

Building A Resilient Society

Social Development Policy

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List of Acronyms

BIG	Basic Income Grant
CHH	Child-Headed Households
CSG	Child Support Grant
DSD	Department of Social Development
ECD	Early Childhood Development
FPL	Food Poverty Line
GBV	Gender-Based Violence
LBPL	Lower-Bound Poverty Line
NEA	Not Economically Active
NFE	Not Formally Employed
NGO	Non-Governmental Organisations
OECD	Organisation for Economic Co-operation and Development
PMBEJD	Pietermaritzburg Economic Justice and Dignity Group
QLFS	Quarterly Labour Force Survey
SASSA	South African Social Security Agency
SPF	Social Protection Floor
UBIG	Universal Basic Income Grant
UBPL	Upper-Bound Poverty Line

A Message from DA Leader, John Steenhuisen

The DA's social development policy is our plan for building the strong social safety net that is at the heart of ensuring dignity and security for everyone living in this country. I hope it will reassure you that we agree wholeheartedly with Mahatma Ghandi's famous observation that "The true measure of any society can be found in how it treats its most vulnerable members".

We want every person in South Africa to feel that their wellbeing matters and that they can rely on the state to provide them with a minimum level of support if they are unable to look after themselves or have fallen on hard times. But we want to go beyond building a caring society, to also build a resilient society that is able to withstand the shocks that inevitably hit a nation.

There are three key differences between the DA's social safety net and the one currently in place in South Africa. First, ours is a far stronger net for the young, weak, old and disabled, giving them significantly higher levels of support. This is made possible because the DA's social safety net will be located in a healthy economy where more economic activity and more people in jobs means more tax revenue to spend on fewer social welfare beneficiaries. Second, ours has a trampoline quality that seeks to help people get back on their feet, because we want people to be independent and self-sufficient rather than trapped in a life of reliance on the state. Third, ours is sustainable because it is located in a healthy economy and funded by revenue rather than debt. A truly kind, caring state empowers people to be self-reliant and funds meaningful social welfare for the vulnerable by enabling a healthy economy, not by borrowing money it has no ability to repay.

I am very proud of the DA's social development policy. A lot of time and research went into producing it. A big and sincere thank you to DA Head of Policy Gwen Ngwenya, her lovely team, and the many development experts who so generously gave their time and advice. I think it is the social development plan South Africa should get behind in the general election of 2024, when a vote for the DA will be a vote for a caring government and a resilient society.

Yours sincerely,
John Steenhuisen

A message from Shadow Minister for Social Development, Bridget S Masango

In a country where there are more people receiving grants than eking out a decent living, government ought to develop a policy that will restore dignity to its citizen by ensuring that they take firm hold of their lives. That is what the DA policy on Social Development aims to achieve.

South Africans are known for their resilience and this policy leverages on that resilience by developing programmes that will not only hand out grants to passive recipients but will emphasise their rights and reciprocal responsibilities; provide for a socio-economic floor; assist individuals and households who have experienced socio-economic shocks to land back on their feet and promote the general welfare and well-being of the population, in particular vulnerable individuals, and groups.

This policy has been developed using credible research, experience of those in the field and day to day lives of those it is meant to serve. The contribution by public representatives from all spheres of government and academics in the sector makes this policy a solid offer to South Africa.

As Shadow Minister for social development, I remain grateful to the DA Policy unit for their tireless and meticulous work in developing this policy and colleagues throughout the country for their invaluable contributions. The work done in this policy has allowed all of us to imagine a country that cares for all its citizens while putting forward workable solutions to uplift those who have been on the unfortunate receiving end of the current government lapses.

As Nelson Mandela famously so aptly articulated during the “make poverty history” campaign, and as evidenced in the provisions of this policy – “overcoming poverty is not a gesture of charity. It is the protection of a fundamental human, the right to dignity and a decent life”.

Thank you

A Message from Western Cape Provincial Minister of Social Development, Sharna Fernandez

Our Social Development policy is clearly geared towards investing in people and improving the quality of lives of the most vulnerable.

As a country, we are facing serious socio-economic challenges, such as poverty, unemployment, Gender Based Violence, Substance Use Disorder and abuse of vulnerable groupings, amongst others.

It is incumbent on us to give effect to the party's Social Development Policy to ensure the dignity and wellbeing of all our citizens is maintained.

A Message from Cape Town Mayoral Committee Member for Community Services and Health, Patricia Van Der Ross

As the Democratic Alliance (DA), we are confident and proud to offer an all-encompassing Social Development Policy towards building a resilient society in South Africa.

This is enabled by the setting of clear indicators and valuable targets to the benefit of all - but in particular vulnerable South Africans.

The policy outlines rights and responsibilities required for creating healthy social fabric. Thus, bringing relief to those in need while building active citizenry.

In the City of Cape town we are working towards an overall Social Development strategy based on a constantly changing environment which demands regular improvements. We are thus basing our model on real experiences in the different vulnerable spaces

We trust that the elements of our social development policy would find meaning with the individuals of our nation in their diverse social settings which will enable their economic and holistic well-being.

1. Executive Summary

The overall objective of the DA's Social Development Policy is to build a resilient society by:

- a) Emphasising rights and reciprocal responsibilities;
- b) Providing for a socio-economic floor;
- c) Assisting individuals and households who have experienced socio-economic shocks to land back on their feet; and
- d) Promoting the general welfare and well-being of the population, in particular vulnerable individuals, and groups.

To achieve these objectives, key proposals include:

a) Clearly articulated responsibilities accompanying social welfare programmes

b) Closed gaps in the socio-economic floor

- Emphasising a floor in relation to sections 24 and 35 of the Constitution (Bill of Rights);
- Pegging the child grant to the food poverty line;
- Ensuring coverage of the child grant begins at pregnancy;
- Introducing auto-enrolment into pension schemes;
- Reserving a minimum portion of the Local Government Equitable Share allocation for free basic services; and
- Reviewing the basket of zero-rated food items.

c) Resilience against shocks/unforeseen events

- Addressing UIF fraud and increase enrolments into the UIF;
- Ensuring targeting of Social Relief of Distress interventions; and
- Providing universal healthcare coverage.

d) Welfare and well-being of the population

- Decriminalising drug use and drug possession to focus on helping users through treatment and harm reduction services while tackling serious drug-related crime (punishing dealers and traffickers);
- Developing a national framework on homelessness;

- Ensuring adequate support for the homeless and improving links between public infrastructure and NGOs, which is crucial to providing support services for them;
- Investing in measures which enhance the likelihood of GBV perpetrators being apprehended;
- Decriminalising sex work;
- Introducing shared parental leave;
- Bringing unregulated old-age homes into the regulated space; and
- Improving the working conditions of social workers and ensuring social workers have the resources necessary to adequately perform their duties.

Table 1: DA Goals and Targets

Goal	Indicator	Target
Rights and reciprocal responsibilities	Social welfare programmes with articulated concomitant responsibilities	TBC
Address gaps in the social protection floor	Level of the child support grant	Pegging the Child Support Grant to the national food poverty line
	Coverage of pregnant women	Percentage of indigent pregnant women claiming CSG
	Pension coverage	Percentage of workers enrolled in a pension scheme
	Coverage and level of free basic services	Percentage of indigent households receiving: 200 kWh of electricity 10 Kl of water
	Zero rated basic food items	TBC
Reducing vulnerability to shocks	Coverage of persons savings	TBC
	UIF members	Percentage of workers contributing to UIF
	Targeting of Social Relief of Distress	SRD recipients to closely match targeted beneficiaries
	Access to basic healthcare	Universal coverage
Welfare and well-being of the population	Levels of substance abuse	Percentage of substance abuse users

	Homelessness levels	Percentage of homeless people
	Victims of GBV	Incidents of GBV/Femicide
	Victimisation of sex workers	Decriminalisation of sex work
	Victims of child abuse	Prevalence of child abuse
	Sharing of childcare responsibilities	Ten weeks shared parental leave
	Victimisation of elder persons	Number of regulated old-age homes
	Social workers in the field	Number of social workers

2. Rights and Reciprocal Responsibilities

The DA believes in opportunity. This means that every individual should have choices, and the reasonable ability to act on them to create a life of their choosing. However, it is equally important to make explicit that individuals also have a responsibility to recognise and use the opportunity, and to exercise a reasonable degree of agency in improving their circumstances.

One of the ways in which countries around the world have sought to achieve this, is by placing conditions on social transfers. This is done with the hope that the transfer itself meets short term needs while the conditions support the long-term goal of self-reliance.

“Conditional Cash Transfer programmes involve the transfer of cash on the condition that certain behaviours, actions and/or outcomes are fulfilled. Generally speaking, such programmes aim to address short and long-term poverty, through cash transfer and investing in human capital.”

However, conditions placed on social transfers, cash or otherwise, have often been criticised for:

- a) Violating human rights (since the transfers are intended to fulfil guaranteed rights which all humans are entitled to, and are not conditional on any type of performance);
- b) Being paternalistic;
- c) Ignoring supply-side challenges (e.g., tying school enrolment to a child grant. Other than the problem of making the child pay for the actions of

- adults, it might ignore enrolment challenges and assumes children are not enrolled due to the fault of the parent); and
- d) Costs and implementation challenges, as introducing conditions requires a more sophisticated administration of transfers capable of monitoring and evaluating claims based on performance of conditions.

Alternatives to conditions include implementing programmes which are complimentary but not pre-conditions to transfers. For example, programmes may include measures such as voluntary job and skills training, health awareness programmes (e.g., vaccination information), or a child nutrition programme targeted at parents receiving the child grant (e.g., information and awareness about nutritional foods parents can purchase with the child grant). These programmes are based on the understanding that social transfers alone cannot alleviate structural and non-financial barriers to improving the living standards and well-being of beneficiaries. Incentives for beneficiaries enlisting in voluntary initiatives include increased job opportunities, improved health and wellbeing of their children, and personal well-being.

In government, the DA would ensure that most of our social welfare provisions are linked to responsibilities that need to be exercised by beneficiaries. These responsibilities may be preconditions or complimentary measures, depending on the kind of transfer and research on the impact of such measures. Ultimately, the goal is to provide socioeconomic relief that breaks the cycle of dependence. In this way, the social protection floor and other social services provide a trampoline to independence, instead of a safety net trapping people into a life of reliance on the state.

3. Social Protection Floor

The Social Protection Floor (SPF) is a package of guaranteed minimums to secure basic needs. It should be taken seriously by proponents of equality of opportunity because it does not attempt to make everyone equal, nor does it place a limit on individual success or achievement. Instead, it establishes a floor that nobody in a modern, prosperous, liberal democracy should be left to fall below.

A social floor is typically delivered through a combination of cash and in-kind transfers which together provide access to essential goods and services. Chapter 2 of the South African constitution contains various

sections which lay the foundation for the development of a social protection floor:

- Section 24 - Everyone has the right to an environment that is not harmful to their health or wellbeing.
- Section 26 - Everyone has the right to have access to adequate housing.
- Section 27 - Every South African has the right to have access to health care services, sufficient food and water and social security, including social assistance if they are unable to support themselves and their dependents. The state is required to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
- Section 28 - outlines the basic rights of children (including the right to care, nutrition, shelter, basic health care and social services).
- Section 29 - Everyone has the right to a basic education, including adult basic education; and a right to further education, which the state, through reasonable measures, need to make progressively available and accessible.
- Section 35 - Everyone has the right to choose, and to consult with, a legal practitioner, and to be informed of this right promptly.

Inclusion of Sections 24 and 35

When writing about socio-economic rights, focus is typically placed on sections 26-29. This policy includes section 24 and 35 in its conceptualisation of the basic rights that need to be fulfilled to meet basic needs. This is in recognition of the impact environmental hazards and environmental degradation have on the most vulnerable, as well as the fact that one's rights (not just those in Chapter 2 of the constitution) cannot be upheld without access to competent legal representation when required.

Gaps in South Africa's Social Protection Floor

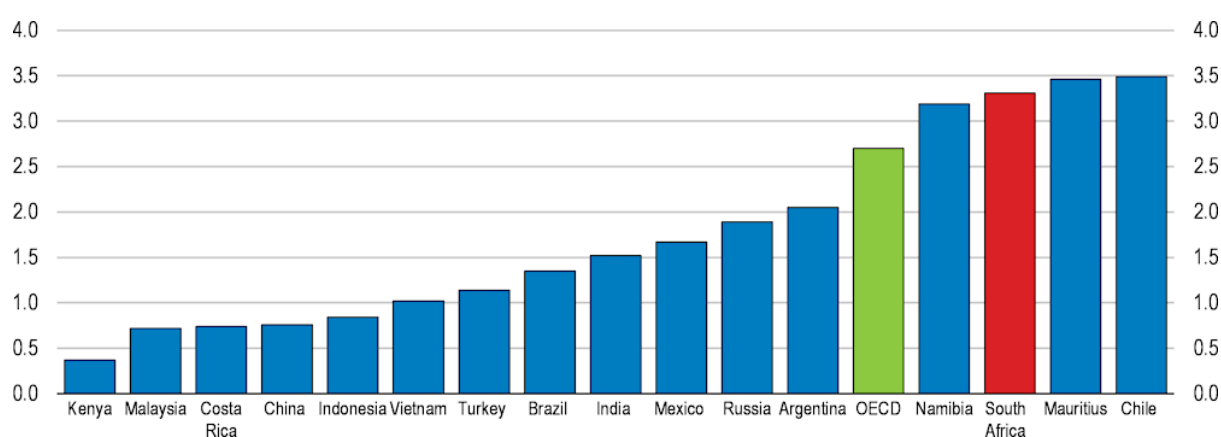
South Africa's SPF comprises targeted cash transfers (child support grant, older persons' grant, disability grant, care dependency grant, foster child grant, war veterans' grant, and social relief of distress), as well as targeted in-kind transfers such as housing, healthcare, basic education, basic services (water, electricity sanitation), and public works programmes.

Though significant effort has been made, especially in the early years of democracy, many of the minimum thresholds are based on research

conducted nearly twenty years ago. Some of the thinking in terms of appropriate approaches is also outdated and requires reform.

South Africa spends a large percent of GDP on social transfers (**Figure 1**) in comparison to not only African countries, but other low to upper-middle-income countries as well. Yet, the country remains one of the most unequal countries in the world.²

Figure 1: Spending on Social Assistance Programmes in 2015 (% of GDP)³



Source: OECD, 2020

South Africa lacks a comprehensive social protection system. An OECD Economic Survey report on South Africa highlights gaps in the country's social protection system, which include the lack of social assistance provided to all vulnerable populations (e.g., unemployed working-age population), and longevity risk coverage in the absence of a mandatory pension.⁴ Despite South Africa's progress in social protection, continuous efforts are required to fill the remaining gaps and strengthen the national social protection floor.

Meaningful protection not possible, unless we achieve fewer beneficiaries.

There are now 27.8 million people receiving social grants in South Africa, with 9.5 million of them being Social Relief of Distress (SRD) grant recipients.⁵ The level of dependency in the country, however, is not sustainable, especially considering fewer than 2 million people pay the bulk of all income tax.⁶

Closing gaps can be achieved by increasing efficiencies (reducing wasteful expenditure, optimising government spending, improving service delivery

etc.) and reducing the number of beneficiaries. Thus, a crucial aim of the DA would be to ensure that social spending reaches those who need it most, while reducing the level of dependency in South Africa. Achieving this would mean more meaningful assistance for a declining number.

The approach of DA governments to social development is distinct in aiming to provide meaningful support for a small number of beneficiaries, as opposed to pitiful levels of support for an ever-increasing number. Therefore, economic growth and job creation must be at the forefront, because they are the levers which will ensure less people require state aid in the first place, and that those who do receive meaningful help that enables them to escape their circumstances.

