



A C E S S

Alliance for Children's Entitlement to Social Security

Submission by ACCESS

Alliance for Children's Entitlement to Social Security

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Report of the Committee of Inquiry into a Comprehensive Social Security System for South Africa

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1. Introduction

The Alliance for Children's Entitlement to Social Security (ACCESS) is a national alliance of 80 child sector organisations. Alliance members share in a mission of ensuring that children's rights to survival and development are promoted and protected through the development of a comprehensive and effective social security system.

The ACCESS task team includes Soul City, Children's Institute (UCT) and the Children's Rights Centre. Reference Team members include Black Sash, Gender Advocacy Programme, Johannesburg Child Welfare, South African National Council for Child and Family Welfare and the Community Law Centre (UWC). Our members come from every province and include child care service providers, CBOs, NGOs and academic institutions.

ACCESS was established in March 2001 at a National Workshop that was co-hosted by the Children's Institute, Soul City, Children's Rights Centre and the Committee of Inquiry into a Comprehensive Social Security System. The workshop was held to provide an opportunity for organizations in the children's sector to discuss the social security needs of children and to make recommendations that would be fed into the Committee of Inquiry research process.

After workshoping the social security needs of children and making recommendations on how the current system needs to be reformed, workshop participants mandated ACESS to take the recommendations of the workshop forward into the various decision making processes. A number of submissions and presentations have been made to the Committee of Inquiry, the South African Law Commission, the Department of Social Development and Parliament in fulfillment of this mandate.

This submission on the Committee of Inquiry Report, to the Department of Social Development, is based on the recommendations from the March 2001 workshop and subsequent input from alliance members.

ACESS is pleased to note that many of the recommendations from our March 2001 workshop and subsequent ACESS processes and documents have been incorporated into the Committee of Inquiry's Report. However, we are concerned by the lack of detailed plans for improving the system in the short to medium term. This submission provides our comment on the Report and makes recommendations for Cabinet to consider when it deliberates on the Committee's Report and makes decisions on Social Security Policy Reform for South Africa.

We would at this stage like to highlight our concern with regards to the fact that Home Affairs is not on the Inter Ministerial Committee that has been tasked with considering the Committee of Inquiry Report. Access to birth certificates and identity documents is one of the major barriers facing many poor and rural applicants attempting to access various social security benefits and basic services. The new comprehensive system will be heavily dependent on smart card technology. If people do not have IDs and 13 digit numbers, they will not be able to be loaded on to the new system. **We therefore make a strong appeal to Cabinet to involve Home Affairs in the Inter Ministerial Committee and to ensure that Home Affairs has a plan of action to improve its service delivery, particularly in rural areas.**

2. A comprehensive social protection package

2.1) ACESS supports the introduction of a package of cash grants and free and subsidized services

The Report recommends that everyone in South Africa should have access to a basic minimum income through the child support grant (0 to 17), Basic Income Grant (adults between 18 and 65) or old age pension (65 onwards).

Furthermore all people should have access to free or subsidized services such as primary and secondary education, lifeline water and electricity, transport, sanitation, primary health care, housing, and skills training.

People with special needs should be entitled to cash grants and services eg disability grants, foster child grants, free assistive devices and subsidized accessible transport.

The Report stresses that it is not desirable for a poor person to have to choose between basics. Due to the fact that the current safety net has large holes in it, poor people often do not receive any protection at all (eg unemployed adults) or are forced to use the little protection they receive (eg an old age pension) to pay for a basic service that should be free or subsidized (eg the grandchildren's school fees).

"My father is working but he earns very little. The problem is he has to buy food, pay people who borrowed him money and pay our school fees." (Boy, 15, WC, Samora) ¹

The reality of having to choose between basics often results in the children going hungry or not being able to go to school. This is particularly true for children who have been orphaned and are being cared for by extended family members. When competition for basics is high, children that are particularly vulnerable, such as orphaned children being cared for by extended family members, often bear the brunt of the scarcity of resources in the household.

"When the child goes out, the ones who belong to the house are given food. They leave you bones and makhokho [burnt part of pap]" (11 year old)

"In some homes, when they have taken a child in, the child is unable to do homework, he is sent around all the time, to clean and fetch water. Others do not do anything. They do not treat

¹ Voice of a child that participated in the ACCESS Child Participation Process in 2001

you equally. My remaining relatives discriminate between me and their children. It's like I'm a slave." (10 year old)

" I stay at Alexandra. I do not have a mother anymore. My mother died of AIDS. I stay with my grandmother, and my father and my sister. At home there is no food most of the time. My grandmother and father do not have money. They are not working. My father is sick. I clean the stoep first thing in the morning. Then I go and cook pap for my father and grandmother. I look after my father and grandmother. I then go to school. After school I pick my sister from the crèche. I play with her after school. I am helped by social workers. When I grow up I want to be a doctor." (8 year old girl)

"I live with two uncles and they are not working. It is hard because my grandmother is very ill. I need them to get employment because they pay my fees. I need money to buy my medication. To get money I need to tell everybody that I am HIV positive even if I don't want to tell them. If government can improve the process of finding the grant. Their process takes too long. To help us to get healthy food. We need clean water. If they can help the organization that helps us because it is our only hope to service the challenges of HIV/AIDS." (16 year old girl)²

The package approach will also enable people to use their income grants for food, self empowerment, development and work-generating activities as the cash grant will not have to be used to pay for basic services such as life-line water and electricity, education, sanitation, and basic health care.

