



A C E S S

# Alliance for Children's Entitlement to Social Security

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SUBMISSION to  
THE PEOPLE'S BUDGET CAMPAIGN

## SOCIAL SECURITY FOR CHILDREN IN SOUTH AFRICA: "THE FIRST CALL FOR CHILDREN"

Made by the  
**Alliance for Children's Entitlement to Social Security (ACCESS)**  
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South African National Council for Child and Family Welfare

## **1. INTRODUCTION**

The Alliance for Children's Entitlement to Social Security (ACCESS) was born out of a national consultative workshop held in March 2001 with the Children's and Disability Sectors. The workshop brought together grass-roots NGOs, CBOs, research units, academics, provincial and national government departments, policy-makers, and parliamentarians to discuss social security for children in South Africa.

ACCESS now has a membership of over 60 NGOs, with a task team that drives the Alliance, and a reference group that provides technical advice. Individuals or organisations which cannot join as full members due to their positions within government or quasi-government bodies, but who wish to support the cause, are able to join as 'Friends of the Alliance'.

This Alliance is essentially a structured channel for civil society organisations to systematically engage in policy- and decision-making processes, around a particularly important issue; the state of our nation's children.

## **2. THE SITUATION OF CHILDREN IN SOUTH AFRICA**

The majority of our children (60-70%<sup>1</sup>) live in extreme poverty. The Economic Policy Research Institute<sup>2</sup> argues there are 5 million 0-5 year olds living in poverty. South Africa has an unacceptably high Infant Mortality Rate (IMR) of 49 per 1000 (higher than Cuba, Vietnam & Botswana), while 25% of those infants who survive are stunted due to malnutrition. The IMR is predicted to increase to 100 per 1000 due to the HIV/AIDS pandemic.

There are particularly vulnerable groups of children, such as those infected and affected by HIV/AIDS; children with disabilities and chronic illnesses; those living on the streets, in urban informal settlements and in rural areas; and children of farm labourers, refugees and illegal immigrants. These children face discrimination, isolation and extreme hardship, and yet have no voice.

Poverty undermines social investment and development, increasing crime and instability in economies. The response to poverty requires a multi-sectoral, multifaceted approach, which relies heavily on social policies

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<sup>1</sup> Haarmann C. 2000. Social Assistance in South Africa: its potential impact on poverty. PhD. Thesis. UWC.

<sup>2</sup> Economic Policy Research Institute. Samson M. 2001

incorporating poverty alleviating programmes, integrated development plans, capacity-development of communities, service delivery, and, not least, social security, or 'safety-nets'.

Social policy should aim to create a fair and equal society, correcting for poverty amidst plenty, and where all get a fair share of the benefits of social co-operation. (Solow 2001<sup>3</sup>). Redistribution of income through social assistance programmes is an effective poverty alleviating strategy, and in the case of children in dire need, essential to meet their basic needs.

### 3. THE CHILD'S RIGHT TO SOCIAL SECURITY AND SOCIAL ASSISTANCE

#### **The Convention on the Rights of the Child:**

Every child has the right to a standard of living adequate for his or her physical, mental, spiritual, moral and social development. The parents or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development. States Parties must take measures to assist parents and others responsible for the child to implement this right and shall provide material assistance and support programmes particularly with regard to nutrition, clothing and housing in cases of need. (27:1, 2)

Every child has the right to benefit from social security, including social insurance (26:1,2).

A mentally or physically disabled child should enjoy a full and decent life, in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community (23:1)

The disabled child has the right to special care and State Parties must provide assistance to the child and those responsible for his or her care to ensure this special care. (23.2)

Children have a right to participate in decisions affecting them (12).

In its concluding observations on the initial report of South Africa, the Committee on the Rights of the Child (Jan 2000) commented as follows under the heading of welfare services:

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<sup>3</sup> Solow R. in van Parijis P. 2001. "Whats Wrong with a Free Lunch?" Boston, Beacon Press.