3.1. Child Support Grant

Among the grants in the system, the child support grant is the largest in terms of the number of beneficiaries, accounting for 71% of total recipients in 2019/20, as shown in **Table 2**.⁷ The second and third largest grants are the old age pension (20.3%) and disability grant (5.9%). The reasoning for this significant take-up of the child grant is attributable to gradual increases in the age eligibility threshold from seven to eighteen since its introduction in 1998.^{8&9}

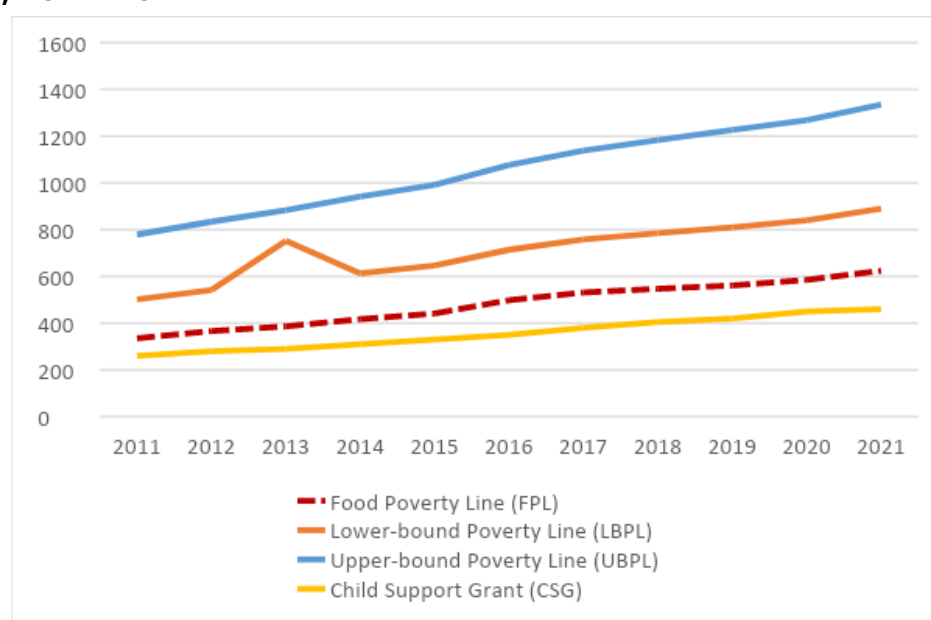
Table 2: Number of Grants Distributed by Grant Type, 2009/10 versus 2019/20^{10&11}

	Monthly amount (nominal Rands)	2009/10 Thousands	% of total	Monthly amount (nominal Rands)	2019/20 Thousands	% of total	Growth in recipients (2009/10 - 2019/20) (%)
Child Support Grant	240	9381	68.08	440	12777	71.00	36.20
Older Persons Grant*	1010	2491	18.08	1860	3655	20.31	46.73
Disability Grant	1010	1299	9.43	1860	1058	5.88	-18.55
Foster Care Grant	680	489	3.55	1040	350	1.94	-28.43
Care Dependency Grant	1010	119	0.86	1860	155	0.86	30.25
Total		13779	100.00		17996	100.00	30.60

Source: DPRU, 2020.

While the child grant supports over 12.8 million children, several studies have demonstrated that the grant is not enough in meeting the most basic nutritional needs of its beneficiaries (e.g. food costs) and is insufficient in terms of ensuring a greater diversity of dietary intake.^{12&13&14} In addition, despite the vast number of children who depend on the grant, the allocated amount annually has consistently fallen below the Food Poverty Line (FPL) (**Figure 2**).¹⁵

Figure 2: National Poverty Lines and the Child Support Grant (Rands per person), 2011 - 2021^{16&17}



Source: SASSA and Statistics SA, 2021

In April 2022, the child grant increased from R460 to R480, representing a 4.3% increase. While any increase will come as a welcomed relief, the grant is simply not enough. South Africa's food poverty line is currently at R624.

Recommendations

- **Pegging the child grant at the official food poverty line.** The "food poverty line" is calculated by adding up the cost of the minimum nutritional requirements of food necessities a person needs per day (excluding non-food necessities).¹⁸ The increase in the grant to the food poverty line provides the opportunity for children to obtain the necessary nutritional value, and reduce the risk of malnutrition, thereby ensuring their health and survival.

- **Extending the child grant to include learners who are still attending school over the age of 18 until they complete their National Senior Certificate.** Arguments have been made for extending the cut-off age of the CSG from 18 to 21 years, as the termination of the grant can disrupt the financial stability of households, especially when adult learners are still in school and have not yet completed secondary education.¹⁹ Further disruption, it is argued, may be caused when young people are unable to find work or do not possess the financial means to study further once they have completed their secondary education. Raising the cut-off age is not supported. Aside from the costs of financing such an extensive measure, it could further create perverse incentives for young people to not complete secondary education or find work up until the higher cut-off age of 21.²⁰ However, we do support extending the grant to include learners who are still attending school, but are over the age of 18.
- **Extending the child grant to cover pregnant mothers to support child nutrition goals.** Women and their unborn children are at a time of heightened vulnerability during pregnancy. They are therefore in need of nutritious foods as well as other health care services. Unfortunately, many pregnant women cannot meet these needs during their pregnancy, which has a detrimental effect on a child's growth and development. Therefore, to prevent the long-term effects of malnutrition on the next generation of South Africans, the child grant should be extended during the pregnancy. A cash transfer during pregnancy would enable poor and vulnerable pregnant women to access nutritious food necessary for their health and wellbeing and to afford other health-related expenses, such as transportation costs for antenatal check-ups.

3.2. Foster Care Grant

The foster care grant (FCG) has been an integral part of the growth and development of foster children and has been relied upon by most foster parents to meet basic needs. Grant funds are used primarily to purchase food, education, health care, clothing, and housing.²¹ However, in recent years, the foster grant system has been facing significant challenges with families applying for foster care child grants facing lengthy delays in getting service responses from social workers and the courts. The result is that they cannot access adequate social assistance to provide for the needs of children.

A court order is needed to place children in foster care. Foster care is intended to provide care and protection to children in a safe and nurturing environment. The grant covered over 351 000 children the 2019/20 financial year,²² but there are significant backlogs in the system. Court orders are essential documents since those caring for children in foster care cannot apply for the grant without them.

Foster care is, by necessity, a cumbersome and bureaucratic process. For an orphaned child to qualify for a foster grant, the child must be placed in the child protection system. This involves not only orders from a Children's Court but also a comprehensive blanket of administrative services, including social worker investigations and home visits, as well as ongoing monitoring and treatment.²³

Numerous challenges exist, a majority of which fall within the social work arena: a shortage of social workers, a lack of social work supervisors, and limited tools of the trade, thereby limiting social workers. These challenges are addressed later in this paper and include attracting and retaining social workers, creating conducive working conditions, and upskilling social workers in management.

3.3. War Veterans Grant

There is limited research available on the welfare impact of the war veterans' grant on individuals. Veterans who served in World War II or the Korean War are eligible for the war veterans' grant. Thus, this grant is aging out and is South Africa's smallest social assistance programme based on the number of beneficiaries. The amount of war veteran grant recipients decreased from 1 924 in 2007/08 to 40 in 2020/21.²⁴

3.4. Older-Persons Grant

South Africa has the highest number of older persons than that of any other African country.²⁵ In 2017, about 4.54 million (8.4%) people were 60 years of age or older and these figures are expected to rise by 11% by 2030.²⁶ Increasingly, studies reveal that old age in South Africa is accompanied by financial challenges, as a result of inadequate saving provision for retirement – creating dependency on state grants and leaving older persons vulnerable to financial risk.

The old-age grant is subject to a means test to ensure that only the poorest citizens benefit. Since the grant amount for older persons is based on a sliding scale the amount of private income you receive directly influences the value of your grant. The higher your private income, the lower your government pension.

Unfortunately, 50% of South Africans do not have a retirement plan.²⁷ According to 10X Investments' Retirement Reality Report of 2020,²⁸ only 6% of 15.1-million economically active people (with an income over R8000 per month) have sufficient retirement plans to support their lifestyles after retirement. This is in line with National Treasury's estimates that only 6% of people will have adequate savings for after retirement.²⁹

Impact of Lack of Savings

The consequences of failing to save enough for retirement often fall on individuals' families. The result is that parents often become dependent on their children. Known as the "sandwich generation", these children are responsible for providing for their parents and their own children. It is estimated that approximately 28% of working people in South Africa bear this burden. You are less likely to be able to save for your retirement if you share a salary with immediate and extended family members. Consequently, you do not make sufficient provision for your own retirement, thus continuing the cycle.³⁰

Conversely, when individuals make wise financial decisions, they can positively impact their own lives and the lives of their families - possibly even for future generations. If enough people save adequately, they can change the development trajectory of their families and nations by providing an investment pool that will help finance economic growth and development.³¹

Additionally, if more people save, they will be less dependent on government grants. According to BankservAfrica, about 3.7-million people rely on the government's older person's grant, many of whom have no other source of income.³² Therefore, saving for retirement is both a personal and a national imperative.

Factors Behind Low Savings

South Africa's lack of savings can be attributed to a number of factors. First, it is important to note that the pre-democratic regime left behind a legacy

of structural exclusion along racial lines. In this period, a large proportion of the population lacked access to basic services and human rights, including access to financial services.³³ The result was the development and flourishing of informal structures, such as stokvels. The informal savings structures became prevalent due to the underserved and poor not having access to formal financial services when they needed to mobilize their financial resources.

Stokvels are informal credit unions in which members agree to contribute a fixed amount weekly, fortnightly, or monthly to a pool of money. It is estimated that there are over 820 000 *stokvels* in the country,³⁴ with a combined membership of 11.5 million people, handling over R49 billion per annum.³⁵ The majority of the money is paid out monthly to individuals who spend it on consumables (e.g. food and groceries).

Other member groups of stokvels include, but are not limited to:³⁶

- **Savings Club:** Members of the Savings Club contribute a fixed amount to a shared pool at regular intervals.
- **Burial Society:** Burial societies offer informal but reliable coverage for members and their families as a form of funeral insurance. They also provide support to families in the days leading up to the funeral. This practice is known as "izandla" (helping hands).
- **Grocery Schemes:** In this category, Stokvels members contribute a fixed amount towards the cost of grocery shopping each year.

Table 3: Informal Savings (2015-2021)³⁷

Base= Black African	2015	2016	2017	2018	2019	2020	2021
Savings Club/Stokvel	61%	57%	53%	63%	61%	46%	54%
Burial Society	31%	32%	29%	24%	24%	50%	56%
Grocery Scheme	12%	18%	15%	15%	13%	31%	31%

Source: Old Mutual, 2021

Currently approximately 54% of black households save using stokvels, 56% use burial societies, and 31% are involved in grocery schemes (**Table 3**).³⁸ These savings vehicles illustrate that savings tend to be for emergencies. The consequence of which is that returns on these savings tend to be negligible.

The fact that informal structures have remained a saving mechanism and are still widely used raises the question of why this is the case when a

developed and functional formal financial service systems are in place for retirement savings and other forms of savings that can yield greater returns on investment.³⁹

Existing market incumbents are not necessarily able to meet the needs of low-income earners, and their current offerings are primarily complex, unaffordable, and inadequate. Those with low incomes are forced to make difficult decisions, such as purchasing food or fuel for their stoves. Therefore, choosing between several annuity products with the most advantageous fee structure can be challenging in such circumstances.

Contrary to popular belief, most South Africans desire to save and understand the importance of doing so.⁴⁰ The problem is not that low-income earners do not want to save or do not understand the importance of saving, but rather that they lack meaningful formal solutions coupled with a need for immediate consumption.⁴¹

This lack of access to services and products, as well as the need for a product specifically tailored to the needs of this market, presents an opportunity for South Africa's inclusive finance providers. Savings, payments, and remittances are part of an ecosystem centred on millions of people who have historically been ignored. However, this process is still in its infancy. Consequently, retirement savings products designed specifically for low-income earners lag behind other parts of the ecosystem in terms of their rate of development.⁴²

Mandatory Pension

South Africa, along with New Zealand and Ireland, is one of the few countries without mandatory pension insurance.⁴³

In 2021, the National Department of Social Development introduced a Green Paper on comprehensive social security and retirement reform.⁴⁴ The Green Paper proposed establishing a National Social Security Fund (NSSF), which will require all workers earning over R1,667 a month to contribute to the fund. Under the new fund, retirement, disability, unemployment benefits etc. would be provided under one roof. Furthermore, on establishing the NSSF, a mandatory pension payroll contribution of between 8% and 12% of earnings is proposed, for persons earning over R276 000 a year – or R23 000 a month (a maximum of R2 760 a month).

The introduction of the proposed mandatory pension was widely criticised. Considering the low level of expectations from the state and its inadequate credibility and management capabilities, it may be risky to ask South Africans to contribute in this manner, particularly from the perspective of those earning a living.⁴⁵ The DA does not support mandatory pension contributions.

Recommendations

- **Introduction of auto-enrolment with an opt-out option.** With automatic enrolment, an employee is made a workplace pension scheme member without requesting membership but can opt out if they wish. Traditionally, workers join an employer's pension scheme if they sign up for it. Defaulting people into their workplace pension aims to increase the percentage of employees who will save for retirement.⁴⁶ Employees are automatically enrolled in a workplace pension as part of auto-enrolment by their employers, although they may opt-out if they prefer. The employee and the employer make contributions to auto-enrolment. This money then builds up in a pension pot and could be invested in capital markets to generate long-term returns. While employees have the opportunity to opt-out at any time, studies show that auto-enrolment helps to increase savings as many people will not opt-out.⁴⁷ Additionally, opt-in option could also be made available for individuals who wish to make increased contributions to their pension.

Countries that have introduced automatic-enrolment programmes with an opt-out option at the national level include Italy, New Zealand, Turkey and the United Kingdom (UK). Highlighting its success includes New Zealand achieving a coverage rate of 80% in the “KiwiSaver” scheme (introduced in 2007) and the UK (introduced in 2012), which initiated its auto-enrolment programme later than New Zealand, an employer-sponsored plan covered 46% of the working-age population in 2018.⁴⁸

- **Implementing behavioural nudges with auto-enrolments towards increased savings.** In addition to auto-enrolment, there needs to be innovative ways to inform and educate people on the importance of saving adequately for retirement and why dependency on state grants might not be sufficient. This can be achieved through implementing behavioural nudges:⁴⁹ Periodic email, app-based, or employer communication for employees that inform them about whether their current savings are sufficient to maintain their current standard of living

after retirement and provide quick, actionable steps to remedy the situation. Behavioural nudges often provide inexpensive yet effective means to encourage increased savings. Behavioural studies indicate that these nudges can be more successful than traditional policy interventions such as tax incentives or financial education programs.⁵⁰

- **Drive financial literacy initiatives to inform people on the importance of savings, which may potentially help divert savings to investment vehicles that will generate higher returns for members.** A primary focus of this effort will be to streamline and simplify processes and services related to retirement savings products that are affordable for low-income groups. Financial institutions would be able to take advantage of this opportunity to understand the financial needs of low-income earners and develop quality retirement-saving products exclusively for them.

3.5. Disability-Specific Grant

Approximately 3 million people live with disabilities in South Africa, equating to approximately 7.5% of the country's population.^{51&52} Some face barriers that limit their ability to participate effectively in social and economic activities.

As a means of protecting the basic income of people with disabilities, social grants are an important tool. Persons with disabilities in South Africa are provided with a lifecycle system of social security transfers (disability grant and care dependency grant), enabling them to receive support at any point in their lives. Overall, the social security system has positively impacted the lives of disabled individuals in South Africa. However, people with disabilities often have to endure complex and exclusionary application (and renewal) processes,⁵³

Complex Application Process

Disability-specific grants have a complex and lengthy application process.⁵⁴ Applicants must visit four institutions and undergo two medical assessments. Firstly, they must have a referral letter from medical officers to start the pre-application process, then secondly, SASSA must perform their own medical assessment.

