive years (2003 to 2006). On this basis, it could be claimed that children's right to education is close to

being fully realised. However, these figures do not tell us about the *regularity* of children's school attendance, the *quality* of teaching and learning in schools, or about repetition and throughput rates.

Although a 96% attendance rate is relatively high, the number of children who do not attend an educational facility is a serious concern. At the time of the *General Household Survey 2006*, about 447,000 children of school-going age were not attending an educational facility. Of these, nearly 337,000 (75% of children not attending) were children aged 13 – 17 years.

At a provincial level, four provinces have attendance rates that are slightly lower than the national average for 2006: KwaZulu-Natal (95%), Northern Cape (94%), North West (94%), and Western Cape (94%). There are slight increases in attendance rates for most provinces over the five years between 2002 and 2006.

TABLE 9: The number⁺ and proportion of children (7 – 17 years) attending an educational institution in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	1,761,000	94	1,807,000	94	1,910,000	95	1,917,000	96	1,922,000	96
Free State	607,000	96	607,000	95	610,000	96	643,000	97	643,000	98
Gauteng	1,653,000	98	1,658,000	98	1,524,000	98	1,463,000	97	1,425,000	96
KwaZulu-Natal	2,315,000	93	2,356,000	95	2,277,000	96	2,325,000	96	2,330,000	95
Limpopo	1,596,000	97	1,657,000	97	1,656,000	98	1,627,000	98	1,634,000	98
Mpumalanga	797,000	96	827,000	97	779,000	97	794,000	97	829,000	97
North West	827,000	93	861,000	95	876,000	96	823,000	95	762,000	94
Northern Cape	163,000	91	160,000	92	176,000	94	195,000	95	191,000	94
Western Cape	931,000	95	937,000	94	907,000	95	890,000	95	888,000	94
South Africa	10,651,000	95	10,870,000	96	10,716,000	96	10,677,000	96	10,624,000	96

⁺ Numbers have been rounded off to the nearest thousand.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002*; *General Household Survey 2003*; *General Household Survey 2004*; *General Household Survey 2005*; *General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

This indicator reflects the number and proportion of children attending a school or educational institution as at July 2002 to July 2006. The data reflects the attendance of children aged 7 – 17 years at a public or private educational facility.

The *General Household Survey* asks, "Is ... (name) ... currently attending school or any other educational institution?" (Statistics South Africa 2004). A simple 'yes' or 'no' reply is required.

The learner-to-educator ratio for children enrolled in public schools in South Africa

Realising the right to education for all children is not just a matter of universal access to schools. The quality of the learning environment is also crucial and educators play a key role in enabling learning. Learner-to-educator ratios are a proxy for quality. They present averages and therefore do not tell us much about class size. The number of children in a class may vary across grades and learning areas within a school, and among schools, even when the learner-to-educator ratio is relatively low. A low learner-to-educator ratio is not the only factor in providing an enabling environment for learning. Educators' professional competence and content knowledge, their regular presence at school, and the proportion of time they and the learners spend 'on task' are all as important as the number of learners per educator.

The context of HIV/AIDS complicates the roles and responsibilities of educators. Part of their role is to support learners whose social circumstances may be a barrier to learning. Educators also have a responsibility to be aware of children who may need refer-

ral. This becomes increasingly difficult if an educator has large numbers of children to attend to. In addition, high rates of educator absence in the context of HIV/AIDS exacerbate the situation.

Learner-to-educator ratios for public schools in South Africa have remained fairly steady between 2000 and 2005, with a slightly lower ratio in 2005 (32.8) than in the two previous years (34.6 and 34.5 respectively). As can be expected, the learner-to-educator ratio in independent schools is more favourable. The ratio also tends to be higher in primary than in secondary schools. This is concerning, as younger children are likely to need more support than older children who are more mature, independent learners.

Over the period 2003 to 2005, the KwaZulu-Natal and Mpumalanga provinces had higher ratios than the national average; the same applies to Limpopo province for the 2004 to 2005 period. In 2005 the Western Cape reduced its learner-to-educator ratio to below the national average. The Free State province has been below the national average consistently over the 2000 to 2005 period.

TABLE 10: The learner-to-educator ratio for children enrolled in public schools in South Africa in 2000 – 2005

Province	2000	2001	2002	2003	2004	2005
Eastern Cape	32.1	33.3	31.8	32.9	33.6	33.0
Free State	32.6	31.4	31.6	31.2	30.2	29.7
Gauteng	33.2	33.0	33.2	33.6	34.2	31.6
KwaZulu-Natal	36.5	37.2	37.4	39.6	36.3	34.4
Limpopo	33.6	31.8	32.9	33.7	35.6	34.1
Mpumalanga	34.5	36.9	36.9	36.4	35.7	33.6
Northern Cape	30.7	31.4	30.6	32.8	34.0	31.9
North West	30.6	30.7	30.1	29.7	30.0	31.1
Western Cape	32.1	35.5	36.3	36.9	37.7	31.5
South Africa	33.4	33.9	33.8	34.6	34.5	32.8

Source: Department of Education (2001, 2002, 2003, 2004, 2005, 2006) *Education statistics in South Africa at a glance in 2000; Education statistics in South Africa at a glance in 2001; Education statistics in South Africa at a glance in 2002; Education statistics in South Africa at a glance in 2003; Education statistics in South Africa at a glance in 2004; Education statistics in South Africa at a glance in 2005*. Pretoria: Department of Education. Available: www.education.gov.za/EMIS/emisweb/statistics.htm

TECHNICAL NOTES ON THE INDICATOR

The learner-to-educator ratio is the number of learners per educator for a specific type of school (i.e. public schools) in a given school year (UNESCO Institute for Statistics 2005).

This ratio is calculated by dividing the number of learners by the number of educators at public schools.

For more data, visit www.childrencount.ci.org.za

The number and proportion of children relative to the distance travelled to school in South Africa

Access to schools and other educational facilities is a necessary condition for achieving the right to education. The location of a child's school and the distance between school and home can pose a barrier to accessing education. A child's access to educational facilities may also be hindered by poor roads, unreliable or unaffordable transport and unsafe conditions on the journey to school. Children travelling alone are most at risk. Children who travel a long way to school are also likely to be physically tired from their journey and therefore not able to participate fully at school.

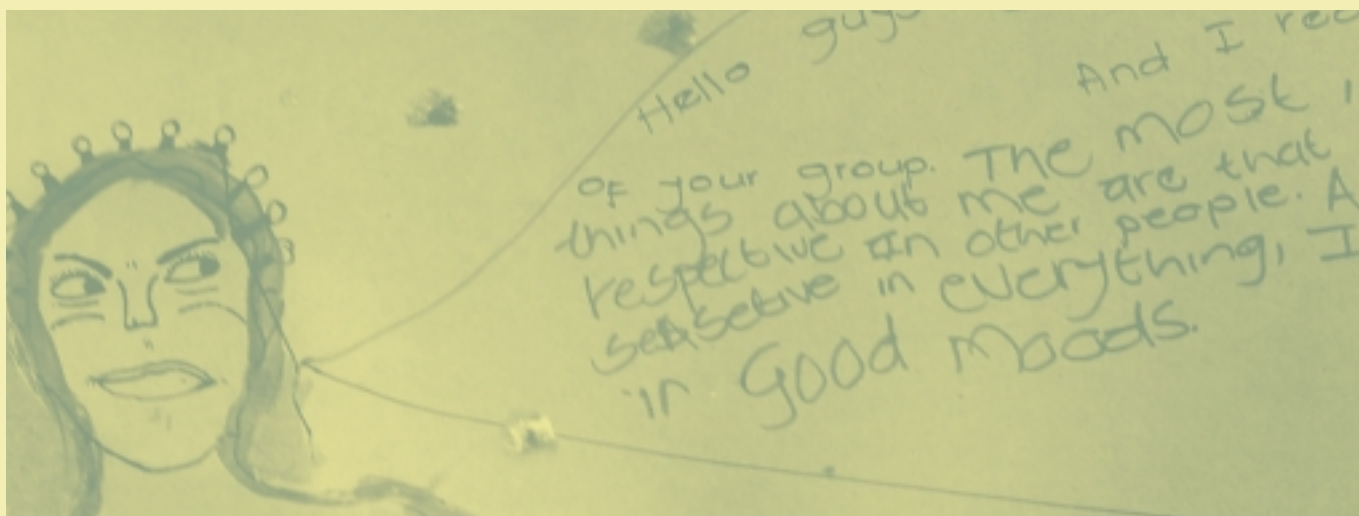
According to an analysis of the *General Household Survey 2006*, of the 6.9 million children of primary school-age living in South Africa, 1.25 million (21%) attended schools that are far from their homes. Over a five-year period (2002 – 2006), the largest proportions of primary school-age children who travel a long way to school were in KwaZulu-Natal (29% in 2002 and 31% in 2006) and North-West (21% in 2002 and 25% in 2006). In Gauteng, the proportion of primary school children who travel far to school has increased from 8% in 2002 to 15% in 2006. Possible explanations for this are that children are travelling to what their families

perceive as better quality primary schools or that they live in areas where there are not enough schools.

Slightly more than five million children in South Africa are of secondary school age. In 2006, one-third of these children (33%) attended schools that are situated far from their homes. In the Eastern Cape, nearly half (48%) of the secondary school-age population lived far from school in the same year.

The situation is almost as bad (41%) for secondary school-aged learners in KwaZulu-Natal, followed closely by the North West (38%). In Gauteng, the proportion of secondary school-age learners who travel far to school has increased from 12% in 2002 to 21% in 2006.

On the whole, just over one-quarter (26%) of South Africa's school-aged children travelled far distances to reach their schools in 2006. The Eastern Cape (35%), KwaZulu-Natal (35%), and North West (32%) provinces had more than one-quarter of their children attending far-away schools. Between 2002 and 2006 the proportion of children living far from school has increased in all provinces, except the Western Cape and the Free State.