"If all the people in a family got R100 it will make a big difference in our life. We can do many things. We can help each other to make a difference in our life. Maybe we can make a better life." (Boy, 16, Gauteng)

² Voices of children living in poverty. National Children's Forum on HIV, August 2001, Children's Institute (UCT)

ACCESS therefore strongly supports the package approach. If implemented effectively, it will greatly improve children's lives.

2.2) ACCESS calls for more emphasis on nutritional programmes as part of the package of comprehensive social protection

The following quotes are voices of children living in poverty. ACCESS undertook a child participatory process to give children an opportunity to express their views on poverty and social security. This is what some of them said about hunger:

"For my side the biggest problem is food. Sometime we end up not getting any food at home and don't know what to do. We feel sad because my grandmother don't have money to buy food. The other problem is to have school shoes". (Boy, 15, NP)

"When I go to school I don't eat breakfast, but I wake up at 6.00am. I am living with my grandmother and she does not get pension. Sometimes I go to school without carrying the lunch box but at least we get food at school." (Girl, 12, NP)

"Money is very scarce. Sometimes when I go to school I do not have anything to eat like bread. My parent is not working." (Boy, 15, WC, Samora)

"The problem is waking up with nothing to eat. You go to school hungry." (Boy, 16, WC, Samora)

The Committee of Inquiry Report does not clearly specify that nutritional support for children must be part of the comprehensive social protection package. In the section on the child support grant, the Report mentions that the CSG should be accompanied by food support programmes but it does not provide any detail on these programmes.

Food prices are rising due to inflation increases. In the next few years, poor families will continue to struggle to feed their children, even if the extension of the CSG becomes an effective reality.

"There has been a rise in inflation over the last few months, largely due to the rapid depreciation of the Rand towards the end of 2001. The economy is no longer expected to produce inflation rates that lie within the target band of 3-6% for Consumer Price Index. Inflation for 2003 will exceed figures projected in the Medium Term Budget Policy Statement (MTBPS) 2001. The prices of both producer goods and food are predicted to rise substantially, but it is the latter that is of particular concern for poor households.³ Goods that absorb a large portion of poor peoples' expenditure – such as maize, sugar, bread, milk and eggs – are expected to see particularly large increases.⁴ The National Food Consumption survey showed that the foods most-commonly consumed by children aged 1 to 9 years were; maize, sugar, bread, milk and tea.⁵ Therefore, increases in the prices of these basic foodstuffs will have a detrimental impact on poor children's nutritional status."⁶

The Integrated Nutrition Programme (INP) aims to provide a co-ordinated, intersectoral approach to nutritional deficiencies among women and children, through health facilities and community based nutritional promotion programmes, including the Primary School Nutrition Programme (PSNP). The quality and quantity of the food provided by the PSNP has been found to be below adequate, and corruption and misappropriation of funds has occurred. There has been no follow-up evaluation of the PSNP since the 1997 evaluation⁷. **However, despite problems with the schemes, discussions with children⁸ reveal that the snack provided at school is often their only daily meal.**

ACCESS is concerned by the lack of attention given to nutrition programmes for children in the Report and we recommend that Cabinet give more attention to this area in its deliberations.

³ Figures of between 12-15% are expected.

⁴ For example, the price of maize increased by between 17,5% and 20% in January 2002 and has increased by about 66% since May last year; a price hike of 20c-30c can be expected for a loaf of bread; The price of milk was expected to rise by 11% by March 2002; the price of eggs was expected to increase by about 25% in March and the price of sugar was expected to increase by 7% in April.

⁵ Survey conducted by the department of Human Nutrition at the University of Stellenbosch, contracted by the Department of Health, Nutrition Directorate, 1999.

⁶ Extract from Cassiem, Proudlock and Streak: The Child Support Grant and Budget 2002: The implications for child poverty relief. Idasa Budget Brief 95

⁷ McCoy D *et al.* 1997. An Evaluation of South Africa's Primary School Nutrition Programme. Health Systems Trust.

⁸ ACCESS Child Participation process 2001 and 2002

ACCESS recommends that nutritional support for children must be an essential ingredient of the package.

- The primary school feeding scheme must remain as an essential ingredient of the social protection package and be improved upon to ensure that children's nutritional needs are provided for.
- Children in ECD centres, crèches and secondary schools should also be provided with nutritional support through state funded feeding schemes.
- The Protein Energy Malnutrition Scheme that provides vulnerable mothers and babies with nutritional support must be retained and improved upon

2.3) ACCESS calls for more detail on how access to land and credit, as components of the comprehensive social protection package, will be improved.

While the Report clearly lists access to land and credit as a part of the comprehensive package of social protection, it does not provide recommendations on how access to land and credit should be improved.

Access to land and credit are essential in order for people to produce food and to start small businesses.

ACCESS recommends that further details on how access to land and credit will be improved, be provided in the next stage of the policy reform process.

2.4) ACCESS calls for no means tests for the universal grants (CSG, BIG and OAP) and simplified means test for the special needs grants (CDG, DG and FCG)

The Committee is not clear which means-test for which grants should be eliminated and which ones should be simplified. The Report indicates that the BIG would not be means-tested, as this would undermine the benefits of its universality.

ACCESS calls for the immediate and complete abolishment of the means-test for the CSG, due to the fact that the means-test excludes those persons most in need of assistance. Considering that between 60

and 70% of children live in poverty in South Africa, the expenses and administrative burden cannot be justified in targeting only a small percentage of those in need.