A lack of capacity among medical assessors can result in arbitrary decisions, as each assessor applies different criteria. Additionally, SASSA does not monitor the assessment itself but rather the administrative component thereof. Therefore, they are unaware of how medical officers operate or how their recommendations are derived. Moreover, medical officers are limited in their capacity to complete various tasks in an eight-hour day, including assessments, consultations, and administrations, such as completing forms.⁵⁵

In addition, due to the evidence requirement, individuals with more visible impairments or those with greater mental disabilities are more likely to be certified as eligible for disability-specific grants. The reason is that they are frequently unable to conduct physical examinations due to time constraints and cannot use medical tests already conducted on the applicant within the medical system. Meanwhile, the Western Cape Government in collaboration with health facilities has developed a version of the Disability Assessment System. Accordingly, the assessors can access the applicants' medical records, provided they have been treated in a local health facility.⁵⁶

Causes of Exclusion from Social Grants

Inadequate human resource capacity within the government, including SASSA and the Department of Health (DoH), is a major reason for exclusion from disability grants. The South African medical system is largely private, and the DoH has difficulty hiring doctors. Despite this, state-employed doctors are required to conduct disability assessments. Private doctors are prohibited from using their judgment in assessing persons with disabilities, which places a considerable burden on the state system. Many medical officers perform disability assessments without the necessary training or capacity to perform them to a high standard. A number of aspects of disability are beyond the scope of general practitioners' expertise due to the breadth of disabilities they are required to assess. SASSA does train medical officers. However, the initial course is only four hours, and thereafter, only two hours of the initial four hour course is repeated annually. The training is purely administrative, conducted by SASSA staff, and does not include any instruction on conducting assessments.⁵⁷

Cumbersome Grant Renewal Process

There are three types of disability grants available to eligible applicants: a temporary grant (6-12 months), a permanent grant (reviewed between 2-5

years), or a permanent grant without medical review (reviewed every five years to ensure compliance with other conditions).

Beneficiaries of temporary grants often are not reminded or informed that their grants will be terminated in time to apply for a new grant. As a result, they are unable to obtain a new grant for a period of months. It also means they have to bear the costs associated with applying for new grants.⁵⁸

Children with Disabilities

The primary form of social protection offered to children with disabilities is the Care Dependency Grant (CDG). Grants are available to parents, caregivers, and foster parents of disabled children who require and receive permanent care and support.⁵⁹

As with a Disability Grant, a Care Dependency Grant requires a medical assessment, sometimes resulting in eligible applicants being excluded. A CDG assessment primarily focuses on the child's medical condition or diagnosis without taking into account the child's limitations in functioning, the care they require or their home circumstances. There is also a tendency to favour children with impairments that are visible and easier to identify (such as cerebral palsy or spina bifida). Without an adequate assessment of care needs and age-appropriate functioning, children with less common conditions, and those with conditions (such as Autism Spectrum Disorder and Asperger Syndrome), are likely to be overlooked.⁶⁰ In addition, the lack of training among medical officers contributes to the lack of insight in assessment. Typically, if the child is physically capable, regardless of other possible considerations, he or she is not determined to be eligible. Thus, the CDG benefits children with severe disabilities and excludes those with moderate disabilities who may still need extensive care.⁶¹

Furthermore, many caregivers are experiencing delays in accessing the grant as they have difficulties with the application and assessment process. The importance of early childhood development and early intervention for children with disabilities has been widely discussed, with the message that "*the earlier the child and parent receive support, the better the long-term outcome*". However, among these cases of delays are those in which children with disabilities are either diagnosed too late or misdiagnosed. There are also long wait times for parents to get specialised assessments, such as hearing tests. It is compounded by the absence of a rigorous system for identifying developmental delays and screening for disabilities at routine

child health appointments and the shortage of specialists in the public health system.⁶²

Recommendations

To improve the effectiveness of the social security system in supporting persons with disabilities, we need to:

- **Streamline application processes by establishing an initial screening process that can identify those who do not qualify for disability-specific grants. This will reduce the burden on the main assessment.**
- **Allow private medical officers treating persons with disabilities to carry out assessments, provided that they are under the quality control of the DoH and SASSA.**
- **Ensure, whenever possible, a grant recipient be notified verbally of the impending review at the pay point.** This includes providing recipients with adequate notice of pending reviews, as well as information regarding the steps they must take in order to renew their grants when necessary. In the case of recipients who are unable to collect their grant at a pay point, they should be contacted by telephone or SMS.
- **Provide medical officers with educational training on the social model of disability as a basis for assessing the child's care needs and the assessment of the child's level of functioning.**

3.6.Support to the Unemployed

The current social assistance system only covers the unemployed population to a minor extent. For example, the disability grant, and the unemployment insurance and Compensation Funds, are only available to workers in the formal sector.⁶³ To reduce inequality and increase socio-economic inclusion, there has been a renewed call to introduce a Basic Income Grant (BIG) for the working-age population (aged 18-59). It is likely that the COVID SRD, introduced to provide relief to this segment of the population during the pandemic, will be difficult to walk back. However, without an improved economic situation it is difficult to see that a permanent grant for the unemployed is financially feasible.

Table 4 shows the estimated annual costs for introducing a BIG for the different groups and categories. For example, a BIG for all adults between 18 and 59 (a universal basic income grant (UBIG)) at the food poverty line would cost R239 billion per annum. For the LBPL and UBPL, it would be R343 billion and R519 billion, respectively.

Table 4: Total Annual Cost of a Basic Income Guarantee at Different Levels (R billion)⁶⁴

Group (18-59)	Number of people	FPL (R585 pm)	LBPL (R840 pm)	UBPL (R1268 pm)	R2500 pm	R3500 pm
All	34.1m	239	343	519	1023	1432
All (80%)	27.3m	192	275	415	818	1146
All (60%)	20.5m	144	206	311	614	859
Informal Workers ³⁶	2.5m	18	25	38	76	106
Unemployed	11m	78	111	168	332	464
NEA	13.4m	94	135	203	401	561
NFE	22.4m	157	226	341	672	940

Source: QLFS 2020:Q3.

Note: Unemployed is by expanded definition. NEA denotes those not economically active. NFE denotes those not formally employed. An additional annual cost estimate for an additional 1 million people by any definition would be R7bn at the R585 level, R10bn at the R840 level, R15.2bn at the R1 268 level, R30bn at the R2 500 level, and R42bn at the R3 500 level.

Source: IEJ, 2021

The estimated costs in **Table 4** assume a 100% uptake rate of a BIG within each group. However, in practice, this might be lower due to administrative inefficiencies or lack of knowledge on eligibility by potential recipients.⁶⁵

Arguments in Favour of the Basic Income Grant

- *A developmental grant:* Those currently excluded would now benefit from it. Families with unemployed members will receive some assistance to reduce financial hardship.
- *Economic growth stimulation:* The BIG would enable families to buy the necessities they need and have the chance to save. Individuals may also be able to start small businesses (e.g. selling fruits and vegetables). Such a venture could stimulate the local economy. This would be especially helpful to rural areas and townships.⁶⁶
- *Improving the efficiency of social investment:* The BIG would assist families in meeting their basic needs. A large number of households live solely on the CSG, as it is the only source of income available. The BIG would supplement the existing income and enable households to purchase the nutritional food they need.⁶⁷

Arguments Against the Basic Income Grant

- *Reduced incentive to work:* There is a belief that giving grants to unemployed working-age groups creates dependency as people prefer to receive grants than to work. Those who hold this belief support selective social security, in which only the "deserving" receive assistance. Those deemed "deserving" will receive assistance, while able-bodied unemployed individuals will need to rely on themselves. This is the current system. However, BIGs are insufficient to make an individual unwilling to work, but they are sufficient to stave off hunger.⁶⁸

Opportunity costs and Public Work: An additional objection is that a BIG would take away funds from other social programs. This view suggests that programs that are at risk of being displaced by a BIG are more likely to be effective (and efficient) in their efforts to eradicate poverty. Unfortunately, such views are often expressed without a sufficient understanding of basic income grants' role in a comprehensive social protection system. It has been suggested that the proposed expanded public works programme (EPWP) is an alternative to the BIG and can achieve the same objectives as the BIG. According to the Taylor Committee report,⁶⁹ the BIG and EPWP are complementary interventions and should not be pitted against each other. As part of a comprehensive social protection package, both have different roles to play in poverty alleviation.⁷⁰

- *Affordability and fiscal sustainability:* A BIG could be expensive. Implementation could depend largely on taxation as the source of financing the grant. A UBIG for all adults between 18 and 59 at the FPL would cost R239 billion per annum, and R343 billion and R519 billion at the LBPL and UBPL, respectively.⁷¹ This would require substantial tax increases and spending cuts. This is the argument which holds the most credibility.

Recommendation

The DA has long supported the idea of income support for the unemployed. A BIG would provide a floor of income for a vulnerable group and put money directly in the hands of the people best positioned to decide where it should be spent. However, we are concerned that the country will not be able to

support an increasing number of dependents in an environment of low growth and shrinking revenues.

Therefore, the DA supports a grant for the unemployed in principle but it is not clear how it can be funded without the need to raise taxes. Therefore, in government, the party would continue to explore the feasibility of a BIG and also consider the potential to finance it as a cash substitute for appropriate social services. That is the removal of free services, such as electricity, water, housing and health services and replacing them with a cash transfer to be spent by the individual on the services they require. It is well documented that the state does not have adequate capacity to deal with the provision of the above services. Therefore, it is important to rethink how social welfare is provided.

3.7. Food and Nutrition Security

Despite the right to food being enshrined in the Constitution, many South Africans face endemic hunger and suffer from malnutrition. The food crisis has only worsened because of the severe impact of the Covid-19 pandemic.⁷²

On the one hand South Africa is considered a food secure country.⁷³ This is attributable to the country's robust, resilient, and world-class commercial agricultural sector. However, on average, twelve million South Africans go to bed hungry each night.⁷⁴ Therefore, although the country might be considered food secure from a national perspective, it is not from a household perspective.⁷⁵

Food security means access by all households, at all times, to adequate, safe, and nutritious food. Various policy interventions have been put in place to address food and nutritional security in South Africa. However, these policy interventions (such as support for land reform and the provision of social grants, nutrition education, and field crop production) have had mixed effects on improving food insecurity and little to no impact on improved nutrition.⁷⁶

South Africa's policy interventions can be grouped into those seeking to address:

- Food production (smallholder farmer development, land reform, household food production and training);
- Food access (grants providing food safety net and emergency food relief, school feeding scheme, zero-rated foods); and

- Food nutrition (food fortification programme, tax on sugar-sweetened beverages).

While there have been pockets of success, the level of food and nutrition insecurity in the country suggests that they have not had the desired overall impact.

Food Production

Food availability is determined by agricultural performance and the country's ability to import, store, process, and distribute food. Food import options also supplement domestic production, and food consumption patterns dictate what products are produced and distributed. The contradiction between the kind of goods produced by initiatives is, however, a key challenge regarding production. Despite program support for yellow maize production, the majority of South Africans consume white maize. The production of food should be based on what is consumed;⁷⁷ unfortunately, most initiatives do not, and also prioritise non-food items over food items.

Food Access

Despite the fact that a large amount of evidence indicates that urban food insecurity exists, there are limited initiatives to address it.⁷⁸ It needs to be understood that food insecurity is not just a rural issue, as a matter of fact, StatsSA reported that over 60% of the 1.6 million food-insecure households in South Africa live in urban areas. .

A number of factors contribute to urban food insecurity, including food price increases, unemployment, informal employment, and the number of breadwinners among household members. In order to cope households typically borrow money from friends and family members or reduce their food intake and in the worst-case scenario do not eat at all. The result can be chronic malnutrition, stunting of children, and cognitive impairments in adolescents. It is important to note that these factors can cascade effects on learning abilities and reduce a child's potential to thrive in the educational environment.⁷⁹

Food insecurity in rural and urban areas require emphasis on different strategies; where addressing rural food insecurity may emphasise increasing agricultural productivity whereas addressing urban food insecurity requires emphasis on access to markets.⁸⁰

Food Nutrition

Household food insecurity is a leading risk factor of child malnutrition

The many forms of malnutrition include undernutrition, inadequacies in vitamins or minerals, obesity, overweight, and resulting diet-related non-communicable diseases.⁸¹ Undernourished children who consume insufficient amounts of energy and nutrients are at risk of stunting, wasting, or being underweight.

Table 5: Types of Undernutrition

Stunting	Stunting is low height-for-age. That is when the height-for-age of a child is below that of healthy children in the same reference population. Compared with other forms of malnutrition, stunting is a chronic condition that manifests over a relatively long period. ⁸²
Wasting	Wasting is low weight-for-height. It is an acute form of malnutrition and is present when a child's weight-for-height is under the WHO reference point. ⁸³
Underweight	Underweight is a low weight-for-age, which occurs when the weight of a child is under the WHO reference point. ⁸⁴

Based on data from the South Africa Demographic and Health Survey (SADHS), stunting has been identified as the most common type of malnutrition in South Africa, affecting 27% of children under the age of five.

Policy Coherence

Along with the previous gaps and concern raised, another challenge to food security and nutrition is the lack of policy coordination, cooperation, and co-creation. For example, food and nutrition security interventions have been implemented in silos due to the inability to manage committees, and working groups dedicated to implementing those interventions.^{85&86} There is also uncertainty regarding which government departments are responsible for planning and implementing certain cross-sector programmes. There appears to be another challenge in the absence of an effective coordination mechanism that allows different sectors to align their responses.

According to the National Policy on Food and Nutrition Security (NPFNS), implementation will be supervised by the National Food and Nutrition

Advisory Committee. This includes experts from agricultural, food security, and consumer organisations, practitioners in climate change and environmental issues, and representatives of communities.⁸⁷ This has not yet been instituted. Government departments have developed the majority of policies without consulting other stakeholders.⁸⁸ It has been strongly criticised that the National Food and Nutrition Security Policy adopts a centralised decision-making approach with minimal engagement with non-state actors.⁸⁹

Recommendations

- Social transfers provide income security as a means to various ends – including food security and adequate nutrition. Despite the tendency towards cash transfers, food security cannot be assured solely through cash transfers. Due to an inadequate base level, inflation, price spikes or seasonality, cash transfers may not be sufficient to purchase adequate food at all times. A national social protection floor that aims to guarantee food security must acknowledge these limitations. Nevertheless, empirical evidence from trials conducted in 11 low and middle-income countries indicates that there isn't a significant difference in effectiveness between cash transfers and food vouchers or in-kind cash transfers depending on the objectives to be achieved.⁹⁰ Food vouchers may be better at achieving dietary diversity, but cash transfers carry less stigma, allow greater freedom, and contribute to improvements in overall welfare. Cash transfers are also less expensive to implement.⁹¹
Cash transfers should remain the primary mode of providing food security, however, there may be circumstances where food transfers or commodity vouchers may be more appropriate.
- **Regularly review zero-rated basic food items.** This is to identify any food items other than the current zero-rated items that may be considered for inclusion for zero rating that will provide relief to poor and low-income households, which spend a relatively high proportion of their income on these items.
- **Aside from increasing the child grant to the food poverty line, extending the grant to pregnant mothers to get nutritious food.** During a 2021 study conducted by Grow Great, in partnership with Stellenbosch University and Embrace Movement for Mothers,⁹² it was discovered that pregnant women in poorer communities in the Western Cape were facing hunger and mental health challenges. The survey

found that 71% of the 2618 women surveyed were unemployed, 39% had gone hungry the week before the survey, and 61% felt depressed or hopeless. These challenges negatively affect maternal and child health. Pregnant women are deprived of macronutrients and micronutrients that are essential to a healthy pregnancy. As a result, other programs, such as those designed to eliminate stunting and improve educational outcomes, may be compromised.