TECHNICAL NOTES ON THE INDICATOR

This indicator reflects the distance that children (aged 7 – 17 years) travel from their homes to the school that they attend. The distance is regarded as far if children travel more than 30 minutes to reach the school. This indicator is defined by school-going age and not by school attendance. Children are therefore categorised according to their ages and corresponding level of schooling – primary or secondary school. The indicator is based on the

General Household Survey question, "How long does it take ... (name) ... to get to the school/educational institution where he/she attends?" (Statistics South Africa 2004). Where respondents indicated that children spent more than 30 minutes travelling to their school, the distance to school was categorised as 'far'. Where children spent 30 minutes or less travelling to their school, the distance was categorised as 'not far'.

TABLE 11a: The number⁺ and proportion of children relative to the distance travelled to primary school in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	184,000	18*	174,000	16*	253,000	22*	260,000	24	251,000	23*
Free State	70,000	21*	66,000	20*	49,000	14*	49,000	14	57,000	17*
Gauteng	68,000	8	102,000	11*	86,000	10	95,000	12	121,000	15*
KwaZulu-Natal	384,000	29*	419,000	32*	406,000	31*	403,000	30	408,000	31*
Limpopo	108,000	12	130,000	15*	167,000	18*	141,000	15	160,000	18*
Mpumalanga	66,000	15*	83,000	18*	103,000	24*	89,000	19	90,000	19*
North West	105,000	21*	107,000	22*	105,000	20*	118,000	26	102,000	25*
Northern Cape	17,000	16*	16,000	16*	16,000	15*	13,000	12	21,000	18*
Western Cape	44,000	8	44,000	8	38,000	7*	26,000	5	38,000	8
South Africa	1,047,000	17	1,141,000	19	1,224,000	20	1,194,000	20	1,248,000	21

⁺ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TABLE 11b: The number⁺ and proportion of children relative to the distance travelled to secondary school in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	361,000	42*	381,000	44*	428,000	50*	450,000	49*	444,000	48*
Free State	72,000	24*	86,000	28*	73,000	25*	60,000	19*	64,000	20*
Gauteng	96,000	12	157,000	19*	104,000	15*	106,000	15*	138,000	21*
KwaZulu-Natal	427,000	37*	469,000	40*	446,000	42*	427,000	40*	449,000	41*
Limpopo	203,000	27*	268,000	33*	256,000	33*	255,000	35*	232,000	31*
Mpumalanga	118,000	31*	106,000	27*	135,000	37*	125,000	35*	120,000	32*
Northern Cape	18,000	24*	19,000	25*	23,000	28*	19,000	20*	25,000	29*
North West	128,000	33*	155,000	38*	133,000	34*	149,000	36*	154,000	38*
Western Cape	69,000	15*	55,000	12*	54,000	13*	40,000	9*	35,000	8*
South Africa	1,492,000	29	1,696,000	32	1,652,000	33	1,631,000	32	1,660,000	33

⁺ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

ADDITIONAL SOURCES FOR CHILDREN'S ACCESS TO EDUCATION

- Constitution of the Republic of South Africa. Act 108 of 1996.
- Secretary General of the Organisation of the African Union (1990) *African Charter on the Rights and Welfare of the Child, OAU resolution 21.8/49*.
- Statistics South Africa (2004) *General Household Survey Questionnaire 2004*, page 8. Pretoria, Cape Town: Statistics South Africa.
- UNESCO Institute for Statistics (2005) *Interpreting the Country Profiles*. Available: www.uis.unesco.org/profiles/selectCountry_en.aspx
- United Nations Children's Fund (1990) *First Call for Children. World Declaration and Plan of Action from the World Summit for Children*. New York: United Nations Children's Fund.

For more data, visit www.childrencount.ci.org.za

Child health: The general context

Beverly Draper and Johannes John-Langba (Children's Institute)

Section 27 of the Constitution of South Africa provides that everyone has the right to have access to health care services. In addition, Section 28(1)(c) gives children "the right to basic nutrition and basic health care services".

Article 14(1) of the African Charter on the Rights and Welfare of the Child states that "every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health".

Article 24 of the UN Convention on the Rights of a Child says that State Parties should recognise "the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health". It obliges the State to take measures "to diminish infant and child mortality" and "to combat disease and malnutrition".

The infant mortality rate and under-five mortality rate in South Africa

The World Health Organisation describes the infant mortality rate and under-five mortality rate as leading indicators of the level of child health in a country. The infant mortality rate (IMR) indicates the number of children per 1,000 live births who died before their first birthday. The under-five mortality rate (U5MR) is the number of deaths among children before reaching the age of five years, per 1,000 live births.

Both these indicators are also used to track progress on the Millennium Development Goal (MDG) to reduce mortality in children under five by 2015. Projected data from UNICEF and the ASSA2003 model clearly show scant promise for South Africa to reach the MDG to reduce mortality in children under five.

The latest mortality data from Statistics South Africa show that the highest number of deaths in the whole population occurred in

the 0 – 4 years age group with the U5MR increasing from almost 40 deaths per 1,000 live births in 2001 to 72 per 1,000 live births in 2005. However, available statistics rely on the number of births and deaths that are actually registered, and under-registration of births and deaths remains a challenge to the production of reliable data on infant and child mortality.

The data show that the IMR increased from almost 29 deaths per 1,000 live births in 2001 to 43 per 1,000 live births in 2005.

This apparent trend of rising infant mortality and under-five mortality rates may be due to improved registration of births and deaths. Nevertheless, it is very clear that South Africa is not moving in a positive direction as far as infant and under-five mortality is concerned.

TABLE 12: The infant mortality rate and the under-five mortality rate in South Africa in 2001 – 2005

	2001	2002	2003	2004	2005 *
	Deaths per 1,000 live births				
Infant mortality rate	28.8	33.1	36.5	38.1	43.0
Under-five mortality rate	39.6	44.7	49.3	52.8	72.1

* 2005 data are based on mid-year estimates.

Source: Statistics South Africa (2006) *Mortality and causes of death in South Africa, 2003 and 2004: Findings from death notification*; Statistics South Africa (2005) Mid-year estimates 2005. In: Ijumba P & Padarath A (eds) (2006) *South African Health Review 2006*. Durban: Health Systems Trust. Available: www.hst.org.za

TECHNICAL NOTES ON THE INDICATOR

The IMR is defined as the number of children younger than one year who have died in a year, per 1,000 live births during that year.

Health Systems Trust used population-based estimates to estimate live births. The population-based estimates were derived from the District Health Information Systems (DHIS) figures for the under one-year population, multiplied by a factor of 1.04.

The U5MR is defined as the number of children younger than five years old who have died in a year, per 1,000 live births during that year. It is a combination of the infant mortality rate, plus the 1 – 4 years mortality rate.

Health Systems Trust used population-based estimates to estimate live births. The population-based estimates were derived from the District Health Information Systems (DHIS) figures for the under one year population, multiplied by a factor of 1.04.

The number and proportion of children in South Africa living in households where there is child hunger

Hunger is used as an indicator to monitor the extent of food insecurity among households with children in South Africa. Children who are nutritionally deprived are vulnerable to cognitive and other developmental impairments that include lower intelligence, poor educational outcomes, stunting, wasting, and a diminished capacity for work in adulthood.

In the *General Household Survey*, respondents are asked to report whether any child in the household “seldom, sometimes, often, always or never went hungry in the past 12 months”.

In July 2006, about 2.8 million children were living in households across South Africa where children were reportedly “sometimes”, “often” or “always” hungry because there was not enough food, a decline of about 1.1 million children since 2005. This means that about 16% of all children in the country lived in households experiencing child hunger in 2006 compared to 22% in 2005.

Although the proportions of children living in households where there is child hunger has decreased over the last five years (from about 29% in 2002 to 16% in 2006), large disparities among

provinces and population groups still persist. In 2006, four provinces (Eastern Cape, Free State, KwaZulu-Natal, and North West provinces) still had proportions of children above the national average of 16% who lived in households experiencing child hunger, with the Eastern Cape continuing to host the largest proportion of children (20%) living in such households. The Eastern Cape is also one of the provinces with the highest rate of child poverty and children living without an employed adult present.

Racial disparities for this indicator are stark. Although the number of African children living in households where there is child hunger has reduced to about half since 2002, some 2.7 million African children lived in such households in 2006, which is about 18% of the total number of African children. In comparison, only about 9%, 0.5% and 1% of coloured, Indian, and white children respectively lived in households where there was child hunger.

The data show that African children still experience hardship and remain adversely affected by the legacy of apartheid, which has resulted in gross inequities and poor access to resources for those who were historically disadvantaged.

TABLE 13: The number⁺ and proportion of children in South Africa living in households where there is child hunger in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	1,333,000	47 *	1,201,000	42 *	1,223,000	38 *	937,000	30 *	630,000	20*
Free State	286,000	29 *	271,000	28 *	247,000	23 *	240,000	22 *	204,000	18
Gauteng	449,000	16 *	535,000	19 *	384,000	15	375,000	14 *	355,000	13 *
KwaZulu-Natal	1,182,000	31 *	1,335,000	35 *	1,032,000	27 *	828,000	22	655,000	17
Limpopo	696,000	28 *	564,000	22 *	506,000	19	518,000	20 *	297,000	11
Mpumalanga	434,000	33 *	422,000	32 *	371,000	28 *	343,000	25 *	228,000	16
Northern Cape	76,000	25 *	48,000	16 *	65,000	19 *	62,000	18 *	53,000	15 *
North West	432,000	30 *	483,000	33 *	460,000	31 *	366,000	25 *	244,000	17 *
Western Cape	258,000	16 *	275,000	17 *	245,000	16 *	298,000	19 *	193,000	12 *
South Africa	5,147,000	29	5,136,000	29	4,533,000	25	3,967,000	22	2,859,000	16

+ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

This indicator shows the number and proportion of children living in households who experienced hunger because there wasn't enough food. The *General Household Survey* asks, “In the past 12 months, did any child in this household go hungry because there wasn't enough

food?” Those who answered “never” or “seldom” are considered to be households without child hunger for the purposes of this indicator. Those for whom the respondent answered “sometimes”, “often” or “always” are included as households where children experience hunger.