However, for the 'Special-needs grants, such as the CDG and the adult DG, eligibility must be based on the needs-based assessment, which would also consider the financial situation and needs of the applicant.

3. Phasing in the package of social protection

3.1) The Child Support Grant as the first phase of the income grants

3.1.1) ACESS supports the extension of the CSG to all children under 18 years

"In my family there are two little ones - I look after them, they are the ones I said I wash and dress everyday before I go to school. They get a grant. It helps with the food and clothes for them. I have heard it stops at 7 years. The older is 6 - what will we do when it stops?" (Girl, 16, Mpumalanga)⁹

In the light of South Africa's constitutional obligations to children, it is imperative that children's social security needs are prioritized. ACESS therefore supports the call for children first by extending the child support grant to all children under 18 years. However, the best way of prioritizing children's social security needs is through ensuring a comprehensive social security system that includes access to free basic services and a basic income grant for everyone. If the system does not support the child's family through free basic services and basic income grants, the child's cash grant will be used to pay for the entire families basic needs leaving very little to be dedicated to the child's needs. For this reason, ACESS supports the extension of the CSG as the first step of the phasing in of the basic income grants but not as a stand alone solution.

3.1.2) ACESS calls for the extension of the CSG to be implemented immediately through abolishing the means test and allowing all children under 18 years to apply for the CSG

⁹ Voice of a child from the ACESS Child Participation Process 2001/2002

While the Report recommends that the CSG be extended to all children under 18, it does not specify how this will be achieved. Various options for implementing the extension have been suggested by the Minister of Social Development, Treasury, the Department of Social Development and other stakeholders.

Some of these options are outlined below:

- Extend to all children under 18 immediately and abolish the means test.
- Extend to all children under 18 immediately but keep the means test.
- Extend to all children under 18 using a phased in approach through incrementally increasing the age limitation to 12, 16 and then 18 (keep the means test)
- Extend to all children under 18 using a phased in approach through incrementally increasing the age limitation to 12, 16 and then 18 (abolish the means test)
- Extend to all children under 18 using a phased in approach through incrementally increasing the age limitation to 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 and then 18 (keep the means test)
- Extend to all children under 18 using a phased in approach through incrementally increasing the age limitation to 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 and then 18 (abolish the means test)

ACCESS supports the first option - the immediate extension of the CSG to all children under 18 with no means test attached to the application process.

It is important for Cabinet to keep in mind the state's constitutional and international obligations when it decides on the exact nature of the implementation strategy, the timeframes and the amount of resources that will be allocated to ensuring that children can access the grants in the short, medium and long term.

In 1998, a target of 3 million children was set for the child support grant. This target was to be achieved by April 2003. In May 2002, 1.8 million children were benefiting from the grant. Thus over a period of 5 years, the Department has managed to process just over half of the target. In order to reach the April 2003 target of 3 million, the Department will need to process 1.2 million children in 1 year. It must also be noted that the April 2003 target of 3 million is an underestimate of the children in need in that age group.

In the light of the evidence with regards to poverty and the gross inadequacy of the current social security system presented in the COI Report, in order to avoid a constitutional challenge and to fulfil the country's obligations in terms of the Convention on the Rights of the Child, the state will need to greatly improve upon the take up of the child support grant, well beyond targets that were set before the Committee of Inquiry evidence was released.

In order for this to be achieved, considerable resources, above the current levels, will need to be allocated to ensuring that children can access the child support grant. The nature of the extension of the child support grant will also impact on the state's ability to show considerable improvement in the take up rate: A decision to allow all children under 18 to apply and to abolish the means test, would be the best way of ensuring easy access for all children in need. Keeping the means test and restricting the age would add unnecessary administration that would in effect act as barriers and delay factors that would not result in higher take up rates.

ACCESS therefore calls for the immediate extension of the CSG to all children under 18 with no means test.

3.1.3) ACCESS calls for a detailed plan to address the many legislative, service delivery and administrative barriers facing CSG applicants

Children and caregivers attempting to access the CSG face many administrative and service delivery barriers. If the CSG is to be extended and social security for children improved, these hurdles must be removed.

While the Report covers some of the problems with the child support grant, it does not provide a detailed and coherent analysis and does not recommend how these problems should be solved in the short to medium term. We believe that a thorough analysis is required to inform the improvements and extension to enable the transformation of the current system to a comprehensive package of social protection.

Without this information, and a plan on how the problems identified are going to be resolved, it will be difficult for the state to considerably improve the take-up rates for the CSG in the short, medium or long-term.

ACCESS is especially concerned by the lack of attention given to the fact that many South Africans, especially poor South Africans and children

made vulnerable by HIV, do not have identity documents or birth certificates. Without identity documents, they cannot access many of the various components of the social security package; free water; education; grants etc.

"The other problem that I think people experience is that when they apply they need so many things, like ID and it has long been lost. Then they must apply for this first." (WC)

"The problem will be birth certificates. I don't have one - I cannot get an ID book. I don't know even now where my mother is - what can I do?"(Gauteng)

"It is a problem of money because Home Affairs is far from here - we cannot go all the time to try and get a birth certificate." (KZN)

In the table below, we list the barriers and outline the action that need to be taken to remove the barrier.