- **Building partnerships within communities to support the development and distribution of health and nutritional information.** Work with local NGOs, spaza shops and clinics etc. to put together information on the importance of dietary diversity, and provide illustrations of a nutritious basket of locally available foods which can be bought with grants and different income levels. This information should be made available in physical places and electronic platforms most likely to reach the targeted demographic. In particular, the emphasis would be placed on the importance of nutrition during the first 1,000 from pregnancy until two years of age. This is because inadequate nutrition during this period may result in irreversible growth retardation, cognitive disorders and performance impairments.⁹³
- **Promoting food gardens to enhance household food security and wellbeing.** Although many countries rely on multiple strategies to improve household food security, it often depends on the prevailing social, political, and economic conditions and the available resources.⁹⁴ Given South Africa's poor positions on all four factors mentioned above, it would be best to focus on interventions that do not significantly exacerbate government expenditures, which are already high.

One strategy includes home gardens. Home gardens appear to be a part of many developing countries' agricultural and food production systems. The oldest and most enduring form of cultivation involves cultivating food on small plots adjacent to human settlements. Families and local food systems have relied on home gardens for centuries.⁹⁵ Home gardens have a number of social benefits, including improving food and nutrition security in a wide range of socio-economic and political contexts. Moreover, the development of family health and human capacity, as well as the promotion of social equity.⁹⁶

Thus, as a time-tested, locally resourced strategy, the DA would ensure urban planning supports home and community gardens.

Projects will include working closely with community-based organisations to develop Community Garden Strategies based on local resources and community needs. This will include:

- Providing horticultural knowledge and skills training to community members;⁹⁷
 - Marketing initiatives to support gardeners in supplementing income through selling produce from the gardens;⁹⁸
 - Repairing and maintaining existing community gardens;
 - Identification of available land at community centres; and
 - Collaborating with local businesses (e.g. hardware stores, gardening shops, etc.) to donate materials, tools, and seeds to the garden.⁹⁹
- **A significant impact on food security can be achieved through strengthening policy coherence. To accomplish this, civil society should have greater formal opportunities to engage in policy making related to nutrition and food security.** A key opportunity to increase food security resources is the civil society's interest in framing strong food security and nutrition policy.¹⁰⁰
 - **Using food hubs to reduce food insecurity and malnutrition.** A food hub is an organisation or business that aggregates, distributes, and markets locally sourced and regionally produced foods. Hubs are well-positioned to divert food to low-income consumers while paying farmers fairly. Hubs provide services such as purchasing, packaging, and distributing local produce; educating and networking with farmers; advocating for local food systems; maintaining and loaning equipment. As a result of the lack of supermarkets and supercentres in low-income communities, the availability of affordable, healthy foods is often limited. Food hubs provide an exciting bridge between food producers and consumers, fostering a mutually beneficial relationship between both parties.¹⁰¹
 - **Strengthening the link between community outreach programmes with healthcare services.** Community outreach programmes can assist in reaching as many acutely malnourished children as possible. Volunteers from the community work directly with undernourished children and their families. Together with local health professionals, volunteers assess children's nutritional status and identify new malnutrition cases as soon as possible so that timely intervention can prevent further complications. These programs can assess, treat, and

prevent acute malnutrition by collaborating with local health services. When a child is diagnosed with moderate acute malnutrition, care and support are provided, including nutrition and micronutrient supplements, medication if necessary, and education for parents and caregivers.¹⁰²

- **Introducing nutrition intervention programmes in Early Childhood Development (ECD) programmes.** In addition to providing health, nutrition, and educational support to children, ECD programmes offer an opportunity to improve nutrition among young children. To level the playing field and enable all children in South Africa to reach their full potential, these support systems need to be strengthened.

3.8. Access to Healthcare, Education, and Shelter

The DA's positions on access to healthcare, affordable housing, and education can each be found [here](#).

3.9. Access to Basic Services

Despite the government's commitment to provide free basic services such as water, electricity, sanitation, and waste disposal,¹⁰³ many poor but qualifying households still lack access. In addition to gaps in access, poor quality and reliability of services undermines their purpose, which is to reduce poverty and inequality and raise living standards for the poor.

Free basic service provisions include 50 kWh of electricity, 6 KL of water, and basic sanitation options as determined by each municipality.¹⁰⁴ However, these provisions are insufficient to meet basic needs.^{105&106} Research suggests that the minimum basic requirement for households is approximately 200 kWh per month for electricity,¹⁰⁷ and 10 KL for water.¹⁰⁸ The allocations of 50 kWh for electricity and 6 KL for water are based on research collected nearly twenty years ago.

Under the Local Government: Municipal Services Act (Act No. 32 of 2000) municipalities have the responsibility and sole discretion to set their criteria for determining household indigence. Although national policies suggest ways to accomplish this, it is ultimately up to the municipality to make the final decision, causing significant variations in eligibility criteria and registration processes across the country. Regardless of how poor a household is, if they are not registered with a municipality, they will not

qualify for any free services. As a result, households' access to free basic services is largely determined by their location rather than their level of poverty. In addition, due to the municipality's discretion when determining indigent status criteria, there is no appeal process for households who believe they have been unfairly denied free basic services.¹⁰⁹

Currently 10.1 million households are funded by National Treasury to receive free basic services. However, according to a report published by the Public Affairs Research Institute (PARI),¹¹⁰ funds allocated and disbursed by the National Treasury to local governments towards free basic services are misappropriated. For example, it was estimated that approximately R9-billion meant for free basic electricity was misappropriated in the 2019/20 financial year alone. This reflects that of the 10.1 million households funded to receive free basic electricity (FBE), only a mere 2.1 million, less than 21%, actually received it (**Table 5**).

Table 5: Households receiving FBE versus households funded for FBE

Year	Households funded for FBE	Households receiving FBE	Difference - number of households	Funding difference (R billions)
2014/15	8,702,989	2,747,490	(5,955,499)	R4.304
2015/16	8,965,790	2,454,903	(6,510,887)	R5.172
2016/17	9,193,130	2,563,493	(6,629,637)	R5.647
2017/18	9,550,380	2,179,521	(7,233,236)	R6.608
2018/19	9,805,644	2,047,218	(7,758,426)	R7.599
2019/20	10,109,607	2,108,634*	(8,000,973)	R8.992

Source: PARI, 2021

The issue applies to other free basic services. The proportion of households receiving free basic water, sanitation, and refuse systems is only 21% or lower (**Table 6**).

Table 6: Households Receiving FBS versus Households Funded for FBS (2019)

Service	Households funded for the free service (2019/20)	Households receiving the free service (2019)	Difference (funded - actual recipients)	Total value of difference (R'billions)
Electricity	10,109,607	1,890,691	8,218,916	R8.63
Water	10,109,607	2,163,082	7,946,525	R12.86
Sanitation	10,109,607	1,537,749	8,571,858	R10.42
Refuse	10,109,607	1,991,925	8,117,682	R8.27
TOTAL				R40.18

Recommendations

The goal for the DA is to ensure that minimum thresholds are adequate to meet basic household needs. In the current context to achieve that would mean 200 kWh of free electricity and 10 KL of free water. Thresholds would need to be periodically adjusted to ensure that they keep up with basic household requirements. However, this goal is unrealisable in a context of significant dependency and a small taxpayer base. In government, as we implement DA policies, we would be able to reach this goal as we reduce dependency figures.

To ensure fair coverage of indigent households across the country, the DA will provide clear minimum standard criteria to identify indigent households for the purpose of FBS for households. Municipalities would be free to set thresholds above the national minimum, in the same way that some provide services at levels above the minimum national allocation.

The DA will adopt a national minimum portion of the Local Government Equitable Share allocation to be reserved exclusively for free basic services.

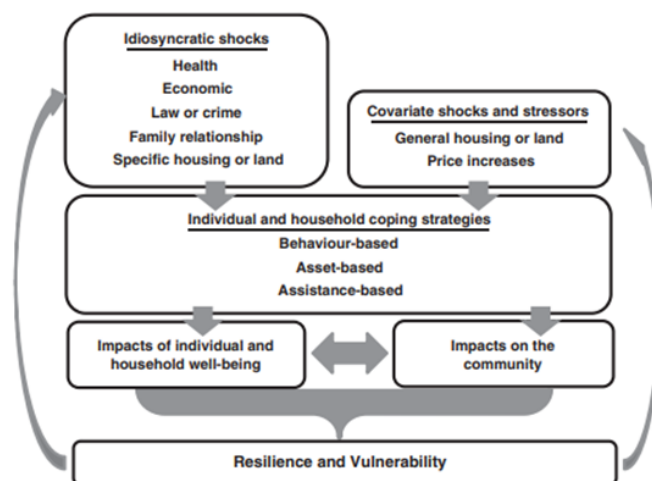
4 Building Resilience Against Socio-Economic Shocks

Poor households in middle- and low-income countries, including South Africa, are vulnerable to adverse shocks that may either be covariate, meaning they affect the community or region, or idiosyncratic, meaning they directly affect the individual. These shocks often threaten lives, health, and livelihoods. In managing risk, coping strategies are employed which are determined primarily by the characteristics of the shock (e.g., its type, scope, frequency, intensity) and the informal, market-based, and public resources to which households and individuals have ready access.¹¹¹

Households may adopt three types of coping strategies as a response to shocks. First, behaviour-based strategies which target consumption and include changes to working or living arrangements. Second, asset-based approaches which leverage assets through sales or recourse to savings and insurance claims. Finally, assistance-based strategies that rely on informal and formal support from other individuals or institutions.¹¹² Households and communities are particularly vulnerable to hardship if they lack the

resources to recover. Moreover, households experiencing multiple shocks may be affected by long-term repercussions, which may not only worsen poverty but may also have implications for human development for the entire family.

Figure 3: Shocks and Coping Strategies¹¹³



Source: Knight et al., 2014

4.1 Income Shocks

Individuals and households make numerous financial decisions throughout their lifetimes and may be exposed to shocks that can adversely affect their current and future financial well-being. People must constantly decide whether to consume now or save for the future. Their decisions are based on their preferences, characteristics, wealth, and expectations for the future.¹¹⁴ Due to the many ways in which households can differ from one another, they respond to shocks differently, including income shocks.

An income shock is an unexpected fluctuation in income. An example is the loss of income caused by being absent from work for a short period of time. This type of shock can have numerous outcomes on households as it influences their consumption levels, including purchases made to meet every day needs: food, clothing, housing, energy, transport, spending on health, etc.¹¹⁵

When an income shock has a minimal impact on consumption, it indicates that people are adequately insured. That is, they have access to sufficient resources, formal insurance markets, and social safety nets, which allow them to minimise the impact of income shocks on consumption.¹¹⁶

However, if the shock has a significant adverse effect on consumption levels, then households have minimal protection. This is often the case in South Africa, where households are underinsured against income reductions, making them vulnerable to shocks. This may widen inequality, cause households to fall into poverty traps, and worsen poverty among the already poor.

In order to ensure that poor and vulnerable households are not further disadvantaged, social protection attempts to build their resilience through investments in their ability to mitigate and adapt to shocks. However, often social protection alone might not be sufficient, and many households who do not receive grants are vulnerable to shocks. Therefore, it is important to consider measures other than grants that may assist in building resilience and reducing the impact of income shocks on household consumption.

Unemployment Insurance

Unemployment insurance, through South Africa's Unemployment Insurance Fund (UIF), also aims to reduce the impact of adverse income shocks on individuals, particularly in the event of loss of employment. The country's UIF provides temporary relief to workers who lose their jobs or are unable to work as a result of maternity, illness, adoption, or parental leave.¹¹⁷ The UIF system is, therefore, an integral part of South Africa's social security architecture as it is the only system component that caters to the unemployed, specifically those previously employed.¹¹⁸ Generally, the loss of employment results in a significant and persistent drop in individual and household income.¹¹⁹ The purpose of unemployment insurance is to smooth consumption, as well as to facilitate the transition from unemployment to employment for participants in the labour market.

However, the UIF system is plagued by massive backlogs in pay-outs and fraudulent activities.¹²⁰¹²¹ This is mainly attributable to the lack of human capacity and weaknesses in the UIF's system (i.e., information and communication technology), resulting in fraudulent payments to non-eligible beneficiaries, such as deceased persons, prisoners, SASSA beneficiaries, foreign nationals without working permits, as well as government employees, and UIF employees. In 2020, the Auditor-General highlighted that almost R696 million was paid out erroneously.¹²²

A further concern with UIF is its low contribution rate. In 2020, it was found that there are 16.4 million workers in the country, while only 8 million

workers contributed to the UIF.^{123&124} The low rates of UIF contribution could be attributable to high informal employment rates or the failure of an employer to pay over UIF contributions, employees' tax (PAYE), or skills development levies to the SARS, which constitutes a criminal offence.¹²⁵ However, there is little evidence to support the reasoning for low contribution.

Social Relief of Distress

Social Relief of Distress (SRD) is provided in the form of food parcels, vouchers, or cash and is generally issued monthly for a maximum of three months, with the possibility of extensions under certain circumstances.¹²⁶ It may also be used to support families experiencing unexpected shocks, such as natural disasters (droughts, floods, etc.). For example, following the April 2022 floods in KwaZulu-Natal, SRD in the form of food or cash vouchers was provided to flood victims who had been displaced. Food vouchers valued at R1200 were available for each affected household while R3960 (R1980 x 2) in either food vouchers or cash were available for families in which a member died due to the disaster.¹²⁷

The COVID-19 SDR Grant, which was introduced in 2020, aimed to address the economic fallout of the national lockdown. The grant, set at R350, was intended to reach working-age individuals who cannot access other forms of assistance. Since the introduction of the grant, there have been increased calls by civil society for the COVID-19 SRD grant to be made permanent in the form of a BIG. It has also been urged that the amount be raised to at least the food poverty line, and be extended to include permanent residents, refugees, informal workers, asylum seekers, and migrant workers with special permits.^{128&129}

Recommendations

- **Increase saving mechanisms through collaboration with financial institutions to develop savings products for low-income households.** Financial services can assist people in managing risk through self-insurance, which may aid in smoothing consumption during times of shock.¹³⁰ It is important that households save for emergencies which ensures funds are available before a shock occurs and easy to access after a shock occurs. For example, in Chile individuals were offered a free, liquid savings account which reduced consumption cuts associated with adverse income shocks by 43%.¹³¹

The DA would work with financial institutions to develop savings products for low-income households. These should leverage behavioural design to increase savings. Accumulating savings can be challenging for various reasons. The present bias - prioritising today's desires and needs over tomorrow's - poses a challenge to maintaining regular savings and resisting the temptation to use savings for other purposes.

Evidence shows that individuals who use savings products that include behavioural levers such as commitment mechanisms (e.g., agreements to accomplish specific goals) are more likely to reach their savings goals and are also more likely to make investments.¹³² An 'emergency savings' label can also be a soft commitment to accumulating savings for a specific purpose.

Savings groups, particularly those with flexible lending arrangements, are another measure that can facilitate preparedness for shocks. As previously discussed, in South Africa, savings groups are often formed in the form of Stokvels and are used to promote savings. Often, poor and vulnerable individuals find it difficult to make ends meet, cope with shocks, and access convenient financial services. Stokvels are designed to respond to the problems of poverty and income insecurity in communities. It is therefore important to promote savings groups and assisting stokvels place their money in investment vehicles that will generate higher returns for members and provide greater resilience to shocks.

