

# Transforming South Africa: A call to action

Lucy Jamieson, Lizette Berry and Lori Lake (Children's Institute, University of Cape Town)

*No political democracy can survive and flourish if the mass of our people remain in poverty, without land, without tangible prospects for a better life. Attacking poverty and deprivation must therefore be the first priority of a democratic government.*

The Reconstruction and Development Programme, 1994

South Africa's first democratic government enshrined an impressive array of children's rights in the Constitution and, subsequently, passed a suite of laws and policies to give effect to these rights.<sup>1</sup> The government also committed to meeting the Millennium Development Goals (MDGs), which ranged from halving extreme poverty rates to halting the spread of HIV/AIDS and providing universal primary education, all by 2015.

Progress toward realising children's rights has been made in some sectors.<sup>2</sup> For example, poverty was the central focus of South Africa's initial development agenda<sup>1</sup> and, thanks to the expansion of social assistance, over 12.6 million children currently benefit from the Child Support Grant (CSG). This has reduced extreme poverty by almost three-quarters, while the number of children living below the upper bound poverty line has fallen by a fifth<sup>3</sup> with positive impacts on child and adolescent health, education and well-being.<sup>4</sup> Reported child hunger fell from 31% of children in 2002 to 13% in 2015;<sup>5</sup> whilst the percentage of children aged 5 – 6 years old attending school or early learning programmes jumped from 55% to 92%.<sup>6</sup>

Survival rates have improved too, and the under-five mortality rate dropped from 81 to 37 deaths per 1,000 live births between 2003 and 2015.<sup>7</sup> However, we cannot just aim for children to survive, they have a right to develop to their full potential, or put simply – to thrive. If optimal development is the goal, then South Africa's progress is far too slow.

## Risks and challenges to children's optimal development

Despite good policy intentions and improved service delivery in specific areas, South Africa's children remain marginalised, excluded and exposed to excessive levels of violence with significant adverse effects. In 2016, a national prevalence study estimated that one in three children are victims of sexual violence and physical abuse before they reach the age of 18 years, whilst 12% of children report neglect and 16% report emotional abuse.<sup>8</sup> Poverty, gender inequality and societal norms and values are key drivers of violence.<sup>9</sup>

More than a quarter (27%) of children under five are stunted,<sup>10</sup> and 56% of children cannot read fluently and with comprehension in any language by the end of grade 4 (see Spaull and Hoadley,

p. 77). Learners have little exposure to books in both their home and school environments, and teachers are not clear on how reading should be taught in schools. Poor reading and writing skills undermine learners' chances of receiving a quality education and minimise their opportunities for employment and active engagement in society. These compromised learning outcomes also have their roots in early experiences of poverty and under-stimulation, trauma, poor health and undernutrition (see Jamieson and Richter, p. 32).

The early life experiences of children in South Africa are not optimal (see Sanders and Reynolds, p. 68). Only 24% of infants 4 – 5 months of age are exclusively breastfed, and 77% of young children aged 6 – 23 months do not have an adequate diet. Close to a quarter of households are food insecure, impacting on the nutrition and well-being of pregnant women, children, and the caregivers of children. Parents and caregivers experience extreme adversity (see Berry and Malek, p. 51). South Africa's official unemployment rate is 27%; 21% of adult women experience intimate partner violence; and an estimated one in three women experience maternal depression. Alcohol and substance use are widespread, with Foetal Alcohol Syndrome Disorder rates ranging from 29 to 290 per 1,000 live births in selected areas. Facing daily stress with little support, primary caregivers are often unable to foster nurturing caregiving relationships; yet these are essential to prevent violence and to promote healthy physical, cognitive and psychosocial development. Compromised care during childhood is likely to have negative, lifelong consequences.