Barrier	Medium term	Short-term solutions
<p>Many caregivers do not have Identity Documents</p>	<p>1) Home Affairs needs to be pro-active in assisting caregivers to apply for IDs. Home Affairs must be integrally involved in the implementation of the new social security system and must be allocated the necessary budget and resources to run mobile units into rural areas and improve service delivery at civic services offices. 2)The Social Assistance Act Regulations must be amended to allow for</p>	<p>A system for accepting caregivers without IDs needs to be developed as a temporary measure while the systems are improved.</p> <p>This could be achieved through the Soc Dev computer system generating computer numbers for applicants and processing their applications while they await their final IDs to be processed.</p>

	temporary proof of ID to be accepted in certain instances.	
Many children, especially those living in rural areas and children who have been orphaned, do not have birth certificates .	1) Improve birth certificate processes 2) The Social Assistance Act Regulations must be amended to allow for exceptions to formal birth certificates.	A system allowing for alternative forms of identity to be accepted in the interim while the final document is processed, must be developed. Alternative documents that should be accepted include road to health cards, traditional birth attendant records/affidavits, religious institution records/affidavits and community leader affidavits. -
Caregivers caring for large numbers of children are limited to 6 CSGs in total .	Amend the Social Assistance Act Regulations to remove this restriction.	Issue a directive to all officials instructing them to relax the regulation until it is amended.
Children without adult caregivers, such as street children and children living in child-headed households cannot access the grant as children under 18 cannot qualify as applicants and therefore need an adult to	Establish mechanisms to enable children without caregivers to access the grant: Eg. • allow NGO, CBO and FBO child care workers to apply on behalf of children living in child headed households. An accreditation process for these organisations will need to be created. • Set a minimum age at which a child without a caregiver can apply for the grant themselves	Allow FBOs, CBOs, and NGOs child care workers to apply for and disburse social relief of distress grants and food parcels for children in crisis, especially child headed households.

apply on their behalf.		
Children who are refugees cannot access the grant	<ul style="list-style-type: none"> Amend the Social Assistance Act and Regulations to make it clear that children with refugee status can apply for the grant. 	
Many people are still unaware of the grant and how to go about applying for the grant	National public awareness campaign giving information on who qualifies and how to go about applying.	Partner with NGOs, CBOs and FBOs engaged in social security work.
Many poor people cannot afford the transport costs to and from the social development and home affairs offices	Mobile units with Home Affairs and Social Development officials must be sent out to remote rural areas in need.	Rural areas identified as poverty priorities must be targeted for immediate mobile unit interventions.

3.2) The Basic Income Grant as the second phase of the income grants

3.2.1) ACESS supports the introduction of a Basic Income Grant for everyone from cradle to grave

The Report recommends the introduction of a Basic Income Grant for everyone and indicates that this would be implemented in phase two of the programme in 2006.

The critical state of poverty and unemployment undermines the intended effectiveness of the existing grants, such as the Old Age pension and the Child Support Grant, which are being used to feed entire households and therefore not directly benefiting the intended beneficiaries. The failure of the current system to address the high levels of poverty among the increasing numbers of unemployed adults, must be addressed with some urgency.

We agree with all the arguments for a BIG, such as a means to reduce severe deprivation and to close the poverty gap, leading to improved social stability and encouraging self-reliance and ultimately development. In particular, we agree that such a grant would greatly enhance the access of poor persons to the other services that are their right. We believe that such an intervention is the government's obligation to provide at least minimal assistance to the poorest persons currently not supported; namely unemployed adults.

In addition, the increased household incomes would greatly enhance the well-being of children, and would reduce the need for children to have to undertake work, such as commercial sex activities, and could potentially reduce the incidence of children living on the streets due to poverty at home.

ACCESS believes that introducing a BIG for all is ultimately the best way of ensuring that children's social security needs are reliably and sustainably prioritised.

3.2.2) ACCESS calls for a detailed plan for the implementation of the BIG with clear timeframes to ensure full implementation by 2006

The Report recommends that the BIG be phased in for adults starting in 2006 and ending in 2015. ACCESS submits that a period of three years (2003 to 2006) is a reasonable preparatory phase and that a universal BIG should be in place by 2006. We recommend the following:

- The period 2002 to 2006 must be used to set up the implementation machinery and systems necessary to ensure that the BIG can be made available in 2006.
- The problem of many people in South Africa not having identity documents or birth certificates must be addressed as a priority starting immediately. Well managed and resourced campaigns to register

- people, especially women and children in rural areas must be set in motion as a priority.
- By the end of 2006, at least one quarter of the adult population must be receiving their BIG.
 - By the end of 2009, everyone should be receiving their BIG.
 - The period 2009 to 2015 must be used to iron out the problems in the system.

3.3) The implementation of free and subsidized basic services

3.3.1) ACESS calls for a detailed plan for improving access to free and subsidized basic services in the short to medium term

The Report states that free and subsidized basic services are an essential part of the package of comprehensive social protection. However, besides the chapter on a national health insurance, the Report does not specify how these basic services will be provided to those in need.

Currently, many people in rural areas and informal settlements do not have access to services as the infrastructure is non-existent. For those people who live in areas where services are provided, many cannot afford the services.

"The problem is the municipality is increasing the water every month. There are 8 in the house and we get one pension (a foster care grant for this child)". (Girl, 12, N Cape)¹⁰

The various services (water, electricity, education, health care) have different plans of action to prioritize service delivery and different applications systems for people wanting to apply for a free or subsidized service. Many of the application systems use means tests and are administratively complex and designed to exclude, resulting in many poor people not bothering to apply or to follow through with application processes.