- **Implementation of fraud and corruption risk-management assessments to identify vulnerabilities in the UIF system.** Many nations have implemented dedicated fraud and corruption risk-management frameworks to focus their efforts and develop tailored activities to mitigate the various types of fraud and corruption schemes effectively.¹³³ Similar strategies can be adopted in South Africa to manage fraud and corruption risks and develop adequate controls, particularly in the social security system.

An initial step towards preventing and reducing fraud would be to conduct a fraud risk assessment. With the assessment, it will be possible to identify where and how in the system fraud may occur and who might be in a position to commit fraud.¹³⁴ Furthermore, fraud risk assessments will determine an overall risk rating (high, medium, or low) and evaluate

the controls to detect risks, which can aid in the development of adequate risk-management frameworks. Moreover, in the OECD's *Recommendation of the Council on Public Integrity*¹³⁵ and other international standards on risk management, risk assessments are regarded as an important management tool.¹³⁶ Managers should be able to identify control vulnerabilities through risk assessments and design mitigation measures accordingly.

- **Increased verification measures to reduce fraudulent pay-outs to non-eligible beneficiaries.** In addition to risk assessments, measures to ensure the correct persons receive their benefits would include increased verification processes on beneficiaries and regular updates on data from Home Affairs, UIF, NSFAS, SARS and other government bodies to prevent fraudulent pay-outs to non-eligible beneficiaries.
- **To address the lack of human capacity at the UIF call centre, where emails, online applications, and public inquiries are processed, public-private partnerships should be explored relating to employment opportunities, such as internships**¹³⁷
- **Ensure that employers and employees are made aware of UIF rights and obligations.** The fund can facilitate employer advocacy sessions to create awareness and educate employers and employees throughout South Africa about the UIF law. Particularly for small and medium-sized businesses that may be non-compliant due to unawareness or lack of understanding.
- **Encourage UIF recipients to stretch their savings or unemployment benefits while seeking new employment.** It is crucial that beneficiaries are reminded of the importance of continuing to save even when times are hard. These reminders can be sent through UIF notifications systems (e.g., SMS, email etc.).

4.2 Food Shocks

Various social and ecological pressures can cause shocks to food systems. Droughts and floods, for example, may significantly increase the mortality rate of crops, livestock, and farmed fish. Or sudden outbreaks of violent conflict may prevent farmers and fishers from accessing their own production systems.¹³⁸

Food Price Increases

Increasing food prices, are of great concern since they reduce household welfare. For example, an increase of 1% in food prices could result in up to a 20% reduction in household welfare.¹³⁹ This is due to the relationship between food price shocks and household consumption. As food prices rise, poor households may find it difficult to afford basic food items, which can negatively impact their health.

A report by the Pietermaritzburg Economic Justice and Dignity group (PMBEJD),¹⁴⁰ in 2021 also highlights the sad reality that South Africa's low-income households are struggling to purchase basic household needs due to the rise in food prices. The report showed an increase of 9.4% in the overall cost of the average household food basket between September 2020 and September 2021 during the Covid-19 pandemic. When compared with the total amount of money available to purchase food, staple foods prioritised (averaging R2 278.90 in September 2021) were very expensive. However, those prioritised foods had to be bought regardless of price escalations. This high cost of core staple foods often removes nutritious food from the family plates. Consequently, this adversely affects overall household health and well-being, especially child development.¹⁴¹

Climatic Events

Food shortages and price spikes are often caused by climate-induced food shocks, such as droughts. Among other factors (such as heat waves, floods, and violence), droughts are common occurrences in South Africa.¹⁴² Droughts in 2015 reduced agricultural productivity in South Africa by 8.4%, while livestock production declined by 15%.¹⁴³

Policy Responses

It is crucial to build resilience in response to shocks. This was evident by the Covid-19 pandemic. It was clear that there was inadequate planning and preparedness when Covid struck, and there was little coordination with experts within the food system.¹⁴⁴ One of the factors driving the severe impact of the Covid-19 pandemic on food was that small scale farmers were not classified as 'essential services' and as a result did not have access to their farmers and markets.¹⁴⁵

Geopolitical Events

South Africa is in the fortunate position of having a robust agricultural sector and is a net exporter of agricultural products. This is in addition to healthy levels of supply from importers who purchase sufficient quantities to maintain stock levels, and sizeable harvests in recent years. This has placed South Africa in a better position than other countries on the continent, and even globally to shoulder the impact of geopolitical events such as the Russia-Ukraine war.¹⁴⁶ Although this is hard to appreciate at the household level where many South Africans struggle to make ends meet- and are significantly impacted by increases in food prices even if there are buffers against loss of supply.

Recommendations

- **During times of food price shocks, ensure effective targeting of resources to vulnerable groups.** The profile of recipients of the COVID SRD tended to be male, urban, with a matric or higher education. In terms of gender, education, and geographic location, this does not align with the poverty profile of South Africa.¹⁴⁷
- **Coordinate with non-state actors** and ensure there are plans which make it easier for stakeholders outside of government to easily step in, ramp up their services, and assist in response to crisis. During the height of the pandemic the DSD sought to impose stiff regulations on the distribution of food, threatening food relief efforts.

4.3 Health Shocks

One of the most significant factors associated with poverty is the occurrence of health shocks, unpredictable illnesses or conditions that adversely affect the health status of individuals.¹⁴⁸

Health shocks within a household can result in a reduction of household resources and, therefore, consumption. This is due either to a loss of employment income because of work missed or due to the need to take care of a sick family member. In low-income households, small income and consumption changes can considerably affect welfare. If significant out-of-pocket healthcare expenses are incurred by family members, a household may become destitute.¹⁴⁹ Families who are unable to self-insure against adverse health shocks may be forced to adjust consumption practices. To sustain their household during such a period, some may divert investments

in human capital or other productive household investments to consumption expenditures.¹⁵⁰

The changes in productive investments may have significant and lasting impacts on the household's income in the long run, as well as adverse effects on the long-term productivity of children. To meet health expenditures, households often use income, savings, loans or mortgages, and selling of assets or livestock. Additionally, informal credit from relatives and reducing non-medical consumption contribute to protecting household consumption (or food consumption). To compensate for lost labour days and income, households commonly substitute household labour, hire external labour, and withdraw their children from school.¹⁵¹ The latter often resulting in child-headed households.

In 2018, about 55,000 children lived in 33,000 child-headed households (CHH) in South Africa.¹⁵² In examining the circumstances using the national household surveys, it was found that 84% of the children in CHH are not necessarily orphans and have a living parent.^{153&154} It is found that HIV often drives CHH, where minors care for their younger siblings or ill parents or family.¹⁵⁵

Nevertheless, compared to mixed-generation households, CHH are vulnerable in many ways. For example, 88% of children living in CHH live in the poorest 20% of households. Due to the absence of adult guardians, they are more likely to live in poverty, with inadequate access to services, less income (and less reliable income), and low levels of social support.¹⁵⁶

Mechanisms for identifying children in this situation have not been as successful as expected. In 2014, the national Department of Social Development launched the Child-and Youth-Headed Household Register to identify and locate child and youth headed households. However, to date, the DSD programme has identified and assisted only 3 214 child-headed households and only 6 522 youth-headed households.¹⁵⁷

Recommendations:

- **Universal access to health care:** Those unable to afford private health insurance are particularly vulnerable to health shocks in the absence of universal medical insurance.¹⁵⁸ To ensure the poor and vulnerable have adequate access to affordable quality health care, the DA's proposed Sizani Universal Healthcare Plan¹⁵⁹ will truly provide South Africans with

quality health care, thus achieving universal healthcare in line with global trends.

- **Develop mechanisms to ensure early identification of children in CHH in need of care and to provide referral to other services, such as social and healthcare workers.** An appropriate programme that would entail identifying CHH households, ensuring their registration and linking to services such as social worker visits to monitor their well-being, and ensure children do not drop out of school.

5 Building a Resilient Society: Promoting the General Welfare and Wellbeing of Vulnerable Groups

5.1 Breaking the Chain of Substance Abuse

One in five adults in South Africa abuses ‘mind-altering’ substances, with alcohol, codeine-based painkillers and dagga being the most used.¹⁶⁰ Substance abuse has become a major problem in South Africa, affecting all parts of society. Substance abuse is a widespread problem, especially among young people. Substance abuse poses serious threats due to its contribution to deteriorating health, crime, and poor productivity.

The effects of substance abuse on users, their families, and communities are enormous. In light of South Africa's high crime rate, it is important to acknowledge the relationship between (violent) crime, gender-based violence, and substance abuse. This reality implies that substance abuse is far-reaching and deeply ingrained, transcending racial, class, and gender boundaries and affecting people of all ages.¹⁶¹

Drivers of Substance Abuse

The reasons for abuse of substances vary from individual to individual, and there may be more than one reason for it, as Table 7 shows.

Table 7: Causes of Substance Abuse¹⁶²

Social Factors:	Psychological Factors:	Biological Factors:
<ul style="list-style-type: none"> • Peer pressure • Role-Modelling/imitation • Easy availability • Conflicts • Cultural/Religious reasons • Lack of social or familial support 	<ul style="list-style-type: none"> • Curiosity • Social rebelliousness • Early initiation • Poor control • Sensation seeking • Low self-esteem • Poor stress management 	<ul style="list-style-type: none"> • Family history, genetic predisposition • Pre-existing psychiatric or personality disorder, or a medical disorder • Reinforcing effects of drugs

<ul style="list-style-type: none"> • Social attitude • Celebrations • Rapid urbanisation 	<ul style="list-style-type: none"> • Childhood loss or trauma • As a relief from fatigue or boredom • To escape reality • No interest in conventional goals. • Psychological distress 	<ul style="list-style-type: none"> • Withdrawal effects and craving • Biochemical factors
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Source: Sahu, K. & Sahu, S., 2012

Some of the causes of substance abuse include:

- *Poverty and unemployment:* Addiction risk factors are increased by poverty. In South Africa over 50% of the population is living in poverty.¹⁶³ Financial struggles can increase a person's risk of developing a substance use disorder in several ways. Stress is increased by poverty. A great deal of stress is caused by worrying about how to afford shelter, food, and other basic needs. Poverty can also increase feelings of hopelessness and decrease self-esteem.¹⁶⁴ These factors often drive people to drugs and alcohol, particularly the youth.
- *Lack of parental/guardian supervision and/or role models:* The likelihood of teenagers engaging in drug use increases when they lack parental supervision.¹⁶⁵ It is more likely that adolescents will refrain from using addictive substances if their parents/guardians discuss the risks with them early and often, establish clear rules, and monitor their activities on a regular basis. Youth substance abuse can be prevented through active involvement and the support of caring adults.¹⁶⁶
- *Lack of recreational facilities:* The importance of recreational facilities for youth development cannot be overstated. Several types of recreational facilities can keep young people safe and reduce crime, such as sports and fitness centres, community halls, libraries, and cultural centres.¹⁶⁷ However, these facilities aren't always available to everyone in South Africa, especially in townships with high rates of unengaged and uninvolved youth not in employment, education, or training (NEET), resulting in the potential engagement in crime, violence, drug abuse, and alcohol abuse to achieve a sense of belonging. It was estimated that approximately 17 million people between the ages of 15-60 were not in employment, education, or training by the end of 2020, with more than half under the age of 35.¹⁶⁸
- *Stress:* It is essential to understand the connection between stress and drug addiction. The way in which each individual copes with stress is

different, but some people may resort to using drugs or alcohol as a means of managing their stress.¹⁶⁹ When a person is exposed to stress early in life, such as child abuse, he or she is more likely to develop a drug addiction. Addiction is also associated with stressful mental health conditions such as depression and anxiety.¹⁷⁰

Barriers to Accessing Treatment

- *Affordability barriers:* As a result of financial barriers, joblessness and poverty have a significant impact on access to health care and treatment in underprivileged communities.¹⁷¹ Competing financial priorities related to survival are a significant barrier to treatment utilisation in disadvantaged communities.¹⁷² It is understandable that in certain circumstances, priority is given to meeting survival needs rather than other health services. Additionally, geographic access barriers (lengthy travel times and distances to treatment) might also impact the likelihood of substance abuse treatment utilisation among people from disadvantaged communities, as it involves high transportation costs.¹⁷³
- *Limited awareness about where to find help:* An increase in awareness of available treatment facilities is associated with increasing treatment utilisation.¹⁷⁴ Many studies have highlighted that the not knowing where to find appropriate assistance, creates a barrier in seeking the necessary help to fight the addiction.^{175&176}
- *Stigma:* Stigma is a prominent barrier to seeking substance abuse treatment.^{177&178} Addiction is undoubtedly stigmatised. The stigma associated with addiction carries a heavy burden on the shoulders of those in and out of recovery. Consequently, many people refrain from seeking addiction treatment for fear of judgment from others.

Decriminalisation of Drug use and Possession

Additionally, South Africa has the largest prison population on the African continent and the 12th largest in the world.¹⁷⁹

As of 31 March 2021, the number of inmates stood at 140 948, with an overcrowding rate of 23%.¹⁸⁰ This means that there are 23% more prisoners in South African prisons than there should be.

Prison overcrowding is problematic because of the inhumane conditions it creates and because overcrowding has negative physical, psychological, and social impacts on the lives of offenders, as well as a negative effect on rehabilitation programmes. These factors influence the probability of recidivism and the future number of crime victims.

According to the Judicial Inspectorate for Correctional Services (JICS), the conditions in our prisons do not support the rehabilitation and reintegration of prisoners but rather “are sites of traumatising”.¹⁸¹ Therefore, it is imperative to rethink the approach to addressing the overcrowding issue in South Africa. The decriminalisation of drug use and possession is a solution that can reduce the number of prisoners and the burden on an already underfunded and overburdened criminal justice system.

Countries that have decriminalised drug use and possession include Czechia, the Netherlands, Portugal and Switzerland. These countries have also invested in harm reduction programs, resulting in low diagnoses among people who inject drugs.¹⁸²

Drug criminalisation has significant health, social, and economic consequences (especially for homeless people or those with mental health problems). Drug policy reform can reduce contact between drug users and the criminal justice system and increase their access to health and social services.¹⁸³

Recommendations

- **Decriminalise drug use and drug possession.** This will enable the country to focus on the socioeconomic drivers of substance abuse and to mitigate its socioeconomic impacts by rolling out safe drug use programmes, reducing the stigma attached to seeking treatment, and reducing numbers of drug users in prison who are at risk of being recruited into more serious crimes.
- **Ensure that mental health is appropriately funded in health budgets and ensure the provision of mental health counselling at clinics.**
- **Develop mental health awareness campaigns to combat the widespread perception that mental health issues are simply a part of daily stress.** Early detection and prevention improve people's quality of life and reduce the need for intensive services later in life. There is a need

to reduce the stigma attached to mental illness to improve prevention and early detection, so people and communities are more likely to recognise mental health problems and seek help.

- **Develop effective prevention education programmes.** These programmes can be offered as short-term education or awareness campaigns in schools and community-based centres. Prevention education teaches critical life skills crucial to a healthy lifestyle. This would also include skills such as critical analysis and judgment, affirmative decision making, and refusal strategies and assessment.¹⁸⁴
- **Ensure that sport and recreation facilities are integrated into the spatial planning process, including for new developments.**
- **Increase community policing.** This strategy aims at enhancing community policing of the sale/distribution of drugs, with the rationale of reducing accessibility and availability of drugs within the community.¹⁸⁵
- **Enhance early detection and referral processes in communities.** This approach advocates for community collaboration in identification of age-inappropriate use of substances, usage of illicit drugs, and referring the victims to treatment.¹⁸⁶
- **Develop awareness campaigns aimed at parents and caregivers of children regarding the consequences of substance abuse on their health and well-being.** As a means to address underage drinking and substance abuse among youth, resources can be given to parents and caregivers to discuss substance use with their children.
- **Establish community-based treatment centres in areas most affected by drug and substance abuse.** Ideally, these centres should coordinate services offered by health and social service providers and non-specialised services that may be provided by NGOs to assist patients suffering from drug addiction.
- **Increase awareness of the availability of substance abuse treatment centres.** That is awareness of locations of centres, when and how to access existing treatment services and the types of treatments available. A campaign to raise awareness at public facilities could increase the use

of available treatments, as studies have shown that a factor that inhibits treatment utilisation is a lack of awareness about where to seek help.