"The Committee notes the recent initiative of the State party to institute a Child Support Grant which aims to provide greater financial support to children from the most economically disadvantaged families. The Committee remains concerned about the phasing-out of the Maintenance Grants and the potential impact for economically disadvantaged women and children who currently benefit from the programme. The Committee recommends that the State party expand its Child Support Grant programme or develop alternative programmes to include support to children up to the age of 18 years, who are still in school. The Committee encourages the State party to take effective measures to ensure the continuation of support programmes for economically disadvantaged families."

**South African Constitution:**

Every one has the right to have access to social security and to social assistance if they are unable to support themselves or their dependants. The state is required to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right. Section 27(1)(c).

Children have the right to shelter, basic nutrition, basic health care services and social services. Section 28(1)(c).

Children have the right to be protected from maltreatment, neglect, abuse or degradation. Section 28 (1) (d)

In a recent Constitutional Court case (Government of the Republic of South Africa and Others v Grootboom and Others 2000) the court found that basic economic and social rights must be provided for in government policy and legislation and it is the state's responsibility to allocate adequate resources and to ensure effective implementation.

The core of the Grootboom judgement is that social programmes will not be considered to be "reasonable" by the Court if they do not cater for "those whose needs are most urgent and whose ability to enjoy all rights therefore is most in peril". The state is therefore obliged as a minimum to at least provide social security for children in crisis - this includes children living in poverty, children orphaned by HIV/AIDS, children on the streets, children with disabilities, children heading up households, children with chronic illnesses and HIV/AIDS and refugee children.

#### **4. CURRENT SOCIAL SECURITY PROVISION FOR CHILDREN**

The current social security system is fragmented and is non-comprehensive, with many groups of children falling through the gaps. Poor children between the ages of seven and eighteen are not catered for, nor those infected or affected by HIV/AIDS. Many other children cannot access the grants, such as street children and child-headed households. Social security provisioning is almost entirely the burden of the Department of Social Development, with very little contribution from the other departments, except for example, free health care services to children under six years from the Department of Health. Generally, social assistance is limited to cash transfers, and does not incorporate a range of other possibilities, such as fee waivers, subsidization, vouchers, tax reductions, and so on. The discrepancy between the grant amounts leads to perverse incentives, such as parents giving away their children for 'fostering'. There are administrative and delay problems for all the grants.

With regard to the specific grants, the amount of the Child Support Grant is very low and does not adequately cover the needs of a child, nor does it cater for children over 7 years. The Care Dependency Grant has problems due to lack of clear definitions of 'disability' and 'permanent home care', which leads to subjective interpretation by Assessing Officers. There is lack of clarity regarding chronic illnesses that cause disability, as well as eligibility of children who attend Learners with Special Needs Schools (LSEN). The Foster Grant cannot be accessed by carers of the child who are not legally Foster parents, for example, the members of the extended family who are caring for AIDS orphans. In addition, the legal process of fostering is extremely lengthy and cumbersome. As there are no subsidized adoptions, many parents do not adopt but rather have repeat foster placements in order to benefit from the Foster Grant. This creates insecurity for the child and parents.