The challenges we face as a country are not new. But we need to be willing to do things differently. These dimensions of deprivation do not occur in isolation, rather they intersect and have a cumulative impact on children's development across the life course. An unprecedented level of cooperation between government, civil society and the corporate sector is therefore needed to address these complex challenges and drive coordinated, intersectoral action (Harrison, p. 43; Mathews and Gould, p. 61). Strong leadership is needed to drive a broad social movement and address the root causes of childhood adversity – widespread poverty, rising inequality, destructive social norms and poor and fragmented public services.

i The Reconstruction and Development Programme, sought to alleviate poverty and address the massive shortfalls in social services across South Africa. The Accelerated and Shared Growth Initiative for South Africa (AsgiSA) was launched in February 2006. Its objectives were to introduce policies, programmes and interventions that would allow the South African economy to grow enough to halve poverty and unemployment between 2004 and 2014.

## Opportunities and priorities

Children maximise their potential when they are well nourished; responsively cared for; protected from disease, violence, and stress; and have opportunities to learn. Children who are poorly nourished and nurtured in the first two years of life, or those who do not receive early stimulation, are likely to learn less in school, earn less as adults, are less likely to be able to develop healthy relationships and more likely to suffer from chronic diseases during their lifetime (see Jamieson and Richter, p. 32). Harrison shows these early failures spark an intergenerational cycle of poverty and lost potential. Conversely, early investments have the potential to improve the prospects of future generations; boost national development; and reduce poverty, inequality and violence at a societal level (see p. 43). Responsive, nurturing caregivers have a protective effect and are central to reducing violence and promoting healthy, well-functioning young people and adults who can contribute meaningfully to society.

Adolescence is a dynamic period of brain development, and presents a critical opportunity to catch up developmentally.<sup>11</sup> Like their younger counterparts, adolescents need care, nutrition, health, security, quality education and opportunities to develop life skills that build their capacity and prepare them for adulthood. As children grow older it becomes more important to recognise their agency and resilience and to help them actualise their dreams of a better life rather than simply providing for them.<sup>12</sup>

## A new approach to resolve old problems

The 2030 Global Agenda articulates a vision of a connected world in which no one is left behind, and everyone flourishes without compromising the future. It is a plan of action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity and is built on a partnership to address common problems in the global North and South (see Bhardwaj, Sambu and Jamieson, p. 22). The 2030 Global Agenda incorporates a set of universal goals – the Sustainable Development Goals (SDGs) – targets and indicators that United Nations member states such as South Africa have pledged to achieve between 2016 and 2030.<sup>13</sup> These obligations are not new – they derive from existing human rights instruments – but the SDGs represent a renewed commitment, set time-bound targets, and call for a coordinated approach.

Children are at the heart of the SDGs, and the 2030 Global Agenda recognises that: "When [children's] rights are respected, protected and fulfilled dividends are returned in the form of global security, sustainability and human progress".<sup>14</sup> The SDGs are a powerful vision statement and opportunity to mobilise resources, but there are significant gaps in capacity at all levels to enforce and translate commitments into action.<sup>15</sup> The key questions are: What is needed to translate these commitments into action,<sup>16</sup> and how do we transform our society to ensure that these goals have real meaning for children and that no child is left behind?

The 2030 Global Agenda resonates with the National Development Plan which has a similar focus on inequality and

recognises the diverse factors that drive an intergenerational cycle of poverty,<sup>17</sup> however its focus on children is limited and fragmented. We need to tackle this complexity and deal with the multiple causes of deprivation simultaneously; in short, a radical transformation in the ways services are delivered is required. It is not just up to government: all sectors of society – civil society, doctors, nurses, teachers, social workers, communities, parents and children themselves have a shared responsibility to ensure no one is left behind.

## Where do we start?

It is urgent that poverty and household food security are addressed, and infant care and feeding practices need priority attention. Improvements in children's living conditions and better access to health care are also vital to reduce stunting (Sanders and Reynolds, p. 68).