For more data, visit www.childrencount.ci.org.za

The leading causes of death among children

Child survival is the most common outcome variable used to determine the state of children's well-being in a country. It indicates the direction for health interventions needed and the identification of factors that contribute to both child disease and mortality. By identifying the leading causes of death, particularly among children under five, service providers can frame constructive interventions. It further aids to identify high risk groups in a population.

Child survival programmes have traditionally been lodged in the delivery of cost-effective primary health care interventions. The high coverage of health care for pregnant women and the advent of antiretroviral treatment can positively affect child survival, especially in the framework of an efficient prevention of mother-to-child transmission programme. But while 'cause of death' indicates the direct reason for child mortality, all factors need to be considered that may directly or indirectly contribute to child survival. Therefore improving child survival should be aimed at managing childhood diseases as well as addressing the broader determinants of child health, such as socio-economic, environmental and educational factors. So-called 'diseases of poverty' in children will not be addressed adequately unless an approach that considers issues of deprivation and inequity is implemented.

The leading causes of death in children under five may be broadly categorised into four categories: complications around and shortly after birth, HIV-related illnesses, diseases of poverty (for example intestinal infectious diseases and malnutrition) and trauma. The inter-relatedness of these four categories is well known and only an integrated multi-disciplinary approach to child survival as a whole will make significant indents to under-five mortality. However, HIV/AIDS remains the clear leader in the threat

to child survival as demonstrated in the Medical Research Council's Burden of Disease studies, and the HIV/AIDS pandemic continues to devastate the well-being and survival of children.

Data on the leading causes of death among children younger than 15 years for 2000 to 2005 shows that the highest proportion of mortality in children is related to perinatal disorders (disorders that occur in the period of late pregnancy to seven days after birth), which means newborn children and infants under one year are particularly vulnerable. Respiratory and cardiovascular disorders remain the highest specific cause of death in the perinatal period and, since 2002, it is the highest specific category among children under 15 years. According to the Perinatal Problem Identification Program (PPIP), the perinatal mortality rate by the end of 2003 at sentinel PPIP sites¹ was 35.8 per 1,000 for all deliveries, and 26.4 per 1,000 for all infants weighing more than 1,000 grams.

There has been a decline in gastrointestinal, respiratory diseases and malnutrition since 1997. Malnutrition as a cause of death has more than halved between 2000 and 2005, and tuberculosis has slightly increased over the six-year period.

Mortality and causes of death statistics, as derived from death certificates, since 2001 no longer record 'HIV disease' or 'ill-defined causes of mortality' as leading causes of death. However the categories of 'immune disorders' and 'other causes' were added in 2002, and in 2005 they made up approximately one-third of the causes of death in both male and female children.

Non-natural causes of death that account for trauma are classified under 'unspecified unnatural causes', which makes up around 7% of child deaths in 2005. These causes of death must be given higher priority on the child survival agenda.

1 A sentinel site is one of a few selected sites where data are collected, rather than collection of information from all sites in a particular district or province.



TABLE 14: The leading causes of death among children younger than 15 years in South Africa in 2000 – 2005

Cause of death as a proportion of total deaths	2000		2001		2002		2003		2004		2005	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	%	%	%	%	%	%	%	%	%	%	%	%
Intestinal infectious diseases	16.1	17.1	13.7	13.7	5.9	6.1	6.3	6.5	6.5	6.9	6.2	6.5
Influenza and pneumonia	13.3	14.7	13.9	16.2	4.0	4.3	4.3	4.4	4.3	4.8	3.8	4.1
Unspecified unnatural causes	8.0	5.0	9.2	5.9	.	.	.	.	.	.	8.0	6.0
HIV disease	10.6	11.0	11.2	11.6	.	.	.	.	.	.	.	.
Ill-defined causes of mortality	6.7	8.0	7.5	7.7	.	.	.	.	.	.	.	.
Respiratory & cardiovascular disorders (perinatal)	6.4	6.0	6.0	6.4	20.0	20.9	20.6	21.3	19.7	20.2	20.9	21.6
Perinatal disorders	4.4	4.7	4.5	4.3	6.6	7.2	6.6	7.1	7.8	7.6	8.3	8.5
Digestive system disorders of foetus and newborn	.	.	.	.	12.4	12.9	12.3	12.7	13.0	12.8	.	.
Infections specific to the perinatal period	.	.	.	.	3.4	3.0	3.7	3.4	3.4	3.3	.	.
Malnutrition	6.9	5.8	5.4	5.2	2.8	3.0	2.5	2.6	2.7	3.0	2.6	2.7
Gestation disorders	3.1	2.9	2.9	2.4	3.7	3.4	3.5	3.2	2.5	2.4	2.2	2.4
Inflammatory diseases of the central nervous system	2.1	1.9	2.1	1.9	.	.	.	.	.	.	.	.
Tuberculosis	1.7	2.3	3.1	2.7	2.6	2.4	2.6	2.7	2.7	2.6	2.6	2.6
Immune disorders	.	.	.	.	3.0	3.2	2.9	3.1	2.7	3.0	2.6	2.5
Other causes	.	.	.	.	35.7	33.7	34.7	33.1	34.7	33.4	33.7	31.8

. Not applicable as was not considered leading cause of death.

Source: Statistics South Africa (2002) *Causes of death in South Africa 1997 – 2001. Advance release of recorded causes of death*. Pretoria: Statistics South Africa. Statistics South Africa (2006) *Mortality and causes of death in South Africa, 2003 and 2004. Findings from death notification*. Pretoria: Statistics South Africa. Statistics South Africa (2007) *Mortality and causes of death in South Africa, 2005. Findings from death notification*. Pretoria: Statistics South Africa.

TECHNICAL NOTES ON THE INDICATOR

This indicator shows the leading causes of deaths among children younger than fifteen years. Each cause of death is presented as a proportion of the total deaths for males and females respectively within the given years.

Statistics South Africa's causes of deaths data are derived from the death notification forms collected by the Department of Home Affairs. Apparent increases in deaths should be considered in light of improved registration of deaths.

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For more data, visit www.childrencount.ci.org.za

Child health: HIV/AIDS

Beverly Draper (Children's Institute)

Section 27 of the Constitution of South Africa provides that everyone has the right to have access to health care services. In addition, section 28(1)(c) gives children "the right to basic nutrition, basic health care services, and social services".

Article 14(1) of the African Charter on the Rights and Welfare of the Child states that "every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health".

Article 24 of the UN Convention on the Rights of a Child says that State Parties should recognise "the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health".

It obliges the State to take measures "to diminish infant and child mortality" and "to combat disease and malnutrition".

HIV prevalence among children

The HIV prevalence among children refers to the proportion of children, at a given period, who are HIV positive. A Human Sciences Research Council survey in 2002 showed an HIV prevalence of 5.6% in the age group 2 – 11 years. This measurement poses a challenge, as it is difficult to conduct a survey that involves performing an HIV test on children. The Actuarial Society of South Africa's (ASSA) *AIDS and Demographic* model shows the best estimate of HIV prevalence in children, taking into account a range of demographic and epidemiological data, and allowing for current interventions.

The majority of young children who are HIV positive have been infected through mother-to-child transmission. Therefore the prevalence of HIV among infants is largely influenced by the HIV prevalence among pregnant women and the interventions to prevent mother-to-child transmission (PMTCT).

HIV prevalence across provinces differs quite substantially for the period 2000 to 2006, with the highest prevalence over the five-year period in KwaZulu-Natal, Mpumalanga and the Free State. This trend is similar to the national antenatal prevalence captured by the

2006 *National HIV and Syphilis Antenatal Sero-Prevalence Survey*.

The most recent estimates from the ASSA model suggest that an overall prevalence of 1.2% in 2000 has almost doubled to 2.1% in 2006 for children under the age of 18 years. The lowest HIV prevalence among children for 2006 was in the Western Cape, which has a well-functioning PMTCT programme.

An indicator report on the demographic impact of HIV/AIDS in 2006 showed that the HIV prevalence in the 0 – 5-year-old group was 1.8 times more than the overall rate for all children (0 – 17 years) and increased from 2.2% in 2000 to 3.6% in 2006. The implementation of an effective PMTCT programme would be able to reverse this trend because the majority of children under five years are infected through mother-to-child transmission.

For children in the 6 – 12-year age group, HIV prevalence increased from 0.1% to 1.0% during the same time period. The prevalence in the 13 – 17-year age group stayed almost the same for this period – 1.0% in 2000 and 1.1% in 2006. The ASSA2003 model estimates that by mid-2006, approximately 294,000 children under the age of 15 years were living with HIV/AIDS.