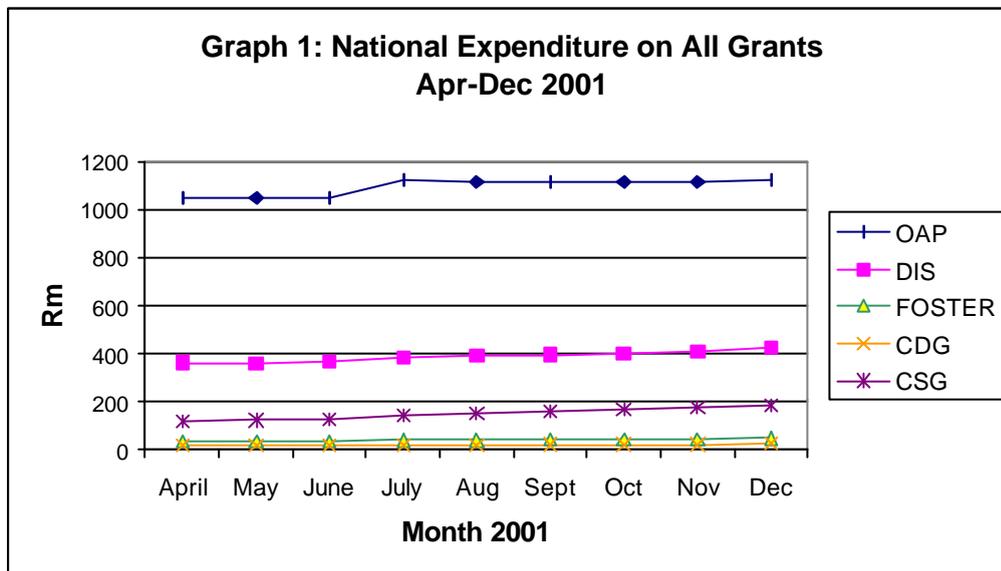
From a broader perspective, the whole social security net currently provided by the government fails to cover a large proportion of the population, that of unemployed adults and children over 7 years of age. Due to the chronic structural unemployment in the country, these people are not likely to find jobs. Thus it is the poverty, inequality and underdevelopment in the country, which undermine the effectiveness of any existing interventions for children. For example, in a poor household of six people, the money being received for two children under 7 years, feeds the entire family, and thus the children's specific needs are not met. The fact that there is no social security for unemployed adults creates a situation where individuals and households structure themselves around

the grant recipients, namely the elderly or children, thus undermining their benefits.

Thus it is the failure of the entire social security system to cater for the needs of vulnerable people that undermines the benefits to children of the existing child grants.

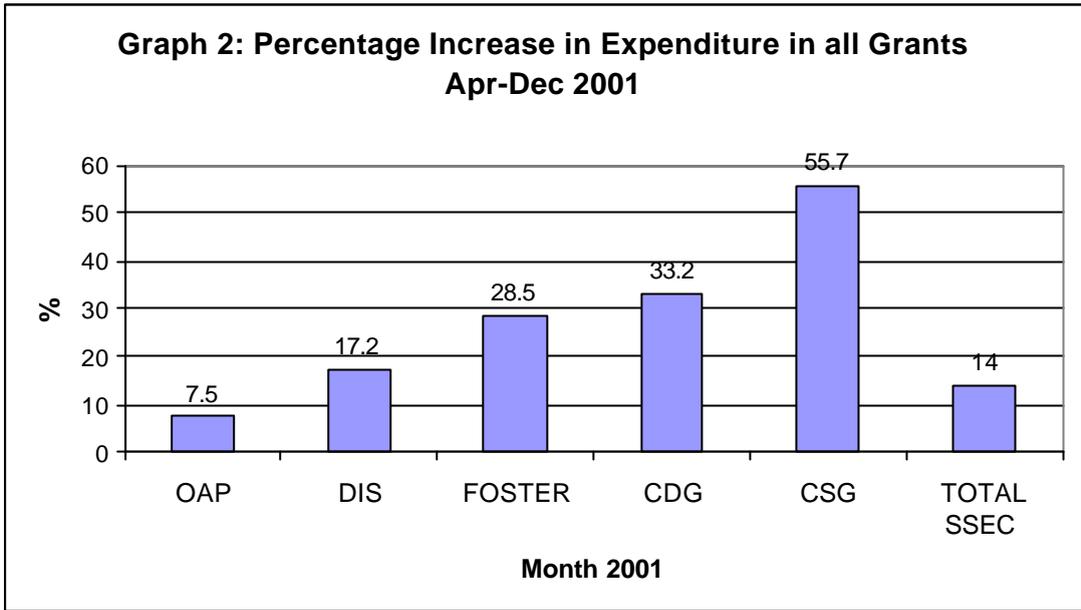
## 5. CURRENT GOVERNMENT EXPENDITURE ON CHILDREN

Presented below is an analysis of government's social security expenditure for the period of April to December of 2001<sup>4</sup>. The data was obtained from the SOCPEN national database.