The Report recommends that every person will have the ingredients of the social protection package to which they are entitled stored on their identity card (smart card). This card will then be used to apply for free or subsidized basic services.

¹⁰ Voice of a child from the ACESS Child Participation Process 2001/2002

ACCESS supports the idea of a smart card incorporating this information and the idea of a standardized system of access to free or subsidized services. This will ensure that there is only one system and one application process to secure access to basic services.

However, the technology and system implementation for the smart card system is some time away. The Report does not provide recommendations on how access to the various free or subsidized services programmes should be improved in the short to medium term.

If the package of services does not provide adequately for free or subsidized services in the short to medium term, families will be forced to use their Child Support Grants to pay for basic services. The benefit of extending the grant to all children will be diluted as whole families have to survive on it and pay for the basic services for the child.

ACCESS therefore calls for a detailed plan for improving access to free and subsidized basic services in the short to medium term, with an emphasis on water, electricity, sanitation, transport, education, and health care.

3.3.2) ACCESS calls for a review of the school fee and exemption system and the implementation of a system that allows for genuine free education for children who cannot afford to pay

"The teachers shout at you. They say that we cannot sit on the seats at school because we don't pay school fees. People who sit on the chairs are those who pay school fees. The teachers like to swear at us. They don't have a good way of approaching children. They keep on teasing us about the school fees. It is not nice because we also like to pay we just don't have money."
(Girl, 11, NP)

"You are reminded always to bring school fees. If the year ends and you haven't paid, your report is withheld." (Girl, 13, WC, Samora)

"For me it was June. I didn't receive my report because I didn't pay fees. (before Thandanani paid fees) My mother was forced

to pay R50.00 in order for me to receive my report." (Girl, 12, KZN)

"My problem is I am not having pens. The teacher sends us home to ask for school fees and my aunt doesn't have money to pay." (Girl, 10, NP)

"The big challenge in our school is the pen, crayon etc. If we don't have these things we are not allowed to come to school. Teachers beat us for that. Our teachers don't understand that we don't have money. Our parents and aunts also shout at us when we ask them to buy things for school." (Boy, 10, NP)

"I come from Northern Province. Problems that I have at home are that my parents are not working and they have HIV together with my baby sibling. I have not paid school fees that year, last year and this year. When I was supposed to go to grade 3 they made me repeat grade 2 because I had not found school fees. When they want school fees I go home. They send me home." (16, NP)

"I come from Winterveld. My mother has passed away. I have not paid school fees. At school they say that they are going to chase us away at the end of this month if we have not paid school fees. When we tell my grandmother she says that she does not have money." (9 year old)

"My problem is that I haven't paid school fees and my mother has passed away. At home it is me, my little sibling, my mother's elder sister, her husband and Kagiso - my young brother. My aunt sells alcohol. Sometimes when the alcohol has not been bought we sleep with hunger. We do not take a lunch box when we go to school. Sometimes we do not eat in the morning. At school they don't give me food from the feeding scheme because I have not paid school fees." (11 year old)¹¹

¹¹ Voices of children living in poverty. (the Children's Institute' National Children's Forum on HIV, August 2001 and the ACCESS Child Participation Project 2001)

ACCESS would like to single out **access to education as a priority** in this area. Our child participation process has clearly shown that children are being denied access to school because they cannot afford school fees, school uniforms or school stationary.

The school fee exemption process is clearly not working for children. From our initial research, the system is not working for the following reasons:

- **Lack of awareness of rights to education:** Children and their caregivers do not appear to be aware that they are entitled to free education if they cannot afford the school fees. Many are unaware of the existence of the exemption system and how to go about applying for an exemption. If refused an exemption, many do not know that they can and how to appeal the decision.
- **Dignity and a desire to pay:** Caregivers want to be able to pay for their children's needs and are scrapping together their very last moneys in order to ensure that school fees are paid. If the fees cannot be paid, many children do not go to school in order to avoid the embarrassment of not paying.
- **Pressure to pay from schools and governing bodies:** The exemption systems are not publicised and are often not designed in a way that is accessible to caregivers. Schools and governing bodies are not making it easy for people to apply as the schools are under budgetary constraints for basics such as staff costs, stationary and textbooks.
- **Discrimination against those who can't pay:** Children who can't pay school fees are often discriminated against at school by the teachers. They are not allowed to sit at the desks, are beaten, sent home, refused food or held back grades. The pressure that the discrimination places on the children results in some children preferring to rather not go to school.

This problem must be resolved as a priority.

ACCESS recommends that the school fee policy be reviewed and genuine free education introduced.

4. Supporting children with special needs

4.1) In addition to an income grant (CSG) and free basic services, ACESS calls for children with special needs to be entitled to an additional cash grant and free and subsidized services for their special needs

The Report recommends that everyone in South Africa should have access to a basic minimum income through the child support grant (0 to 17), Basic Income Grant (adults between 18 and 65) or old age pension (65 onwards).

Furthermore all people must have access to free or subsidized services such as primary and secondary education, lifeline water and electricity, transport, sanitation, primary health care, housing, jobs and skills training.

The Report recommends that adults and children with special needs should be entitled to a cash grant and to free or subsidized special services. When referring to children with special needs, the report refers to children with disabilities, chronic illnesses (including HIV) and children who require placement with foster parents.