TABLE 15: The HIV prevalence among children in South Africa in 2000 – 2006

Province	2000	2001	2002	2003	2004	2005	2006
	%	%	%	%	%	%	%
Eastern Cape	1.0	1.2	1.4	1.6	1.7	1.9	2.0
Free State	1.5	1.7	2.0	2.2	2.3	2.5	2.6
Gauteng	1.4	1.7	1.9	2.1	2.2	2.4	2.5
KwaZulu-Natal	2.1	2.4	2.6	2.8	3.0	3.1	3.2
Limpopo	0.8	0.9	1.1	1.2	1.3	1.3	1.4
Mpumalanga	1.8	2.0	2.2	2.4	2.5	2.6	2.6
Northern Cape	0.5	0.6	0.7	0.8	0.9	1.0	1.1
North West	1.3	1.5	1.7	1.9	2.0	2.1	2.2
Western Cape	0.4	0.4	0.5	0.6	0.7	0.7	0.8
South Africa	1.2	1.5	1.6	1.8	1.9	2.0	2.1

Source: Actuarial Society of South Africa (2006) *ASSA2003 Aids and Demographic Model*. Available: www.assa.org.za

TECHNICAL NOTES ON THE INDICATOR

This indicator shows the proportion of children, at a given period, who have HIV infection. It is calculated by dividing the number of children aged 0 – 17 years with proven HIV infection in a given time period by the total number of children in the child population (0 – 17 years) during that same time period.

By its very nature, updated prevalence data can only be obtained through

surveys. The difficulty with doing these surveys on children is that taking blood in young children is a very difficult task, and other diagnostic procedures such as tests using saliva are not effective in young children. Hence the necessity of continued reliance on modelled estimates, such as those produced by the ASSA, and the need to ensure that the underlying model assumptions are adapted according to changes in the pandemic.

HIV prevalence among pregnant women and access to treatment

Prevention of mother-to-child transmission (PMTCT) is an effective and cost-efficient prevention strategy that can save tens of thousands of babies annually from becoming infected with HIV. The HIV prevalence among pregnant women indicates the proportion of women attending antenatal clinics during a specific period who test HIV positive. The Nevirapine take-up rate among pregnant HIV-positive women is the indicator that is used to establish what proportion of these women who have tested positive take this anti-retroviral drug to prevent the transmission of HIV to their infants.

Data from the *National HIV and Syphilis Antenatal Sero-Prevalence Survey* show that, between 2004 and 2006, close to one-third of pregnant women who accessed antenatal clinics were infected with HIV. This indicates the potential for the infection of babies in the absence of effective prevention of mother-to-child transmission of HIV.

There has been an increase in HIV prevalence in all provinces from 2000 to 2006. The largest increases for this period have been in the Eastern Cape (8%) and Limpopo (7%). In 2006, the provinces that recorded the highest antenatal HIV prevalence were KwaZulu-Natal (39%), Mpumalanga (32%), Free State (31%) and Gauteng (31%), all of which were above the national average of 29%. The provinces with the lowest prevalence in 2006 are the Northern Cape (16%) and the Western Cape (15%).

The HIV-testing rate in pregnant women indicates the proportion of pregnant women who are tested for HIV at antenatal clinics. Low testing rates mean that, if pregnant women are not

identified as HIV positive, they cannot be offered PMTCT and risk infecting their babies during the perinatal period. The Department of Health has set a target that 100% of facilities should provide HIV testing and that 70% of all pregnant women should be tested by 2007, and 95% by 2010. Data from the District Health Barometer indicate a large variation in HIV testing in the different provinces for the 2005/2006 period, from 23.4% in one district to over 100%¹ in another.

There are no reliable data to indicate the mother-to-child transmission rate in South Africa. Estimates that may indicate the effectiveness of PMTCT must include what proportion of pregnant women are tested for HIV and how many of these actually receive Nevirapine. There is also large loss to follow up² of mothers and infants after delivery, which compromises accurate reporting of the actual number of infants who may test HIV positive at six weeks of age or later.

The District Health Barometer 2005/2006 shows that approximately only half of pregnant women who tested HIV positive are recorded to receive Nevirapine. This situation impacts on the effectiveness of the PMTCT programme. But more positively, the take-up of Nevirapine to babies born to women with HIV in 2005/2006 was generally high. Nevirapine as a one-dose regimen is however limited because, if missed, it leaves infants vulnerable to the risk of HIV infection. Therefore it is urgent that the PMTCT programme is upgraded to include at least a two-drug antiretroviral regimen for HIV-positive women and their babies.

1 Underreporting of antenatal bookings and women accessing testing at more than one site can result in a testing rate that exceeds 100%.

2 'Loss to follow up' refers to those mothers who choose not to continue to participate in the PMTCT programme.

TABLE 16: The HIV prevalence among pregnant women in South Africa in 2000 – 2006

Province	2000	2001	2002	2003	2004	2005	2006
	%	%	%	%	%	%	%
Eastern Cape	20	22	22	27	28	30	29
Free State	28	30	29	30	30	30	31
Gauteng	29	30	32	30	33	32	31
KwaZulu-Natal	36	34	37	38	41	39	39
Limpopo	13	15	16	18	19	22	21
Mpumalanga	30	29	29	33	31	35	32
Northern Cape	11	16	15	17	18	19	16
North West	23	25	26	30	27	32	29
Western Cape	9	9	12	13	15	16	15
South Africa	25	25	27	28	30	30	29

Source: Department of Health (2002; 2003; 2004; 2005; 2006) *National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa*. Pretoria: Department of Health, Directorate: Epidemiology and Surveillance.

TECHNICAL NOTES ON THE INDICATOR

The indicator reflects the percentage of pregnant women who attend public antenatal clinics in South Africa who test HIV positive. The data are based on an annual survey of a randomly selected sample that is proportionally representative of all nine provinces.

This indicator is calculated by dividing the number of pregnant women who attend public antenatal clinics and who are HIV positive by the total number of pregnant women who attend public antenatal clinics.

The antenatal sero-prevalence is seen as a good and reliable indicator of the overall progress of the HIV pandemic. The extrapolation to the rest of the population is not as reliable as having direct sero-prevalence rates at a population-wide level. However, internationally it has been deemed a credible and reliable method for extrapolating to the general population.

The main limitation of this data is that it only reflects on women who attend antenatal clinics within the public health sector. The pattern of the pandemic in women who are unable to access antenatal clinics is not known. These tend to be women who live in rural areas, live far away from clinics and who are too poor to afford the transport to and from health care facilities and who may be affected by the pandemic differently from women who are able to access facilities.

In addition, the numbers of women who attend private health care facilities and who are not included in the survey are not known. Direct results for children and men are also not known; hence the need to use this indicator to estimate what the effect of the pandemic is on the overall population.

For more data, visit www.childrencount.ci.org.za

The proportion of children starting antiretroviral treatment

The Department of Health in 2004 issued guidelines for antiretroviral treatment, which included the treatment of children. A year later, the guidelines for the management of HIV-infected children were released and these acknowledge the rights of children to survival and to equitable treatment and care. However, the HIV pandemic has progressed at a rapid pace over the last decade, and adequate health services have not been put in place to serve the needs of infected children. This has resulted in not all children being able to access antiretroviral treatment (ART).

Monitoring the number of HIV-infected children, those who are progressing to AIDS and the number of children receiving ART is critical for future health service planning to positively influence the under-five mortality rate. However, the actual number of children

who are HIV positive and those who qualify for antiretroviral therapy are not known. The government's National Comprehensive HIV and AIDS Plan Statistics are incomplete and omit some provinces, resulting in a much lower estimate than the data displayed in the table below, which are projected estimates from the *ASSA2003 AIDS and Demographic Model* of the Actuarial Society of South Africa.

The data show the number of AIDS deaths among children younger than 15 years, taking into account the rate of the pandemic as well as the roll out of ART for children. It also shows the number of children on ART, and the number of children who are progressing to AIDS and who are receiving antiretroviral treatment as a proportion of the total number of new AIDS cases in the same year.

TABLE 17: The number of child deaths due to AIDS*, children receiving antiretroviral therapy (ART)*, and the proportion of children starting ART in South Africa in 2001 – 2006

Province	2001			2002			2003		
	Number		%	Number		%	Number		%
	Deaths due to AIDS	Children on ART	Children starting ART	Deaths due to AIDS	Children on ART	Children starting ART	Deaths due to AIDS	Children on ART	Children starting ART
Eastern Cape	6,042	58	2.5	6,516	173	3.6	6,689	335	4.3
Free State	2,898	53	4.6	3,100	157	6.8	3,166	304	7.8
Gauteng	8,257	155	5.1	9,163	493	7.6	9,530	997	8.9
KwaZulu-Natal	15,342	177	2.9	16,280	522	4.3	16,520	1,004	5.0
Limpopo	3,907	110	7.0	4,181	329	10.2	4,284	639	11.4
Mpumalanga	4,342	93	5.3	4,560	274	7.8	4,612	526	8.9
Northern Cape	358	3	2.3	399	9	3.4	417	18	5.8
North West	3,492	49	1.6	3,753	147	2.3	3,830	284	2.8
Western Cape	1,317	24	5.9	1,439	83	9.1	1,365	176	38.8
South Africa	43,674	619	4.0	46,607	1,910	6.0	47,590	3,798	8.0

* Deaths due to AIDS and children on ART refer to children younger than 15 years of age.

* No data on the proportion of children starting ART are available for this year.

Source: Actuarial Society of South Africa (2005) *ASSA2003 AIDS and Demographic Model*. Available: www.assa.org.za

TECHNICAL NOTES ON THE INDICATOR

This indicator reflects the number of new cases of children (0-17 years) in any given year who are progressing to AIDS and receiving antiretroviral therapy as a proportion of the total number of new cases of children in the same year who are progressing to AIDS. Data on the number of AIDS-related child deaths, and the numbers of children on ART are also provided for purposes of comparison.

The proportion of children starting ART is calculated by dividing the number of new cases of children progressing to AIDS who are receiving antiretroviral treatment by the number of

new cases of children who are progressing to AIDS (it includes all HIV-positive children, namely those who are on antiretroviral therapy and those who are not).