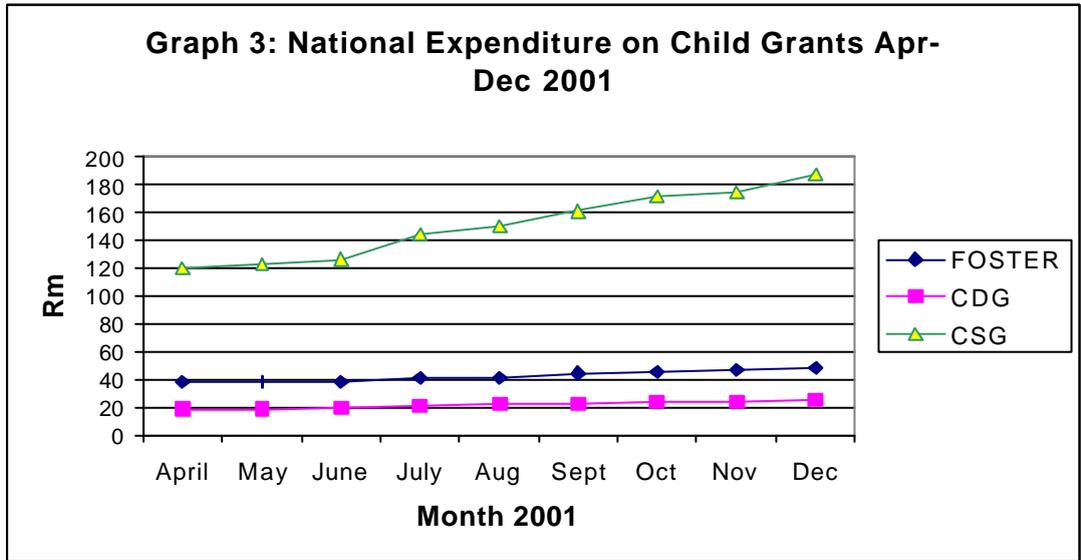


Graph 1 and 2 (below) indicate the relative expenditure for all grants and their increases over the period. The Child Support Grant experienced the largest increase of 55.7%, part of which was due to the increase in the amount of the grant from R100 to R110 in May. The lowest increase was in the Old Age Pension (7.5%). Overall national expenditure increased by 14% over the period. The CDG and the Foster Grants also experienced substantial increases of 33.2% and 28.5% respectively, as shown in Graph 3 below.

<sup>4</sup> Guthrie T. State Social Security Expenditure and Uptake for Children April – Dec 2001. Children's Institute, UCT. January 2002.



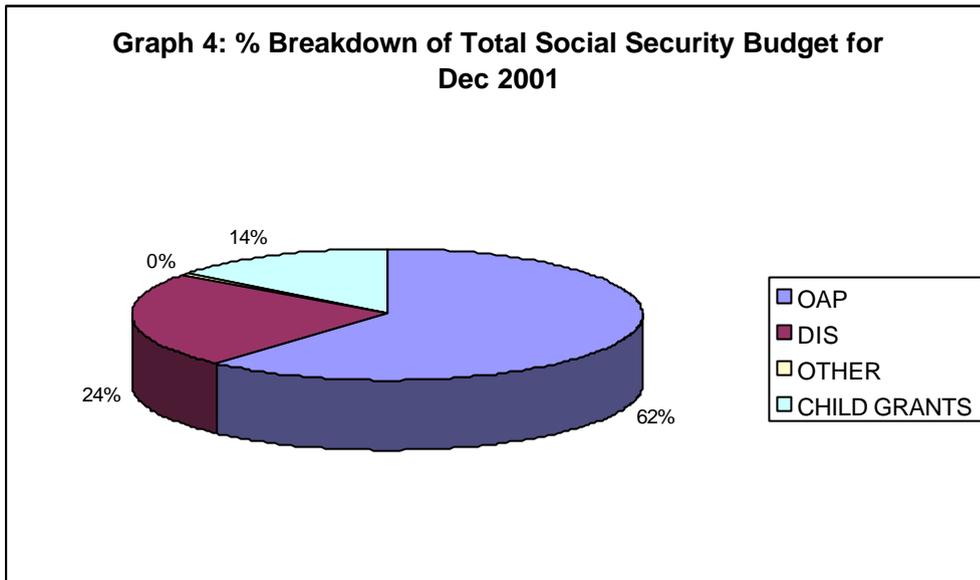
Graph 3 below plots the expenditure increases in the three child grants over the period April to December 2001.