The Report is not clear on whether the special grants (DG, CDG and FCG) will be in addition to the universal income grant (CSG, BIG or OAP) or whether children with special needs will receive only a special needs grant. The Report appears to lean in the direction of children with special needs getting the special needs grant only and not the additional amount of the universal income grant (CSG) as well. The costings done by the Committee of Inquiry are based on the recommendation that children with special needs do not receive a greater amount than they are receiving now (except for annual inflation increases).

If the Committee's recommendation is followed, children with special needs will not receive more cash than they are getting now but they will not receive less and thus will not be worse off than they are now.

The bottom line appears to be that through either the CSG, CDG or FCG, all children will receive a minimum income equivalent to the CSG (R130) and then children with special needs will receive an extra amount for their special needs (approximate sums: R320 for children in foster care and R490 for children with disabilities and chronic illnesses). Children with disabilities will

thus receive a total of R620 and children in foster care will receive R450. This is the current value of the grants that they are receiving now.

However, taking into account current implementation problems with basic services programmes and the current lack of provision of special needs services and programmes, **ACCESS calls for children with special needs to be entitled to a special needs grant and special services in addition to their basic income grant (CSG) and free and subsidized basic services.**

4.2) The Care Dependency Grant

4.2.1) ACCESS supports the reform of the Care Dependency Grant to include children with moderate disabilities and children with chronic illnesses - including children with HIV.

The Report recommends that children with disabilities and chronic illnesses (including HIV) should be entitled to apply for a disability grant (CDG).

ACCESS supports the reform of the Care Dependency Grant to include children with all disabilities and children with chronic illnesses - including children with HIV. This is a recommendation that clearly came from our March 2001 workshop. The reformation of the current care dependency grant to include children with all disabilities (not just severe) and children with chronic illnesses is long overdue.

4.2.2) ACCESS supports the recommendation that the assessment procedure for the care dependency grant be reformed from a purely medical model to a needs based process which takes into account the social and environmental factors influencing each applicant.

The Report recommends moving away from a medical based model of assessing disability grant applications. The Report rather recommends that the success of the application should be based on a holistic needs assessment and not on the type or severity of the disability or illness.

ACCESS supports this recommendation. Moving from a purely medical model of assessment with an emphasis on type of disability to a needs based assessment is a call that came from our March 2001 workshop and is welcomed.

4.2.3) ACCESS calls for all children born with HIV to be entitled to apply for the CDG as soon as a health care worker can verify that the child's symptoms indicate HIV positive status

Currently some HIV positive children receive the Care Dependency Grant when they reach the later disabling stages of the illness. In most cases the assistance comes too late as young children with HIV often die quickly if they are not supported with correct nutrition and health care. Therefore their carers should be able to access the CDG earlier in the illness. This should be done through the holistic needs assessment procedure. While an absolute clinical diagnosis is often only possible when the child reaches 18 months of age, a diagnosis can be made based on symptoms and the CDG given to the child's carer within the first 6 months of the child's life.

ACCESS calls for the CDG to be made available to all children born with HIV as soon as a health care worker can verify that the child is HIV positive through an analysis of the child's symptoms. The CDG should also be available to all children who acquire HIV from other sources.

4.2.4) ACCESS calls for a detailed plan setting out how and when the reforms will be implemented

In order to put the recommendations with regards to the disability grant and care dependency grant into practice, the Report lists a number of short, medium and long term actions that must be taken. We support all of these recommendations. We have presented the steps that need to be taken to put the most important of the recommendations into effect:

Recommendation	Action needed	Detail
Expand definition of eligible children to include all children with disabilities and chronic illnesses	<ol style="list-style-type: none">1) Amend the name of the care dependency grant to reflect the change in policy2) Amend the definition of a care dependent child (Social Assistance Act and Regulations).3) Amend the eligibility criteria in the Regulations4) Issue directives to officials explaining the	<p>The references to "severe disability" and "permanent home care" must be removed.</p> <p>A new definition of "disability" must be drafted <i>"which takes into account both the medical condition and social and environmental factors"</i> (p.106 of the Report)</p>

	new definition and eligibility criteria	
Introduce a needs based assessment process	1) Re-design the assessment tool 2) Write clear guidelines explaining how the tool should be used 3) Put multi-disciplinary assessment panels in place to process applications 3) Train assessing officers and assessment panels to use the tool	
Simplify the means test that is applied in the assessment process	1) Amend the means test provisions in the Social Assistance Act and Regulations	

4.3) The Foster Child Grant and children in need of alternative family care

4.3.1) ACCESS supports the recommendation that the FCG be retained for the purpose of financing temporary placement of children in need of care.

The Report refers to children who have been abused and neglected and children who have been orphaned. The Report recommends that the foster grant should remain for children who are placed with foster parents.

ACCESS agrees that the FCG should be for temporary placements for children who do not have care givers and who require alternative placement. Relatives should not be disqualified from being foster parents.

4.3.2) ACCESS calls for the court process to be simplified and made more accessible to potential foster parents and children living in rural areas

The Report recommended that the court process should be improved and simplified.

ACCESS supports this recommendation. The court process is not accessible to many children and caregivers, especially children living in rural areas and poor areas.

4.3.3) ACCESS calls for the immediate extension of the CSG to all children under 18 as the most effective way of supporting caregivers who are caring for children who have been orphaned by HIV, poverty or violence.