The difficulty with the indicator on the proportion of children starting ART is that the denominator is not known. The actual numbers of children that are HIV positive, as well as the number of those children who are in need of ART, are not known nationally. Accurate data on AIDS-related deaths and on children receiving ART are also unknown or are not collected adequately. Thus all the figures presented are based on modelled estimates.

The model projects a small reversal of deaths due to AIDS from 2004 that is consistent with the national roll out of ART. It shows that, at the same time, there has been a large increase in the number of children accessing ART from 4% in 2001 to 30.4% in 2005, consistent with initiation of the provision of antiretrovirals to children sick with AIDS. Nevertheless it is clear from the number of AIDS deaths that current access to ART is not sufficiently meeting the actual need of thousands of HIV-infected children.

There remain provincial discrepancies in the delivery of ART, which indicates a lack of capacity for service delivery in some provinces. The model projects that KwaZulu-Natal had the highest number of deaths (15,209) due to AIDS in 2006,

as well as the highest number of children on ART in that year. According to estimates for this province, a cumulative number of 6,378 children were on ART by 2006 compared with a projected number of over 15,000 AIDS deaths for the same year.

Interestingly, the model shows that in 2006 Gauteng had the second highest number of child deaths due to AIDS after KwaZulu-Natal, but that in the same year it had the highest number of children on ART (6,992).

According to the ASSA2003 model, the number of deaths due to AIDS in the Western Cape province increased from 1,287 in 2005 to 1,434 in 2006. However, this province by 2005 provided ART to close to two-thirds (60.7%) of children who progressed to AIDS.

Province	2004			2005			2006 +	
	Number		%	Number		%	Number	
	Deaths due to AIDS	Children on ART	Children starting ART	Deaths due to AIDS	Children on ART	Children starting ART	Deaths due to AIDS	Children on ART
Eastern Cape	6,398	510	21.5	6,195	1,654	27.2	6,392	3,007
Free State	3,102	458	17.4	3,019	853	25.1	3,024	1,415
Gauteng	9,029	1,544	28.4	8,419	3,642	38.9	8,283	6,383
KwaZulu-Natal	15,812	1,509	19.3	15,161	3,958	25.8	15,209	6,992
Limpopo	4,215	953	22.0	4,135	1,633	29.5	4,202	2,539
Mpumalanga	4,546	782	15.9	4,429	1,285	24.3	4,386	2,061
Northern Cape	379	34	37.4	359	164	39.2	386	286
North West	3,609	427	22.1	3,444	1,166	27.3	3,523	1,992
Western Cape	1,245	668	57.3	1,287	1,401	60.7	1,434	2,144
South Africa	45,867	6,255	23.3	44,183	14,782	30.4	44,663	25,318

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For more data, visit www.childrencount.ci.org.za

Children's access to housing

Katharine Hall (Children's Institute)

Section 26 of the Constitution of South Africa provides that "everyone has the right to have access to adequate housing", and section 28(1)(c) gives children "the right to ... shelter".

Article 27 of the UN Convention on the Rights of the Child states that "every child has the right to a standard of living adequate for his/her development" and obliges the State "in cases of need" to "provide material assistance and support programmes, particularly with regard to ... housing".

The number and proportion of children living in formal or informal housing or traditional dwellings in South Africa

Access to services is one of the seven elements of 'adequate housing'. Children living in formal areas are more likely than those living in informal or traditional dwellings to have services on site. They are also likely to be closer to facilities like schools, libraries, clinics and hospitals than those living in informal settlements or rural areas. Children living in informal settlements are more exposed to hazards such as shack fires and paraffin poisoning. Children's right to adequate housing means that they should not have to live in informal dwellings.

Just over 2.6 million children in South Africa lived in backyard dwellings or shacks in informal settlements in 2006. While there has been an increase of nearly 300,000 children in informal households since 2002, the proportions show that the distribution of children in formal, informal and traditional dwellings has remained fairly constant over the five-year period. This is surprising, given the delivery of nearly 2.5 million houses since 1994.

It appears that the number of children living in informal housing has increased across most of the provinces between 2002 and

2006. In North West province, a significant increase of over nine percentage points is recorded for children living in informal housing. The greatest proportions of inadequately housed children are in the provinces with large metropolitan centres. The proportion of children in informal dwellings in Gauteng has increased from 22% to 29% and in the Western Cape from 17% to 23%. These apparent increases should be regarded with caution however, because of the wide confidence intervals.* Limpopo has the lowest proportion of children in informal housing in 2006 – just 4.5%. The Eastern Cape and KwaZulu-Natal also have relatively small proportions of children in informal housing – about 10% – but also have by far the largest proportion of children living in traditional dwellings (42% and 35% respectively).

According to an analysis of the *General Household Survey 2006*, there is great racial inequality in children's housing: 98% of all white children live in formal housing, while only 63% of all African children live in formal housing, and 16% of African children are inadequately housed.

* A confidence interval is a statistical range into which the true value is estimated to fall 95% of the time. It is therefore important to refer to when interpreting the data.

TABLE 18a: The number⁺ and proportion of children living in formal housing in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	1,067,000	38*	1,266,000	44*	1,065,000	33*	1,241,000	40*	1,529,000	48*
Free State	706,000	71*	726,000	74*	772,000	73*	830,000	74*	838,000	75*
Gauteng	2,123,000	77*	2,067,000	74*	1,976,000	75*	1,830,000	69*	1,922,000	71*
KwaZulu-Natal	2,123,000	55*	2,139,000	56	1,971,000	52*	1,906,000	50*	2,085,000	55*
Limpopo	2,046,000	82	2,116,000	84	2,240,000	86	2,208,000	84*	2,295,000	86*
Mpumalanga	1,004,000	77*	1,044,000	79*	1,057,000	81*	1,043,000	77*	1,137,000	81*
Northern Cape	273,000	91*	272,000	91*	309,000	92*	290,000	86*	297,000	86*
North West	1,222,000	85*	1,246,000	86*	1,336,000	90*	1,149,000	79*	1,091,000	76*
Western Cape	1,306,000	82*	1,296,000	82*	1,305,000	84*	1,172,000	75*	1,159,000	74*
South Africa	11,871,000	68	12,173,000	69	12,031,000	67	11,667,000	65	12,352,000	68*

⁺ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TABLE 18b: The number⁺ and proportion of children living in informal housing in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	373,000	13*	272,000	9	194,000	6	215,000	7	291,000	9
Free State	185,000	19*	182,000	19*	198,000	19*	211,000	19*	226,000	20*
Gauteng	603,000	22*	681,000	25*	632,000	24*	799,000	30*	780,000	29*
KwaZulu-Natal	506,000	13*	343,000	9	354,000	9	498,000	13*	372,000	10*
Limpopo	69,000	3	80,000	3	79,000	3	136,000	5	118,000	4
Mpumalanga	169,000	13*	147,000	11*	145,000	11*	168,000	12*	140,000	10
Northern Cape	25,000	8*	25,000	8*	22,000	7*	39,000	11*	42,000	12*
North West	163,000	11*	150,000	10*	120,000	8	263,000	18*	296,000	21*
Western Cape	266,000	17*	273,000	17*	236,000	15*	358,000	23*	368,000	23*
South Africa	2,358,000	13	2,152,000	12	1,980,000	11	2,686,000	15	2,633,000	14

+ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TABLE 18c: The number⁺ and proportion of children living in traditional housing in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	1,393,000	49*	1,343,000	47*	1,948,000	61*	1,672,000	53*	1,345,000	42*
Free State	82,000	8*	66,000	7	91,000	9*	69,000	6	49,000	4
Gauteng	3,000	0	1,000	0	11,000	0	12,000	0	1,000	0
KwaZulu-Natal	1,191,000	31*	1,345,000	35*	1,468,000	39*	1,433,000	37*	1,309,000	35*
Limpopo	383,000	15	336,000	13	295,000	11	268,000	10	244,000	9
Mpumalanga	132,000	10*	125,000	9*	104,000	8*	137,000	10*	118,000	8*
Northern Cape	3,000	1	3,000	1	5,000	2	5,000	1	5,000	1
North West	36,000	2	56,000	4	33,000	2	47,000	3	44,000	3
Western Cape	4,000	0	1,000	0	0	0	1,000	0	0	0
South Africa	3,226,000	18	3,274,000	19	3,955,000	22	3,645,000	20	3,156,000	17*

+ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

This indicator shows how many children (aged 0 – 17 years) live in formal housing, which is used as a proxy for adequate housing. It also reflects how many children live in inadequate or informal housing – this includes informal dwellings in informal settlements and backyard dwellings. 'Traditional' housing in rural areas is a third category, which is not necessarily adequate, but is not always defined as 'inadequate' in official estimates of the housing need.

South African housing policy has no clear or consistent definition of adequate housing since 'adequate' includes a range of attributes. Some of these are very technical, for instance relating to the quality and size of the dwelling. There are also qualitative descriptors of 'adequate' housing. However, the main attribute used to determine the housing backlog is

the type of dwelling. This indicator provides a fairly crude measurement of adequacy, calculated purely on the basis of housing type.

For the purposes of this indicator, 'formal' housing is made up of the following types: dwelling or brick structure on separate stand, flat or apartment, town/cluster/semi-detached house, unit in retirement village, room or flatlet on a larger property. 'Informal' housing consists of the following housing types: informal dwelling or shack in backyard, informal dwelling or shack in informal settlement, dwelling or house/flat/room in backyard, caravan or tent. (These housing types are listed as options in response to the housing question in the *General Household Survey*.)

For more data, visit www.childrencount.ci.org.za

The number and proportion of children living in urban or rural areas in South Africa

The most recent data on children's urban/rural status is taken from the *General Household Survey 2004*; thereafter the variable was no longer reported due to complexities in the definition. This is a pity because information on the whereabouts of children helps to throw light on population movement and urbanisation, and can inform spatial targeting.