One in five eligible children are not receiving the CSG, mainly because of a lack of information or documentation.<sup>18</sup> These children could be considered as those left furthest behind, and expanding the coverage of the CSG to include them has the potential to eradicate extreme poverty, measured as children living on less than \$1.25 a day.<sup>19</sup> Yet the value of the grant (R380 per capita per month) is too low to have a significant impact on the proportion of children living below the upper bound poverty line.<sup>ii</sup>

Given that government has rejected the possibility of increasing the value of the CSG in the medium term, South Africa needs to find other ways to reduce child poverty. Early investments in networks of care, violence prevention, nutrition, health, and education have been found to mitigate the effects of poverty and help level the playing field. In addition to promoting optimal development, it is important to identify and intervene as early as possible to address risk factors. Innovative use of health-care service platforms, for example, can facilitate access to a range of support measures for pregnant women by identifying risks at antenatal services and referring appropriately (see Berry and Malek, p. 51).

Violence against children of all ages can – and must be – interrupted through carefully designed, multi-sectoral prevention strategies drawing on evidence-based strategies and taking these to scale (see Mathews and Gould, p. 61).

Insufficient progress has been made in ensuring that the most vulnerable are reached, included and able to participate in society. Children with disabilities are a case in point, many of whom continue to be deprived of the services and support that they need, and experience stigma and multiple exclusions. Supports and systems therefore need to be tailored to meet individual needs so that the most vulnerable and excluded children can participate fully in the social and economic life of their communities on an equal footing with their peers (see Philpott and McKenzie, p. 84).

It is also important to strengthen linkages between families, community groups, government and civil society service providers to provide a continuum of support for children and their caregivers across the life course (see Philpott and McKenzie, p. 84). Local

ii Children living below the upper bound poverty line with a per capita monthly income of less than R965 in 2015 Rands as this is the only poverty line to meet children's basic needs for nutrition, clothing and shelter.

networks of care, parenting support programmes and services that address maternal mental health conditions are needed to ensure that caregivers receive support and guidance. Similarly, adolescents require mentoring and healthy peer relationships; and youth development programmes can provide adolescents with guidance, support and a sense of belonging (see Harrison, p. 43; Berry and Malek, p. 51). Home-visiting programmes are recommended to reach the most vulnerable households and could perform multiple functions – extending health-care services, promoting good nutrition, supporting parents, and assessing and referring children and caregivers in need of support (Sanders and Reynolds, p. 68; Berry and Malek, p. 51).

Getting reading right in the early stages of schooling is critical to build a firm foundation and improve children’s pathways through the education system. This requires prioritising reading at all levels of South African society: from national government to school leadership, and to the parents of school-going children and those not yet in school. Resources need to be made available to shift reading outcomes radically, including the provision of appropriate reading materials, adequate teacher training and support, and the allocation of time for reading in and outside of the formal classroom. These are essential elements to promote the enjoyment of reading and to nurture a reading culture (Spaul and Hoadley, p. 77).

## Connectedness

If all children are to survive, thrive and develop to their full potential, then we must ensure that children and their families receive an integrated package of quality support services. We must build on what is working, remove barriers to quality services and strengthen the interconnections between services to ensure a seamless experience for children of all ages. For example, UNICEF South Africa is supporting government and partners to link cash, care and protection at national, provincial and community levels using the Child Well-Being Tracking Tool (case 13 below).

## Care

But connectedness on its own is not enough. We need to humanise services. Public services and service providers need to shift attitudes and behaviour to create more welcoming and inclusive environments for children and their caregivers (see Philpott and McKenzie, p. 84).

Professionals should have the capacity to care and build responsive relationships with children and families. The Center on the Developing Child at Harvard University has identified three principles to improve outcomes for children and families. These are: supporting responsive relationships; strengthening core life skills; and reducing stress.<sup>20</sup> The starting point is to identify staff who are motivated and have good interpersonal skills, and they recommend using a selection process that includes observing candidates relating to others. For example, Isibindi<sup>iii</sup> has an extended probationary period that tests candidates’ suitability to be child and youth care workers before embarking on a two-year training process.<sup>21</sup> Burnout and high-turnover disrupt relationships between professionals and children and families, it is therefore important to retain staff and reduce stress. Practitioners need to be supported, valued and respected, meaning they need to have adequate compensation, training, and professional development and responsive support and supervision.<sup>22</sup> Also, organisations require consistent, adequate funding to ensure stability.