- **Prioritise the inclusion of transport vouchers to address financial and geographic access barriers.** By integrating transport vouchers into existing social services as part of contingency efforts, treatment access and utilisation can be further enhanced, as it reduces some financial and geographic access barriers.¹⁸⁷
- **Increasing access to substance abuse treatment through providing quality universal healthcare coverage.** The DA's Sizani Healthcare Plan will ensure a comprehensive package of quality services within the public health system, which will potentially change low-income individuals' perceptions of being able to obtain treatment services if necessary and increase their access to treatment services as well.

Where We Govern

City of Tshwane

The City's Health Department is currently funding the evidence-based Community Oriented Substance Use Programme (COSUP) project of the Department of Family Medicine at the University of Pretoria. COSUP operates seven sites in Mamelodi, Soshanguve, Hatfield, Daspoort, Atteridgeville, Eersterust, Sunnyside and the Pretoria CBD.

COSUP participated in developing national and local policies and guidelines between 2016 and 2019. In Tshwane, it established practical working relations with 169 organizations and institutions and established 17 service sites. A total of 1513 adults (median age of 30 years) are assisted by these programs, most of whom are male (90%), and most of whom smoke (51%) or inject (49%) heroin. In addition, it provides needle and syringe services (approximately 17,000 needles are distributed each month) and has developed human resource capacities in harm reduction among staff, clients, and partners.

5.2 Mending Broken Families

Despite being widely regarded as one of the most basic social institutions in all societies, the concept of the family can be difficult to define.

In South Africa, we celebrate a diversity of family forms. Despite having one of the lowest marriage rates in the world, many South Africans prefer to cohabitate and enter into long-term committed relationships. Marriages between same-sex partners are legal in South Africa, and families are formed through long-term relationships and same-sex marriages. A nuclear family is one of the few types of family that are common in South Africa. Instead, many households are headed by single parents, both men and women, although there are more female-headed households than male-headed households. Polygamous marriages are also recognised in South Africa and are the basis of many families.

Nevertheless, family is the basic unit of society. Having a home is a sense of security that comes with having a family, and no one wants to lose this sense of security. Yet, the rate of broken homes is increasing and is becoming increasingly alarming in our society. A broken family is characterised by unhealthy or severed relationships within the family.¹⁸⁸ When a family is broken, it fails to fulfil its duty as the smallest unit in society, the foundation.

Causes of Broken Families

Marriage, Divorce, and Single Parenthood

Promoting and supporting healthy marriages are often a cornerstone policy to improve the well-being of children and address the poverty-related woes of single-parent households. This view portrays marriage as a means of resolving or preventing conflict since household labour and income-producing activities are supposedly shared between spouses. In international literature, a link between stable marriage and a higher quality of life for family members has often been demonstrated, as well as in countries with lower unemployment rates than South Africa.¹⁸⁹

In the South African context, there is a decline in traditional ‘nuclear’ families, with similar shifts in divorce and marriage rates. According to a 2020 report by Statistics South Africa,¹⁹⁰ the total number of marriages declined steadily between 2011 and 2020. The number of civil marriages has decreased consistently over the years, with the exception of a high decline in 2020, which may have resulted from restrictions on gatherings that year. Furthermore, the number of divorces increased between 2011 and 2017 and decreased between 2018 and 2020.

South Africa also has a high number of children born out of marriage. It is evident from the high number of unavailable information about fathers on childbirth registrations. Section 10 of the Births and Deaths Registration Act¹⁹¹ prohibits unmarried fathers from having their information included on a child's birth certificate. As a result, many births are without any information regarding the father. In 2020 alone, it was estimated that more than 60% of births registered were without details of fathers.

Children in South Africa will spend most of their childhood in single-parent households due to the high number of children born outside of marriage and the high divorce rate among families with children. Further, research indicates that even after considering various family background factors, children who grow up in nuclear families perform better than their single-parent counterparts on a wide range of social indicators.

The effects of broken families resulting from divorce on children can range from:

- **Delinquency.** A correlation has been found between the structure of the family and the delinquent behaviour of children.¹⁹² Children from broken homes are often more likely to be delinquent than those from families where both parents live together.
- **Poor Education Performance.** Children's academic progress can be profoundly affected by divorce, but the lifestyle changes and instability associated with a broken family can make matters worse.¹⁹³ This is due to the fact that the parent plays a vital role in the academic development of the child. Children tend to disengage from school early when living in a divorced, single-parent household. In contrast, a child's educational performance improves when both parents actively participate in their education.¹⁹⁴
- **Emotional Distress.** Children of all ages may appear tearful or depressed following divorce, an emotional state that can persist for years after a child's parents have separated. However, older children may not react emotionally to their parents' separation. Children who do not exhibit an emotional response may suppress their negative emotions. As a result of the child's emotional suppression, it is more difficult for parents, teachers, and therapists to help the child process their feelings in a developmentally appropriate way.¹⁹⁵

- **Social anxiety.** As a result of their broken family, some children act aggressively and may engage in bullying behaviour, which can harm their relationships with their peers. Other children may suffer from anxiety, limiting their ability to make positive social connections and participate in developmentally beneficial activities (e.g. teen sports).¹⁹⁶

Absent and/or Uninvolved Fathers

In South Africa, a third of children do not have daily contact with their biological fathers. This is an important contributing factor to the state of our society and the various challenges we face in South African society today.

Families are the foundation of healthy societies, and it is of utmost importance that emphasis is placed on the crucial role that fathers play in their children's lives. A father's presence and involvement provide a sense of security and stability, and how they relate to their children significantly impacts how they value and respect themselves later in life.

The general picture of positive fatherhood in South Africa is bleak, as is the alarmingly high rate of child abuse and neglect by men.

It has been found that 60% of South African children have absent fathers, and over 40% of South African mothers are single parents according to a 2019 study by the Human Sciences Research Council (HSRC) and the South African Race Relations Institute (SARRI).¹⁹⁷ In addition, StatsSA reported in 2018 that 46% of young children lived solely with their biological mothers and 2% with their biological fathers. Further, it was reported that in 2020, 71% of children from households headed by females were multi-dimensionally poor, compared to 53,6% of children from households headed by males.¹⁹⁸

In post-colonial South Africa, father absence has been widespread due to rural-urban labour migration, confidential fatherhood, refusal of responsibility for fatherhood, and dissolution of households.

Yes, mother's play an important role, especially in female-headed households. However, a father's involvement, responsibility, and caregiving role are too often underemphasised and undervalued.

Our goal is to see fathers being healed to assume their responsibilities as fathers and men, to bring healing to fractured families, and ultimately to bring healing to our very fractured South African society.

Teenage Pregnancy

Teenage pregnancy is unspoken crisis in South African schools. In a report presented by the Department of Basic Education, a total of 132 612 girls between the ages of 15-19 gave birth in 2020. Of this, 3 888 girls between the ages of 10-14 gave birth¹⁹⁹, which is below the age of consent.

Research indicates that inadequate parenting and dysfunctional family background are among teenage pregnancy risk factors. However, unplanned pregnancy may also lead to a dysfunctional family structure. Unmarried pregnant adolescents often face stigma and rejection by their parents and peers.²⁰⁰

The issue of teenage pregnancy is a universal concern on both a social and educational level in developed, developing and underdeveloped countries. This is not a new phenomenon. However, the pregnancy rate remains unacceptably high among school learners in South Africa. The number of babies born to girls aged 10 to 19 in South African public health facilities in 2019 was nearly 130,000. By 2020, this number increased to 136,386 deliveries for girls of the same age group.²⁰¹

Recommendations

A family's ability to thrive can be significantly impacted by policy. It is our goal to expand the choices available to families instead of restricting them.

- **Develop a coherent national policy framework that support families in South Africa.** Families are the focus of a large number of policies and programs that must be coordinated and led across many departments and sectors. The framework would serve as a guide for developing and delivering policies, services, and support that are inclusive, responsive, and integrated for all families in a way that clearly articulates the role of families in promoting sustainable, rights-based development.
- **Ensure every school has an on-site social worker to provide psychosocial support to children experiencing emotional distress**

from broken homes. Teachers in South Africa do more than impart knowledge in their subject area. Often, they have to help children cope with divorce, neglect, violence in the home, and other family-related matters. This is a tall order and usually requires expertise teachers do not necessarily possess since they are neither trained in this area nor have the time to fully support the psychosocial development of learners, which could be detrimental to education. It is therefore proposed that every school has an onsite social worker that can deal with emotional distress experienced by children.

- **Ensure that the law adequately recognises fathers as more than just providers of financial support.** This will entail amendment of the Maintenance Act²⁰² to recognise non-financial means of support in addition to financial support.
- **Develop and implement fatherhood programmes with NGOs and community centres that provide family and children services and initiatives.** Fathers could attend skill-based classes, co-parenting and individual coaching, and fellowship meetings designed to encourage them to build positive relationships with their children.
- **Ensure that families have access to quality housing that supports their optimal socioeconomic functioning.** That is housing developments that consider the diverse nature of families in South Africa and strive to foster family life—in addition, strengthening families through links with other social systems (health facilities, education, transport, recreation facilities etc.).
- **Reduce teenage pregnancies by ensuring all high schools have access to birth control methods and review and strengthen sex education in schools on personal responsibility and being a parent, alongside information about safe sex and contraception. Researchers are finding increasing benefits from sexual education, even though it is a highly debated topic in many parts of the world.** Most research finds that teenagers with access to sexual education programmes are less likely to become pregnant.^{203&204}

5.3 Addressing Homelessness

The Human Sciences Resource Council (HSRC) estimates around 200,000 homeless persons in South Africa.²⁰⁵

Homelessness refers to the absence of stable, safe, and adequate housing and the lack of the ability and means to obtain such housing.²⁰⁶ Unfortunately, this reality can affect anyone, no matter their age.²⁰⁷ The causes of homeless are multi-faceted and as a result, a whole-government-approach is required. It is not only as a result of shortage of affordable housing but also as a result of chronic substance abuse, financial instability, mental illness, and domestic abuse. The circumstances, choices, and traumas that lead a person to this point are usually complex.²⁰⁸

In addition, homelessness is closely intertwined with other social ills due to the fact that some homeless individuals engage in behaviours such as heavy drinking, which makes escaping homelessness more challenging.

Drivers of Homelessness in South Africa

In South Africa, homelessness is a function of several factors, including:

- *Unemployment and low wages:* Unemployment is high in South Africa. Families and households continue to struggle in the face of low wages, even in areas where a greater percentage of the labour force is employed. The result may be unsustainable living conditions in which households or individuals cannot afford a place to live.²⁰⁹

“I came back from Plettenburg Bay. I was working down there and then came back to Cape Town and then I discovered it wasn’t that easy to get employment. Due to lack of employment that is how I ended up on the street”²¹⁰

- *Lack of affordable housing:* A critical shortage to affordable housing contributes to homelessness.
- *Migration:* In South Africa, migration of various kinds has been a significant factor driving homelessness.²¹¹ Households that relocate in a desperate situation and leave their usual place of residence are at risk of temporarily or permanently becoming homeless. Most of the homelessness in South African cities results from internal migration, primarily from rural to urban settlements.²¹²
- *Social exclusion:* As with some other countries, South Africa faces a problem of social exclusion. That is that society does not accommodate

all its members equally and mutually, regardless of their social standing. It has been observed that many South Africans are socially excluded from certain benefits. Those who suffer from untreated mental illness, for example, are largely excluded from public house distributions, and their family homes resulting in perpetual homelessness.²¹³

“I don’t have a job so... nobody really employs you when you’re over fifty.”²¹⁴

- *Family instability*: Having lost a parent or being the breadwinner of the household can result in family instability: Children who lose their parents at a time when they are unable to maintain their household affairs, including possessions, are more likely to become homeless or remain without a home if they are unable to maintain the one given to them by their parents. As a result of their bereavement, there are quite a number of double orphans living on the streets in South Africa.²¹⁵ Strained family relationships are also amplified when a family member abuses substances, often resulting in physical abuse tends to push the family member out of the household²¹⁶.

“I ended up on the street because of a divorce”²¹⁷

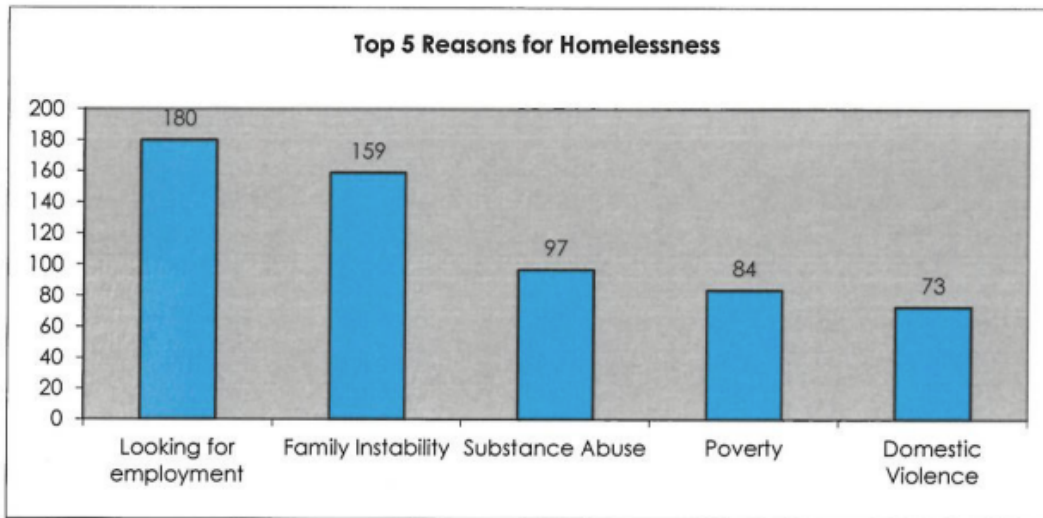
- *Domestic violence*: Family violence can force individuals to leave their homes leaving them with no other alternative but to leave their homes. This is particularly an issue for the youth, especially children. Individuals are often forced to choose between violence in the home and the streets.²¹⁸
- *Substance abuse*: Although substance abuse can lead to homelessness, homeless individuals are also at greater risk of substance use disorders and alcoholism. This is as a result of their unfortunate position in society.