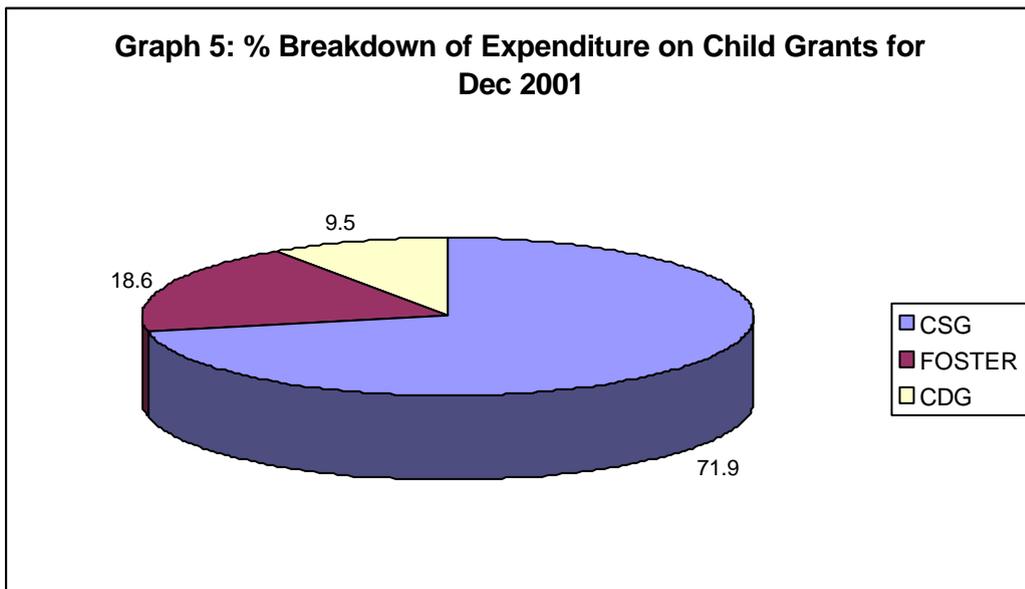
The drastic increase in expenditure on the CSG (55.7%) is shown here over the 9 month period.

The increase in the CSG payment is commendable, and partly attributable to the increase in the amount of each grant by R10, and due to some administrative measures taken by the provincial Departments of Social Development. Nevertheless, even with the increase in the CSG

expenditure, Graph 4 provides a breakdown of the national expenditure, clearly highlighting the continuing inequality in expenditure for children versus the elderly and persons with disabilities. The increase of 55.7% on the CSG has only increased its proportion of the total budget from 10% (at the beginning of the period) to 14%, still showing a lack of prioritisation of children.



NB. the 'other' category refers to War veteran grants, the Institutional grants, the State Maintenance Grants (which were phased out completely during this period), the combination of more than one grant, and unclaimed grants. These together make up a very small percentage (0.4%) of the total budget.



Graph 5 shows that of the amount spent on children (i.e. 14% of the total social security budget), the largest proportion (71.9%) is allocated to the CSG. However, the increases in the uptake of the CDG (33.2%) and foster grants (28.5%) have been significant too over this period and must not be overlooked.