More than half of South Africa's children (54%) lived in rural areas in 2004 – equivalent to almost 10 million children. Looking back over three years, the figures are fairly consistent. If anything, there was possibly a slight increase in the proportion of children living in rural areas (from 52% in 2002 to 54% in 2004) – but this may not be statistically significant.

There are marked provincial differences in the rural and urban distribution of the population. This is because of the distribution of cities in South Africa, and the creation of 'homelands' under the apartheid government.

The Eastern Cape, KwaZulu-Natal and Limpopo provinces in 2004 were home to about three-quarters (74%) of all rural children in South Africa. The most rural province, proportionately, was Limpopo, where only 12% of children lived in urban areas. In the Eastern Cape and KwaZulu-Natal provinces, there is more of an urban–rural split. Children living in Gauteng were almost entirely urban-based (96%) and 87% of children in the Western Cape were in urban areas.

Adults living in rural areas often move to urban centres in search of work, while their children remain in rural areas to be cared for by grandparents or other family members. Babies younger than one year are more likely to be living in urban areas than older children, suggesting that babies born in urban areas initially remain with their mothers. The proportion of babies in urban areas in 2004 dropped from 53% to 49% after one year, and to an average of 44% for five-year-olds.

TABLE 19a: The number⁺ and proportion of children living in urban areas in South Africa in 2002 – 2006

Province	2002		2003		2004	
	Number	%	Number	%	Number	%
Eastern Cape	713,000	25*	700,000	24*	753,000	23*
Free State	692,000	70*	654,000	67*	719,000	68*
Gauteng	2,627,000	96*	2,690,000	97	2,548,000	96
KwaZulu-Natal	1,544,000	40*	1,409,000	37*	1,386,000	37*
Limpopo	245,000	10	275,000	11*	302,000	12*
Mpumalanga	452,000	35*	466,000	35*	455,000	35*
Northern Cape	217,000	72*	224,000	75*	254,000	75*
North West	464,000	32*	476,000	33*	497,000	33*
Western Cape	1,397,000	88*	1,395,000	88*	1,348,000	87*
South Africa	8,351,000	48	8,290,000	47	8,263,000	46

+ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.



TABLE 19b: The number⁺ and proportion of children living in rural areas in South Africa in 2002 – 2006

Province	2002		2003		2004	
	Number	%	Number	%	Number	%
Eastern Cape	2,123,000	75*	2,182,000	76*	2,463,000	77*
Free State	298,000	30*	326,000	33*	345,000	32*
Gauteng	114,000	4*	89,000	3	94,000	4
KwaZulu-Natal	2,289,000	60*	2,422,000	63*	2,406,000	63*
Limpopo	2,256,000	90	2,258,000	89*	2,314,000	88*
Mpumalanga	854,000	65*	852,000	65*	853,000	65*
Northern Cape	84,000	28*	75,000	25*	83,000	25*
North West	967,000	68*	977,000	67*	991,000	67*
Western Cape	193,000	12*	191,000	12*	210,000	13*
South Africa	9,179,000	52	9,370,000	53	9,759,000	54

⁺ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

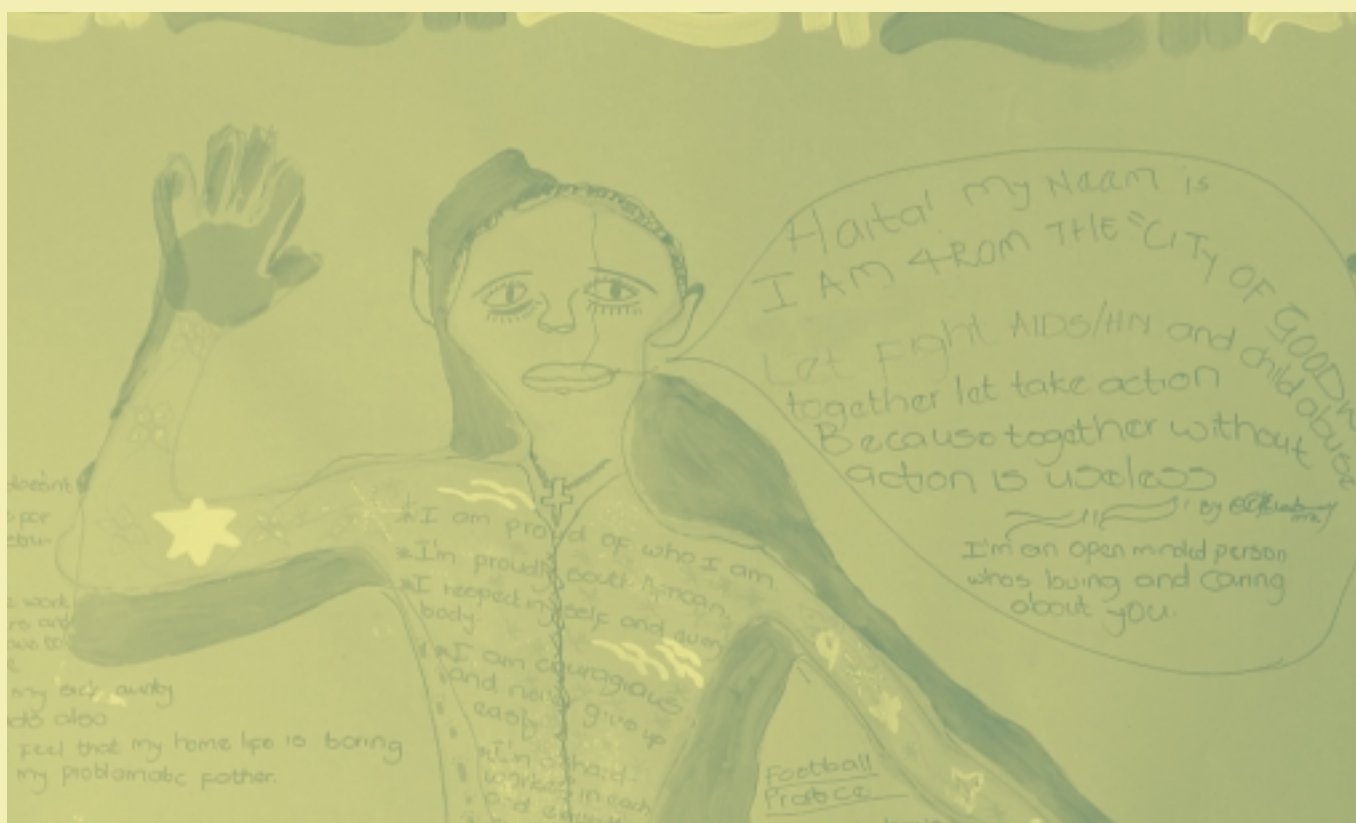
TECHNICAL NOTES ON THE INDICATOR

This indicator shows the number and proportion of children (aged 0 – 17 years) living in urban and rural areas. The classification between urban and rural is described by Statistics South Africa as 'rather fluid', and some areas have been reclassified in the past few years.

This is mostly because the 'semi-urban' category was removed in the 2001 Census, resulting in a slightly more inclusive 'urban' classification. This variable is not available in the *General Household Surveys* after 2004.

SOURCES FOR CHILDREN'S ACCESS TO HOUSING

- Constitution of the Republic of South Africa. Act 108 of 1996.
- United Nations Children's Fund (1990) *First Call for Children. World Declaration and Plan of Action from the World Summit for Children*. New York: United Nations Children's Fund.



For more data, visit www.childrencount.ci.org.za

The number and proportion of children living in overcrowded dwellings in South Africa

For a house to be regarded as habitable, it must provide enough space so that overcrowding does not occur. Nearly 5.2 million children lived in overcrowded households in 2006. This represents 28% of the child population – a significant increase of four percentage points from 2002. This increase is not simply the result of a growing child population. While the number of children in South Africa has grown by just over 700,000 between 2002 and 2006, the number of children in overcrowded households has increased by nearly 940,000. Overcrowding is related to a shortage of housing and also to the size of houses being built. Not enough new houses have been built to keep pace with population growth and urbanisation.

The provinces in which there have been significant increases in overcrowding are Gauteng (up 10 percentage points, from 21% to 31% of children living in overcrowded conditions in 2002 and 2006 respectively), and KwaZulu-Natal (up five percentage points, from 24% to 29% in 2002 and 2006 respectively). Data from the Western Cape suggest a steady increase in overcrowding during the five-year period, with an increase of eight percentage points between 2002 and 2006, from 26% to 34%. The wide confidence intervals*, however, mean that it cannot be said with certainty that this is a significant increase. In the North West province and Lim-

popo, the data suggest a slight drop in overcrowding rates. This may reflect child urbanisation and account for the increase in overcrowding rates within provinces with large metropolitan areas.

Overcrowding is a problem because it can undermine children's needs and rights, such as the right to privacy, and health: communicable diseases spread more easily in overcrowded conditions. Children in crowded households may struggle to negotiate space for their own activities. They may also have less access to basic services such as water and electricity as services and other programmes do not take into account the size of the household. Children under the age of six years are marginally more likely than older children to live in overcrowded households.

As with other indicators on the quality of living environments, there is a strong racial bias: 30% of African children lived in overcrowded households in 2006, and 89% of all children living in overcrowded households are African. Although the coloured population is far smaller, a similar proportion (29%) of coloured children live in overcrowded conditions. There are significant increases in the rate of overcrowding across all race groups, but the greatest increase between 2002 and 2006 is found in the white population, where the proportion of children living in overcrowded households has increased significantly, from 2% to 7%.

* A confidence interval is a statistical range into which the true value is estimated to fall 95% of the time. It is therefore important to refer to when interpreting the data.