“Ya well, basically because of drinking and that and I will stay in various shelters and drinking was making me violent and I was fighting, get put out, and like on the street, in the shelter, on the street, like that all like a whole mess, a viscous cycle”.²¹⁹

- *Lack of documentation (proof of address or identity documents)*: Generally, this applies to existing homeless individuals since many do not have proof of address or identity documents, which can make it difficult

for them to access services (e.g., shelter, clothing, health, skills development). Thus, trapping them in a state of homelessness.²²⁰

Figure 3: Top 5 Reasons for Homelessness in the City of Cape Town²²¹

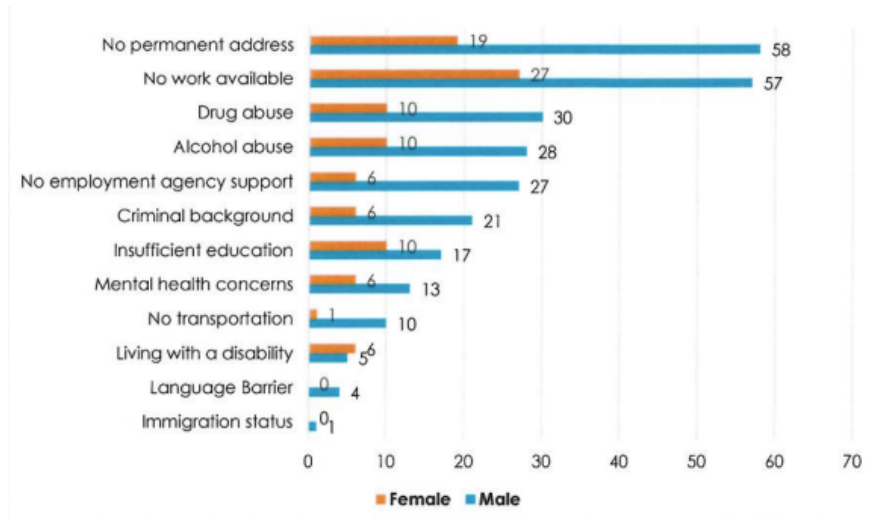


Source: September et al., 2018

Figure 3 illustrates the top five reasons for homelessness in the City of Cape Town. Unemployment, family instability and substance abuse are the top three drivers of homelessness. Currently no national policy exists to address homelessness in South Africa, leaving provinces and municipalities to develop their own strategies. It is important to recognise that there is more to addressing homelessness than providing affordable or accessible housing, although access to housing or shelter can be an important part of an effective strategy. Addressing homelessness should include providing immediate relief and addressing the root obstacles that result in homelessness.

The CoCT interviewed street people in their “Reasons for Homelessness Report”. Out of the participants interviewed, 64.2 percent reported that they were able to work with 24.4 percent reporting as being unable to work. The reasons for their inability to gain employment are illustrated in **Figure 4** below:

Figure 4 Reasons Participants Were Unable to Work²²²



Source:
et al., 2018

September

Figure 4 illustrates the top reasons, according to homeless persons interviewed, they were unable to attain work. The top reason is not having a permanent residence followed by a lack of jobs and substance abuse. This is interesting to note because an address is crucial when seeking to find permanent employment as employers require such information. Additionally, should an employer prefer to make salary payments via electronic means, banks would also require a proof of address?

Recommendations

- **Develop a national framework to address homelessness in South Africa.** The implication of not having a national policy is that there is not PES allocation towards addressing the issue of homelessness. For homelessness to be adequately addressed there is a need for funds to be allocated to support programmes dealing with homelessness.
- **The DA will ensure shelters function as one-stop service centres** where individuals can receive information but also be assisted on a wide range of issues without having to leave the shelter. Shelters can expand such services to assist homeless persons to get off the streets.²²³

The basket of services that can be offered at homeless shelters include the following:

- Accommodation
- Substance abuse rehabilitation programmes

- Life skills development (leadership, self-confidence empowerment, interpersonal relations).
 - Family and individual counselling
 - Family mediation
 - Relocation and reunification
 - Offer post box services that would allow homeless persons use the address as a proof of address
 - SASSA application assistance
 - Work with home affairs to assist homeless with obtaining identification documents.
 - Advertise job opportunities at the homeless shelter through utilising job opportunities through EPWP
 - Provide welcoming hygiene packs
 - Health services
 - Formalisation of follow-ups with shelter clients after relocation/reunification in order to reduce relapse and identify the risk of becoming homeless again early on.
- **Ensure shelters maintain central databases so that information about individuals can be easily shared with their consent and to ensure it is possible to track individuals and their journey to better meet their individual needs.** This database may also help reunite individuals with their families where possible.
 - **Homelessness should not be criminalised.** Public infrastructure and links to NGOs is essential to prevent public urination, washing, and sleeping in public spaces.
 - **The DA will support local networks of care (NGO's) via grant-in-aid.**
 - **Conduct seasonal homelessness fundraising campaigns that would involve local communities.** Campaigns would include:
 - Care Pack Fundraising: to involve local communities to donate items that would be included in care packs that would be dispersed by local homeless shelters.
 - Winter Care Campaigns: to involve the local community in the donations of blankets, beds, and other winter necessities to be disbursed by local homeless shelters.
 - **Provide affordable housing.** See the DA's Housing policy [here](#).

- **Strengthen crisis response through the expansion of homeless shelters to provide for immediate relief and shelter.**

5.4 Combating Gender-Based Violence (GBV)

Gender-based violence (GBV) refers to violence perpetrated against an individual purely because of their gender.²²⁴ GBV refers to violence motivated by (a) social expectations or social positions based on gender and (b) the inability to conform to socially accepted gender roles.²²⁵ The form of violence can include physical, verbal, sexual, psychological, and financial abuse. Although both men and women have been subjected to GBV, statistics in South Africa indicate that most victims are women and girls.²²⁶

One of the challenges in accurately assessing levels of GBV is clarity on the definition, where often all violence against women is used as an example of GBV as opposed to only cases where the violence is on account of gender. This also makes analysing cases of GBV where men are the victim difficult to capture.

Underreporting is among the greatest barriers to enforcement, which hinders our ability to understand the magnitude of GBV in the country, weakens criminal deterrence, and allows such crimes to persist. According to the World Bank, only 7% of women who have been victimised by violence report it to a formal source such as the police, the health care system, or social services.²²⁷

The stigma surrounding victims of GBV is one of the most important factors that influence whether a survivor will report an incident. The stigma and shame associated with reporting or seeking care from formal sources, lack of awareness and access to appropriate services, fear of losing children, fear of causing trouble for the offender, fear of retaliation, discriminatory attitudes within the judicial system, as well as distrust in health care professionals are among the barriers to reporting or seeking care from formal sources.²²⁸ Furthermore, victims often refrain from reporting or withdrawing their reports out of fear that the South African justice system will fail them, as prosecution does not always result in a conviction. In addition to the lack of skill development in police stations in handling GBV cases, the turnaround time on finalising DNA evidence and ballistic reports from laboratories remains a challenge for the police and affects the efficiency and effectiveness of the investigation process.²²⁹

Recommendations

- **Increasing the probability of being caught is the most effective approach to crime deterrence, often more so than harsher sentencing.** The DA would invest in evidence-based identification of measures which enhance the likelihood of GBV perpetrators being apprehended. Offenders rely on GBV, especially domestic abuse, being an unseen and unreported crime.
- **Improve services at police stations, through training of staff, especially those who provide GB-specific services.** To ensure victims receive justice, forensic and DNA evidence also needs to be expedited in order to be used for convictions.
- **Enhance GBV prevention systems and strengthen community support strategies.** Frontline workers and key stakeholders will be trained to facilitate effective GBV response, prevention, and risk mitigation.
- **Ensure GBV survivors have access to response services.** This involves providing GBV victims access to critical material assistance, such as health care, legal services, shelter, as well as dignity kits (sanitary towels, hygiene kits, clothing, breastfeeding kits, and post-delivery kits (for mother and baby)).
- **Increase public awareness campaigns on GBV.** Awareness-raising campaigns and policies addressing gender inequality and GBV can also help bring the issue to the public's attention. The campaign may include traditional methods, such as posters, leaflets, and websites, but it may also utilise social media.
- **Develop perpetrator interventions to focus on perpetrators of family and sexual violence in a way that both responds to and prevents violence.** To reduce domestic violence, it is crucial to work with perpetrators and provide victims protection. A growing recognition has emerged in recent years that victims and perpetrators of domestic violence must be engaged to prevent future violence and encourage the engagement and assistance of perpetrators and non-perpetrators at risk of committing domestic violence. In addition, perpetrator programmes

are increasingly recognised as a critical intervention to “stop the cycle of violence”.^{230&231}

Working with perpetrators of GBV may reduce the likelihood of them returning to patterns of violence. Often, victims of domestic violence may choose to return home and resume their relationships. As a result, services must be available that work with perpetrators to reduce violent behaviour in such situations.

- **Ensure that mechanisms are in place to guarantee the security of victims to protect them against further harm, especially throughout the criminal justice system.** These include linking them to shelters for victims, foster care arrangements for children, or assistance to relocate to another place. This is important as victims need to feel safe once law enforcement has left or the perpetrator has been released. In addition, this includes linking victims to free and confidential counselling about legal and other avenues for redress.
- **Implement effective monitoring mechanisms for cases of GBV to ensure that these are investigated, prosecuted and resolved per established laws and procedures.**

Where We Govern

Western Cape Government:

- The Department of Community Safety has appointed Advocate Leslie Morris to monitor GBV and domestic violence cases in the Court Watching Brief (CWB) unit;²³² CWB units has been established in every province to monitor police conduct and report inefficiencies.
- Safe Schools, a holiday programme offered by the Department of Education, provides children with a safe space and a range of activities during the holiday season; it also provides educational content on topics such as gender-based violence, sexual abuse, and gender equality for learners;²³³
- The Western Cape continuously support victims of GBV. In 2021 the provincial Department of Social Development (DSD) opened an additional six GBV shelter sites (in the Bergrivier, Swartland, Hessequa and Central Karoo district municipalities), to help victims of abuse. This brings the total number of such shelters in the province to 25The first of these shelters was launched on 26 March 2021 in the Central Karoo district municipality.²³⁴
- A total of 30 GBV social workers were appointed by the DSD in order to strengthen the regional response to GBV. These social workers provide specialised GBV prevention and support to communities with the greatest need in the province.²³⁵

- Victim Empowerment Programme (VEP) is a program of the DSD which provides psycho-social support services to women and children experiencing GBV. Between 1 April 2021 and 30 June 2021, VEP reached 5,701 GBV victims providing them with much needed services including emotional and practical support, trauma management, court support services, awareness on their rights and advocacy therefore, preventative measures are explored and the provision of shelter services.²³⁶

5.5 Sex Work

Sex workers provide consensual sexual services in exchange for money or goods. Buying and selling sex work in South Africa is criminalised under the Sexual Offences Act of 1957 and the Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007. There are also a variety of municipal by-laws that apply for the removal or prosecution of sex workers.²³⁷ Despite the criminalisation of sex work, it has not deterred people from earning a living. It has however, made sex work extremely unsafe both in terms of the risk of violence against women but also in terms of the spread of sexually transmitted disease.

Sex Work and the Justice System

Under full criminalisation of sex work, sex workers are more vulnerable to abuse, mistreatment, and violence from clients as well as law enforcement.²³⁸ When experiencing abuse, they refrain from reporting crimes as they fear being prosecuted for sex work as well as fear being further marginalised by the justice system.²³⁹ According to a report by Human Rights Watch in collaboration with Sex Worker Advocacy Task Force in 2019, sex workers believed being arrested is part of a “wider pattern of police harassment that includes extortion, coercive sex and insulting language”. Additionally, many have reported rape not only by clients but also by police officers.²⁴⁰

Sex Worker Health and Safety

According to Human Rights Watch and SWEAT, access to healthcare services is impeded by the criminalisation of sex work. The report highlighted that the barrier to accessing healthcare services was not as a result of refusal of healthcare establishments to offer such services but rather access was impeded as a result of police action. For example, sex workers missed crucial health appointment due to arrests. In some cases, police arrested peer educators who were hired to offer outreach services to sex workers, which included HIV educational programmes. As a result of the

criminalization of sex work, sex workers are unable to access health services and efforts to prevent new HIV infections among sex workers and sexual partners.²⁴¹

Recommendations

- **Decriminalise sex work.** The full decriminalisation of sex work refers to the decriminalisation of workers and businesses selling sexual services and clients purchasing sexual services. This differs from the Swedish model as the model decriminalises sex work however the purchasing of sexual services remains illegal. The legal implication would therefore apply only to the clients of sex workers²⁴². The problem with this model is that it impedes on sex workers' right to economic activity.
- **Expand the services of GBV centres to include sex worker related services.** The DA recommends that the existing structure be used and expanded via the GBV centres to include:
 - Access to social services and social workers that are trained to deal with issues faced by social workers such as sexual health, sexual violence and discrimination. These would include offering medical check-ups and psycho-social support.
 - For the GBV centres to work with other areas of government such as Department of Employment and Labour and Higher Education to offer educational and alternative economic opportunities to people who are in the sex work industry.

Many vulnerable women and men choose sex work as they feel that they do not have an alternative option to earn a living. Sex work must be a choice and considering their vulnerability, GBV centres offering such services can assist sex workers in getting out of the industry if they are not in it willingly.

- **Expunge criminal records related to sex work.**
- **Establishment of a Sex Work Licensing Authority.** In order to address the concerns of consent and human trafficking the DA proposes the establishment of a Sex Worker Licensing Authority. The Sex Worker Licensing Authority would be responsible for the following:
 - Responsible for the licensing of sex worker brothels.
 - Responsible for establishing brothel licensing eligibility criteria.

- o Establishment of Sex Work Norms and Standards, which would include compulsory health safety and standards.
- o Responsible for compliance monitoring and inspections of registered businesses in the profession.

Despite the decriminalisation of sex work, street prostitution and unlicensed brothels would remain illegal.

5.6 Addressing Child Abuse and Neglect

As a vulnerable group, children require special attention and protection. Protection is afforded by a variety of legal enactments such as the Constitution of the Republic of South Africa (Constitution), the Children’s Act (No. 38 of 2005), the Child Justice Act (No. 75 of 2008), and the South African Schools Act (No. 84 of 1996) , including international policy documents endorsed by the South African government.

While South Africa is considered to have a sophisticated legal framework, the country still experiences high levels of violence against children.²⁴³ Violence and abuse of children are issues of grave concern that are frequently overlooked. Moreover, violence can have long-lasting consequences, with strong evidence linking childhood violence to adult mental health disorders and substance abuse.^{244&245}

Approximately three in four children between the ages of 2 and 4 are often disciplined violently by their caregivers. There are also 15 million adolescent girls aged 15-19 who have been sexually assaulted.²⁴⁶ **Table 8** provides statistics on violence against children in South Africa.²⁴⁷

Table 8: Contact Crime (crimes against children) – 2015/16 – 2019/20²⁴⁸

Crime Category	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Murder	1 019	839	985	1014	943
Sexual Offences	26 514	24677	23488	24387	22070
Attempted murder	1 061	936	1059	1184	1137
Assault GBH	8772	7589	7562	7815	7506
Common assault	10686	10211	10446	10829	10692
Total Contact Crimes	48052	44252	43540	45229	42348

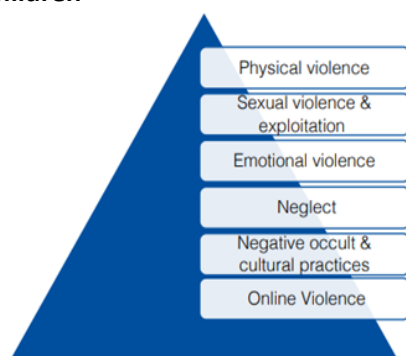
Source: SAPS, 2020

As part of their constitutional rights, children are entitled to be protected from maltreatment, abuse, and neglect. In addition, they are entitled to receive appropriate protection services in the event of abuse.