Professionals working with children and families should have enough time to develop relationships with the people they are supporting, and require manageable caseloads and class sizes. Paperwork and bureaucratic processes should be streamlined so that practitioners have more time to offer direct and meaningful support to children and their families.<sup>23</sup> Finally, services need to adopt a multigenerational approach, caring for parents and caregivers and supporting them to provide responsive care, and stable environments for children because when “adults are

### Case 13: Child Well-being Tracking Tool

Mayke Huijbregts (UNICEF South Africa)

Identifying and supporting those furthest behind requires a structured process to help individual children and families through direct interventions to support and improve social functioning. It includes a holistic assessment of the child, development of a tailored care and action plan, support to implement the plan including referral to holistic package of services, and the review and adaptation of the plan where necessary to ensure it continues to address the child’s needs.

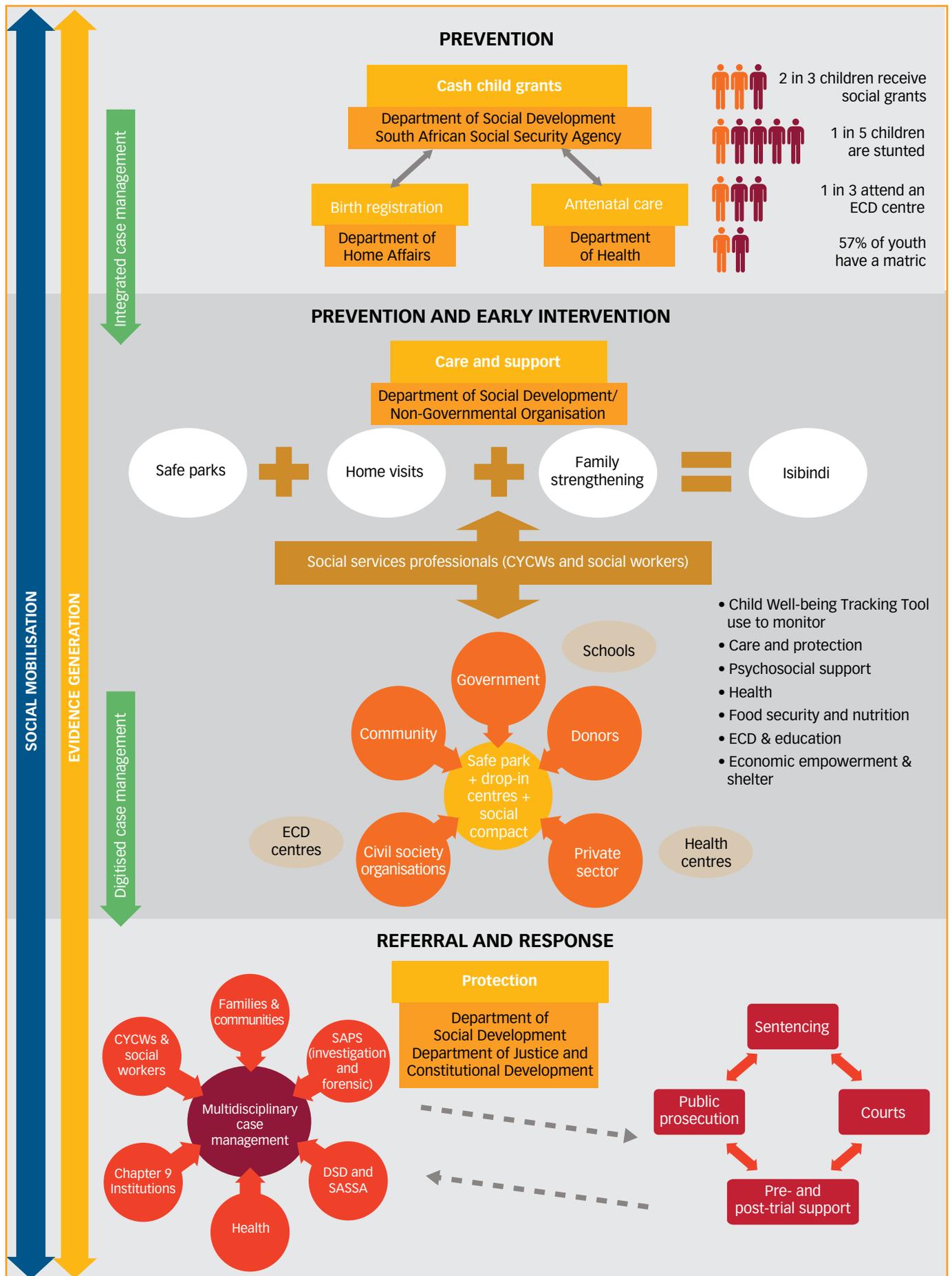
UNICEF South Africa is supporting government and partners to link cash, care and protection at national, provincial and community levels. The Child Well-Being Tracking Tool (CWBT) uses a mobile application to support integrated case management. It includes a simple dashboard to identify the needs of children and to track and analyse data regarding: care and protection;