TABLE 20: The number⁺ and proportion of children living in overcrowded dwellings in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	863,000	30*	898,000	31*	983,000	31*	1,015,000	32*	1,044,000	33*
Free State	254,000	26*	252,000	26*	316,000	30*	325,000	29*	342,000	31*
Gauteng	566,000	21	631,000	23*	624,000	24*	792,000	30*	847,000	31*
KwaZulu-Natal	914,000	24*	754,000	20	881,000	23*	937,000	24	1,104,000	29
Limpopo	524,000	21	493,000	19*	495,000	19*	442,000	17*	495,000	19*
Mpumalanga	250,000	19*	290,000	22*	309,000	24*	342,000	25*	356,000	25*
North West	394,000	28*	428,000	29*	409,000	27*	389,000	27*	359,000	25*
Northern Cape	75,000	25*	85,000	28*	102,000	30*	110,000	32*	108,000	31*
Western Cape	409,000	26*	378,000	24*	442,000	28*	502,000	32*	532,000	34*
South Africa	4,249,000	24	4,209,000	24	4,562,000	25	4,853,000	27	5,186,000	28

⁺ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

Children (aged 0 – 17 years) are defined as living in overcrowded dwellings when there is a ratio of more than two people per room (excluding bathrooms but including kitchen and living room). There is no standard measure of overcrowding in South Africa, but there are many international definitions. The definition used here is derived from the United Nations Human Settle-

ment Programme (UN-HABITAT) definition, which is a maximum of two people per habitable room. The data is taken from the *General Household Survey*: number of rooms occupied (excluding bathrooms and toilets). The overcrowding ratio is obtained by dividing the total number of household members by the total number of rooms occupied by the household.

Children's access to sanitation, water and electricity

Johannes John-Langba and Double-Hugh Marera (Children's Institute)

Section 27(1)(b) of the Constitution of South Africa provides that "everyone has the right to have access to ... sufficient ... water".

Article 14(2)(c) of the African Charter on the Rights and Welfare of the Child similarly obliges the State to "ensure the provision of ... safe drinking water".

Article 24(1)(c) of the UN Convention on the Rights of the Child states that States Parties should "recognise the right of the child to the enjoyment of the highest attainable standard of health ..." and to this end should "take appropriate measures to combat disease and malnutrition ..., including the provision of clean drinking-water".

The number and proportion of children living in households with basic sanitation in South Africa

Good sanitation is essential for safe and healthy childhoods. There are a number of negative consequences for children and youth who are not able to access proper toilets. It is very difficult to maintain good hygiene without water and toilets, and children are exposed to worms and bacterial infection which compromise nutrition. Using public toilets and open bush can be dangerous because of crime, and a lack of adequate sanitation undermines human dignity. The use of buckets and open *veldt* (fields) is also likely to have consequences for water quality in the area, and can lead to the spread of diseases.

This indicator suggests an increasing trend in children's access to basic sanitation in South Africa over the period 2002 – 2006. In 2002, just under half (47%) of South Africa's children had access to adequate toilet facilities. In 2006, the proportion rose to about

55%. The increase over time has been gradual.

Provincial disparities in children's access to basic sanitation are also evident. The Western Cape (95%), Gauteng (89%) and Northern Cape (82%) provinces have the highest proportions of children with access to basic toilet facilities. The Eastern Cape (37%) and Limpopo (24%) provinces have the lowest proportions of children with access to adequate sanitation. This could be due to the fact that these are predominantly rural provinces where many people use pit latrines.

Due to the legacy of apartheid, African children are more likely to be using inadequate sanitation. Analysis of the *General Household Survey 2006* shows that a large proportion (53%) of African children were using inadequate sanitation facilities in 2006.

TABLE 21: The number⁺ and proportion of children living in households with basic sanitation in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	622,000	22*	655,000	23*	869,000	27*	1,129,000	36*	1,162,000	37*
Free State	544,000	55*	566,000	58*	644,000	61*	729,000	65*	753,000	67*
Gauteng	2,422,000	88*	2,430,000	87*	2,357,000	89*	2,329,000	88*	2,425,000	89*
KwaZulu-Natal	1,360,000	35*	1,545,000	40*	1,556,000	41*	1,800,000	47*	1,870,000	49*
Limpopo	526,000	21*	486,000	19*	755,000	29*	628,000	24*	633,000	24*
Mpumalanga	497,000	38*	599,000	45*	571,000	44*	585,000	43*	679,000	48*
Northern Cape	234,000	78*	222,000	74*	268,000	80*	280,000	83*	282,000	82*
North West	629,000	44*	761,000	52*	783,000	53*	737,000	50*	673,000	47*
Western Cape	1,470,000	92*	1,437,000	91*	1,462,000	94	1,462,000	93*	1,495,000	95*
South Africa	8,304,000	47	8,702,000	49	9,267,000	51	9,678,000	54	9,970,000	55*

⁺ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002*; *General Household Survey 2003*; *General Household Survey 2004*; *General Household Survey 2005*; *General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

This indicator includes the number and proportion of children (aged 0 – 17 years) living in households with basic sanitation. Basic or adequate sanitation includes facilities that are safe, reduce odours and are within or near a house. Inadequate sanitation includes a wide range of poor toilet facilities including pit latrines that are not ventilated, chemical toilets, buckets, or no facilities at all.

The *General Household Survey* asks about each household's sanitation facilities. The following facilities are included in the category of adequate sanitation: 'flush off-site', 'flush on-site', and 'VIP', standing for ventilated improved pit toilet. Inadequate sanitation includes the following: 'chemical' toilets, 'other pit', 'bucket', 'none' and a small number of 'unspecified'.

For more data, visit www.childrencount.ci.org.za

The number and proportion of children with access to drinking water on site in South Africa

Children without access to adequate water are exposed to substantial health risks. The most common of these is diarrhoea, but other diseases such as cholera are also water borne. Lack of access to adequate water is also closely related to poor sanitation and hygiene and in the absence of a water source on site, most children carry the burden of fetching and carrying water to their homes from communal taps, wells, rivers and streams.

This indicator refers to adequate water as drinking water that is on site; this means a water supply that is clean and reliable, and located at or near a house. Across South Africa, the proportion of children who have access to drinking water on site appears to have slightly increased between 2005 and 2006. However, there are insufficient data to make a strong claim that more children are progressively accessing drinking water on site in South Africa over time. The following can be noted about the current status of children's access to water:

Some areas have performed well in delivering safe drinking water to children. In 2006, the Western Cape (93%), Free State (92%) and Gauteng (91%) provinces have the highest proportions of children with access to drinking water on site. In contrast, more than half of the children in two provinces did not have access to drinking water on site. The Eastern Cape and Limpopo provinces have the lowest proportions of children with access to drinking water on site in 2006 – with only 33% and 38% of children with access to adequate water respectively. About 50% of children in KwaZulu-Natal have access to drinking water on site.

By population group, only 54% of African children had access to drinking water on site in 2006. This is in sharp contrast with white children who almost universally (99%) have access to drinking water on site. The proportions of coloured (96%) and Indian (92%) children who have access to drinking water on site are also very high.

TABLE 22: The number[†] and proportion of children with access to drinking water on site in South Africa in 2005 – 2006

Province	June 2005		June 2006	
	Number	%	Number	%
Eastern Cape	991,000	32*	1,045,000	33*
Free State	1,005,000	90*	1,030,000	92*
Gauteng	2,391,000	90*	2,484,000	91
KwaZulu-Natal	1,807,000	47*	1,935,000	51*
Limpopo	848,000	32*	1,011,000	38*
Mpumalanga	874,000	65*	936,000	67*
Northern Cape	307,000	91*	309,000	90*
North West	901,000	62*	871,000	61*
Western Cape	1,457,000	93*	1,462,000	93*
South Africa	10,580,000	58	11,084,000	61*

[†] Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2006; 2007) *General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

For the purposes of this indicator, children (aged 0 – 17 years) have access to adequate drinking water if they have access to a clean and reliable water supply that is at their house. All other water supplies, including rivers and communal taps, are considered inadequate.

The *General Household Survey* asks what the household's main source of water is – a specific response is required with respect to drinking water. There are 13 options. The first four water sources are considered adequate in this indicator and include a piped tap in the

dwelling or on the site or yard, a borehole on site or a rain-water tank on site. The remaining water sources are considered inadequate because of their distance from the house or the likelihood that the water is of poor quality. These inadequate water sources include public taps or those at other houses, rivers, dams, and springs. The specific question on drinking water was only asked in the GHS 2005 and 2006.

The number and proportion of children living in households with an electricity connection in South Africa

Access to a safe energy source such as electricity has an impact on a child's right to housing, health, nutrition and education. Access to electricity in the physical structure of a house is important for a range of reasons. Where there is no electricity, families use fuels for heating and cooking. These pose health hazards, for example, wood or dung fires can result in chest infections, and burns due to open fires are a common cause of injury and death. Where families do not have access to fridges, they are also less likely to be able to keep food fresh.

There are a number of time-use consequences to not having electricity. It is usually women and children who collect wood and other fuels, and more effort is required in cooking and heating with these fuels. Also, the lack of adequate electric lighting is a contributing factor in children not being able to study after dark.

In June 2002, 72% of children in South Africa lived in households that were connected to electricity. In 2006, the proportion of

children living in households connected to electricity rose to 77%. The data show that more children are progressively living in households with a mains connection over the period 2002 – 2006.

Across the provinces, the proportions of households with an electricity connection have remained stable over time. Children in the KwaZulu-Natal and Eastern Cape provinces have the least access to electricity: 64% of these child populations had access to a mains electricity connection in 2006. In all the remaining provinces, over 80% of children live in households that have access to an electricity connection. Western Cape and Northern Cape provinces have the highest proportions of children living in households with a mains connection, with over 90% of children in these provinces living in such households in 2006. In the Gauteng province, the proportion of children whose households have an electricity connection appears to have gradually declined over the last five years from 90% in 2002 to 83% in 2006.