**While ACCESS commends the government on achieving the increase in uptake of the CSG in the last year, it nevertheless wishes to call for attention to the continuing underpriorisation of children in the total social security budget.**

In view of the shortcomings of the existing grant system and its need for reform, ACCESS make recommendations with regard to:

- a) Creating a comprehensive social security system for all persons in South Africa.
- b) Improving and extending the existing grants for children in South Africa.

## **6. ACCESS' RECOMMENDATIONS FOR A COMPREHENSIVE SOCIAL SECURITY SYSTEM IN SOUTH AFRICA**

### **6.1 The Basic Income Grant**

ACCESS believes that the best option for the transformation of the system would be the implementation of some form of a basic income grant (BIG) for adults and children. This would be universal provisioning to all, with no means-testing, in order to improve the administration and accessibility. Such individual grants would result in a greater amount to each household, with pooling of resources, which would greatly improve the general situation for children. A BIG would also contribute to many other benefits and growth in the economy.

In the situation of possible time delays in implementing such a system, ACCESS would support a phased in approach, with children up to 18 years of age receiving a BIG first, then with the provisioning being extended to all adults within *stipulated, legislated timeframes*.

Most importantly, *there must* the complete rejection of targeting measures through means-testing, as this system tends to exclude those persons most in need.

The current benefits of the CDG and Foster grant must not be corroded (nor any of the other existing grants, such as the Old Age Pension and the

Disability Grant) but must continue to exist and with efforts to improve their administration.

## **7. ACCESS' DEMANDS FOR IMMEDIATE IMPROVEMENTS TO THE EXISTING SYSTEM**

It is acknowledged that the transformation of the social security system may be a long-term process. Nevertheless, the State has a Constitutional imperative<sup>5</sup> to provide social security to children in need, as a matter of urgency. Currently, the Child Support grant reaches only 7% of children *in need*, and only 33% of those *targeted*.

Thus ACCESS makes the following demands regarding the improvement and extension of the existing grant system for children.

### **7.1 General Benefits and Eligibility Criteria**

Since 70% of our children live in poverty, including children aged 7 to 18 years, it is appropriate that *all* children should automatically be eligible for assistance, with age being the only eligibility criteria.

Therefore ACCESS strongly calls for universal provisioning of the Child Support Grant for all children 0-18 years.

The current means-test should be abolished and grant should be extended to children 7 to 18 years of age.

All children should benefit from indirect social security, through services such as free health care up to the age of 18 years.

Children with special needs due to a health condition (disability or chronic illness) should receive an additional support and services to cater for their extra needs and to enhance their development and integration. This should be provided through the extension of the Care Dependency Grant. Eligibility for assistance should be based on need, in terms of poverty, health condition and/or a compromised home environment.

ACCESS also suggests that non-citizens, temporary residents and refugee children should be able to access the grants. The Constitution does not have any limitations on the rights of children. The UN Convention on the Rights of the Child stipulates that State Parties must respect and ensure the rights set forth in the Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his/her

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<sup>5</sup> *Government of the RSA and others v. Grootboom & Others* {2000(11) BCLR 1169(cc)}.

parents legal guardians' race, .... , national, ethnic or social origin, ..... , birth or other status. (Article 2).

## **7.2 Child Support Grant (CSG)**

ACCESS makes the following recommendations:

- Extend coverage of CSG to 18yrs, with immediate effect.
- **Abolish means-testing – provide universal access**
- Increase amount - determined by objective poverty measure & linked to inflation
- Improve accessibility to children without Primary Care Givers. Develop and strengthen NGOs, CBOs, Community structures to assess and administer the grants.
- Develop some measure to enable AIDS orphans and child-headed households to access the grants immediately. These children have no support and their numbers will be increasing drastically.
- National department must ring-fence amounts.
- Administrative problems must be dealt with to improve access, especially those experienced in obtaining Birth Certificates and ID Documents.