food and nutrition; health (including HIV); psychosocial support; education and early childhood development; and economic well-being and shelter.

Social service professionals use the CWBT to assess children’s needs and vulnerabilities, make timely referrals to critical services, and track children’s well-being over time. This ensures that those who receive cash through government grants also receive holistic and tailored care and protection, for example, family visits and parenting programmes, access to other basic services and statutory child protection services for victims of violence. Case management procedures help to clarify roles and responsibilities and facilitate collaboration between the various professionals involved to ensure that the holistic needs of children are addressed more efficiently and effectively.

iii Isibindi provides child and youth care services to children and youth in their homes, and also offers a range of services to caregivers. Their Safe Parks allow children to play under the supervision of child and youth care workers, and receive educational support.

Figure 27: Social and child protection package of services



Source: Adapted from: UNICEF South Africa (2017) *Circles of Care: Linking Cash, Care and Protection for Children in South Africa*. Pretoria: UNICEF South Africa. May 2017.

supported and can model responsive relationships with each other and with children the benefits come full circle, ultimately helping children become healthy, responsive parents themselves".<sup>24</sup>

## Leadership

Good leadership and management are other essential ingredients for a transformed and responsive society – this includes effective leadership within government, civil society and the corporate environment. One of the keys to doing things differently is to build capacity for leadership in every sphere of society. This is well illustrated in Metcalfe's description of leadership development among teachers, in case 2, p. 40.

## A sustainable funding base

Finally, we need to secure a sustained funding base for programmes that address the intersecting challenges facing children throughout the lifecycle. Harrison argues that there are private foundations eager and willing to support, provided that the government is also committed and demonstrates leadership toward implementation of existing policies and plans (p. 43). Before we can align public and private funding government, the private sector and the civil society organisations that deliver services need to jointly develop a multisectoral strategic funding, plan to ensure that all children achieve their optimal development.

## Call to action

The SDGs envision a world in which all children develop to their full potential. A review of the scientific evidence highlights how children maximise their potential when they are well nourished; responsively

cared for; have opportunities to learn; and are protected from disease, violence and stress. Yet most children in South Africa are faring badly in all these domains and action is urgently required to transform the environments that limit children's potential. Clinics, schools and other services should be attuned to the evolving needs of children and caregivers across the life course, and with strong linkages between different sectors to support children's holistic development. At a societal level, we require systems, cultures and processes that give priority to those children who are most vulnerable so that no child is excluded because of their age, ability, socio-economic status, race, gender or location. These investments in children will benefit not only the individual child, but will also propel national transformation, sowing the seeds for a more equitable society and a more sustainable future.

If we are to realise this potential demographic dividend, then we need to actively engage with the SDGs and ensure that children's optimal development is kept sharply in focus – so that it defines national priorities, informs policy and programme development, and infuses the design and delivery of local services and the ways in which we interact with children and adolescents in our homes, schools and communities.

Government, civil society, researchers, health, education and social service professionals – all have an essential role to play in promoting nurturing care and creating enabling environments in which children can thrive and reach their full potential – as do parents, caregivers and children themselves. But we cannot achieve these goals in isolation. We need to reach out, and connect and strengthen our efforts to provide children with seamless support across the life course and we should start with the most vulnerable so that no child is left behind.

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