The Report is not clear on whether extended family members who are caring for abandoned or orphaned children ("kinship care") should be eligible for the foster child grant. The Discussion Paper on the Child Care Act Review is also not clear on this issue. While both documents are clear that kinship care needs to be encouraged and financially supported, neither of them give absolute clarity on which categories of caregivers and children will qualify for the FCG and which will qualify only for the CSG.

With the increasing numbers of children being orphaned by poverty, HIV and violence, the current FCG may not be the most efficient way of providing financial support to extended family members caring for orphaned children on a permanent basis. Because the grant is court based, requires the child to be removed from the family and is reliant on social workers and social development offices, it is not accessible to the vast majority of families caring for orphaned children. Even if the system is simplified, it is going to take a number of years before all extended families will be able to access the system.

On the other hand, the immediate extension of the CSG to all children under 18 would automatically cover orphaned children in kinship care and provide the much needed financial assistance to their extended family and informal carers.

ACCESS recommends that the best way to reach children who have been orphaned and who are being cared for by extended family members and other informal care givers is to enable these care givers to access child support grants for these children. This can be done most effectively by immediately extending the CSG to all children under 18, abolishing the means test, and addressing the many service delivery and access barriers.

4.3.4) ACESS calls for the introduction of an adoption subsidy in order to encourage foster parents and relatives caring for children, to adopt the children and provide a permanent home for the children

With regards to encouraging and supporting the adoption of children in need of family care, the report considers the idea of an adoption subsidy but does not indicate whether the Committee was in favour of it or against the idea. It mentions that the purpose of an adoption subsidy is not clear if a universal child grant is introduced.

ACESS recommends that if an extended family has absorbed an orphan child, they should be entitled to apply for a CSG for the child and then to approach the Court for an adoption subsidy if they wish to adopt the child. This will help ensure that children acquire the stability of a permanent home and parent.

4.3.5) ACESS calls for a national consultation with the children's sector to debate the various options surrounding the interplay between the FCG, CSG and an adoption subsidy

Due to the difference in amounts of the CSG, FCG and potential adoption subsidy and the problems that will arise in clearly deciding which grant a care giver qualifies for, ACESS recommends that more consultation with the children's sector be undertaken to debate the various options.

4.4) ACESS support the recommendation that children with disabilities and chronic illnesses be entitled to free and subsidized services for their special needs

4.4.1) Education

Children with disabilities are often forced to attend mainstream schools which have no special teaching capacity because they cannot afford the transport costs and higher school fees charged by the special schools. Particularly in rural areas and the poorer provinces, mainstream schools do not have the staff and capacity to provide education in sign or Braille.

"I think that they should give Deaf children a special class at the school. I am 18 and I want to learn in Sign. I learned Sign at Hammanskraal and there it was all Deaf children. I had to leave

there because we had no money. Here they put me with the Grade 1 class and I am with small children – I can learn nothing. I am just reading books. I like to read so much. I read everything but I have a favourite book - I will bring it for you tomorrow – I read this book all the time – it is a dictionary with many pictures. I know the signs for all the words in the dictionary – I read it all the time". (boy with a hearing disability, 18)

"I have a problem because our school ends at Grade 9. I am a Grade 9 learner now and I will have to go to another school. This is a problem because these other schools are expensive. My parents cannot afford to pay a lot of money for school. When we say can't we have the disability grant now so we can use it to go to school – we are told we must wait until we are 18." (Girl with a physical disability, 14)

ACCESS calls for the provision of specialized teaching staff and capacity within mainstream schools and access to free education in special schools for children who cannot afford the school fees.

4.4.2) Transport

Children with physical disabilities struggle to access school, clinics, social development offices and home affairs offices due to public transport being inaccessible to people with physical disabilities and due to the high costs of transport. In rural areas, where the distances to town is long, the transport costs are very high and not affordable.

ACCESS calls for accessible and subsidized transport for children with disabilities, particularly in rural areas.

5.Children in crisis situations in need of immediate assistance

5.1) ACCESS calls for the development of a programme of emergency cash grants, food parcels and vouchers, and services for children in crisis situations

The Report does not address the issue of emergency relief services for children in crisis situations, who have not been able to access social assistance. This category includes children suffering from malnutrition (especially babies who are admitted to health care facilities), children without caregivers (child headed households and street children), and children caring for sick and dying parents.

In view of the fact that currently there are long delays and barriers in accessing the CSG, especially for vulnerable children, the state is failing in its constitutional obligation to provide for those most in need and is open to a Constitutional challenge¹².

The extension of the CSG and the introduction of a comprehensive social security system is likely to take some time to be put into operation, in the meantime, the state has an immediate obligation to support children and families in crisis.

We therefore suggest that a system be created so that immediate aid can be offered to these children and their families. This could be in the form of food parcels, transport vouchers and/or a cash grant.

Further motivation for this point:

When government social workers, NGO, FBO and CBO workers are called to respond to a child in need, they often find the family living in conditions of extreme poverty. A child care worker working for a Faith Based Organisation in the Northern Province regularly arrives at remote homes in rural areas to find children caring for sick and dying parents or mothers struggling to feed their children. Often, due to lack of financial assistance and the fact that such situations are not isolated, all that the child care worker can do to help, is provide emotional support and transport to and from the clinic.