The Children's Act further sets out the government's responsibility for preventing violence against children, protecting children at risk from further harm, and supporting and treating children victimised by violence to restore their physical and psychological well-being. Several other laws and protocols also provide for establishing an adequately resourced and coordinated system for the protection of children, including the SAPS, and the Departments of Social Development, Health, and Education.²⁴⁹

Some types of violence perpetrated against children include physical violence, sexual violence and exploitation, and neglect (**Figure 5.1**),²⁵⁰ while the drivers of and risk factors include, among others, age, gender, disability and poverty and unemployment (**Figure 5.2**).²⁵¹

Figure 5.1: Types of violence against children



Source: APEVAC & ACPF, 2021

Figure 5.2: Drivers of and risk factors for violence against children



In South Africa, there is no one key driver of child abuse and neglect, however, the following are some documented causes for child abuse:

- *Substance abuse*: It has been found that parents or caregivers who abuse substances are almost three times more likely to abuse their children.²⁵² According to court records research in South Africa, substance abuse is the most important factor underlying child maltreatment.²⁵³
- *Mental health challenges*: Parents or caregivers who have emotional disorders (e.g. anxiety or depression) are less likely to be able to handle the stresses of parenting. In addition, individuals who suffer from these disorders are unable to care for themselves and can be even less capable of caring for others.²⁵⁴

- *Cycle-of-abuse*: Those who have been abused or mistreated as children are more likely to abuse their children as adults as a result of the flawed family model in which they were raised.^{255&256}
- *Family factors*: Certain life circumstances, such as marital conflict, domestic violence, unemployment, and financial stress, may increase the likelihood of abuse in some families.²⁵⁷

For South Africa, reducing the high levels of violence against children is a challenging task, and research shows that the child protection system is ineffective in protecting children. There is a failure to identify children at risk, their cases are often poorly managed, and there is a lack of support for children and their families to cope with complex trauma. In addition, various professions do not cooperate for the well-being of children at risk.²⁵⁸

In protecting children and combatting violence in all its forms, the DA is committed to ensuring a safe and inclusive environment for every child through strengthening the child protection system and providing support services to families and children abused or at risk of abuse.

Recommendations

- **Ensure safe environments for abused children through ongoing monitoring of both perpetrators and victims by social workers working in conjunction with the police.** Continued exposure to harm by traumatised children can negatively affect their mental health, undermine therapeutic support, and impede recovery. It is not uncommon for perpetrators to be released back into a child's home, where they continue to pose a physical or psychological threat. There is a need for social workers to be trained to assess risks and to work closely with the police when there are follow-ups with perpetrators. Police officers should also exercise their authority under section 153 of the Children's Act to remove perpetrators when a social worker determines a risk to the child's safety. While efforts are underway to remove the perpetrator, the child and caregiver also need adequate support within their environment. The relationship between the caregiver and the child is crucial in buffering the effects of childhood trauma.²⁵⁹
- **Raise awareness on the availability of 24-hour emergency response centres for women and children who are victims of abuse. Including availability of shelter without age limitations for boys, or children with special needs.** Accommodation criteria vary from shelter to shelter.

Most shelters do not provide services to boys over 12 due to challenges that might arise during their teenage years. As a result, women either have to leave their children with someone they know or place them in a children's home while they reside at the shelter. It is not a desirable situation for a traumatised family. Women may remain in abusive relationships to avoid being separated from their children.²⁶⁰ Therefore, identifying and creating awareness of shelters that accommodate whole families is extremely important.

- **Ensure continuous review of treatment and intervention responses.** Children who have been traumatised need quality therapeutic support as soon as possible.²⁶¹ To address trauma's multifaceted and continuous nature, existing therapeutic programmes need to be reviewed for their design, content, and impact.²⁶²
- **Develop essential court training programmes for social workers.** It is important to ensure the welfare and safety of vulnerable children at all times; however, more and more cases are being brought under the Children's Act and similar laws. As a result of this predisposition, social workers are more and more scrutinised in a court of law for their actions, recommendations, and decisions, which casts doubt on both the worker and the authority they represent.²⁶³ Due to this, social workers require court training to prevent cases from being thrown out due to their lack of understanding of court proceedings and inability to provide pertinent court documents.
- **Call for the appointment of a Children's Commissioner in every province.** In 2020 the Western Cape appointed a commissioner for children in the province. A first for South Africa and a particularly necessary one. The position operates independently of the government and requires the commissioner to advocate for children and guard their rights.²⁶⁴
- **Increase safe spaces for children at risk of abuse or exposure to violence or risky activities (gangs, drugs, and alcohol).** This will involve working with existing aftercare facilities to ensure they can provide children in care with a safe place to play, do their homework, and nutritious meals. In addition, by coordinating with the Department of Health and Social Development, these facilities will have improved access to health support, therapeutic services, and child protection services available to all children. For older children, additional

educational and cultural programmes (extracurricular programmes) will be offered at aftercare facilities.

- **Increase access to substance abuse treatment programmes.** A key preventive strategy is to make substance abuse treatment programmes more widely available and accessible since parental substance misuse is associated with child abuse (See section on *Breaking the Chain of Substance Abuse*).
- **Raise awareness of parenting programmes that promote better parent-teen relationships.** The development of positive parent-teen relationships - where parents have good relationships with their children, communicate effectively with their children, and monitor their children's activities - is an instrumental factor in preventing child abuse.²⁶⁵
- **Link families to relevant social services designed to prevent or treat family violence.** These services include counselling and advocacy for victims of abuse, family support programs, social protection programs for families experiencing financial hardship, alternative living arrangements, and education programs for those at risk of abuse, and out-of-home placements for children.

5.6.1 Conversion Therapy for Minors

Any treatment or psychotherapy that aims to change or alter a person's sexual orientation or gender identity is considered conversion therapy. It is based on an assumption that homosexuality, transgender identity and other non-heterosexual orientations are mental illnesses that can be 'cured'. Examples of conversion therapy include medication, force-feeding, food deprivation, forced nudity, electroshock, beatings, isolation and hospital confinement.²⁶⁶

Forced conversion therapy is a dangerous practice often used to target LGBTQ+ youth. Furthermore, it perpetuates outdated views regarding gender roles and identities and the negative stereotype that identifying as LGBTQ indicates abnormal development.

In a study conducted by Access-Chapter 2, a South African NGO, with 303 participants, 50% of respondents reported being forced to convert by their families, while 43% had sessions with religious representatives due to parental, family, or community influence.²⁶⁷

There were interventions where violence was used, such as beatings and slaps during 'healing processes' or immersion into rivers and dams to cleanse participants, and others were fed potions to enable them to release the demonic spirit.

In addition, participants indicated that conversion practices have a variety of psychosocial effects on people who identify as LGBTQIA+. A hostile and stressful social environment can be created by discrimination, prejudice, homophobia, transphobia, and stigma. This has left individuals feeling rejected and forced to conceal their identities.

Some individuals also adopted unhealthy coping mechanisms, negatively impacting their mental health. Individuals reported feeling of shame, hopelessness, self-hatred, and social withdrawal.

Lastly, not one participant could confirm that conversion therapy is effective.²⁶⁸

Even though the South African Constitution is considered to be one of the most progressive in the world, as well as legislation that is largely LGBTQIA+-inclusive, the social reality is often quite different.

The Children's Act,²⁶⁹ does not prohibit conversion therapy on children. It also does not consider it an offence. The DA believes minors should not be subjected to this reprehensible practice and that this practice should be banned in South Africa, just as it is in countries like Argentina, Canada, and Brazil.²⁷⁰

Recommendation

Forced conversion therapy practices are inherently degrading and discriminatory and can cause severe physical and psychological suffering to its victims, especially minors.

The DA is committed to making non-consensual conversion therapy for adults and conversion therapy for LGBTIQ+ minors, i.e., under the age of 18, illegal in South Africa. As such, it is proposed that the Children's Act²⁷¹ be amended to prohibit of all forms of conversion therapy on children (e.g., medical, or religious therapy).

5.7 Sharing of Childcare Responsibilities

Equalising childcare leave, for all legal parents, has the power to contribute significantly to the recognition and redistribution of care work and to transform deeply rooted inequalities between men and women.

Work-based policies can be an effective mechanism for changing the gendered dynamics of caregiving at home, while promoting women's equal pay and advancement in the workforce. The tabling of the Labour Laws Amendment Bill in November 2015 provided an opportunity to revise childcare leave provisions. The Bill recommended that parents, in addition to maternity leave, receive ten consecutive days of parental leave. The Bill became law in 2018 and came into effect in January 2020. These provisions point to a step in the right direction, however, the unequal allocation of leave to fathers is still problematic and does not give families sufficient choice to determine their own childcare arrangements.

Under the new law, families who would choose for the pregnant mother to return to work after giving birth and wish for the father to take up the bulk of the childcare still do not have an option to do so. While recognising that pregnant mothers require leave for their own health and that of the child (the International Labour Organization and the BCEA mandate six weeks for such recuperation), maternity leave allocated beyond that caters for time to bond and care for the child. It is evident that the present framework unfairly discriminates regarding time allocated to bond and care for the child by allocating pregnant mothers ten weeks of leave for care of the child while fathers, adoptive and surrogate parents are awarded just ten days.

Recommendation

Maternity leave should remain, however, as a separate entitlement. Maternity leave should be viewed as having as its primary concern the health of the pregnant mother and the child. Pregnant women, as the child bearers, have health requirements which are separate from the general care of the child once it is born. The International Labour Organisation recommends six weeks of post-natal maternity leave.

Parental leave, on the other hand, is concerned with the care of the child once born and necessarily would apply to all parents; fathers, parents who have children via adoption or surrogacy arrangements, and including the pregnant mother. As legal parents this is an equalisation that is long

overdue. **In order to equalise childcare and to support families, our target would be to achieve at least ten weeks of shared parental leave for all working families. This essentially converts maternity leave from 16 weeks, to six weeks maternity leave with ten weeks shared parental leave.**

5.8 Addressing Elder Abuse

The problem of elder abuse and neglect in South Africa is widespread. It is often described as a silent epidemic, not just in South Africa, but around the world.²⁷² The problem is particularly prevalent in societies where poverty, crime, and unemployment contribute to hardship and frustration.

Abuse of older people can be perpetrated at home by family members, including spouses, adult children, and even grandchildren. It is not uncommon for older people to be robbed of their pensions by their own family members or even denied food due to their dependence on others for basic care.^{273&274}

Older persons can also experience abuse or neglect in an institution such as nursing home – with caregivers yelling at them, hitting, kicking, shoving them, or stealing their personal belongings.²⁷⁵ As an older person's health deteriorates and their responsibilities and demands become increasingly demanding, caregivers in nursing homes burn out, become impatient, and lash out when they cannot restrain themselves. The challenge in identifying victims of abuse in nursing homes is that caregivers can easily dismiss a person's complaints as dementia or just plain grumpiness on the older individual's part.²⁷⁶ Furthermore, safeguards intended to protect the elderly in old-age homes from abuse are inadequate.

The Older Persons Act (13 of 2006),²⁷⁷ clearly states that any person who abuses an older person is guilty of an offence. Although this Act aims to provide protection for older persons against various types of abuse, there are glaring gaps that place older people at risk of abuse, specifically in the old age home sector. The following gaps are of concern:

- The South African Nursing Council (SANC) regulates nurses, but the caregiver sector is relatively informal and unregulated.²⁷⁸
- In the care sector for older persons, there is an inadequate level of training and policy support.²⁷⁹ As the carer sector is not regulated, there

is also no curriculum for their training. They are open to exploitation by unscrupulous service providers that charge exorbitant amounts.

- There is an increasing number of unregulated old-age homes,²⁸⁰ with little intervention from government, leaving older persons open to abuse by poorly trained carers, and they have no recourse as there is no professional body for the carers.

Recommendations

- **Bring unregulated old-age homes into the regulated space in a sustainable manner to facilitate compliance with minimum standards.** This will involve compliance awareness campaigns across the country to increase compliance with occupational health and safety standards and to ensure caregivers of older persons are registered with the DSD register.
- **Review and strengthen existing screening measures to detect elderly abuse in nursing homes to ensure their reliability.** For screening to be effective, it is necessary to develop valid and reliable screening measures with low measurement error. Since elder abuse, like other forms of family violence and interpersonal violence, is often concealed, it has proven to be a challenging task. Victims may be reluctant to disclose abuse due to shame or fear of being judged, dependence on the abuser, or the belief that the abuse is their fault.²⁸¹
- **Launch health education and awareness campaigns on elderly abuse through mass media (radio, TV, print, internet, etc.).** As part of a package of interventions, develop and implement campaigns to raise awareness about elder maltreatment and provide information about support services that, in turn, may prevent older people from being abused.²⁸²
- **Provide care training.** Training that increases staff skills can help them recognise and handle ethical challenges in everyday life. Competence training can increase staff awareness and facilitate a better understanding of the risk factors associated with physical abuse of older persons.²⁸³

5.9 Attracting and Retaining Social Workers in the Public Sector

The success of social welfare depends significantly on the availability of social service professionals that can implement strategies that develop human potential, develop capacities, and empower communities.²⁸⁴ Among these professions are social workers, psychologists, psychiatrists, therapists, and counsellors.

South Africa currently faces a shortage of social service professionals, in particular, there are claims that South Africa suffers from a shortage of social workers with only a small pool of suitably qualified social workers available to meet the social welfare demands of the country. Meanwhile, thousands of qualified social workers are available, but are unemployed due to funding constraints, lack of capacity, and a lack of appropriate tools of the trade within government.

It is estimated that South Africa has approximately 48 000 fully qualified professionals in the social services field, approximately 31 000 social workers, and approximately 10 000 child and youth care workers.²⁸⁵ According to the Department of Social Development:²⁸⁶

- 66 329 social workers are required to implement the Children's Act;
- 743 social workers are needed to implement the Older Persons Act; and
- 1 426 social workers are required to implement the Prevention of and Treatment for Substance Abuse Act.

The shortage of social workers in the field poses a more significant threat to the most vulnerable groups in South Africa.²⁸⁷

As a result of the lack of social workers in the public sector, those employed in the field must manage more significant caseloads, which, in the long run, reduces the efficiency of welfare programmes. This also contributes to dissatisfaction at work, stemming from a cycle that starts with long-term job dissatisfaction, then moves on to proactive intentions to leave, and finally, in most cases, actual employee turnover.

With the **shortage of social workers**, those in the field also face poor working conditions as a result of a lack of resources and further a lack of structured supervision and poor-quality supervisors, leading to burnout and inability to provide an effective service.²⁸⁸ Having a good working environment may enhance productivity, organisational effectiveness, and the general well-being of employees.²⁸⁹

These **inadequacies in resources** include funding and training,²⁹⁰ and basic resources (e.g. adequate office space, furniture, stationery, computers, and reliable vehicles).²⁹¹ Consequently, service delivery is hindered due to a lack of financial resources, poorly maintained vehicles, and a limited number of vehicles, which forces social workers to share vehicles. In addition, access to reliable transportation affects the quality of service provided to clients.²⁹²

Social workers are leaving South Africa to work abroad as international markets offer more lucrative opportunities.²⁹³ There is no doubt that salaries of social worker have historically been low, both in South Africa and internationally, but abroad foreign currencies and good service conditions are increasingly attractive.²⁹⁴

Recommendations

- **Improve the working conditions of social workers and ensure social workers have the resources necessary to adequately perform their duties.** In addition, to further improve working conditions, training and upskilling of supervisors will be provided to ensure skilled management support and effective professional supervision. This will further include learning and development among social workers as access to continuing professional development is a significant factor in social workers feeling valued. It is vital that workers can see a clear path to advancement within the organisation to further their careers.
- **Explore offering attractive and competitive total remuneration packages.** Internationally and in South Africa, social workers have traditionally been paid low salaries.²⁹⁵ Among the reasons for this is that this profession is primarily practised by women and the relatively low status it accords. However, the legislative and governance contexts of social work practice in South Africa after 1994 have resulted in significant remuneration disparities between the public and private sectors.²⁹⁶ These inequalities must be addressed if social workers are to be retained.²⁹⁷ Compensation and remuneration received by public sector employees will impact their decision to remain in their profession and country.
- **Strengthen partnerships with NGOs to provide social work graduates with in-service training.** In addition to attracting graduates, this will give them the experience they need to qualify for job opportunities, as many jobs require experience.

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