## **7.3 Care-Dependency Grant (CDG)**

ACCESS makes the following recommendations:

- The purpose of the CDG should be to meet the extra needs of the child due to the health condition, to promote the child's survival, development, protection and participation.
- Eligibility should be based on need due to the health condition.
- Extend provisioning to children with moderate disabilities and chronic illnesses, including HIV/AIDS.
- A Needs-Based Assessment tool must be developed which incorporates all the factors contributing to a child's well-being.
- Assessment should be done by a multidisciplinary team, which incorporates parents and representatives of the Disability and children's Sectors. The team may be only one or two persons where necessary.
- Remove clause referring to permanent/ 24hr care, as this excludes many children in need.

## **7.4 Foster Child Grant**

ACCESS makes the following recommendation:

- Subsidized adoptions to encourage families to adopt children.
- Simplify process of accessing, especially for family members
- Incentives for fostering HIV/AIDS orphans: tax rebates, free health & education for foster & biological children, coverage of the funeral costs of the HIV+ foster child.

### **7.5 Indirect Services**

ACCESS makes the following recommendations:

- All children (0-18yrs) should receive free health care services, especially those with chronic health conditions. There should also be some subsidy for these children to receive free tertiary and specialist health services.
- Free transport for children with chronic health conditions.
- Subsidized assistive devices, equipment and transport to hospitals for children with disabilities and chronic health conditions.
- Subsidized housing and electricity for households with children.
- Subsidized transport for school.

### **7.6 Administrative Issues**

ACCESS calls for the following administrative improvements:

- Simplify & speed up application & assessment process.
- Maintain and increase the grant allocated for the implementation of the Child Support Grant.
- Improve the registration of children and provision of birth certificates – this requires increased budget allocation to the Department of Home Affairs for: personnel, training, vehicles, mobile units, outreach to rural areas.
- Develop methods for fast-tracking applications by children infected by HIV/AIDS.
- Develop and strengthen community structures & CBOs/NGOs to assess and administer the grants.
- Improve system of review and appeal for special grants
- Systems for decentralizing the administration of grants to enable better access, particularly to rural and street children, must be piloted and developed.
- Further debate is required around the age at which a child can apply and receive the grant in its own capacity, i.e. for those children without adult primary care-givers. This would influence the definition of ‘Primary Care-Giver’. Some discussion indicated that perhaps at 12 years the child could access the grant, below that age other structures, such as community forums or street children’s forums, could apply on their behalf.

### **7.7 Children’s Participation**

ACCESS emphasizes the need for children’s participation in the process of transforming the social security system. Structures should be put in place to enable their informed and supported participation in the decision-making processes. Government should listen to children and incorporate their needs and suggestions into their planning processes.

ACCESS has undertaken extensive national work with children to discuss their situation, their needs and their perspectives regarding social security. Activities are being planned for the children to present their stories to key decision-makers.

## 8. SUMMARY OF ACCESS' DEMANDS

The Alliance for Children's Entitlement supports the call for a Basic Income Grant that would effectively reduce the levels of poverty in South Africa and would increase household incomes, thereby greatly enhancing the well-being of poor children.

However, the transformation on the current social security system in such a manner may take some time. Yet government has the immediate Constitutional obligation to ensure that no child has his or her basic rights denied.

ACCESS would therefore support a phased in approach for the BIG, if necessary, with children up to 18 years of age receiving a BIG first, then with the provisioning being extended to all adults within *stipulated, legislated timeframes*.

ACCESS also continues to call for immediate improvements to the existing grant system for children, as identified above.

## 9. CONCLUSION

It is the Constitutional and International obligation of the State to provide social security to children and other vulnerable members of society who cannot provide for themselves.

Providing Social Assistance is one form in which the State can and must attempt to improve the standard of living of children.

There must also be concurrent development of services and development programmes which attempt to address poverty and inequality in South Africa.

**The First Call must be for Children and this Constitutional obligation must be reflected in budgetary allocations and implementation.**

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