The following is an extract from the Report on the National Children's Forum on HIV/AIDS¹³ which illustrates the above point:

Pumla¹⁴, 13 year old girl, Tzaneen, Northern Province: "The picture is of my home. The ambulance is fetching my mother. The flower is me. I have to stand tall and protect my mother and my house... My mother had

¹² Source of Authority: Grootboom CC

¹³ Organised by the Children's Institute in August 2001

¹⁴ This is not her real name

another baby, I looked after my mother till she died then I looked after the baby. It died of starvation."

Report of a care worker in Tzaneen: "Today I have witnessed the devastation of the HIV/AIDS pandemic at the home of a family I visited. They live in a village in the Northern Province of South Africa. It took us 1 hour and 20 minutes to reach their home - through mountains, on very rough roads. The mother died in December 2000, the father has AIDS. He has 5 children. He was retrenched 3 years ago from his work on the mines and all his savings have been spent on medicines for his wife and child. We wanted to take the baby, Pindi, to hospital but were told that we were wasting our time, that they would not keep her. Pumla is 13 years old. She is the eldest child. She nursed her mother during her long illness and now is caring for the baby. Before long, she will also be caring for her father. She cries all the time. She pleaded with me to take the baby so that she could go to school. The children are very small and undernourished for their ages. There is nothing for them to eat when they come home. They have a lot of sores. There is no running water or electricity. Pumla used to feed the baby milk from their goat. They were forced to kill the goat though and the baby has had no milk for days. When I found the family, Pumla was feeding the baby water from a teaspoon"¹⁵

Without assistance from the state, such organisations struggle to provide families with the necessary food and cash to enable them to survive. While they can assist the families to apply for the child support grant, care dependency grant or foster child grant, these processes take time. In the lives of starving children, especially babies, this time can mean the difference between life and death.

For child headed households the situation becomes even more complicated because children cannot qualify as beneficiaries of any of the grants.

A further example to illustrate the need for temporary emergency social assistance is provided by the Mount Frere incident. Special Assignment highlighted the fact that babies were dying from malnutrition due to their care-

¹⁵ The baby died of starvation shortly after the family was found by the care worker

givers having no money to buy food for them. While many of them were eligible to apply for the child support grant, various administrative barriers stood in their way.

The Minister visited the area in response to the Special Assignment programme on national TV and expressed an intention to ensure that all babies diagnosed with malnutrition must be given the CSG immediately and that the necessary administration and paperwork can be done later. This however, did not happen, and instead, the provincial Department of Social Development undertook a registration drive to help care-givers apply for the CSG.

While the Department's response is commendable, it is not an approach that they intend to sustain. Future babies in Mount Frere and babies across the country will face the same hurdles as those reported on in Special Assignment unless a country wide approach is taken to improve access to the CSG and to provide temporary relief, especially in rural areas. The Department of Home affairs does not have a plan in place to improve their civic services in order to address the problem of caregivers being unable to easily access their identity documents and the child's birth certificate. Thus this problem is continuing.

Providing these caregivers with temporary social assistance would also assist them to pay the transport costs to and from the offices of Home Affairs and Social Development that they have to incur in the application process for permanent grants.

We therefore recommend that the state provide temporary and emergency social assistance, and clearly describe the circumstances in which it will be made available. We suggest that social workers and child care workers (NGOs, FBOs and CBOs included) should be entitled to fill in application forms for families in crisis and to submit the forms and receive and allocate the assistance to the families that they serve. There is a definite need for such an approach for child headed households in particular and families affected by HIV.

Recipients of emergency aid (temporary grants) must be pro-actively assisted by the Department to apply for permanent grants such as the CSG, CDG or FCG.

The system must be flexible and must not require that applicants have to have bar-coded IDs or birth certificates to access emergency relief.

5.2) ACESS calls for the utilization of the existing social relief of distress grants to provide immediate cash and food aid to children in crisis, especially children living in child headed households or children caring for sick and dying parents.

A temporary grant does exist in the Social Assistance Act (social relief of distress grants) but is not being utilised to its full extent.

The Social Assistance Act provides for social relief of distress grants to be provided for three months as a form of temporary material assistance. In terms of the regulations to the Social Assistance Act¹⁶, care-givers awaiting permanent grant applications¹⁷, can apply for and receive the social relief of distress grant in the interim. However, applicants are not aware of this right, officials do not inform applicants of this right, and it appears as if Departmental policy discourages the use of these grants.

Applications for permanent grants such as the CDG or CSG can take time, sometimes 6 to 12 months. If the caregiver or child do not have identity documents and have to apply for these as well, they may wait longer. During the first year of a baby's life, adequate nutrition is essential for his or her development. Care givers who are financially unable to feed their children should be entitled to a temporary grant while they await their identification documents and the finalisation of the grant application.

Immediate Action needed

We recommend the immediate implementation of the following recommendation:

The provision of emergency social relief to families in crisis through using the existing mechanism of social relief of distress grants.

This could be facilitated through issuing a directive to all provincial Departments of Social Development informing them of the need to utilise the existing social relief of distress grants to assist families in crisis.

While the new system is being created, many children are starving and many will die from malnutrition and preventable illnesses. Many children, especially children affected by HIV, do not have birth certificates and their care givers

¹⁶ Regulations 26 to 29

¹⁷ There are other categories of persons in need who can also apply for the grant

don't have identity documents. A system has to be put in place to ensure that the fact that they do not have numbers and therefore do not fit into the Department's computer system, does not result in them being denied their right to survive and develop.