TABLE 23: The number⁺ and proportion of children living in households with an electricity connection in South Africa in 2002 – 2006

Province	2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Eastern Cape	1,426,000	50*	1,468,000	51*	1,689,000	53*	1,932,000	62*	2,028,000	64*
Free State	813,000	82*	830,000	85*	919,000	86*	1,011,000	91*	1,003,000	90
Gauteng	2,471,000	90	2,494,000	90*	2,393,000	91*	2,233,000	84*	2,246,000	83*
KwaZulu-Natal	2,261,000	59*	2,270,000	59*	2,365,000	62*	2,312,000	60*	2,428,000	64*
Limpopo	1,802,000	72*	1,873,000	74*	2,055,000	79*	2,126,000	81*	2,201,000	83*
Mpumalanga	1,006,000	77*	1,060,000	80*	1,092,000	84*	1,125,000	83*	1,189,000	85*
Northern Cape	258,000	86*	245,000	82*	297,000	88*	304,000	90*	315,000	91*
North West	1,151,000	80*	1,238,000	85*	1,375,000	92	1,280,000	88*	1,237,000	86*
Western Cape	1,432,000	90*	1,444,000	91*	1,450,000	93	1,480,000	94*	1,471,000	94*
South Africa	12,622,000	72	12,923,000	73	13,635,000	76	13,802,000	76	14,118,000	77*

⁺ Numbers have been rounded off to the nearest thousand.

* This proportion should be interpreted with caution, as the confidence interval is relatively wide.

Source: Statistics South Africa (2003; 2004; 2005; 2006; 2007) *General Household Survey 2002; General Household Survey 2003; General Household Survey 2004; General Household Survey 2005; General Household Survey 2006*. Pretoria: Statistics South Africa. Analysis by Marera DS, Children's Institute, UCT.

TECHNICAL NOTES ON THE INDICATOR

This indicator refers to the number and proportion of children (aged 0 – 17 years) that live in households that are connected to the mains electricity supply. The *General Household Survey* asks, "Does this household have a connection to the mains electricity supply?"

(Statistics South Africa 2004) This indicator is calculated according to the number and proportion of children in households that answered 'yes' (connected) and 'no' (not connected).

SOURCES FOR CHILDREN'S ACCESS TO SANITATION, WATER AND ELECTRICITY

- *Constitution of the Republic of South Africa. Act 108 of 1996.*
- Secretary General of the Organisation of the African Union (1990) *African Charter on the Rights and Welfare of the Child, OAU resolution 21.8/49.*

- Statistics South Africa (2004) *General Household Survey Questionnaire 2004*. Pretoria: Statistics South Africa.
- United Nations Children's Fund (1990) *First Call for Children. World Declaration and Plan of Action from the World Summit for Children*. New York: United Nations Children's Fund.

For more data, visit www.childrencount.ci.org.za

Technical notes on the data sources

General Household Survey: The GHS is an annual survey conducted by the national statistics body, Statistics South Africa (www.statssa.gov.za). The sample used is based on the enumeration areas established during the Census demarcation phase and therefore covers all parts of the country. The sample of 30,000 dwelling units ensures as much representivity as possible by stratifying by province, and then by urban and rural area. The resulting estimates should be representative of the total population of South Africa. A weighting process is also applied to improve the representivity of the estimates. These weighted results are used for the *Children Count – Abantwana Babalulekile Project*.

However, over- and under-estimation appears to have occurred in the weighting process:

- The 2002 weighting process appears to have under-estimated the youngest age group (0 – 9 years), and over-estimated the older age group (10 – 19 years) relative to the *ASSA2003 Aids and Demographic* estimates. The pattern is consistent for both sexes. The number of very young males aged 0 – 4 years appears to be under-estimated by 15%. Similarly, girls in this age group have been severely under-estimated (15.8%). Males in the 10 – 14-year age group appear to be over-estimated by 5.7%.
- Similarly in 2003, considerable under-estimation at the youngest age group (0 – 9 years) and over-estimation at the older age group (10 – 19 years) have occurred. The pattern is consistent for both sexes. The results also show that the over-estimation of males (9%) in the 10 – 19-year age group is more than double the extent of over-estimation for females in this age range (3.8%).
- In the 2004 results, it seems that the number of children aged 7 – 12 years was over-estimated by 6%, as well as the number of persons aged 13 – 22 years. The number of very young children appeared to have been under-estimated. The patterns of over- and under-estimation appear to differ across population groups. For example, the number of white children appears to be over-estimated by 14%, while the number of coloured persons within the 13 – 22-year age group appears to be 9% too low.
- In 2005, the *GHS* weights seem to have produced an over-estimate of the number of males within each five-year age group. The extent of the over-estimation is particularly severe for the 10 – 14-year age group. In contrast, the weights produce an under-estimate of the number of girls – the error seems greatest in respect of the younger age groups. These patterns result in male-to-female ratios of 1.06, 1.13, 1.10 and 1.09 respectively for the four age groups covering children.
- The 2006 weighting process yielded the same results as in 2005. The one exception is that the under-estimation of females is greatest in the 5 – 9 and 15 – 19-year age groups. This results in male-to-female ratios of 1.03, 1.10, 1.11 and 1.12 respectively for the four age groups covering children.

The apparent discrepancies in the five years of data will affect the accuracy of the *Children Count – Abantwana Babalulekile* data. For 2005 and 2006 where, for example, the male and female patterns in respect of a particular characteristic vary, the total estimate for this characteristic will be somewhat slanted towards the male pattern. A similar slanting will occur where the pattern for 10 – 14-year-olds, for example, differs from that of other age groups. Furthermore, there are likely to be different patterns across population groups.

Further error may be present due to the methodology used, i.e. the questionnaire is administered to only one respondent in the household who is expected to provide information about all other members of the household. Not all respondents will have accurate information about all children in the household. In instances where the respondent could not provide an answer, this was recorded as “unspecified” (no response) or “don’t know” (the respondent stated that they didn’t know the answer).

In general, the *GHS* questionnaires for the five-year period are very similar in respect of the questions used for the *Children Count – Abantwana Babalulekile* indicators. Comparison of results of the 2002 – 2006 surveys, including comparisons of the extent to which answers are “unspecified”, does not suggest any noticeable impact on quality.

The surveys do not cover other collective living-quarters such as students’ hostels, old-age homes, hospitals, prisons and military barracks. It does cover workers’ hostels. The exclusions should not have a noticeable impact on the findings in respect of children.

Confidence intervals will be available for the major categories of data for the five years of data presented on the project’s website. Those indicated in the data tables refer to intervals wider than 5%.

SOCPEN database, Department of Social Development:

There has never been a published, systematic review of the *SOCPEN* database, and the extent of the limitations of validity or reliability of the data has not been quantified. However, it is regularly used by the department and other government bodies to monitor grant take-up. This administrative dataset is constantly updated by Department of Social Development employees when entering application and payment data. Take-up data and selected reports are available from the department on request throughout the year. Grants data will be updated regularly for the *Children Count – Abantwana Babalulekile Project*.

Education statistics in South Africa at a glance, Department of Education:

This data is based on the department’s annual survey and *SNAP* (‘snap-shot’) survey, taken on the tenth day of the school year. The data capturing and processing of this survey are known to be problematic and erroneous, although the data quality seems to be improving. The accuracy and reliability of this data is therefore questionable.

As this survey is conducted annually, data should be available on a yearly basis. However, data processing systems differ

across the provinces, and some are more efficient than others. The department's current information management system, known as the Education Management Information System (EMIS), is presently under review.

Causes of death in South Africa 1997 – 2001, Advance release of recorded causes of death; Mortality and causes of death in South Africa, 2003 and 2004: Findings from death notification; and Mortality and causes of death in South Africa, 2005: Findings from death notification:

This data is obtained from Statistics South Africa's regular statistical releases on mortality and causes of death in South Africa. The number of deaths reflected in the data excludes stillbirths. The data captured in Statistics South Africa's statistical releases are obtained from death notification forms from the Department of Home Affairs. There are a number of factors related to these forms that limit the accuracy and completeness of the data. For example, the data obtained on these forms are subject to content errors and omissions. Under-registration of deaths occurs, particularly in rural areas and among children. Furthermore, the causes of death may be misreported on the form. Statistics South Africa (2007) notes in particular that the codes used to classify deaths for children younger than one year should be treated with caution, as they do not take into account the exact age at death for infants.

ASSA2003 AIDS and Demographic Model: Currently the only available data on HIV-related indicators focusing on all children are estimates based on modelling. The underlying assumptions of the model, however, are well accepted nationally and these are thus the best estimates available at present.

Estimates are obtained by using mathematical models. These models give an indication of the proportion of adults and children affected by HIV/AIDS. The demographic model is based on a wide range of available empirical evidence, for example, regular survey data and vital statistics, such as the antenatal clinic survey results and number of deaths from the population register (Dorrington, Bradshaw, Johnson & Budlender 2004). Data and modelled results are available at www.assa.org.za.

National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa, Department of Health: This study was conducted as an anonymous survey among pregnant women who attended public health antenatal clinic services for the first time during pregnancy. Sentinel sites were selected based on the Probability Proportional to Size (PPS) sampling method. A stratified proportional sample was drawn and the sample size was proportionally allocated to each facility. By 2006, the sample size was 36,000. These studies were limited by several factors. As the study is conducted in public health facilities, the sample is not necessarily representative of the demographic and socio-economic profile of the country.

Sources

Dorrington RE, Bradshaw D, Johnson L & Budlender D (2004) *The Demographic Impact of HIV/AIDS in South Africa. National Indicators for 2004*. Cape Town: Centre for Actuarial Research, South African Medical Research Council & Actuarial Society of South Africa.

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